

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-05 Medicare Secondary Payer	Centers for Medicare & Medicaid Services (CMS)
Transmittal 93	Date: May 22, 2013
	Change Request 8229

Transmittal 92, dated April 19, 2013, is being rescinded and replaced by Transmittal 93, dated May 22, 2013, to provide additional clarification for Medicare Contractors to leave the Insurance Company Name field blank in ECRS Web if the insurer name is unknown. All other information remains the same.

SUBJECT: Medicare Contractors submission of Prescription Drug Inquiries and Common Working File Assistance Requests to the Coordination of Benefits Contractor through the ECRS Web Portal

I. SUMMARY OF CHANGES: This transmittal is to notify all Medicare contractors of the non-system changes to ECRS Web and the ECRS Web User Guide. Insurance information is now required for all Prescription Drug Inquiry transactions either through the ECRS Web application or through the batch Prescription Drug Provider (PDP) flat-file transmission.

EFFECTIVE DATE: May 20, 2013

IMPLEMENTATION DATE: May 20, 2013 (May 31, 2013 for business requirement 8229.2)

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

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	5/5/2/ ECRS Web Quick Reference Card Version 5.2.2
R	ECRS Web User Guide Version 4.7

III. FUNDING:

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

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

For Medicare Administrative Contractors (MACs):

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

IV. ATTACHMENTS:

**Business Requirements
Manual Instruction**

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

		P a r t A	P a r t B	M A C		R I E R	I F I S S	M C S	V M S	C W F	
8229.1	Medicare Contractors shall enter the Insurance Company name on all Prescription Drug Inquiry transactions on the Prescription Drug Inquiry Page of ECRS Web and on all flat file transmissions. (NOTE: This is now a required field.)	X	X	X	X	X	X				
8229.2	Medicare Contractors shall leave the Insurance Company Name field blank in ECRS Web if the Insurer name is unknown. Medicare Contractors shall not use of the following values in the Insurance Information field on the PDI Page of the ECRS Web or on the PDP Flat File: NO, NONE, N/A, HCFA, ATTORNEY, UNK, MISC, CMS, NA, UNKNOWN, BC, BS, BX, BCBX, Medicare, BLUE CROSS, COB, COBC or COORDINATION OF BENEFITS CONTRACTOR.	X	X	X	X	X	X				
8229.3	Medicare Contractors shall enter Action Code "ID" when submitting a CWF AR to investigate a possible duplicate MSP record for deletion.	X	X	X	X	X	X				
8229.3.1	In submitting an "ID" action, Medicare Contractors shall include the same fields that they would normally have included for a "DR" action code.	X	X	X	X	X	X				
8229.4	Medicare Contractors shall follow the updated direction in ECRS Web User Guide Version 4.7.	X	X	X	X	X	X				

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility							
		A/B MAC	P a r t A	P a r t B	D M E M A C	F I	C A R R I E R	R H H I	Other
	None								

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A
Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
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Section B: All other recommendations and supporting information: N/A

V. CONTACTS

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

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

VI. FUNDING

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

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

Electronic Correspondence Referral System for the Web (ECRS Web) Quick Reference Card

Rev. 2013-22/April

CWF Assistance Request Codes

Enter CWF assistance requests for existing MSP records

Table 1: Required Fields on CWF Assistance Request Detail Pages

Field	Description
DCN	Document Control Number
HICN	Beneficiary's Health Insurance Claim Number
ACTIVITY CODE	Activity code
ACTION(S)	Action codes
SOURCE	Source of request information
IMPORT HIMR MSP DATA	Select to import HIMR data for the existing MSP record
MSP TYPE	Type of MSP coverage
PATIENT RELATIONSHIP	Patient relationship
AUXILIARY RECORD #	Record number of MSP auxiliary occurrence at CWF Note: Part D contractors must enter "001" when the Auxiliary record number is unknown.

Field	Description
ORIGINATING CONTRACTOR	Contract number of contractor that created original MSP occurrence at CWF
EFFECTIVE DATE	Effective date of MSP coverage
TERMINATION DATE	Date MSP coverage ended
FIRST NAME	Informant's first name
LAST NAME	Informant's last name
ADDRESS	Informant's address
CITY	Informant's city
STATE	Informant's state
ZIP	Informant's zip code
RELATIONSHIP	Informant's relationship to the beneficiary
INSURANCE COMPANY NAME	Insurance company name
INSURANCE TYPE	Type of insurance coverage
POLICY NUMBER	Insurance policy number (not required if group number is entered)
GROUP NUMBER	Insurance policy group number (not required if policy number is entered)
EMPLOYER NAME	Name of the beneficiary's employer
ADDRESS	Employer's address
CITY	Employer's city
STATE	Employer's state
ZIP	Employer's zip code

Field	Description
CHECK NUMBER	Check number
CHECK DATE	Date on the check
CHECK AMOUNT	Amount of the check
PRE-PAID HEALTH PLAN DATE	Pre-paid Health Plan date
SOCIAL SECURITY NUMBER	Beneficiary's social security number
DIAGNOSIS CODES	Diagnosis codes Note: required when MSP Type is D, E, or L.
REMARKS	Remarks

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

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

Value	Required Fields
PHON	FIRST NAME LAST NAME ADDRESS CITY STATE ZIP RELATIONSHIP

Table 3: Related Action Codes on CWF Assistance Requests

Value	Description
AI	Change attorney information
AP	Add policy and/or group number
AR	Add CWF remark codes
CD	Change to injury/loss date
CP	Incorrect ESRD Coordination Period
CT	Change termination date
DA	Develop to the attorney
DD	Develop for the diagnosis code
DE	Develop to employer or for employer info
DI	Develop to insurer or for insurer info
DO	Mark occurrence for deletion
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

Value	Description
EI	Change employer information
ES	Employer size below minimum (20 for working aged; 100 for disability)
ID	Investigate possible duplicate for deletion
II	Change insurer information
IT	Change insurer type
LR	Add duplicate liability record
MT	Change MSP type
MX	SSN/HICN mismatch
NR	Create duplicate no-fault record
PH	Add PHP date
PR	Change patient relationship
TD	Terminate open EGHP record with date less than six months prior to date of accretion
VP	Beneficiary has taken a vow of poverty
WN	Notify COBC of updates to WCMSA cases

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

Value	Required Fields	Description
AI	INFORMANT FIRST NAME, INFORMANT LAST NAME, INFORMANT CITY, INFORMANT STATE, INFORMANT ZIP, INFORMANT RELATIONSHIP (must be 'A'), INSURANCE TYPE	Attorney information
AP	POLICY NUMBER and/ or GROUP NUMBER Note: available for EGHP MSP types only	Insurer information for drug records
AR	REMARK Code (at least one)	Remarks
CD	GROUP NUMBER Note: ** available for contractor 79001, NON EGHP MSP types D, E, L, and W only ***	DOI/DOL changes
CP	Note: ** available for ESRD MSP type B only ***	Verification of coordination period
CT	TERMINATION DATE	Termination Date
DX	DIAGNOSIS CODES (at least one)	Diagnosis codes
EA	EMPLOYER NAME	Employer information

Value	Required Fields	Description
ED	EFF DATE NEW EFF DATE	Effective Date New Effective Date
EI	EMPLOYER NAME, EMPLOYER ADDRESS, EMPLOYER CITY, EMPLOYER STATE, EMPLOYER ZIP Type data in all fields to update employer info at CWF.	Employer information
II	INSURANCE COMPANY NAME If you leave the following fields blank, the system overwrites the previous value on the MSP auxiliary record at CWF: STREET, CITY, ST, ZIP, GROUP NO, POLICY NO, SUBSCRIBER NAME Type data in all fields to update insurer info at CWF. Leave all fields blank to delete insurer info at CWF.	Insurance Company Name
IT	INSURANCE TYPE NEW INSURANCE TYPE	Insurance type New Insurance Type
MT	MSP TYPE NEW MSP TYPE	MSP Type New MSP Type
MX	SOCIAL SECURITY NUMBER	SSN/HICN mismatch

Value	Required Fields	Description
PH	PRE-PAID HEALTH PLAN DATE	Pre-paid Health Plan date
PR	PAT REL NEW PAT REL	Patient Relationship New Patient Relationship 2
TD	TERMINATION DATE	Termination date
WN	Note: ** available for Contractor 79001 only ***	WCMSA Notification

Prescription Drug Assistance Request Codes

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

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

Value	Required Fields
PHON	INFORMANT FIRST NAME, INFORMANT LAST NAME, INFORMANT ADDRESS, INFORMANT CITY, INFORMANT STATE, INFORMANT ZIP, INFORMANT RELATIONSHIP

Table 6: Action Codes on Prescription Drug Assistance Requests

Value	Description
AP	Add Policy and/or Group Number
BN	Develop for Prescription BIN
CT	Change termination date
CX	Change Prescription Values (BIN, Group, PCN)
DO	Mark occurrence for deletion
EA	Change employer address
ED	Change effective date
EI	Change employer information
GR	Develop for Group Number
II	Change insurer information
IT	Change insurer type
MT	Change MSP type
PC	Update Prescription Person Code
PN	Develop for/add PCN
PR	Change patient relationship
TD	Add Termination Date

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

Value	Required Fields	Description
AP	PERSON CODE	Person Code (when Record Type is SUP)
	INFMT NAME, ADDRESS, CITY, ST, ZIP	Informant information (when Source Type is Letter, Check, or Phone)
	COVERAGE TYPE	Coverage Type (when Policy Number, BIN, PCN, ID, Supplemental Type, or Person Code are entered)
	POLICY NUMBER	Policy Number OR Group Number required when Source Code is NOT D, E, L, or W
	GROUP NUMBER	Group Number required when Coverage Type=U
BN	PERSON CODE	Person Code (when Record Type is SUP)
CT	TERM DATE PERSON CODE	Termination Date Person Code (when Record Type is SUP)

Value	Required Fields	Description
CX	PERSON CODE BIN, PCN, GROUP	Person Code (when Record Type is SUP) BIN, PCN, OR Group Number is required
DO	PERSON CODE	Person Code (when Record Type is SUP)
EA	PERSON CODE EMPLOYER NAME	Person Code (when Record Type is SUP) Employer Name
ED	NEW EFF DATE PERSON CODE	New Effective Date Person Code (when Record Type is SUP)
EI	PERSON CODE EMPLR NAME, ADDRESS, CITY, ST, ZIP	Person Code (when Record Type is SUP) Employer information
GR	PERSON CODE	Person Code (when Record Type is SUP)
IT	PERSON CODE, INS TYPE NEW INS TYPE	Person Code (when Record Type is SUP) Insurance type New Insurance Type
MT	MSP TYPE, NEW MSP TYPE, RECORD TYPE	MSP Type New MSP Type Record Type (must be PRI)

Value	Required Fields	Description
PC	PERSON CODE	Person Code
PN	PERSON CODE	Person Code (when Record Type is SUP)
PR	PERSON CODE, NEW PAT REL	Person Code (when Record Type is SUP) New Patient Relationship
TD	PERSON CODE, TERM DT	Person Code (when Record Type is SUP) Termination Date

MSP Inquiry Codes

Note: Action codes are not required for MSP inquiries.

Table 8: Required Fields on MSP Inquiry Detail Pages

Field	Description
DCN	Document Control Number
HICN	Beneficiary's Health Insurance Claim Number
ACTIVITY CODE	Activity code
SOURCE	Source of request information
MSP TYPE	MSP type Note: Leave MSP Type blank when Record Type is Supplemental

Field	Description
PATIENT RELATIONSHIP	Patient's relationship Note: required when action code is blank and MSP type is F.
EFFECTIVE DATE	Effective date of MSP coverage
TERMINATION DATE	Date MSP coverage ended
CMS GROUPING CODE	CMS grouping code
FIRST NAME	Informant's first name
LAST NAME	Informant's last name
ADDRESS	Informant's address
CITY	Informant's city
STATE	Informant's state
ZIP	Informant's zip code
RELATIONSHIP	Informant's relationship to the beneficiary
INSURANCE COMPANY NAME	Name of beneficiary's insurer
ADDRESS LINE 1	First line of insurer's address Note: required when Insurance Company Name is entered.
CITY	Insurer's city Note: required when Insurance Company Name is entered.
STATE	Insurer's state Note: required when Insurance Company Name is entered.

Field	Description
ZIP	Insurer's zip code Note: required when Insurance Company Name is entered.
INSURANCE TYPE	Type of insurance
EMPLOYER NAME	Name of beneficiary's employer Note: required when MSP Type is F and Send to CWF is Yes.
ADDRESS	Employer's address Note: required when MSP Type is F and Send to CWF is Yes.
CITY	Employer's city Note: required when MSP Type is F and Send to CWF is Yes.
STATE	Employer's state Note: required when MSP Type is F and Send to CWF is Yes.
ZIP	Employer's zip code Note: required when MSP Type is F and Send to CWF is Yes.
CHECK NUMBER	Check number
CHECK AMOUNT	Amount on the check
CHECK DATE	Date on the check
DIAGNOSIS CODES	Diagnosis codes Note: If the MSP Type is A, B, or G, the system will prevent the entry of diagnosis codes.

Field	Description
BIN	BIN Note: required when Coverage Type is U.
PCN	PCN Note: required when Coverage Type is U.
GROUP	Group number Note: required when Coverage Type is U.
ID	ID number Note: required when Coverage Type is U.
SUPPLEMENTAL TYPE	Type of supplemental insurance Note: must be L when Record Type is Supplemental.
PERSON CODE	Person code Note: required when Record Type is Supplemental and Supplemental type is L.

Table 9: Related Action Codes on MSP Inquiries

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

Table 10: Required Fields for Action Codes on MSP Inquiries

Value	Required Fields
CA	MSP TYPE PATIENT RELATIONSHIP (when MSP Type is L) EFFECTIVE DATE (when MSP Type is L) CMS GROUPING CODE (when MSP Type is L) INSURANCE COMPANY NAME, INSURANCE TYPE DIAGNOSIS CODES Informant Name, Address, City, State and Zip are required unless Insurance Company Address, City, State and Zip have been entered. Note: Must enter "A" as relationship if Informant information is entered.
CL	MSP TYPE (must be D, E, or L) PATIENT RELATIONSHIP (must be D, E, or L) EFFECTIVE DATE (must be D, E, or L) TERMINATION DATE (must be D, E, or L) DIAGNOSIS CODES Informant Name, Address, City, State and Zip are required unless Insurance Company Address, City, State and Zip have been entered. Note: Must enter "A" as relationship if Informant information is entered.

Value	Required Fields
DE	EMPLOYER NAME ADDRESS CITY STATE ZIP Note: Insurance company name is NOT required when action code is blank or DE.
DI	ADDRESS LINE 1 CITY STATE ZIP

Table 11: Required Fields for Source Codes on MSP Inquiries

Value	Required Fields
CHEK	FIRST NAME LAST NAME ADDRESS CITY STATE ZIP RELATIONSHIP CHECK NUMBER CHECK AMOUNT CHECK DATE
LTRR	FIRST NAME LAST NAME ADDRESS CITY STATE ZIP RELATIONSHIP

Value	Required Fields
PHON	MSP TYPE FIRST NAME LAST NAME ADDRESS CITY STATE ZIP RELATIONSHIP

Prescription Drug Inquiry Codes

Table 12: Required Fields on Prescription Drug Inquiry Detail Pages

Field	Description
DCN	Document Control Number
HICN	Beneficiary's Health Insurance Claim Number
ACTIVITY CODE	Activity code
SOURCE	Source of request information
MSP TYPE	MSP type Note: Leave MSP Type blank when Record Type is Supplemental
PATIENT RELATIONSHIP	Patient's relationship Note: required when action code is blank and MSP type is F.
SEND TO MBD	Select Yes to send inquiry to MBD

Field	Description
SUBMTTER TYPE	Submitter type
CHECK NUMBER	Check number
CHECK DATE	Date on the check
CHECK AMOUNT	Amount on the check
INFORMANT FIRST NAME	Informant's first name
INFORMANT LAST NAME	Informant's last name
INFORMANT ADDRESS	Informant's address
INFORMANT CITY	Informant's city
INFORMANT STATE	Informant's state
INFORMANT ZIP	Informant's zip code
INFORMANT RELATIONSHIP	Informant's relationship to the beneficiary
INSURANCE COMPANY NAME	Name of the insurance carrier for drug coverage.
EFFECTIVE DATE	Effective date of prescription coverage
TERMINATION DATE	Date prescription coverage ends Note: automatically populated when Coverage Type is U.
BIN	BIN Note: required when Coverage Type is U.
PCN	PCN Note: required when Coverage Type is U.

Field	Description
GROUP	Group number Note: required when Coverage Type is U.
ID	ID number Note: required when Coverage Type is U.
PERSON CODE	Person code Note: required when Record Type is Supplemental, or when Record Type is blank and Supplemental type is L.

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

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

Value	Required Fields
PHON	INFORMANT FIRST NAME INFORMANT ADDRESS INFORMANT CITY INFORMANT STATE INFORMANT ZIP INFORMANT RELATIONSHIP

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

Value	Description
L	Supplemental
M	Medigap
N	Non-qualified SPAP
O	Other
P	PAP
Q	Qualified SPAP
R	Charity
S	ADAP
T	Federal Government Programs
1	Medicaid
2	Tricare
3	Major Medical

Table 15: Coverage Type Codes on Prescription Drug Inquiries

Value	Description
U	Drug Network
V	Drug Non-network
Z	Health Reimbursement account

General Codes

The following codes apply to CWF assistance requests, MSP inquiries, and workers' compensation set-aside trust cases.

Table 16: General - Activity Codes

Value	Description
C	Claims (Pre-Payment) (22001)
D	Debt Collection (42021)
G	Group Health Plan (42003)
I	General Inquiry (42004)
N	Liability, No-Fault, Workers' Compensation, and Federal Tort Claim Act (FTCA) (42002)

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

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

Table 18: General - MSP Type Codes (EGHP)

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

Value	Description
H	Black Lung
I	Veterans

Table 19: General - Source Codes

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

Table 20: General - Status Codes

Value	Description
CM	Completed
DE	Delete (do not process) ECRS request
HD	Hold, individual not yet a Medicare beneficiary (WC) (RAC)
IP	In process, being edited by COB
NW	New, not yet read by COB

Table 21: General - Reason Codes

Value	Required Fields
01	Not yet read by COB, used with NW status
02	Being processed by COB, used with IP status
03	Under development by COB, used with IP status
04	Update sent to CWF, used with IP status

Value	Required Fields
05	Error received from CWF, being resolved by COB contractor, used with IP status
06	Sent to EDB for beneficiary info, used with IP status
07	Auditor follow-up development in progress, used with IP status
10	Not processing
11	Not yet eligible for Medicare, used with HD status
12	Needs diagnosis, used with HD status (for WC set-aside trust cases only)
13	Future-dated workers' compensation case, used with HD status (for WC set-aside trust cases only)
14	Duplicate request, development already in process, used with HD status
15	Prescription Drug Coverage update sent to MBD
30	S.E.E. Approved Medicare primary
31	Action code and comments conflict
32	Record terminated/deleted due to OBRA 93
33	WCSA record – can only be updated by RO, record closed by CWF Analyst
34	Record is "N" validity – we do not develop for "N" records
36	Policy Holder Retired (G record)
37	Beneficiary verified existing record, no update needed
38	Development letter sent, waiting on response

Value	Required Fields
45	Insufficient information to process, used with HD status (RAC only)
46	RAC did not update hold records, used with DE status (RAC only)
50	Posted to CWF, response received with no errors, used with CM status
51	No changes (additions, modifications, or deletions) made to CWF, used with CM status
52	Returned–rejected by CWF, used with CM status
53	Returned–duplicate ECRS request, used with CM status
54	100 or more threshold met
55	20 or more threshold met
56	OBRA does not apply, no update
57	Record already updated
58	Non-compliant GHP
59	Employer verified existing record, no update
60	Invalid HICN
61	No Part A entitlement
62	Closed, no response to development
63	Development complete, no MSP
64	Letter sent
65	Deceased, used with CM status
66	ESRD/DIB conflict
67	No response from CWF
68	Closed for Self-Report
69	Developed to GHP, no response
70	Developed to non-EGHP, no response
71	Developed to beneficiary, no response

Value	Required Fields
72	Developed to informant, no response
73	Medicare beneficiary retired
74	Spouse retired
75	GHP lifetime of yearly benefits past maximum amount
76	No coverage with insurance company
77	Medicare Supplemental Plan
78	Employer has less than 20 employees
79	Per employer, Medicare beneficiary is not covered under spouse’s GHP
80	Employer has less than 100 employees
81	Medicare is primary due to ESRD coordination period
82	Per insurance, seasonal employee and not eligible for the month
83	Incoming request conflicts with information on file
84	Insufficient information to update CWF
85	Venue changed
86	Unable to verify address, used with CM status (for CWF assistant requests only)
87	MSP record exists, used with CM status (for MSP inquiries only)
88	No update, not lead contractor
91	Duplicate in process
92	Change of Venue not allowed after 90 days
93	No Part D Enrollment found

Table 22: General - Patient Relationship Codes

Value	Required Fields
01	Patient is policy holder
02	Spouse
03	Natural child, insured has financial responsibility
04	Natural child, insured has no financial responsibility
05	Stepchild
06	Foster child
07	Ward of the Court
08	Employee
09	Unknown
10	Handicapped dependent
11	Organ donor
12	Cadaver donor
13	Grandchild
14	Niece/nephew
15	Injured plaintiff
16	Sponsored dependent
17	Minor dependent of a minor dependent
18	Parent
19	Grandparent dependent
20	Domestic partner (Effective April, 2004.)

Table 23: General - Informant Relationship Codes

Value	Required Fields
A	Attorney representing beneficiary
B	Beneficiary
C	Child
D	Defendant’s attorney
E	Employer
F	Father
I	Insurer
M	Mother
N	Non-relative
O	Other relative
P	Provider
R	Beneficiary representative (other than attorney)
S	Spouse
U	Unknown
W	Pharmacy

Table 24: General - Relationship to Insured Codes

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

7

Value	Required Fields
S	Spouse
U	Unknown

Table 25: General - Insurance Type Codes

Value	Required Fields
A	Insurance or Indemnity (OTHER TYPES)
B	Group Health Organization (GHO)
C	Preferred Provider Organization (PPO)
D	Third Party Administrator arrangement under an Administrative Service Only (ASO) contract without stop loss from any entity (TPA/ASO)
E	Third Party Administrator arrangement with stop loss insurance issued from any entity (STOP LOSS TPA)
F	Self-Insured/Self-Administered (SELF-INSURED)
G	Collectively-Bargained Health and Welfare Fund (HEALTH/WELFAR)
H	Multiple Employer Health Plan with at least one employer who has more than 100 full- and/or part-time employees (EMPLOYER+100)
I	Multiple Employer Health Plan with at least one employer who has more than 20 full- and/or part-time employees (EMPLOYER+20)
J	Hospitalization Only Plan covering inpatient hospital services (HOSPITAL ONLY)

Value	Required Fields
K	Medical Services Only Plan covering only non-inpatient medical services (MEDICAL ONLY)
M	Medicare Supplemental Plan, Medigap, Medicare Wraparound Plan, or Medicare Carve Out Plan (SUPPLEMENTAL)
R	GHP Health Reimbursement Arrangement
S	GHP Health Savings Account
Blank	Unknown (UNKNOWN)

Electronic Correspondence Referral System on the Web (E CRS Web) User Guide

User Guide Version 4.7

**Rev. 2013-22/April
COBR-Q2-2013-V4.7**

Revision History

Date	Version	Reason for Change
April 22, 2013	4.7	Various Changes – See list in Chapter 1

Confidentiality and Disclosure of Information

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

Section 1106 (a) of the Act provides in pertinent part that “Any person who shall violate any provision of this section shall be deemed guilty of a felony and, upon conviction thereof, shall be punished by a fine not exceeding \$10,000 for each occurrence of a violation, or by imprisonment not exceeding 5 years, or both.” Additional and more severe penalties are provided under Title XVIII (Medicare) USC Section 285 (unauthorized taking or using of papers relating to claims) and under Section 1877 of Title XVIII of the Act (relating to fraud, kickbacks, bribes, etc., under Medicare).

These provisions refer to any information obtained by an employee in the course of their performance of duties and/or investigations (for example, beneficiary diagnosis, pattern of practice of physicians, etc.).

The Electronic Correspondence Referral System (ECRS) contains IRS tax data. Any unauthorized inspection or disclosure of IRS return information in violation of any provision of Section 6103 may result in sanctions as described in IRC Sections 7431 and 7213, which include, but are not limited to, fines or imprisonment.

TABLE OF CONTENTS

Chapter 1: Summary of Version 4.7 Updates 1-1

Chapter 2: Introduction 2-1

 What is ECRS? 2-1

 ECRS Web CBTs..... 2-1

 About this Guide 2-2

 How to Use the Required Data Reference Tables 2-3

 User Guide Conventions 2-3

 Basic Functions 2-3

 Logging On 2-3

 Main Menu..... 2-5

Chapter 3: CWF Assistance Request Transactions..... 3-1

 Adding a CWF Assistance Request Transaction 3-1

 Retrieving Beneficiary Information 3-1

 Action Codes..... 3-1

 Action Requested Page 3-4

 Navigation Links..... 3-4

 Importing HIMR MSP Information for CWF Assistance Requests 3-8

 CWF Auxiliary Record Data Page..... 3-12

 Informant Information Page..... 3-15

 Insurance Information Page 3-18

 Employment Information Page 3-22

 Additional Information Page..... 3-23

 Comments and Remarks Page 3-25

 Summary Page 3-27

 Viewing, Updating, and Deleting CWF Assistance Request Transactions 3-28

 View Transactions 3-30

 Update Transactions..... 3-31

 Delete Transactions..... 3-31

Chapter 4: MSP Inquiry Transactions 4-1

 Adding an MSP Inquiry Transaction 4-1

 Retrieving Beneficiary Information..... 4-1

 Common MSP Sources 4-1

 Action Requested Page 4-2

 Navigation Links..... 4-2

 MSP Information Page..... 4-7

 Informant Information Page..... 4-11

 Insurance Information Page 4-14

Employment Information Page	4-17
Additional Information Page.....	4-20
Prescription Coverage Page	4-22
Summary Page	4-25
Viewing, Updating, and Deleting MSP Inquiry Transactions	4-25
View Transactions	4-27
Update Transactions.....	4-29
Delete Transactions.....	4-29
Chapter 5: Prescription Drug Assistance Request Transactions	5-1
Adding a Prescription Drug Assistance Request Transaction	5-1
Retrieving Beneficiary Information	5-1
Action Requested Page	5-1
Informant Information Page.....	5-10
Insurance Information Page	5-12
Employment Information Page	5-15
Additional Information Page.....	5-16
Comments and Remarks Page	5-17
Summary Page	5-19
Viewing, Updating, and Deleting Prescription Drug Assistance Request Transactions	5-20
View Transactions	5-21
Update Transactions.....	5-23
Delete Transactions.....	5-25
Chapter 6: Prescription Drug Inquiry Transactions.....	Error! Bookmark not defined.
Adding a Prescription Drug Inquiry Transaction.....	Error! Bookmark not defined.
Retrieving Beneficiary Information	Error! Bookmark not defined.
Common Prescription Drug Sources	Error! Bookmark not defined.
Initial Information Page	Error! Bookmark not defined.
Navigation Links.....	Error! Bookmark not defined.
Additional Information Page.....	Error! Bookmark not defined.
Prescription Drug Inquiry Prescription Drug Page	Error! Bookmark not defined.
Prescription Drug Inquiry Summary Page	Error! Bookmark not defined.
Viewing, Updating, and Deleting Prescription Drug Inquiries.....	Error! Bookmark not defined.
Tracking Prescription Drug Inquiries	Error! Bookmark not defined.
View Transactions	Error! Bookmark not defined.
Update Transactions.....	Error! Bookmark not defined.
Delete Transactions.....	Error! Bookmark not defined.
Chapter 7: Reports	Error! Bookmark not defined.
Navigation Links.....	Error! Bookmark not defined.
Contractor Workload Tracking Report	Error! Bookmark not defined.

CMS Workload Tracking Report.....**Error! Bookmark not defined.**
 QASP Report**Error! Bookmark not defined.**

Chapter 8: Uploading & Downloading Files**Error! Bookmark not defined.**
 Navigation Links.....**Error! Bookmark not defined.**
 Upload Assistance Request and Inquiry Files**Error! Bookmark not defined.**
 Download Assistance Request and Inquiry Response Files**Error! Bookmark not defined.**
 Alternative File Submission Options**Error! Bookmark not defined.**

Appendix A: CWF Assistance Request Required Data Reference**Error! Bookmark not defined.**
Appendix B: MSP Inquiry Required Data Reference.....**Error! Bookmark not defined.**
Appendix C: Prescription Drug Assistance Request Required Data Reference**Error! Bookmark not defined.**
Appendix D: Prescription Drug Inquiry Required Data Reference**Error! Bookmark not defined.**
Appendix E: Reason Codes.....**Error! Bookmark not defined.**
Appendix F: CWF Remark Codes.....**Error! Bookmark not defined.**
Appendix G: File Layouts**Error! Bookmark not defined.**
 CWF Assistance Request File Layouts.....**Error! Bookmark not defined.**
 Prescription Drug Assistance Request File Layouts**Error! Bookmark not defined.**
 MSP Inquiry File Layouts.....**Error! Bookmark not defined.**
 Prescription Drug Inquiry File Layouts**Error! Bookmark not defined.**

Appendix H: Error Codes**Error! Bookmark not defined.**
Appendix I: Frequently Asked Questions (FAQs)**Error! Bookmark not defined.**
 General Issues**Error! Bookmark not defined.**
 What are the operating hours for the ECRS Web application?**Error! Bookmark not defined.**
 Do all contractors see the same exact information on ECRS Web, or does it vary from state to state?**Error! Bookmark not defined.**
 Can users print ECRS Web pages?.....**Error! Bookmark not defined.**
 Inquiry and Assistance Request Issues**Error! Bookmark not defined.**
 Are completed MSP Inquiries, CWF Assistance Requests, Prescription Drug Assistance Requests, and Prescription Drug inquiries purged?**Error! Bookmark not defined.**
 Why can I only update or delete an Inquiry or Assistance Request while it is in NW (new) status?**Error! Bookmark not defined.**
 Does a contractor need to send three separate Assistance Requests to delete three auxiliary records for the same beneficiary?**Error! Bookmark not defined.**
 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?**Error! Bookmark not defined.**
 If a contractor has multiple contractor numbers, can they choose one to use consistently for Inquiries and Assistance Request transactions?**Error! Bookmark not defined.**
 Can contractors delete an Inquiry once it has been entered and is later found to contain an error?**Error! Bookmark not defined.**
 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?.....**Error! Bookmark not defined.**
 Does the COB contractor view the Comments fields on the Assistance Request Detail pages and the MSP Inquiry Detail page?**Error! Bookmark not defined.**

Appendix J: GlossaryError! Bookmark not defined.

List of Figures

Figure 1: Contractor Lookup Page.....2-4

Figure 2: Main Menu Page2-5

Figure 3: CWF Assistance Request Action Requested Page3-4

Figure 4: HIMR MSP Data List.....3-9

Figure 5: CWF Assistance Request Auxiliary Record Information Page.....3-12

Figure 6: CWF Assistance Request Informant Information Page.....3-15

Figure 7: CWF Assistance Request Insurance Information Page3-18

Figure 8: CWF Assistance Request Employment Information Page3-22

Figure 9: CWF Assistance Request Additional Information Page.....3-23

Figure 10: CWF Assistance Request Comments/Remarks Page3-25

Figure 11: CWF Assistance Request Summary Page3-27

Figure 12: CWF Assistance Request Search Page.....3-28

Figure 13: CWF Assistance Request Search Page Listing.....3-30

Figure 14: CWF Assistance Request Summary Page3-31

Figure 15: MSP Inquiry Action Requested Page4-2

Figure 16: MSP Inquiry MSP Information Page4-7

Figure 17: MSP Inquiry Informant Information Page.....4-11

Figure 18: MSP Inquiry Insurance Information Page.....4-14

Figure 19: MSP Inquiry Employment Information Page.....4-18

Figure 20: Additional Information Page4-20

Figure 21: MSP Inquiry Prescription Coverage Page4-22

Figure 22: MSP Inquiry Summary Page4-25

Figure 23: MSP Inquiry Search Page.....4-26

Figure 24: MSP Inquiry Search Page Listing4-27

Figure 25: MSP Inquiry Summary.....4-29

Figure 26: Action Requested Page.....5-2

Figure 27: Prescription Drug Assistance Request Informant Information Page.....5-10

Figure 28: Prescription Drug Assistance Request Insurance Information Page5-12

Figure 29: Prescription Drug Assistance Request Employment Information Page5-15

Figure 30: Prescription Drug Assistance Request Additional Information Page.....5-16

Figure 31: Comments and Remarks Page5-17

Figure 32: Summary Page.....5-19

Figure 33: Prescription Drug Assistance Request Search Page.....5-20

Figure 34: Search Page Listing5-21

Figure 35: Summary Page.....5-23

Figure 36: Prescription Drug Inquiry Initial Information Page **Error! Bookmark not defined.**

Figure 37: Prescription Drug Inquiry Additional Information Page..... **Error! Bookmark not defined.**

Figure 38: Prescription Drug Page..... **Error! Bookmark not defined.**

Figure 39: Prescription Drug Inquiry Summary **Error! Bookmark not defined.**

Figure 40: Prescription Drug Inquiry Search..... **Error! Bookmark not defined.**

Figure 41: Prescription Drug Inquiries Search Page Listing **Error! Bookmark not defined.**

Figure 42: Prescription Drug Inquiry Summary **Error! Bookmark not defined.**

Figure 43: Contractor Workload Tracking..... **Error! Bookmark not defined.**

Figure 44: Contractor Workload Tracking Page Sample..... **Error! Bookmark not defined.**

Figure 45: CMS Workload Tracking Page **Error! Bookmark not defined.**

Figure 46: CMS Workload Tracking Sample **Error! Bookmark not defined.**

Figure 47: QASP Report..... **Error! Bookmark not defined.**

Figure 48: QASP Report Listing..... **Error! Bookmark not defined.**

Figure 49: File Upload Page **Error! Bookmark not defined.**

Figure 50: Download Response Files **Error! Bookmark not defined.**

Figure 51: Response File Example **Error! Bookmark not defined.**

List of Tables

Table 1: Contractor Lookup Page Heading Bar2-4

Table 2: Contractor Lookup Page2-4

Table 3: Right Side Bar - Quick Help.....2-5

Table 4: Right Side Bar - User.....2-5

Table 5: Main Menu Page.....2-6

Table 6: Action Codes3-2

Table 7: CWF Assistance Request Action Requested Heading Bar3-4

Table 8: CWF Assistance Request Action Requested: Left Side Bar.....3-4

Table 9: Right Side Bar - Quick Help.....3-5

Table 10: Right Side Bar - Change Contractor3-5

Table 11: Right Side Bar - Contractor3-5

Table 12: Right Side Bar - User.....3-5

Table 13: Right Side Bar - Beneficiary.....3-6

Table 14: Right Side Bar - DCN.....3-6

Table 15: HIMR MSP Data List3-9

Table 16: CFW Assistance Request, Pre-populated Fields.....3-10

Table 17: CWF Assistance Request Auxiliary Record Information Page3-13

Table 18: CWF Assistance Request Informant Information Page3-16

Table 19: CWF Assistance Request Insurance Information Page.....3-19

Table 20: CWF Assistance Request Employment Information Page3-22

Table 21: CWF Assistance Request Additional Information Page.....3-24

Table 22: CWF Assistance Request Comments/Remarks Page3-25

Table 23: CWF Assistance Request Search Page3-28

Table 24: CWF Assistance Request Search Page Listing3-30

Table 25: MSP Inquiry - Heading Bar4-2

Table 26: MSP Inquiry Left Side Bar4-2

Table 27: Right Side Bar - Quick Help.....4-3

Table 28: Right Side Bar - Change Contractor4-3

Table 29: Right Side Bar - Contractor4-3

Table 30: Right Side Bar - User.....4-3

Table 31: Right Side Bar - Beneficiary.....4-4

Table 32: Right Side Bar - DCN.....4-4

Table 33: MSP Inquiry Action Requested Page4-5

Table 34: MSP Inquiry MSP Information Page.....4-8

Table 35: MSP Inquiry Informant Information Page.....4-11

Table 36: MSP Inquiry Insurance Information Page4-15

Table 37: MSP Inquiry Employment Information Page4-19

Table 38: MSP Inquiry Additional Information Page.....4-20

Table 39: MSP Inquiry Prescription Coverage Information Page4-22

Table 40: MSP Inquiry Search Page.....4-26

Table 41: MSP Inquiry Search Page Listing.....4-27

Table 42: Prescription Drug Assistance Request Heading Bar.....5-3

Table 43: Prescription Drug Assistance Request - Left Side Bar5-3

Table 44: Right Side Bar - Quick Help.....5-3

Table 45: Right Side Bar - Change Contractor5-3

Table 46: Right Side Bar - Contractor5-4

Table 47: Right Side Bar - User.....5-4

Table 48: Right Side Bar - Beneficiary.....5-4

Table 49: Right Side Bar - DCN.....5-4

Table 50: Prescription Drug Assistance Request Action Requested Page.....5-5

Table 51: Prescription Drug Assistance Request Informant Information Page5-10

Table 52: Prescription Drug Assistance Request Insurance Information Page.....5-12

Table 53: Prescription Drug Assistance Request Employment Information Page.....5-15

Table 54: Prescription Drug Assistance Request Additional Information Page5-16

Table 55: Prescription Drug Assistance Request Comments and Remarks Page5-17

Table 56: Prescription Drug Assistance Request Search Page Description.....5-20

Table 57: Prescription Drug Assistance Requests Search Page Listing.....5-22

Table 58: Prescription Drug Assistance Request Summary Page.....5-23

Table 59: Prescription Drug Inquiry Heading Bar **Error! Bookmark not defined.**

Table 60: Prescription Drug Inquiry Left Side Bar..... **Error! Bookmark not defined.**

Table 61: Right Side Bar - Quick Help..... **Error! Bookmark not defined.**

Table 62: Right Side Bar – Change Contractor **Error! Bookmark not defined.**

Table 63: Right Side Bar - Contractor **Error! Bookmark not defined.**

Table 64: Right Side Bar - User..... **Error! Bookmark not defined.**

Table 65: Right Side Bar - Beneficiary..... **Error! Bookmark not defined.**

Table 66: Right Side Bar - DCN..... **Error! Bookmark not defined.**

Table 67: Prescription Drug Inquiry Initial Information Page..... **Error! Bookmark not defined.**

Table 68: Prescription Drug Inquiry Additional Information Page **Error! Bookmark not defined.**

Table 69: Invalid Insurance Company Names **Error! Bookmark not defined.**

Table 70: Prescription Drug Inquiry Prescription Drug Page..... **Error! Bookmark not defined.**

Table 71: Prescription Drug Inquiry Search Page Criteria **Error! Bookmark not defined.**

Table 72: Prescription Drug Inquiry Search Page Listing **Error! Bookmark not defined.**

Table 73: Prescription Drug Inquiry Summary..... **Error! Bookmark not defined.**

Table 74: Reports Header Bar..... **Error! Bookmark not defined.**

Table 75: Right Side Bar - Quick Help..... **Error! Bookmark not defined.**

Table 76: Right Side Bar - Change Contractor **Error! Bookmark not defined.**

Table 77: Right Side Bar - Contractor **Error! Bookmark not defined.**

Table 78: Right Side Bar - User..... **Error! Bookmark not defined.**

Table 79: Contractor Workload Tracking Selection Criteria..... **Error! Bookmark not defined.**

Table 80: Contractor Workload Tracking Report Detail **Error! Bookmark not defined.**

Table 81: CMS Workload Tracking Selection Criteria..... **Error! Bookmark not defined.**

Table 82: Reports, Workload Tracking Report Detail **Error! Bookmark not defined.**

Table 83: QASP Report Selection Criteria **Error! Bookmark not defined.**

Table 84: QASP Report Listing..... **Error! Bookmark not defined.**

Table 85: ECRS (File Upload / Download Response Files) Header Bar... **Error! Bookmark not defined.**

Table 86: Right Side Bar - Quick Help..... **Error! Bookmark not defined.**

Table 87: Right Side Bar - Change Contractor **Error! Bookmark not defined.**

Table 88: Right Side Bar - Contractor **Error! Bookmark not defined.**

Table 89: Right Side Bar - User..... **Error! Bookmark not defined.**

Table 90: ECRS File Upload Page..... **Error! Bookmark not defined.**

Table 91: Download Response Files Page..... **Error! Bookmark not defined.**

Table 92: CWF Assistance Request Required Data Table: Action Requested Page .**Error! Bookmark not defined.**

Table 93: CWF Assistance Request Required Data Table: CWF Auxiliary Record Data Page.....**Error! Bookmark not defined.**

Table 94: CWF Assistance Request Required Data Table: Informant Information Page.**Error! Bookmark not defined.**

Table 95: CWF Assistance Request Required Data Table: Insurance Information Page .**Error! Bookmark not defined.**

Table 96: CWF Assistance Request Required Data Table: Employment Information Page**Error! Bookmark not defined.**

Table 97: CWF Assistance Request Required Data Table: Additional Information Page**Error! Bookmark not defined.**

Table 98: CWF Assistance Request Required Data Table: Comments/Remarks Page**Error! Bookmark not defined.**

Table 99: MSP Inquiry Required Data Table: Action Requested Page **Error! Bookmark not defined.**

Table 100: MSP Inquiry Required Data Table: MSP Information Page..... **Error! Bookmark not defined.**

Table 101: MSP Inquiry Required Data Table: Informant Information Page..... **Error! Bookmark not defined.**

Table 102: MSP Inquiry Required Data Table: Insurance Information Page..... **Error! Bookmark not defined.**

Table 103: MSP Inquiry Required Data Table: Employment Information Page..... **Error! Bookmark not defined.**

Table 104: MSP Inquiry Required Data Table: Additional Information Page **Error! Bookmark not defined.**

Table 105: MSP Inquiry Required Data Table: Prescription Coverage Page..... **Error! Bookmark not defined.**

Table 106: Prescription Drug Assistance Request Required Data Table: Action Requested Page **Error! Bookmark not defined.**

Table 107: Prescription Drug Assistance Request Required Data Table: Informant Information Page **Error! Bookmark not defined.**

Table 108: Prescription Drug Assistance Request Required Data Table: Insurance Information Page **Error! Bookmark not defined.**

Table 109: Prescription Drug Assistance Request Required Data Table: Employment Information Page **Error! Bookmark not defined.**

Table 110: Prescription Drug Assistance Request Required Data Table: Additional Information Page **Error! Bookmark not defined.**

Table 111: Prescription Drug Assistance Request Required Data Table: Comments/Remarks Page . **Error! Bookmark not defined.**

Table 112: Prescription Drug Inquiry Required Data Table: Initial Information Page..... **Error! Bookmark not defined.**

Table 113: Prescription Drug Inquiry Required Data Table: Additional Information Page **Error! Bookmark not defined.**

Table 114: Prescription Drug Inquiry Required Data Table: Prescription Coverage Page..... **Error! Bookmark not defined.**

Table 115: CWF Assistance Request Header and Trailer Record Layout.. **Error! Bookmark not defined.**

Table 116: CWF Assistance Request Record Layout **Error! Bookmark not defined.**

Table 117: CWF Assistance Request Header Response Record Layout ... **Error! Bookmark not defined.**

Table 118: CWF Assistance Request Response Record Layout..... **Error! Bookmark not defined.**

Table 119: Prescription Drug Assistance Request Header and Trailer Record Layout **Error! Bookmark not defined.**

Table 120: Prescription Drug Assistance Request Record Layout **Error! Bookmark not defined.**

Table 121: Prescription Drug Assistance Request Header Response Record Layout **Error! Bookmark not defined.**

Table 122: Prescription Drug Assistance Request Response Record Layout..... **Error! Bookmark not defined.**

Table 123: MSP Inquiry Header and Trailer Record Layout..... **Error! Bookmark not defined.**

Table 124: MSP Inquiry Record Layout..... **Error! Bookmark not defined.**

Table 125: MSP Inquiry Header Response Record Layout..... **Error! Bookmark not defined.**

Table 126: MSP Inquiry Response Record Layout **Error! Bookmark not defined.**

Table 127: Prescription Drug Inquiry Header and Trailer Record Layout . **Error! Bookmark not defined.**

Table 128: Prescription Drug Inquiry Record Layout **Error! Bookmark not defined.**

Table 129: Prescription Drug Inquiry Header Response Record Layout... **Error! Bookmark not defined.**

Table 130: Prescription Drug Inquiry Response Record Layout **Error! Bookmark not defined.**

Table 131: Header Record Errors **Error! Bookmark not defined.**

Table 132: Trailer Record Errors **Error! Bookmark not defined.**

Table 133: Response Record Errors..... **Error! Bookmark not defined.**

Table 134: Am I Using the Correct Option?..... **Error! Bookmark not defined.**

Chapter 1: Summary of Version 4.7 Updates

The following updates have been made in Version 4.7 of the ECRS Web User Guide:

- New Chapter 1 has been added to provide an overview of all significant revisions to this version of the ECRS Web User Guide.
- Chapter 6 (Prescription Drug Inquiry Transactions) was revised. The Insurance Company Name field on the Prescription Coverage page of the Prescription Drug Inquiry transaction is now a required field.
- Prescription Drug Inquiry Layout Detail Record was modified to show that the Insurance Company Name is now required on a PDI transaction.
- The values that are considered invalid Insurance Company Names have been revised. As of 4/22/2013, if the Insurance Company Name is blank or only contains one of the following values, then it is considered an error: ATTORNEY, BC, BCBS, BCBX, BLUE CROSS, BLUE SHIELD, BS, BX, CMS, COB, COBC, COORDINATION OF BENEFITS CONTRAC, HCFA, INSURER, MEDICARE, MISC, MISCELLANEOUS, N/A, NA, NO, NONE, SUPPLEMENT, SUPPLEMENTAL, UNK, XX or UNKNOWN.
- New Action 'ID' has been added for CWF Assistance Request records. This Action is to be used to request the COBC to investigate a possible duplicate MSP record for deletion from the Common Working File (CWF). **Note:** Contractors should no longer use Action 'DR' to investigate possible duplicate MSP record for deletion from CWF.. Action 'DR' should only be used to request the COBC to investigate/redevelop a closed or deleted record.
 - When using Action 'ID', it cannot be submitted with any other Action codes
 - When Action 'ID' is submitted on a CWF Assistance Request and the COBC determines that a duplicate record exists, the MSP record will be deleted from CWF and the CWF Assistance Request will be returned with a Status/Reason CM50.
 - When Action 'ID' is submitted on a CWF Assistance Request and the COBC determines that a no duplicate record exists, the CWF Assistance Request will be returned with a Status/Reason CM83. Comments will be provided on the response
- The MSP Inquiry Additional Information page has been revised to prevent the entry of Diagnosis Codes if the MSP Type (entered on the MSP Information page) is A (Working Aged), B (ESRD), or G (Disabled).

Chapter 2: Introduction

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

What is ECRS?

Note: Please see the Confidentiality and Disclosure of Information statement on the inside of the title page regarding the appropriate handling of information contained in ECRS.

ECRS allows authorized users at Medicare contractor sites and authorized CMS Regional Offices (ROs) to fill out various online forms and electronically transmit requests for changes to existing CWF MSP information, and inquiries concerning possible MSP coverage. Transactions are automatically stored on the Coordination of Benefits (COB) contractor's system. Each evening, a batch process reads the transactions and processes the requests. The status of each transaction is updated as it moves through the system.

Transactions are entered and viewed in ECRS by contractor number. An organization with more than one contractor number must determine how it wants to group its activity. If the organization wants to see all records together, it should use only one contractor number for all ECRS activities. If the organization wants to distinguish the transactions by contract, it should use its different contractor numbers.

ECRS Web CBTs

Register for Computer-Based Training (CBT) courses by sending an e-mail to techi@nhassociates.net. Specify that you are requesting the ECRS Web CBT curriculum, and include your company name, company description (i.e. Fiscal Intermediary, Carrier, Part A and Part B Medicare Administrative Contractor, Medicare Secondary Payer Recovery Contractor, Medicare Advantage Health Plan, or Drug Plan Sponsor) and the name, phone number, and e-mail address for each individual you would like to register. Once your request is processed, an e-mail notification containing the URL for the curriculum will be sent to each registered individual.

About this Guide

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

Chapter 2, the *Introduction*, is the section you are reading now. It contains information about how to use the guide. It also includes basic information about ECRS. If you are unfamiliar with the system or are not an experienced computer user, read the entire Introduction before reading the rest of the guide.

Chapter 3, *CWF Assistance Request Transactions*, contains step-by-step instructions for performing CWF assistance transactions, as well as examples of web pages in ECRS Web, with complete descriptions of the fields.

Chapter 4, *MSP Inquiry Transactions*, contains step-by-step instructions for performing MSP inquiry transactions, as well as examples of web pages in ECRS Web, with complete descriptions of the fields.

Chapter 5, *Prescription Drug Assistance Request Transactions*, contains step-by-step instructions for performing prescription drug assistance transactions, as well as examples of web pages in ECRS Web, with complete descriptions of the fields.

Chapter 6, *Prescription Coverage Inquiry Transactions*, contains step-by-step instructions for performing Prescription Coverage inquiry transactions, as well as examples of web pages in ECRS Web, with complete descriptions of the fields.

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

Chapter 8, *Uploading & Downloading Files*, contains step-by-step instructions for uploading assistance request and inquiry files to ECRS Web, as well as downloading response files.

Appendices A, B, C, and D are Required Data Reference tables that provide a quick way to determine the data required for completing assistance requests and inquiries.

Appendix E, *Reason Codes*, lists all possible Reason codes that are available in ECRS Web.

Appendix F, *CWF Remark Codes*, lists all possible Remark codes that can be entered on the first page of CWF Assistance requests.

Appendix G contains *File Layouts*, which outlines how files must be formatted to be successfully uploaded to ECRS Web.

Appendix H lists all possible error codes that may be returned on a transaction response file, along with their descriptions.

Appendix I, *Frequently Asked Questions*, contains a list of common questions about ECRS Web, along with the corresponding answers.

Appendix J is a Glossary that defines terms and acronyms associated with ECRS.

How to Use the Required Data Reference Tables

The reference tables in Appendices A, B, C and D list the page names associated with completing an assistance request or inquiry. Below each page name are the data fields on the page. Across from each field, there is a Y or N, indicating if the field is required. The Notes column dictates when that field is required, if applicable. If the field is marked as required, and the Notes column is blank, then the field is required in all circumstances. If the field is marked as required, and there is information in the Notes column, that indicates that the field is only required in the situations listed.

User Guide Conventions

This section explains how information appears in the guide. Understanding the conventions will help you to better understand the tasks and web page explanations.

Information that links/navigates to other information within the application appears in bold typeface. For example, in the following instruction, “click [**Continue**],” continue is in bold typeface because you must click on that link to go to the next page.

System messages appear in CAPITAL LETTERS. For example: The system displays the message, “HICN NOT ENTERED.”

Application web page examples are representative of the pages that you see within ECRS Web. The actual information may not be the same, unless otherwise noted in the guide.

Pointers throughout the guide can help you locate information. The guide includes a master Table of Contents in the front, and smaller Tables of Contents at the beginning of the chapters. In addition, headers and footers can be used to determine where you are in the guide.

Basic Functions

Logging On

Individuals who require access to ECRS Web must register in the CMS Individuals Authorized Access to CMS Computer Services (IACS), and have a contractor ID and access code. If you have an IACS ID and a contractor number and need assistance obtaining an access code, please contact Alberta Smythe at (646) 447-4645 or Bill Ford at (646) 458-6613 at the Coordination of Benefits Contractor (COBC).

1. Open an Internet Browser.
2. Connect to the ECRS Web URL: <https://www.cob.cms.hhs.gov/ECRS>
3. If you have not logged on with your IACS User ID and Password, the system routes you to the CMS Access Management Logon Page.
4. Enter your IACS User ID and Password log on.
5. The system routes you to the ECRS Federal Systems Login Warning page.

6. Read the Federal Systems Login Warning and click **[I Accept]** at the bottom of the page.
7. The system displays the ECRS Contractor Sign-In page, as shown in Figure 1.

Figure 1: Contractor Lookup Page

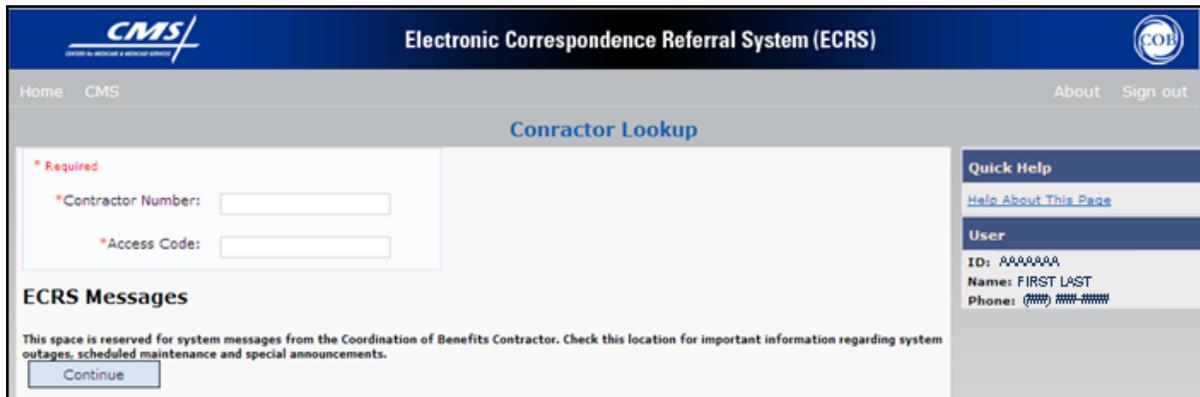


Table 1: Contractor Lookup Page Heading Bar

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

Table 2: Contractor Lookup Page

Field	Description
CONTRACTOR NUMBER	Unique five-digit identification number assigned to each Medicare contractor by CMS. <i>Required field</i> for contractors. Or GHI, CMS, or Regional Office identification number. <i>Required field</i> for GHI, CMS, and RO users.
ACCESS CODE	Five-character authorization code assigned by COB contractor. <i>Required field</i> for contractors. Or Five-character authorization code for GHI, CMS, and Regional Office users. <i>Required field</i> for GHI, CMS, and RO users.
SUBMITTER TYPE	Type of submitter. Select “Part C” or “Part D.” Note: This field displays for users who can submit Part C or Part D data, after the CONTRACTOR NUMBER and ACCESS CODE fields have been populated.
ECRS MESSAGES	Messages pertinent to ECRS Web users are displayed here to keep users informed of upcoming events, maintenance or other system-specific information.
CONTINUE	Command button. Click to navigate to the Main Menu page.

Contractor Lookup Page - Right Side Bar

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

Table 3: Right Side Bar - Quick Help

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

Table 4: Right Side Bar - User

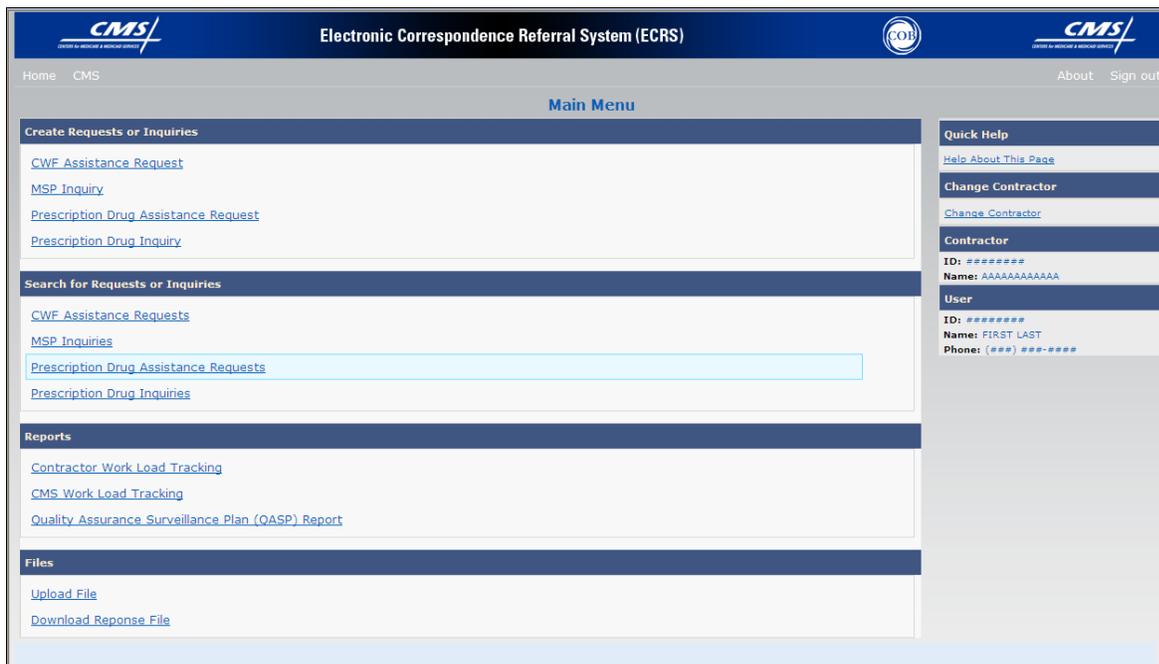
Field	Description
ID	User ID of person logged in. (<i>protected field</i>)
NAME	Name of person associated with the User ID. (<i>protected field</i>)
PHONE	Phone number associated with the User ID. (<i>protected field</i>)

8. Enter the appropriate values in the CONTRACTOR NUMBER and ACCESS CODE fields.
9. For users who can submit Part C or Part D data, the Contractor Sign In Page redisplay, with the CONTRACTOR NUMBER and ACCESS CODE fields disabled, with a SUBMITTER TYPE field displayed and enabled. Select a Submitter Type.
10. Click [**Continue**]. The system then displays the Main Menu page.

Main Menu

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

Figure 2: Main Menu Page



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

Table 5: Main Menu Page

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

Chapter 3: CWF Assistance Request Transactions

This chapter provides you with step-by-step instructions to perform a CWF assistance request. Examples and explanations are provided for each page in ECRS. If you are a new user, this chapter can help you use the system as you learn it. You can also use this chapter to determine what information is contained in each field or what you should enter in a field. It can also help you to navigate through the CWF assistance request transaction process if you are lost. If you are an experienced user, you can use the chapter as a quick reference for a web page that you use infrequently.

Adding a CWF Assistance Request Transaction

Use the [**CWF Assistance Request**] link under Create Requests or Inquiries on the Main Menu, to add CWF Assistance Request transactions for existing CWF MSP auxiliary occurrences.

To submit an inquiry to the COB contractor about a new or possible MSP situation not yet documented at CWF, use the [**MSP Inquiry**] link on the Main Menu.

Retrieving Beneficiary Information

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

Action Codes

ECRS uses action codes to determine what information should be updated on the MSP auxiliary occurrence at CWF or what type of special processing should be performed on an MSP auxiliary occurrence. For example, if you type action code EI in the ACTION(S) field, only the information you type in the employer fields (employer name, street, city, ZIP code, EIN, and employee number) will be updated on the MSP auxiliary occurrence at CWF.

For CWF Assistance Request transactions, you are required to enter at least one ACTION, but you have the ability to enter a maximum of four codes. For MSP inquiries, you are not required to enter any ACTIONS. Table 6 lists all action codes available in ECRS Web.

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

Table 6:Action Codes

Description	Action Code
Change Attorney Information	AI
Add Policy and/or Group Number	AP
Add CWF Remark Codes	AR
Develop for Prescription BIN	BN
CMS Grouping Code	CA
Date of Injury/Date of Loss Changes	CD
Closed or Settled Case	CL
Incorrect ESRD Coordination Period	CP
Change Termination Date	CT
Change Prescription Values (BIN, Group, PCN)	CX
Develop to the Attorney	DA
Develop to the Diagnosis Code	DD
Develop for Employer Information	DE
Develop for Insurer Information	DI
Mark Occurrence for Deletion	DO
Investigate Closed or Deleted Record	DR
Develop For Termination Date	DT
Change Diagnosis Code	DX
Change Employer Address	EA
Change Effective Date	ED
Develop for Effective Date	EF
Change Employer Information	EI
Employer Size Below Minimum	ES
Develop for Group Number	GR
Investigate/possible duplicate for deletion	ID
Change Insurer Information	II
Change Insurance Type	IT
Add No-Fault to Liability Record	LR
Change MSP Type	MT
SSN/HICN Mismatch	MX
Create Duplicate No-Fault Record	NR

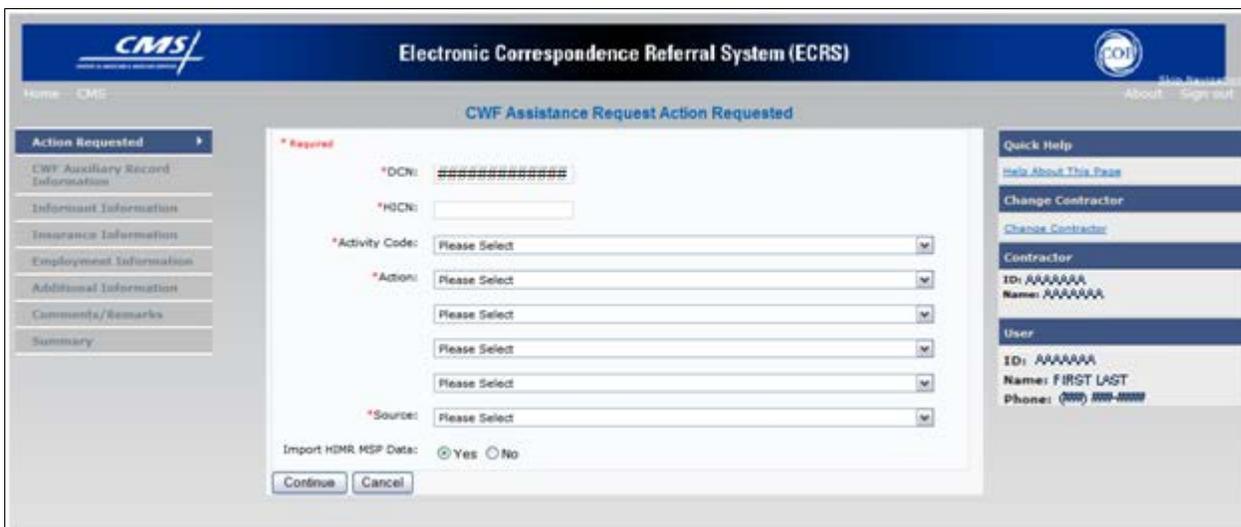
Description	Action Code
Update Prescription Person Code	PC
Change Pre-Paid Health Plan (PHP) Date	PH
Develop for/add PCN	PN
Change Patient Relationship	PR
Add Termination Date	TD
Update A Record For A Vow Of Poverty	VP
Notify COB Of Updates To WCMSA Cases	WN

Action Requested Page

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

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

Figure 3: CWF Assistance Request Action Requested Page



Navigation Links

The navigation links explained in Table 7 and Table 8 display on each page of the CWF Assistance Request Transaction:

Table 7: CWF Assistance Request Action Requested Heading Bar

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

Table 8: CWF Assistance Request Action Requested: Left Side Bar

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

Navigation Link	Description
CWF AUXILIARY RECORD INFORMATION	Click [CWF Auxiliary Record Information] to go to the CWF Auxiliary Record Data page.
INFORMANT INFORMATION	Click [Informant Information] to go to the Informant Information page.
INSURANCE INFORMATION	Click [Insurance Information] to go to the Insurance Information page.
EMPLOYMENT INFORMATION	Click [Employment Information] to go to the Employment Information page.
ADDITIONAL INFORMATION	Click [Additional Information] to go to the Additional Information page.
COMMENTS/REMARKS	Click [Comments/Remarks] to go to the Comments/Remarks page.
SUMMARY	Click [Summary] to go to the Summary page.

CWF Assistance Request - Right Side Bar

The right side bar of the CWF Assistance Request page is divided into six sections. Each of these sections is described in the following tables: Table 9, Table 10, Table 11, Table 12, Table 13, and Table 14.

Table 9: Right Side Bar - Quick Help

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

Table 10: Right Side Bar - Change Contractor

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

Table 11: Right Side Bar - Contractor

Field	Description
ID	Contractor Number or CMS ID entered on the 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>

Table 12: Right Side Bar - User

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

Beneficiary and DCN Information will be retrieved from the system using the HICN entered on the Action Requested page. This information will be carried forward on subsequent pages of the CWF Assistance Request and it will be displayed on the right side bar as described in Table 13 and Table 14 . This information will not be editable.

Table 13: Right Side Bar - Beneficiary

Field	Description
HICN	Health Insurance Claim Number of the beneficiary. <i>(protected field)</i>
SSN	Social Security Number of the beneficiary. <i>(protected field)</i>
NAME	Name of the beneficiary. <i>(protected field)</i>
ADDRESS	Street address of the beneficiary. <i>(protected field)</i>
CITY, STATE	City and State associated with street address of the beneficiary. <i>(protected field)</i>
ZIP	Zip code associated with street address of the 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>

Table 14: Right Side Bar - DCN

Field	Description
ID	Document Control Number assigned by the contractor to correspondence and/or paperwork associated with transaction. <i>(protected field)</i>
ORIGIN DATE	Date CWF Assistance Request transaction was submitted. <i>(protected field)</i>
STATUS	Two-character code explaining where the CWF Assistance Request transaction is in the COB system process <i>(protected field)</i> CM Completed DE Delete (do not process) ECRS CWF Assistance Request HD Hold, individual not yet a Medicare beneficiary IP In process, being edited by COB NW New, not yet read by COB Note: STATUS will always be NW until the transaction is processed.
REASON	Two-character code explaining why the CWF Assistance Request is in a particular status. (See Appendix E for the complete list of codes.) <i>(protected field)</i> Note: REASON will always be 01 until the transaction is processed.
DCN	Document Control Number assigned by the contractor to correspondence and/or paperwork associated with transaction <i>(required field)</i> The system auto-generates the DCN, but it can be changed by the user.

Field	Description
HICN	Health Insurance Claim Number of the beneficiary (<i>required field</i>). Type HICN without dashes, spaces, or other special characters. Note: The system looks up the HICN to ensure the most current HICN has been entered. If the most current HICN has not been entered the system replaces the entered HICN with the most current HICN.
ACTIVITY CODE	Activity of the contractor (<i>required field</i>). Valid values are: C Claims (Pre-Payment) D Debt Collection/Referral G Group Health Plan I General Inquiries N Liability, No Fault, Workers' Compensation, and Federal Tort Claim Act
ACTION	Two-character code defining the action to take on the MSP auxiliary occurrence at CWF (<i>required field</i>). Notes: Enter up to four Actions unless the CWF Assistance Request is to: <ul style="list-style-type: none"> • Delete occurrence (DO) • Redevelop a deleted CWF record (DR) • Investigate/ possible duplicate for deletion (ID) • Note a vow of poverty (VP) • Develop for Employer Information (DE) • Develop for Insurer Information (DI) You cannot combine these six Actions with any other Actions. Action MT only applies when supplemental type is Primary.
SOURCE	Four-character code identifying source of the CWF Assistance Request information (<i>required field</i>). Valid values are: CHEK Unsolicited check LTTR Letter PHON Phone call SCLM Claim submitted to Medicare contractor for secondary payment SRVY Survey
IMPORT HIMR MSP DATA	Defaults to Yes, but can be changed to No. See the importing HIMR MSP data section for more information.
CONTINUE	Command button. Click to go to the CWF Auxiliary Record Data page or the HIMR MSP Data List. Note: All required fields must be populated before clicking [Continue].
CANCEL	Command button. Click to return to the Main Menu.

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

- DCN

- HICN
- ACTIVITY CODE
- ACTION
- SOURCE

Note: For information on importing HIMR MSP Data for CWF Assistance Requests, see Figure 4. If beneficiary information is not found for the HICN you have entered, you will not be able to continue the CWF Assistance Request.

2. After all relevant fields have been entered, click [**Continue**] to go to the CWF Auxiliary Record Data page, or select a page link from the left side bar.
3. If you selected to import HIMR MSP data, clicking [**Continue**] displays the HIMR MSP Data List. See Figure 4 for more information.
4. To exit the CWF Assistance Request Detail pages, click [**Home**] to return to the Main Menu or [**Sign Out**] to exit the application.

Importing HIMR MSP Information for CWF Assistance Requests

Importing HIMR MSP data allows you to retrieve HIMR BENA and MSPD screens at each host site. The system then transfers that information to the CWF Assistance Request Detail pages and populates the associated fields.

Follow the steps below to import HIMR MSP data for a new CWF Assistance Request.

Note: The HIMR application may be inconsistent after 5 pm. EST.

1. From the Action Requested page, which is the first page of the CWF Assistance Request, type/select all relevant fields, set Import HIMR MSP Data to “Yes,” and click [**Continue**].
2. The system retrieves MSP data, displaying all aux record numbers associated with the HICN, and displays them on the HIMR MSP Data List, as shown in Figure 4.

Figure 4: HIMR MSP Data List

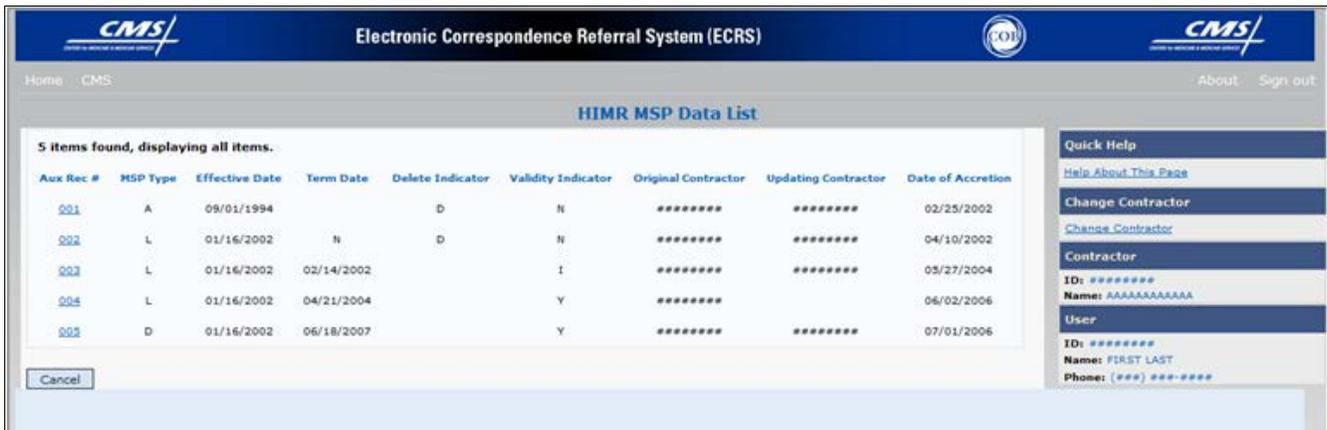


Table 15: HIMR MSP Data List

Field	Description
AUX REC #	Record number of the MSP auxiliary occurrence in CWF. Click to select the record and transfer the data to the CWF Auxiliary Record Data page.
MSP TYPE	Description of the MSP coverage type. Valid values are: A Working Aged B ESRD C Conditional Payment D Automobile Insurance, No Fault E Workers' Compensation F Federal (Public) G Disabled H Black Lung I Veterans L Liability W Workers' Compensation Medicare Set Aside
EFFECTIVE DATE	Effective date of the MSP coverage.
TERM DATE	Termination date of the MSP coverage.
ORIGINAL CONTRATOR	Contractor number of the contractor that created the original MSP occurrence at CWF.
DELETE INDICATOR	Indicates if the record has been deleted. Valid values are: D Deleted Blank Not Deleted

Field	Description
VALIDITY INDICATOR	Indicates if the record is active. Valid values are: I Under Development Y MSP Coverage Confirmed N No MSP Coverage
UPDATING CONTRACTOR	Contractor number of the contractor that most recently updated the MSP occurrence.
DATE OF ACCRETION	Accretion date of MSP coverage in MMDDCCYY format.
CANCEL	Command button. Click to return to the Main Menu.

- To select HIMR MSP data and transfer it to the CWF Assistance Request Detail pages, click the **[AUX REC #]** link next to that record. Note: Only records with a validity indicator of Y can be selected.
- The system pre-populates certain fields through the CWF assistance request process, as described in Table 16.

Table 16: CFW Assistance Request, Pre-populated Fields

Page	Pre-Populated Fields
CWF AUXILIARY RECORD DATA	MSP Type Patient Relationship Auxiliary Record # Originating Contractor Effective Date Termination Date Accretion Date
INSURANCE INFORMATION	Insurance Company Name Address City State Zip Insurance Type Group Number Policy Number Subscriber Name
ADDITIONAL INFORMATION	Diagnosis Codes

Refer to the table below for additional actions:

If you...	Follow these steps:
Don't get a list of HIMR records	<ol style="list-style-type: none"> 1. Check to make sure the HICN entered is correct. 2. Check the time. The HIMR application may be unavailable before 8 am and after 5 pm EST.
Want to use this imported information	<ol style="list-style-type: none"> 1. Change information in any of the fields by typing the correct information over the imported information, if necessary. 2. Continue the CWF assistance request process.
Want to select a different MSP record for the beneficiary if you have already transferred HIMR data to the CWF Auxiliary Record Data page.	From the CWF Auxiliary Record Data page, click [Back To List] , and click the [Aux Rec #] link, next to the record you want to select.
Do not want to use this imported information, but want to look up a new beneficiary	<ol style="list-style-type: none"> 1. Type the new beneficiary's HICN in the HICN field on the Action Requested page. 2. Set Import HIMR MSP Data to "Yes". 3. Click [Continue] to display the HIMR MSP DATA List. 4. Click the [AUX REC #] link next to the record you want to select.
Want to return to the CWF Assistance Request Action Requested page without selecting data	Click [Cancel] .

CWF Auxiliary Record Data Page

1. Enter/select information on the CWF Auxiliary Record Data page that associates the assistance request with an MSP auxiliary record. Please see Figure 5.

Figure 5: CWF Assistance Request Auxiliary Record Information Page

The screenshot displays the 'Electronic Correspondence Referral System (ECRS)' interface. The main heading is 'CWF Assistance Request Auxiliary Record information'. The page is divided into several sections:

- Left Navigation Menu:** Includes 'Action Requested', 'CWF Auxiliary Record Information' (highlighted), 'Informant Information', 'Insurance Information', 'Employment Information', 'Additional Information', 'Comments/Remarks', and 'Summary'.
- Form Fields:**
 - * Required:** A red asterisk indicates required fields.
 - *MSP Type:** A dropdown menu with 'Please Select'.
 - New MSP Type:** A dropdown menu with 'Please Select'.
 - *Auxiliary Record #:** A dropdown menu with 'Please Select'.
 - *Patient Relationship:** A dropdown menu with 'Please Select'.
 - New Patient Relationship:** A dropdown menu with 'Please Select'.
 - *Originating Contractor:** A text input field.
 - *Effective Date:** A date input field with slashes (//).
 - New Effective Date:** A text input field.
 - Termination Date:** A date input field with slashes (//).
 - Remove Existing Termination Date:** A checkbox.
 - Accretion Date:** A date input field with slashes (//).
- Buttons:** 'Continue' and 'Cancel' buttons are located at the bottom of the form.
- Right Panel:** Contains a 'Quick Help' section with links for 'Help About This Page', 'Change Contractor', and 'Change Contractor'. Below this are sections for 'Contractor', 'User', 'Beneficiary', and 'DCN', each displaying masked information (e.g., 'ID: AAAAA', 'Name: AAAAAAAAAA').

Table 17: CWF Assistance Request Auxiliary Record Information Page

Field	Description
MSP TYPE	One-character code identifying the type of MSP coverage (<i>required field</i>). Description of code displays next to value. Valid values are: A Working Aged B ESRD C Conditional Payment D Automobile Insurance, No Fault E Workers' Compensation F Federal (Public) G Disabled H Black Lung I Veterans L Liability W Workers' Compensation Medicare Set Aside
NEW MSP TYPE	One-character code identifying the type of new MSP coverage. Description of code displays next to value. <i>Required field</i> when ACTION is MT.

Field	Description										
<p>PATIENT RELATIONSHIP</p>	<p>Patient relationship between the policyholder and the beneficiary (<i>required field</i>). Description of code displays next to value.</p> <p>Valid values are:</p> <ul style="list-style-type: none"> 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>For the following MSP Types, the patient relationship codes listed to the right are the only valid values that can be used:</p> <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">MSP Type</th> <th style="text-align: left;">Patient Relationship Code</th> </tr> </thead> <tbody> <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> </tbody> </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										
<p>NEW PATIENT RELATIONSHIP</p>	<p>New patient relationship between the policyholder and the beneficiary. Description of code displays next to value <i>Required field</i> when ACTION is PR.</p>										
<p>AUXILIARY RECORD #</p>	<p>Record number of the MSP auxiliary occurrence in CWF (<i>required field</i>) Note: Part D contractors must enter '001' when aux number is unknown.</p>										
<p>ORIGINATING CONTRATOR</p>	<p>Contractor number of contractor that created the original MSP occurrence at CWF (<i>required field</i>)</p>										
<p>EFFECTIVE DATE</p>	<p>Effective date of MSP coverage in MMDDCCYY format (<i>required field</i>)</p>										

Field	Description
NEW EFFECTIVE DATE	New effective date of MSP coverage in MMDDCCYY format. <i>Required field</i> when ACTION is ED.
TERMINATION DATE	Termination date of MSP coverage in MMDDCCYY format. Required when ACTION is TD or CT.
REMOVE EXISTING TERMINATION DATE checkbox	Check to remove an existing termination date.
ACCRETION DATE	Accretion date of MSP coverage in MMDDCCYY format.
CONTINUE	Command button. Click to go to the Informant Information page.
CANCEL	Command button. Click to return to the Main Menu.

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

Informant Information Page

1. Enter information on the Informant Information page regarding the person who informed you of the change in MSP coverage. Please see Figure 6.

Figure 6: CWF Assistance Request Informant Information Page

The screenshot shows the 'Electronic Correspondence Referral System (ECRS)' interface. The main heading is 'CWF Assistance Request Informant Information'. The central form contains the following fields:

- First Name:
- Middle Initial:
- Last Name:
- Address:
- City:
- State, Zip: Please Select
- Phone: () -
- Relationship: Please Select

At the bottom of the form are 'Continue' and 'Cancel' buttons. The left sidebar includes links for 'Action Requested', 'CWF Auxiliary Record Information', 'Informant Information', 'Insurance Information', 'Employment Information', 'Additional Information', 'Comments/Remarks', and 'Summary'. The right sidebar contains 'Quick Help', 'Change Contractor', 'Contractor' details (ID: AAAAA, Name: AAAAAAAAAA), 'User' details (ID: AAAAA, Name: AAAAAAAAAA, Phone: AAAAA-AAAA), 'Beneficiary' details (HICN: AAAAAA, SSN: AAAAA-AAAA, Name: FIRST LAST, Address: AAAAAAAAAA, City, State: AAAAAAAAAA, Zip: AAAAA-AAAA, Sex: A, DOB: AAAAA-AAAA), and 'DCN' details (ID: AAAAAA, Origin Date: AAAAA-AAAA, Status: NW - New, not yet read by COB, Reason: 01 - Not yet read by COB, used with NW status).

Table 18: CWF Assistance Request Informant Information Page

Field	Description
FIRST NAME	First name of the person informing the contractor of the change in MSP coverage. <ul style="list-style-type: none"> • Required for all ACTIONs when SOURCE is CHEK, LTTR, or PHON. • Required for all SOURCEs when ACTION is AI.
MIDDLE INITIAL	First initial of the middle name of the person informing the contractor of the change in MSP coverage.
LAST NAME	Last name of the person informing the contractor of the change in MSP coverage. <ul style="list-style-type: none"> • Required for all ACTIONs when SOURCE is CHEK, LTTR, or PHON. • Required for all SOURCEs when ACTION is AI.
ADDRESS	Informant’s street address. <ul style="list-style-type: none"> • Required for all ACTIONs when SOURCE is CHEK, LTTR, or PHON. • Required for all SOURCEs when ACTION is AI.
CITY	Informant’s city. <ul style="list-style-type: none"> • Required for all ACTIONs when SOURCE is CHEK, LTTR, or PHON. • Required for all SOURCEs when ACTION is AI.
STATE	Informant’s state. <ul style="list-style-type: none"> • Required for all ACTIONs when SOURCE is CHEK, LTTR, or PHON. • Required for all SOURCEs when ACTION is AI.
ZIP	Informant’s ZIP code. <ul style="list-style-type: none"> • Required for all ACTIONs when SOURCE is CHEK, LTTR, or PHON. • Required for all SOURCEs when ACTION is AI.
PHONE	Informant’s telephone number

Field	Description
RELATIONSHIP	<p>One-character code indicating the relationship of the informant to the beneficiary. Valid values are:</p> <p>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</p> <p><i>Required for:</i></p> <ul style="list-style-type: none"> • All ACTIONs when SOURCE is CHEK, LTTR, or PHON. • Defaults to A when ACTION is AI.
CONTINUE	Command button. Click to go to Insurance Information page.
CANCEL	Command button. Click to return to the Main Menu.

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

Insurance Information Page

1. Enter information on the Insurance Information page about the insurance type associated with the MSP coverage. Please see Figure 7.

Figure 7: CWF Assistance Request Insurance Information Page

The screenshot shows the 'Electronic Correspondence Referral System (ECRS)' interface. The main title is 'CWF Assistance Request Insurance Information'. On the left is a navigation menu with options: 'Action Requested', 'CWF Auxiliary Record Information', 'Informant Information', 'Insurance Information' (highlighted), 'Employment Information', 'Additional Information', 'Comments/Remarks', and 'Summary'. The central form contains the following fields: 'Insurance Company Name', 'Address', 'City', 'State, Zip' (with dropdowns), 'Phone', 'Insurance Type' (dropdown), 'New Insurance Type' (dropdown), 'Policy Number', 'Group Number', 'Subscriber First Name', 'Subscriber Middle Initial', and 'Subscriber Last Name'. At the bottom of the form are 'Continue' and 'Cancel' buttons. On the right side, there is a 'Quick Help' section with a link 'Help About This Page', a 'Change Contractor' section with a link 'Change Contractor', and a 'Contractor' section with fields for 'ID: AAAAA' and 'Name: AAAAAAAAAAAAA'. Below that is a 'User' section with fields for 'ID: AAAAA', 'Name: AAAAAAAAAAAAA', and 'Phone: 000-000-0000'. The 'Beneficiary' section includes fields for 'NICN: AAAAAAAAAA', 'SSN: 000-00-0000', 'Name: FIRST LAST', 'Address: AAAAAAAAAAAAA', 'City, State: AAAAAAAAAAAAA', 'Zip: 00000-0000', 'Sex: M', and 'DOB: 00-00-0000'. At the very bottom right, there is a 'DCN' section with fields for 'ID: AAAAAAAAAAAAA', 'Origin Date: 00-00-0000', 'Status: NW - New, not yet read by COB', and 'Reason: 01 - Not yet read by COB, used with NW status'.

Table 19: CWF Assistance Request Insurance Information Page

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

Field	Description
INSURANCE TYPE	<p>One-character code for the type of insurance. Valid values are:</p> <ul style="list-style-type: none"> A Insurance or Indemnity (OTHER TYPES) B Group Health Organization (GHO) C Preferred Provider Organization (PPO) D Third Party Administrator arrangement under an Administrative Service Only (ASO) contract without stop loss from any entity (TPA/ASO) E Third Party Administrator arrangement with stop loss insurance issued from any entity (STOP LOSS TPA) F Self-Insured/Self-Administered (SELF-INSURED) G Collectively-Bargained Health and Welfare Fund (HEALTH/WELFAR) H Multiple Employer Health Plan with at least one employer who has 100 or more full- and/or part-time employees (EMPLOYER+100) I Multiple Employer Health Plan with at least one employer who has more 20 or more full- and/or part-time employees (EMPLOYER+20) J Hospitalization Only Plan covering inpatient hospital services (HOSPITAL ONLY) K Medical Services Only Plan covering only non-inpatient medical services (MEDICAL ONLY) M Medicare Supplemental Plan, Medigap, Medicare Wraparound Plan or Medicare Carve Out Plan (SUPPLEMENTAL) R GHP Health Reimbursement Arrangement S GHP Health Savings Account <p>Blank Unknown (UNKNOWN); defaults to A</p> <p><i>Required field</i> when ACTION is AI (Attorney information should be entered on the Informant Information page) or ACTION is II and INSURANCE COMPANY NAME is entered.</p>
NEW INSURANCE TYPE	<p>Select a one-character code for the new type of insurance.</p> <p>Valid values are:</p> <ul style="list-style-type: none"> A Insurance or Indemnity (OTHER TYPES) J Hospitalization Only Plan covering inpatient hospital services (HOSPITAL ONLY) K Medical Services Only Plan covering only non-inpatient medical services (MEDICAL ONLY) R GHP Health Reimbursement Arrangement <p><i>Required field</i> when ACTION is IT.</p>
POLICY NUMBER	<p>Policy number of insurance coverage</p> <ul style="list-style-type: none"> • <i>Required field</i> when ACTION is AP and MSP TYPE is NOT D, E, L, or W. • <i>Required field</i> when INSURANCE COMPANY NAME is entered. <p>Note: If GROUP NUMBER is entered, POLICY NUMBER is not required.</p>

Field	Description
GROUP NUMBER	Group number of insurance coverage <ul style="list-style-type: none"> • <i>Required field</i> when ACTION is AP and MSP TYPE is NOT D, E, L, or W. • <i>Required field</i> when ACTION is CD and MSP TYPE IS D, E, L or W. • <i>Required field</i> when INSURANCE COMPANY NAME is entered. Note: If POLICY NUMBER is entered, GROUP NUMBER is not required.
SUBSCRIBER FIRST NAME	First name of individual covered by this insurance.
SUBSCRIBER MIDDLE INITIAL	First letter of the middle name of the individual covered by this insurance.
SUBSCRIBER LAST NAME	Last name of the individual covered by this insurance.
CONTINUE	Command button. Click to go to the Employment Information page.
CANCEL	Command button. Click to return to the Main Menu.

2. In order to modify insurer information at CWF, you must enter Action II on the Action Requested page. Type data in all fields to update insurer information. Leave all fields blank to delete insurer information.
3. After all relevant fields have been entered, click [**Continue**] to go to the Employment Information page, or select a page link from the left side bar.

Note: If you enter Action II and leave any of the following fields blank, the system deletes the previous value at CWF: ADDRESS, CITY, STATE, ZIP, GROUP NUMBER, POLICY NUMBER, and SUBSCRIBER NAME.

Employment Information Page

1. Enter employment information associated with the MSP coverage on the Employment Information page. Please see Figure 8.

Figure 8: CWF Assistance Request Employment Information Page

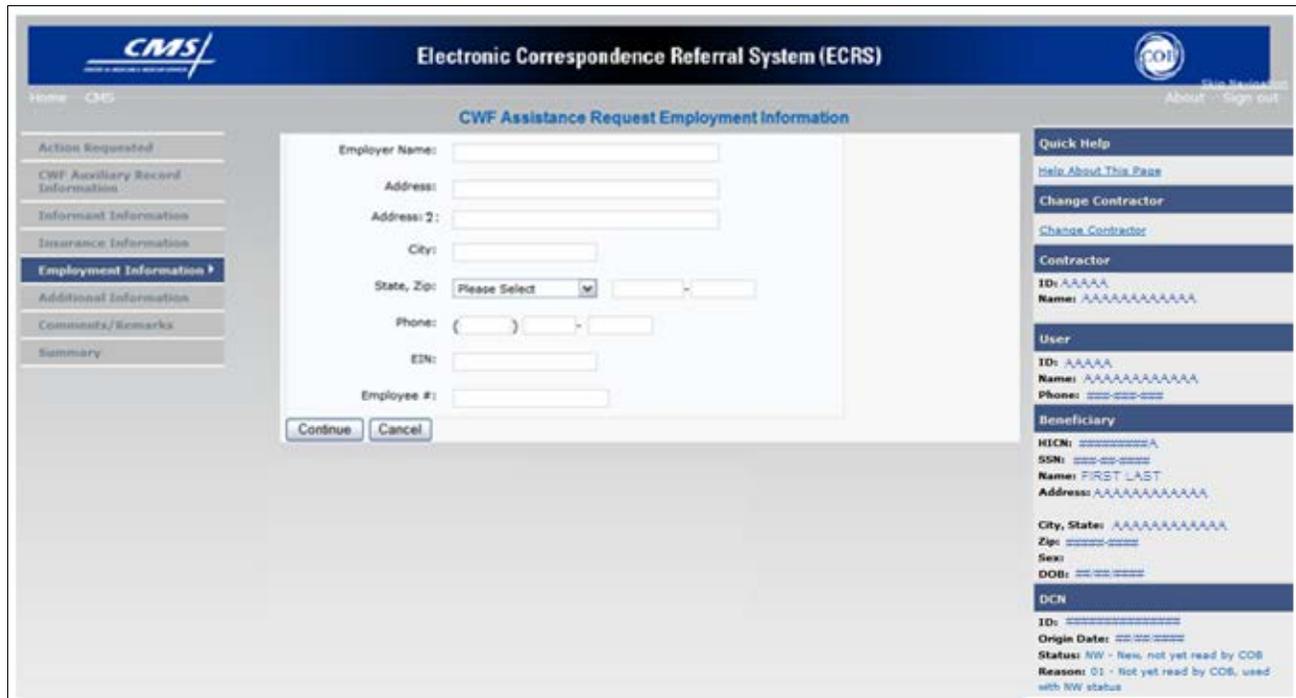


Table 20: CWF Assistance Request Employment Information Page

Field	Description
EMPLOYER NAME	Name of the employer providing group health insurance under which the beneficiary is covered. <i>Required field</i> when ACTION is EA or EI.
ADDRESS	First line of the employer’s street address. <i>Required field</i> when ACTION is EI.
ADDRESS 2	Second line of the employer’s street address. Optional field.
CITY	City associated with the employer’s street address. <i>Required field</i> when ACTION is EI.
STATE	State associated with the employer’s street address. <i>Required field</i> when ACTION is EI.
ZIP	Zip Code associated with the employer’s street address. <i>Required field</i> when ACTION is EI.

Field	Description
PHONE	Phone Number of the employer
EIN	Employer Identification Number
EMPLOYEE #	Employee number of policy holder
CONTINUE	Command button. Click to go to the Additional Information page.
CANCEL	Command button. Click to return to the Main Menu.

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

Additional Information Page

- Enter check and beneficiary information on this page. Please see Figure 9. This information is used in conjunction with the action and source codes selected on the CWF Assistance Request, Action Requested page.

Figure 9: CWF Assistance Request Additional Information Page

The screenshot shows the 'Electronic Correspondence Referral System (ECRS)' interface. The main title is 'CWF Assistance Request Additional Information'. On the left is a navigation menu with options like 'Action Requested', 'CWF Auxiliary Record Information', 'Informant Information', 'Insurance Information', 'Employment Information', 'Additional Information' (selected), 'Comments/Remarks', and 'Summary'. The central form contains the following fields: 'Check Number' (text input), 'Check Date' (calendar picker), 'Check Amount' (text input), 'Pre-paid Health Plan Date' (calendar picker), 'Social Security Number' (text input with dashes), and 'Diagnosis Codes' (multiple text inputs). At the bottom of the form are 'Continue' and 'Cancel' buttons. On the right sidebar, there are sections for 'Quick Help', 'Change Contractor', 'Contractor' (with ID and Name), 'User' (with ID, Name, and Phone), 'Beneficiary' (with HICN, SSN, Name, Address, City, State, Zip, Sex, and DOB), and 'DCN' (with ID, Origin Date, Status, and Reason).

Table 21: CWF Assistance Request Additional Information Page

Field	Description
CHECK NUMBER	Number of check received. <i>Required field</i> if SOURCE is CHEK.
CHECK DATE	Date of check received. <i>Required field</i> if SOURCE is CHEK. You cannot future-date this field.
CHECK AMOUNT	Amount of check received. <i>Required field</i> if SOURCE is CHEK.
PRE-PAID HEALTH PLAN DATE	Pre-paid Health Plan date in MMDDCCYY <i>Required field</i> if ACTION is PH.
SOCIAL SECURITY NUMBER	Corrected Social Security Number when HICN and SSN do not match CWF. <i>Required field</i> if ACTION is MX
DIAGNOSIS CODES	Five-digit diagnosis code that applies to this MSP occurrence. Enter up to five diagnosis codes. Required when ACTION is DX. Required when the MSP TYPE is D, E, or L.
CONTINUE	Command button. Click to go to the Comments/Remarks page.
CANCEL	Command button. Click to return to the Main Menu.

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

Comments and Remarks Page

1. Enter comments on the Comments and Remarks page. Please see Figure 10. All comments entered are viewable by the COB Contractor. Refer to Appendix F for the complete list of Remark Codes.

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

Figure 10: CWF Assistance Request Comments/Remarks Page

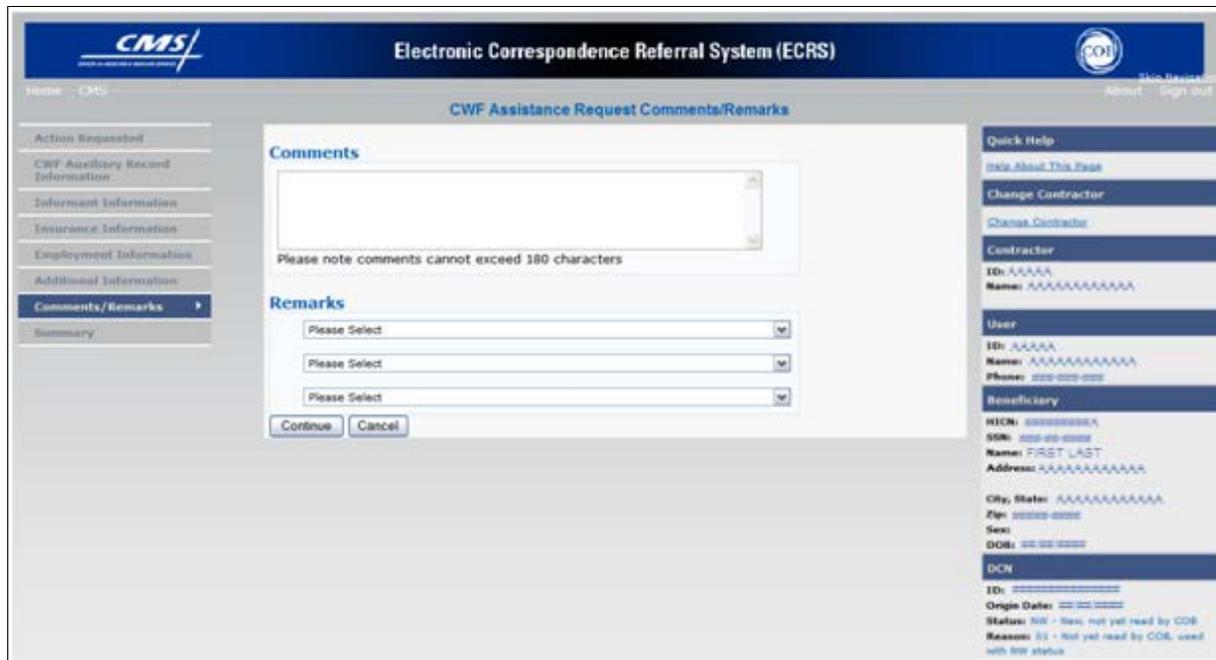


Table 22: CWF Assistance Request Comments/Remarks Page

Field	Description
COMMENTS	Free-form text field, where Medicare contractors type data to send notes to the COB contractor. (<i>Protected field</i>) when COB contractor adds a comment. Note: The COB contractor reviews these comments unless the request involves an automated Action (action codes AR, DO, PH, and TD). In these cases, when an automated Action is submitted individually and processed successfully, the comments entered are not reviewed.
REMARKS	Enter at least one Remark code, explaining the reason for the transaction. Enter up to three remark codes. See Appendix F for more information. <i>Required field</i> when ACTION is AR.
CONTINUE	Command button. Click to go to the Summary page.
CANCEL	Command button. Click to return to the Main Menu.

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

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

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

Summary Page

The Summary page displays a summary of all information entered for the assistance request before submission. Please see Figure 11.

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

Figure 11: CWF Assistance Request Summary Page

The screenshot displays the 'CWF Assistance Request Summary' page within the 'Electronic Correspondence Referral System (ECRS)'. The page is organized into several sections:

- Header:** CMS logo, 'Electronic Correspondence Referral System (ECRS)', and navigation links (Home, CMS, Help, Contact, About, Sign out).
- Left Sidebar:** A vertical menu with tabs for 'Action Requested', 'CWF Auxiliary Record Data', 'Informant Information', 'Insurance Information', 'Employment Information', 'Additional Information', 'Comments/Remarks', and 'Summary' (which is currently selected).
- Main Content Area:**
 - CWF Assistance Request Summary:** Includes 'Action Requested' (Activity Code: N - Liability, No Fault, Workers' Compensation, and Federal Tort Claim Act), 'Action Codes' (AI - Change Attorney Information, II - Change insurer information, CT - Change Termination date), and 'Source' (CHEK-Check).
 - CWF Auxiliary Record Data:** Includes 'MSP Type' (A-working Aged), 'Effective Date', 'Auxiliary Record Number' (001), 'Termination Date', 'Originating Contractor' (000131), and 'Patient Relationship' (01-Patient is policy holder).
 - Informant Information:** Includes 'Name' (FIRST LAST), 'Relationship' (A - Attorney Representing Beneficiary), 'Address', 'City, State, Zip', and 'Phone'.
- Right Sidebar:** Contains 'Quick Help' (with a link to 'Help About This Page'), 'Change Contractor' (with a link to 'Change Contractor'), 'Contractor' details (ID, Name), 'User' details (ID, Name, Phone), 'Beneficiary' details (HICN, SSN, Name, Address, City, State, Zip, Sex, DOB), and 'GCN' details (ID, Origin Date, Status, Reason).

Viewing, Updating, and Deleting CWF Assistance Request Transactions

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

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

From the Main Menu page, click [CWF Assistance Request] under Search for Requests or Inquiries. The CWF Assistance Request Search page displays, as shown in Figure 12.

Figure 12: CWF Assistance Request Search Page

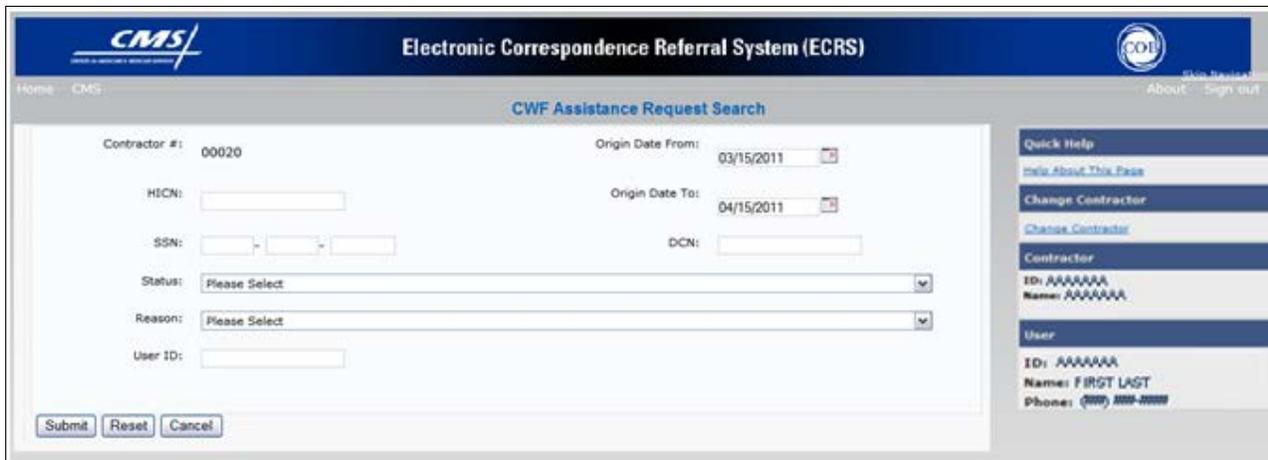


Table 23: CWF Assistance Request Search Page

Field	Description
CONTRACTOR #	<ul style="list-style-type: none"> If you are a Medicare Contractor, this field will be pre-filled with the Contractor Number entered during Contractor Sign In. (<i>protected field</i>) If you are a regional office (RO) or a CMS user, this field will be pre-filled with the CMS ID/RO Number entered during Contractor Sign In. <p>Note: This field is updateable with any Medicare Contractor Number, but only the CMS ID/RO Number entered during Contractor Sign-In can be used</p>
HICN	<p>Enter a Health Insurance Claim Number to search for.</p> <p>Note: If searching by HICN, do not enter an SSN or DCN.</p>
SSN	<p>Enter a Social Security Number to search for.</p> <p>Note: If searching by SSN, do not enter a HICN or DCN.</p>

Field	Description
STATUS	Enter a Status code to search for. To view all in-process CWF Assistance Request transactions, select IP in the STATUS field.
REASON	Select a Reason code to search for. (See Appendix E for the complete list of codes.)
USER ID	Enter a User ID to search for.
ORIGIN DATE FROM	Enter a starting date for the date range you wish to search for, if applicable. This field is updateable; enter a different ORIGIN DATE FROM in MMDDCCYY format to perform additional searches.
ORIGIN DATE TO	Enter an ending date for the date range you wish to search for. Note: The dates in the ORIGIN DATE FROM and TO fields default to the date 31 calendar days prior to the current date and the current date but can be changed to any calendar day range, as long as it is not more than 31 days.
DCN	Enter a Document Control Number to search for. Note: If searching by DCN, do not enter a HICN or SSN.
SUBMIT	Command button. Click to display search results.
RESET	Command button. Click to clear search results.
CANCEL	Command button. Click to return to the Main Menu.

View Transactions

1. Type search criteria in the appropriate fields and click **[Submit]**.
 - To create a list of all CWF Assistance Requests for a specific HICN, type the HICN in the search criteria and leave the CONTRACTOR NUMBER field blank.
 - When searching by Origin Date, User ID, Status, and/or Reason, you must also enter a DCN, HICN, SSN or Contractor Number.
2. The system displays a list of CWF Assistance Requests, as shown in Figure 13.

Figure 13: CWF Assistance Request Search Page Listing

Delete	HICN	Contractor	DCN	Status	Reason	Origin Date	Last Update	User ID
	#####A	00131	#####	CM	15	01/01/2010	01/05/2010	AAAAAAA
	#####A	00131	#####	IP	02	05/01/2010	05/01/2010	AAAAAAA

Table 24: CWF Assistance Request Search Page Listing

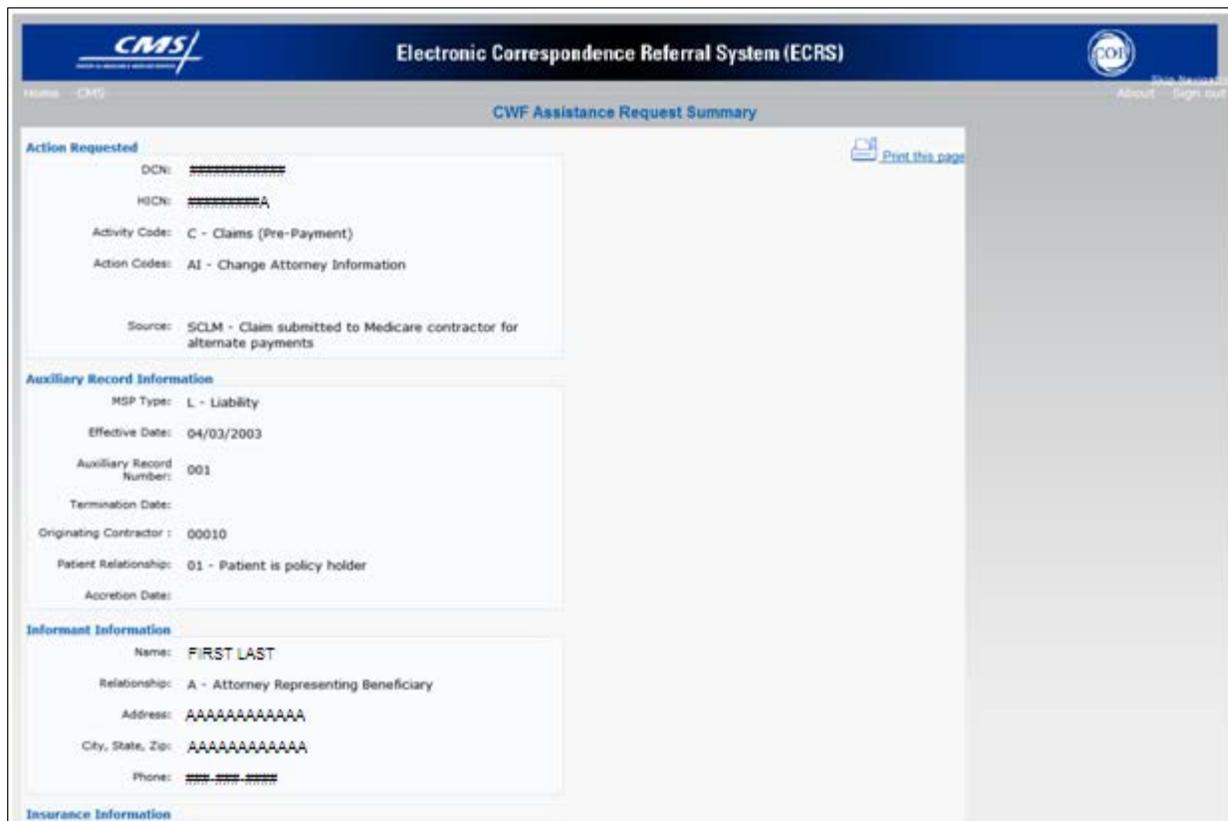
Field	Description
DELETE	Click the delete [X] link to mark a transaction for deletion.
HICN	Health Insurance Claim Number for the CWF Assistance Request transaction. <i>(Protected field)</i> . Click the [HICN] link to view the Summary page
CONTRACTOR	Contractor number. <i>(protected field)</i>
DCN	Document Control Number assigned to the CWF Assistance Request transaction by the Medicare contractor. <i>(protected field)</i>
STATUS	Status of the CWF Assistance Request transaction. <i>(protected field)</i>
REASON	Two-character code explaining why the CWF Assistance Request is in a particular status. <i>(protected field)</i>
ORIGIN DATE	Originating date in MMDDCCYY format. <i>(protected field)</i>
LAST UPDATE	Date the CWF Assistance Request transaction was last changed in MMDDCCYY format. <i>(protected field)</i>
USER ID	User ID of the operator who entered CWF Assistance Request transaction. <i>(protected field)</i>

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

Update Transactions

1. To update information on a CWF Assistance Request transaction, click the [HICN] link for the transaction and the system displays the Summary page for the selected transaction, along with page links to the information, to allow for updates. Please see Figure 14.

Figure 14: CWF Assistance Request Summary Page



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

Delete Transactions

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

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

Chapter 4: MSP Inquiry Transactions

This chapter provides you with step-by-step instructions to perform an MSP Inquiry transaction. Examples and explanations are provided for each page in ECRS.

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

Adding an MSP Inquiry Transaction

Use the **[MSP Inquiry]** link under Create Requests or Inquiries on the Main Menu, to add MSP Inquiry transactions for new or possible MSP situations not yet documented at CWF.

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

Retrieving Beneficiary Information

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

Common MSP Sources

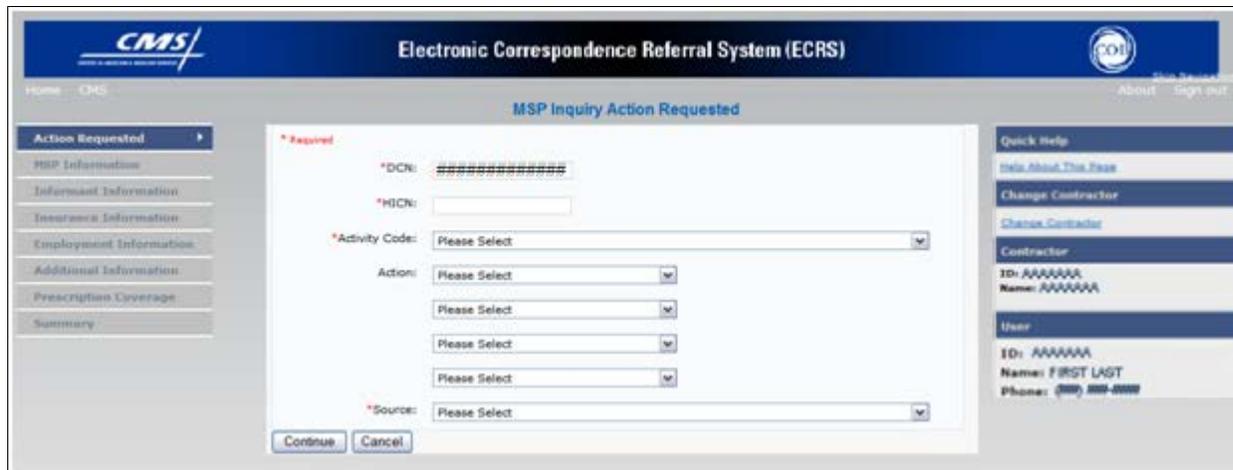
Common sources that provide contractors with MSP information, followed by the associated Source Code, are:

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

Action Requested Page

1. From the Main Menu page, click [MSP Inquiry] under Create Requests or Inquiries. The system displays the Action Requested page, the first page of the MSP Inquiry, as shown in Figure 15. The information entered on this page determines required information on subsequent pages.

Figure 15: MSP Inquiry Action Requested Page



Navigation Links

The navigation links explained in Table 25 and Table 26 display on each page of the CWF Assistance Request Transaction:

Table 25: MSP Inquiry - Heading Bar

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

Table 26: MSP Inquiry Left Side Bar

Location	Description
ACTION REQUESTED	Click [Action Requested] to return to the Action Requested page.
MSP INFORMATION	Click [MSP Information] to go to the MSP Information page.
INFORMANT INFORMATION	Click [Informant Information] to go to the Informant Information page.
INSURANCE INFORMATION	Click [Insurance Information] to go to the Insurance Information page.

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

MSP Inquiry - Right Side Bar

The right side bar of the MSP Inquiry page is divided into six sections. Each of these sections is described in the following tables: Table 27, Table 28, Table 29, Table 30, Table 31, and Table 32.

Table 27: Right Side Bar - Quick Help

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

Table 28: Right Side Bar - Change Contractor

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

Table 29: Right Side Bar - Contractor

Field	Description
ID	Contractor Number or CMS ID entered on the 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>

Table 30: Right Side Bar - User

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

Beneficiary and DCN Information will be retrieved from the system using the HICN entered on the Action Requested page. This information will be carried forward on subsequent pages of the MSP Inquiry and it will be displayed on the right side bar as described in Table 31 and Table 32. This information will not be editable.

Table 31: Right Side Bar - Beneficiary

Field	Description
HICN	Health Insurance Claim Number of the beneficiary. <i>(protected field)</i>
SSN	Social Security Number of the beneficiary. <i>(protected field)</i>
NAME	Name of the beneficiary. <i>(protected field)</i>
ADDRESS	Street address of the beneficiary. <i>(protected field)</i>
CITY, STATE	City and State associated with street address of the beneficiary. <i>(protected field)</i>
ZIP	Zip code associated with street address of the 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>

Table 32: Right Side Bar - DCN

DCN	Description
ID	Document Control Number assigned by the contractor to correspondence and/or paperwork associated with transaction. <i>(protected field)</i>
ORIGIN DATE	Date the MSP Inquiry transaction was submitted. <i>(protected field)</i>
STATUS	Two-character code explaining where the MSP Inquiry transaction is in the COB system process <i>(protected field)</i> CM Completed DE Delete (do not process) ECRS MSP Inquiry HD Hold, individual not yet a Medicare beneficiary IP In process, being edited by COB NW New, not yet read by COB Note: STATUS will always be NW until the transaction is processed.
REASON	Two-character code explaining why the MSP Inquiry is in a particular status. (See Appendix E for the complete list of codes.) <i>(protected field)</i> Note: REASON will always be 01 until the transaction is processed.

2. Enter data in all required fields on the Action Requested page then click **[Continue]**. The required fields on this web page are noted with a red asterisk “*” and are as follows:

- DCN
- HICN
- ACTIVITY CODE
- SOURCE

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

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

Table 33: MSP Inquiry Action Requested Page

Field	Description
DCN	Document Control Number assigned by the contractor to correspondence and/or paperwork associated with the transaction (<i>required field</i>) The system auto-generates the DCN, but it can be changed by the user.
HICN	Health Insurance Claim Number of the beneficiary (<i>required field</i>). Enter the HICN without dashes, spaces, or other special characters. Note: The system looks up the HICN to ensure the most current HICN has been entered. If the most current HICN has not been entered, the system replaces it with the most current HICN.
ACTIVITY CODE	Activity of contractor (<i>required field</i>). Valid values are: C Claims (Pre-Payment) D Debt Collection/Referral G Group Health Plan I General Inquiries N Liability, No-Fault, Workers' Compensation, and Federal Tort Claim Act
ACTION	Two-character code indicating the type of special processing to perform on the MSP Inquiry record. Note: You can use CA and CL together. You cannot combine any other Actions. Valid values are: CA Class Action Suit Note: This action code assigns the designated lead contractor according to the type of class action suit. The system does not send the beneficiary an MSP confirmation letter. CL Closed or Settled Case Note: This action code is only valid for closed and settled cases. This action code suppresses lead contractor assignment. The system does not send the beneficiary an MSP confirmation letter. DE Develop to the Employer Note: This action code sends a development letter to the employer. DI Develop to the Insurer Note: This action code sends a development letter to the insurer.

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

MSP Information Page

1. Enter information associated with the MSP coverage on this page. Please see Figure 16.

Figure 16: MSP Inquiry MSP Information Page

The screenshot shows the 'MSP Inquiry' page in the Electronic Correspondence Referral System (ECRS). The page has a blue header with the CMS logo and the text 'Electronic Correspondence Referral System (ECRS)'. Below the header is a navigation bar with 'Home', 'CMS', 'Help', 'Contact', 'About', and 'Sign out'. A left sidebar contains a menu with 'Action Requested' and several options: 'MSP Information' (highlighted), 'Informant Information', 'Insurance Information', 'Employment Information', 'Additional Information', 'Prescription Coverage', and 'Summary'. The main content area is titled 'MSP Information' and contains the following fields: 'MSP Type: Select', 'Patient Relationship: Select', 'Effective Date: [text box]', 'Termination Date: [text box]', 'CMS Grouping Code: Select', 'Dialysis Train Date: [text box]', 'Black Lung Benefits: Yes No (No is selected)', 'Black Lung Effective Date: [text box]', and 'Send to CWF: Yes No (Yes is selected)'. At the bottom of this section are 'Continue' and 'Cancel' buttons. On the right side, there is a 'Quick Help' section with links for 'Help About This Page', 'Change Contractor', and 'Change Contractor'. Below this are sections for 'Contractor', 'User', 'Beneficiary', and 'DCN', each displaying masked information like 'ID: AAAAA', 'Name: AAAAAAAAAA', 'Address: AAAAAAAAAA', etc.

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

Table 34: MSP Inquiry MSP Information Page

Field	Description
MSP TYPE	<p>One-character code identifying the type of MSP coverage.</p> <p>Valid values are:</p> <ul style="list-style-type: none"> A Working Aged B ESRD D Automobile Insurance, No-Fault E Workers' Compensation F Federal (Public) G Disabled H Black Lung L Liability <p><i>Required field:</i></p> <p>For all MSP Inquiry transactions, unless the Record Type is Supplemental. (Do not select an MSP TYPE when PRESCRIPTION COVERAGE RECORD TYPE will be Supplemental.)</p> <p>When SOURCE is PHON.</p> <p>When ACTION is CA or CL. (MSP TYPE must be D, E, or L when ACTION is CL.)</p>

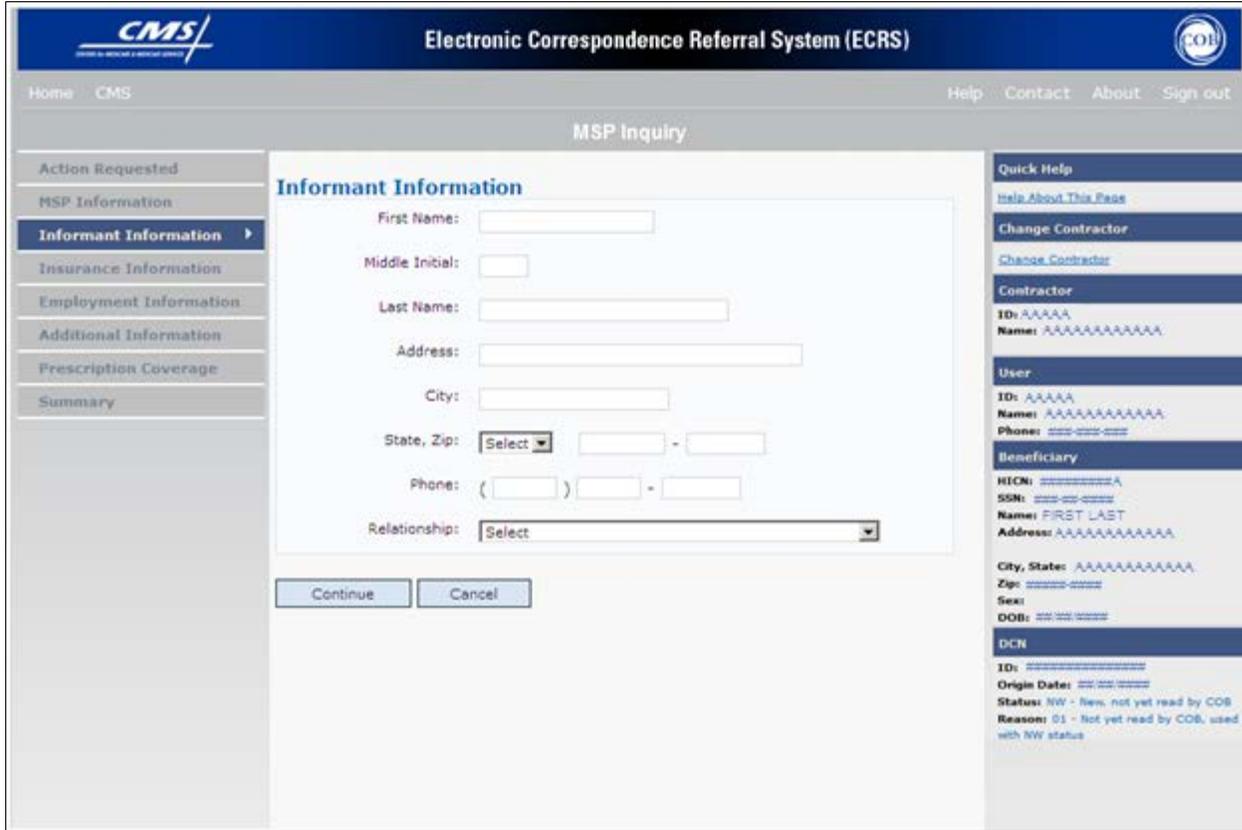
Field	Description								
<p>PATIENT RELATIONSHIP</p>	<p>Patient relationship between the policyholder and the beneficiary. <i>Required field</i> when: ACTION is Blank and MSP TYPE is F ACTION is CA and MSP TYPE is L ACTION is CL and MSP TYPE is D, E, or L</p> <p>Valid values are:</p> <ul style="list-style-type: none"> 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>Note: For the following MSP Types, the patient relationship codes listed are the only values that can be used.</p> <table border="0"> <thead> <tr> <th>MSP Type</th> <th>Patient Relationship Code</th> </tr> </thead> <tbody> <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> </tbody> </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								
<p>EFFECTIVE DATE</p>	<p>Effective date of MSP coverage. <i>Required field</i> when: ACTION is CA and MSP TYPE is L ACTION is CL and MSP TYPE is D, E, or L</p> <p>Note: EFFECTIVE DATE cannot be the same as TERMINATION DATE.</p>								

Field	Description
TERMINATION DATE	<p>Termination date of MSP coverage. TERMINATION DATE can be all zeroes for open ended coverage.</p> <p><i>Required field</i> when ACTION is CL and MSP TYPE is D, E, or L.</p> <p>Note: TERMINATION DATE cannot be the same as EFFECTIVE DATE.</p>
CMS GROUPING CODE	<p>CMS Grouping Code.</p> <p><i>Required field</i> when ACTION is CA and MSP TYPE is L.</p> <p>Valid values are:</p> <ul style="list-style-type: none"> 01 Gel Implants (TrailBlazers, 00400) 02 Gel Implants (Alabama, 00010) 03 Bone Screw Recoveries (United Government Services, 00454) 04 Diet Drug Recoveries (Cahaba BCBS Alabama, 00010) 05 Sulzer Inter-Op Acetabular Shells for Hip Implant Recoveries (Chisholm Administrative Services, 00340) 06 Sulzer Orthopedic and Defective Knee Replacement Recoveries (Chisholm Administrative Services, 00340) 07 Baycol Litigation 08 Dexatrim (90000) 09 Rhode Island Receivership Recoveries (00180) 10 Propulsid (00010) 11 Asbestos Exposure 12 Garretson Asbestos Cases 13 Fleet Phosphate 14 Accutane
DIALYSIS TRAIN DATE	Date the beneficiary received self-dialysis training.
BLACK LUNG BENEFITS	Yes or No field indicating whether the beneficiary receives benefits under the Black Lung Program.
BLACK LUNG EFFECTIVE DATE	<p>Date the beneficiary began receiving benefits under the Black Lung Program.</p> <p>This field is only enabled when BLACK LUNG BENEFITS is Yes.</p>
SEND TO CWF	<p>Indicates whether to send the MSP inquiry to CWF. Select Yes or No.</p> <p>Note: SEND TO CWF defaults to No unless ACTION is blank and MSP TYPE is blank or F.</p>
CONTINUE	Command button. Click to go to the Informant Information page.
CANCEL	Command button. Click to return to the Main Menu.

Informant Information Page

1. On this page, enter information about the person who informed you of the change in MSP coverage. Please see Figure 17.

Figure 17: MSP Inquiry Informant Information Page



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

Table 35: MSP Inquiry Informant Information Page

Field	Description
FIRST NAME	First name of the person informing the contractor of the change in MSP coverage. <i>Required field</i> when: <ul style="list-style-type: none"> • SOURCE is CHEK, LTTR or PHON. • ACTION is CA or CL, unless Insurance Company Address will be entered.
MIDDLE INITIAL	First initial of the middle name of the person informing the contractor of the change in MSP coverage.

Field	Description
LAST NAME	Last name of the person informing the contractor of the change in MSP coverage. <i>Required field</i> when <ul style="list-style-type: none"> • SOURCE is CHEK, LTTR or PHON. • ACTION is CA or CL, unless Insurance Company Address will be entered.
ADDRESS	Informant’s street address. <i>Required field</i> when: <ul style="list-style-type: none"> • SOURCE is CHEK, LTTR or PHON. • ACTION is CA or CL, unless Insurance Company Address will be entered.
CITY	Informant’s city. <i>Required field</i> when: <ul style="list-style-type: none"> • SOURCE is CHEK, LTTR or PHON. • ACTION is CA or CL, unless Insurance Company City will be entered.
STATE	Informant’s state. <i>Required field</i> when: <ul style="list-style-type: none"> • SOURCE is CHEK, LTTR or PHON. • ACTION is CA or CL, unless Insurance Company State will be entered.
ZIP	Informant’s ZIP code. <i>Required field</i> when: <ul style="list-style-type: none"> • SOURCE is CHEK, LTTR or PHON. • ACTION is CA or CL, unless Insurance Company Zip will be entered.
PHONE	Informant’s telephone number.

Field	Description
RELATIONSHIP	<p>One-character code indicating the relationship of the informant to the beneficiary.</p> <p>Valid values are:</p> <p>A Attorney representing beneficiary</p> <p>B Beneficiary</p> <p>C Child</p> <p>D Defendant’s attorney</p> <p>E Employer</p> <p>F Father</p> <p>I Insurer</p> <p>M Mother</p> <p>N Non-relative</p> <p>O Other relative</p> <p>P Provider</p> <p>R Beneficiary representative (other than attorney)</p> <p>S Spouse</p> <p>U Unknown</p> <p>W Pharmacy</p> <p>Notes:</p> <ul style="list-style-type: none"> • <i>Required field</i> when SOURCE is CHEK, LTTR or PHON. • Must be A if ACTION is CA or CL and informant information is entered.
CONTINUE	Command button. Click to go to the Insurance Information page.
CANCEL	Command button. Click to return to the Main Menu.

Insurance Information Page

1. Enter information about the type of insurance associated with the MSP coverage on this page. Please see Figure 18.

Figure 18: MSP Inquiry Insurance Information Page

The screenshot shows the 'MSP Inquiry' page in the Electronic Correspondence Referral System (ECRS). The page has a blue header with the CMS logo and the text 'Electronic Correspondence Referral System (ECRS)'. Below the header is a navigation bar with 'Home CMS' on the left and 'Help Contact About Sign out' on the right. A left sidebar contains a menu with options: 'Action Requested', 'MSP Information', 'Informant Information', 'Insurance Information' (highlighted), 'Employment Information', 'Additional Information', 'Prescription Coverage', and 'Summary'. The main content area is titled 'MSP Inquiry' and 'Insurance Information'. It contains several input fields: 'Insurance Company Name', 'Address Line 1', 'Address Line 2', 'City, State, Zip' (with a state dropdown), 'Phone', 'Insurance Type' (dropdown), 'Policy Number', 'Group Number', 'Subscriber First Name', 'Subscriber Middle Initial', 'Subscriber Last Name', and 'Subscriber SSN'. At the bottom of the form are 'Continue' and 'Cancel' buttons. On the right side, there is a 'Quick Help' section with links for 'Help About This Page', 'Change Contractor', and 'Contractor'. Below this, there are sections for 'User' and 'Beneficiary' with various fields for identification and contact information.

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

Table 36: MSP Inquiry Insurance Information Page

Field	Description
INSURANCE COMPANY NAME	<p>Name of the insurance carrier for MSP coverage. <i>Required field</i> unless ACTION is blank or DE.</p> <p>If the Insurance Company Name is blank or only contains one of the following values, then it is considered an error:</p> <ul style="list-style-type: none"> • ATTORNEY • BC • BCBX • BCBS • BLUE CROSS • BLUE SHIELD • BS • BX • CMS • COB • COBC • COORDINATION OF BENEFITS CONTRAC • HCFA • INSURER • MEDICARE • MISC • MISCELLANEOUS • N/A • NA • NO • NONE • SUPPLEMENT • SUPPLEMENTAL • UNK • XX • UNKNOWN.
ADDRESS LINE 1	<p>First Line of insurance carrier’s street address.</p> <p><i>Required field</i> when: INSURANCE COMPANY NAME is entered ACTION is DI ACTION is CA or CL, unless Informant Name and Address were entered.</p>
ADDRESS LINE 2	<p>Second Line of insurance carrier’s street address.</p>

Field	Description
CITY	City associated with the insurance carrier’s street address. <i>Required field</i> when: <ul style="list-style-type: none"> • INSURANCE COMPANY NAME is entered • ACTION is DI • ACTION is CA or CL, unless Informant City was entered.
STATE	State associated with the insurance carrier’s street address. <i>Required field</i> when: <ul style="list-style-type: none"> • INSURANCE COMPANY NAME is entered • ACTION \ is DI • ACTION \ is CA or CL, unless Informant State was entered.
ZIP	Zip code associated with the insurance carrier’s street address. <i>Required field</i> when: <ul style="list-style-type: none"> • INSURANCE COMPANY NAME is entered • ACTION \ is DI • ACTION \ is CA or CL, unless Informant Zip was entered.
PHONE	Phone Number of the insurance carrier.
INSURANCE TYPE	One-character code for the type of insurance. (Required field) Valid values are: <ul style="list-style-type: none"> A Insurance or Indemnity (OTHER TYPES) B Group Health Organization (GHO) C Preferred Provider Organization (PPO) D Third Party Administrator arrangement under an Administrative Service Only (ASO) contract without stop loss from any entity (TPA/ASO) E Third Party Administrator arrangement with stop loss insurance issued from any entity (STOP LOSS TPA) F Self-Insured/Self-Administered (SELF-INSURED) G Collectively-Bargained Health and Welfare Fund (HEALTH/WELFAR) H Multiple Employer Health Plan with at least one employer who has 100 or more full- and/or part-time employees (EMPLOYER+100) I Multiple Employer Health Plan with at least one employer who has more 20 or more full- and/or part-time employees (EMPLOYER+20) J Hospitalization Only Plan covering inpatient hospital services (HOSPITAL ONLY) K Medical Services Only Plan covering only non-inpatient medical services (MEDICAL ONLY) M Medicare Supplemental Plan, Medigap, Medicare Wraparound Plan or Medicare Carve Out Plan (SUPPLEMENTAL) R GHP Health Reimbursement Arrangement S GHP Health Savings Account Blank Unknown (UNKNOWN); defaults to A.

Field	Description
POLICY NUMBER	Policy number of the insurance coverage. If you enter a POLICY NUMBER, you do not have to enter a GROUP NUMBER.
GROUP NUMBER	Group number of the insurance coverage. If you enter a GROUP NUMBER, you do not have to enter a POLICY NUMBER.
SUBSCRIBER FIRST NAME	First name of individual covered by this insurance.
SUBSCRIBER MIDDLE INITIAL	First initial of the middle name of the individual covered by this insurance.
SUBSCRIBER LAST NAME	Last name of the individual covered by this insurance.
SUBSCRIBER SSN	Social Security Number of the individual covered by this insurance.
CONTINUE	Command button. Click to go to the Employment Information page.
CANCEL	Command button. Click to return to the Main Menu.

Employment Information Page

1. Enter employment information associated with the MSP coverage on this page. Please see Figure 19.

Figure 19: MSP Inquiry Employment Information Page

The screenshot shows the 'MSP Inquiry' page in the Electronic Correspondence Referral System (ECRS). The page has a blue header with the CMS logo and the text 'Electronic Correspondence Referral System (ECRS)'. Below the header is a navigation bar with links for 'Home', 'CMS', 'Help', 'Contact', 'About', and 'Sign out'. The main content area is titled 'MSP Inquiry' and contains a form for 'Employment Information'. The form fields include: Employer Name, Address, Address 2, City, State, Zip (with a dropdown for state), Phone (with area code, number, and extension), EIN, and Employee #. There are 'Continue' and 'Cancel' buttons at the bottom of the form. On the left side, there is a vertical menu with options: Action Requested, MSP Information, Informant Information, Insurance Information, Employment Information (selected), Additional Information, Prescription Coverage, and Summary. On the right side, there is a 'Quick Help' section with links for 'Help About This Page', 'Change Contractor', and 'Change Contractor'. Below that, there are sections for 'Contractor', 'User', 'Beneficiary', and 'DCN', each displaying masked information.

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

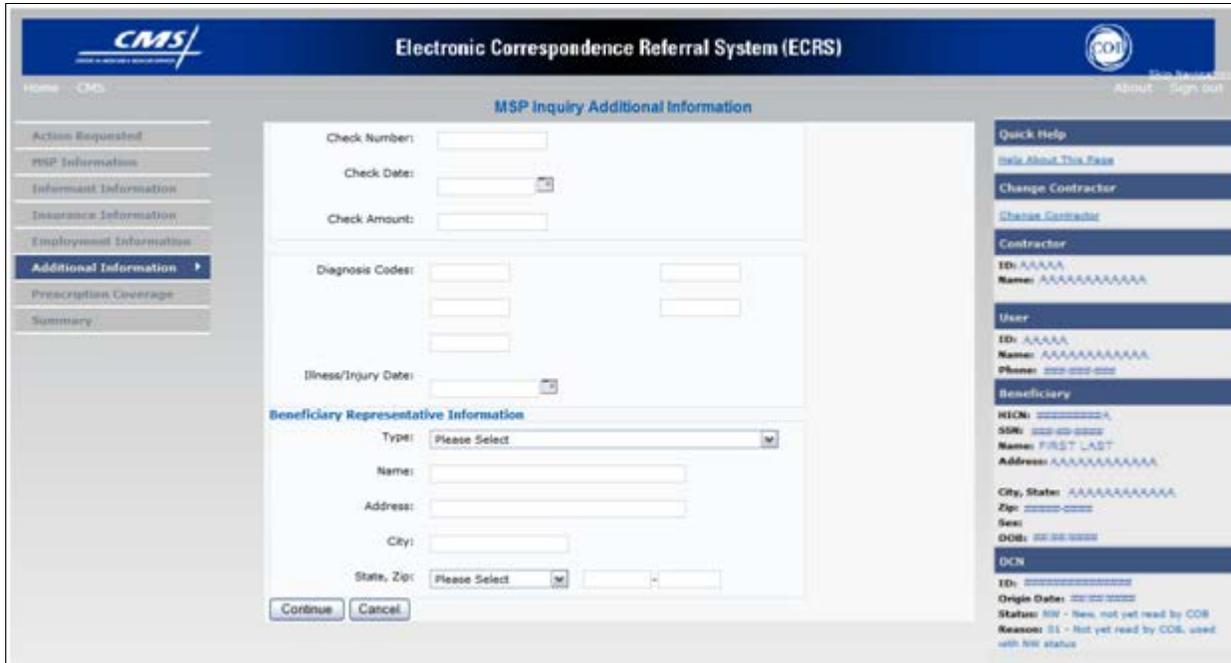
Table 37: MSP Inquiry Employment Information Page

Field	Description
EMPLOYER NAME	Name of the employer providing group health insurance under which the beneficiary is covered. <i>Required field</i> when: <ul style="list-style-type: none"> • ACTION is DE • MSP TYPE is F and SEND TO CWF is Yes
ADDRESS	First line of the employer’s street address. <i>Required field</i> when: <ul style="list-style-type: none"> • ACTION is DE • MSP TYPE is F and SEND TO CWF is Yes
ADDRESS 2	Second line of the employer’s street address. Optional field.
CITY	City associated with the employer’s street address. <i>Required field</i> when: <ul style="list-style-type: none"> • ACTION is DE • MSP TYPE is F and SEND TO CWF is Yes
STATE	State associated with the employer’s street address. <i>Required field</i> when: <ul style="list-style-type: none"> • ACTION is DE • MSP TYPE is F and SEND TO CWF is Yes
ZIP	Zip Code associated with the employer’s street address. <i>Required field</i> when: <ul style="list-style-type: none"> • ACTION is DE • MSP TYPE is F and SEND TO CWF is Yes
PHONE	Phone Number of the employer.
EIN	Employer Identification Number.
EMPLOYEE #	Employee number of policy holder.
CONTINUE	Command button. Click to go to the Additional Information page.
CANCEL	Command button. Click to return to the Main Menu.

Additional Information Page

1. Enter check and beneficiary information on this page. Please see Figure 20. This information is used in conjunction with the ACTION(s) and SOURCE(s) selected on the MSP Inquiry, Action Requested page.

Figure 20: Additional Information Page



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

Table 38: MSP Inquiry Additional Information Page

Field	Description
CHECK NUMBER	Number of check received. <i>Required field</i> if SOURCE is CHEK.
CHECK DATE	Date of check received. <i>Required field</i> if SOURCE is CHEK. Note: You cannot future-date this field.
CHECK AMOUNT	Amount of check received. <i>Required field</i> if SOURCE is CHEK.

Field	Description
DIAGNOSIS CODES	<p>Five-digit diagnosis code that applies to this MSP occurrence. Enter up to five diagnosis codes.</p> <p>Note: Enter at least one DIAGNOSIS CODE when the ACTION is CA or CL.</p> <p>NGHP MSP types will require a valid diagnosis code to be entered. A message will display stating that the diagnosis code will be required if one is not entered. The user will not be allowed to continue until a valid code is entered into the field.</p> <p>Note: Diagnosis Codes cannot be entered on an MSP Inquiry when the MSP Type is A (Working Aged), B (ESRD), or G (Disabled).</p>
ILLNESS/INJURY DATE	Date the illness or injury occurred.
TYPE	<p>One-character code indicating the type of relationship between the beneficiary and his/her representative.</p> <p>Valid values are:</p> <p>A Attorney</p> <p>R Bene Rep (individual not acting as attorney)</p>
NAME	Name of individual representing a beneficiary’s medical affairs or estate. Type name in first name/middle initial/last name format.
ADDRESS	Beneficiary representative’s street.
CITY	Beneficiary representative’s city.
STATE	Beneficiary representative’s state.
ZIP	Beneficiary representative’s zip code.
CONTINUE	Command button. Click to go to the Prescription Coverage page.
CANCEL	Command button. Click to return to the Main Menu.

Prescription Coverage Page

1. On this page, enter Prescription Coverage information associated with the MSP Inquiry Part D coverage. Please see Figure 21.

Figure 21: MSP Inquiry Prescription Coverage Page

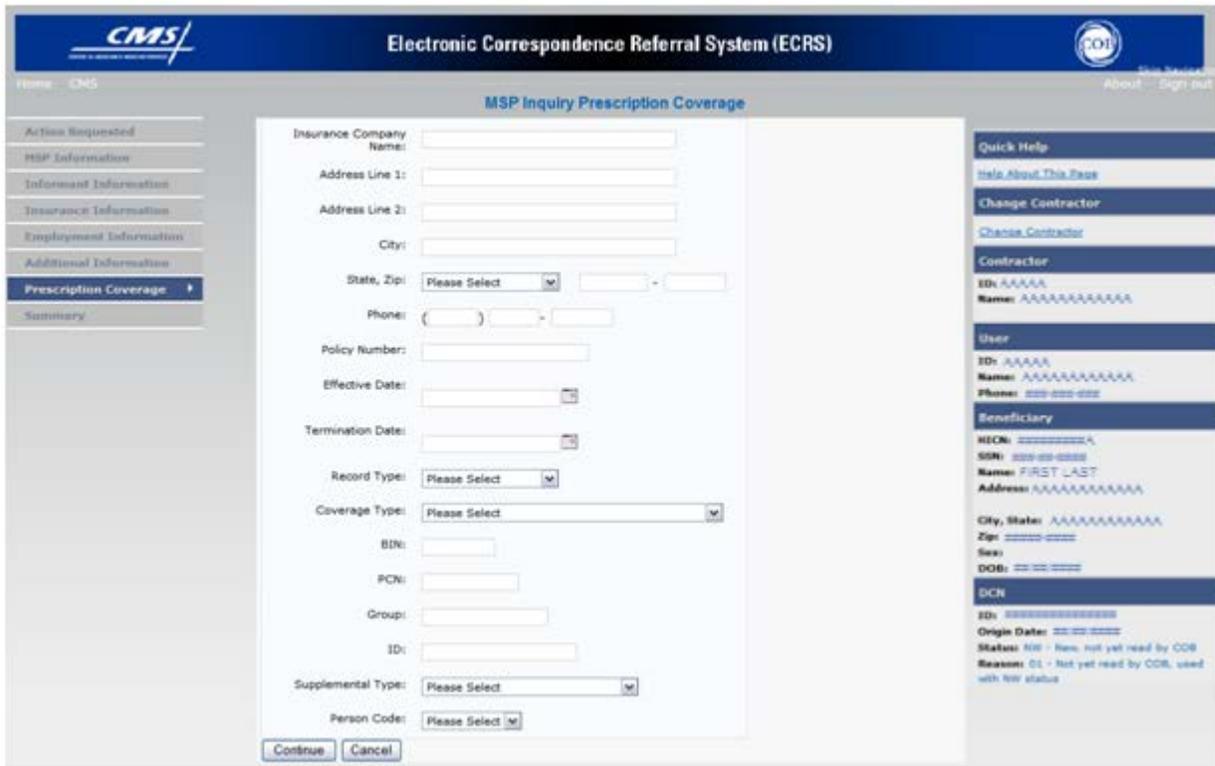


Table 39: MSP Inquiry Prescription Coverage Information Page

Field	Description
INSURANCE COMPANY NAME	Name of the insurance carrier for MSP coverage.
ADDRESS LINE 1	First Line of the insurance carrier’s street address. <i>Required field</i> when NAME and ADDRESS were entered.
ADDRESS LINE 2	Second Line of the insurance carrier’s street address.
CITY	City associated with the insurance carrier’s street address.
STATE	State associated with the insurance carrier’s street address.
ZIP	Zip code associated with the insurance carrier’s street address.
PHONE	Phone Number of the insurance carrier.
POLICY NUMBER	Policy number of the insurance coverage.

Field	Description
EFFECTIVE DATE	Effective date of the MSP coverage. Note: EFFECTIVE DATE cannot be the same as the TERMINATION DATE.
TERMINATION DATE	Termination date of MSP coverage. TERMINATION DATE can be all zeroes for open ended coverage. Note: TERMINATION DATE cannot be the same as the EFFECTIVE DATE.
RECORD TYPE	Prescription Coverage Record Type. Valid values are: PRI Primary SUP Supplemental Note: RECORD TYPE must be SUP when SUPPLEMENTAL TYPE is L.
COVERAGE TYPE	Prescription Coverage type of insurance. Valid values are: U Drug Network V Drug Non-network Z Health account (such as a flexible spending account provided by other party to pay prescription drug costs or premiums) <i>Required field</i>
BIN	Prescription Drug BIN number. Must be six numeric characters. <i>Required field</i> when COVERAGE TYPE is U.
PCN	Prescription Drug PCN number. Must not contain special characters. <i>Required field</i> when COVERAGE TYPE is U.
GROUP	Prescription Drug group number. Must not contain special characters. <i>Required field</i> when COVERAGE TYPE is U.
ID	Prescription Drug ID number. Must not contain special characters. <i>Required field</i> when COVERAGE TYPE is U.

Field	Description
SUPPLEMENTAL TYPE	Prescription Drug policy type. Valid values are: L Supplemental M Medigap N Non-qualified State Program O Other P PAP Q Qualified State Program R Charity S ADAP T Federal Government Programs 1 Medicaid 2 Tricare 3 Major Medical Note: Must be L when RECORD TYPE is Supplemental
PERSON CODE	Person Code. Plan specific relationship assigned plan administrator at the plan level. <i>Required field</i> when RECORD TYPE is Supplemental. Valid values are: 001 Self 002 Spouse 003 Other
CONTINUE	Command button. Click to go to the Summary page.
CANCEL	Command button. Click to return to the Main Menu.

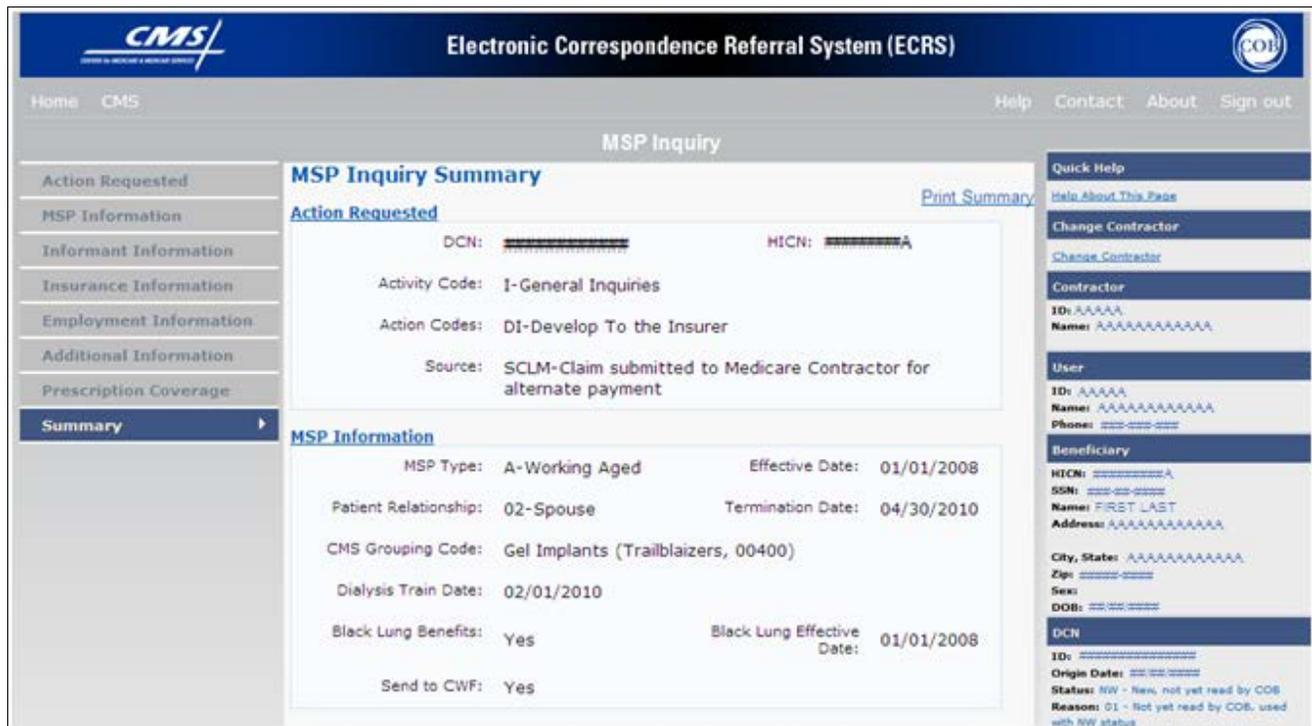
2. After all relevant fields have been entered, click [**Continue**] to go to the Summary page, or select a page link from the left side bar.

Summary Page

The Summary page displays a summary of all information entered for the MSP inquiry before submission. Please see Figure 22.

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

Figure 22: MSP Inquiry Summary Page



Viewing, Updating, and Deleting MSP Inquiry Transactions

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

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

1. From the Main Menu page, click **[MSP Inquiries]** under Search for Requests or Inquiries. The MSP Inquiry Search page displays, as shown in Figure 23.

Figure 23: MSP Inquiry Search Page

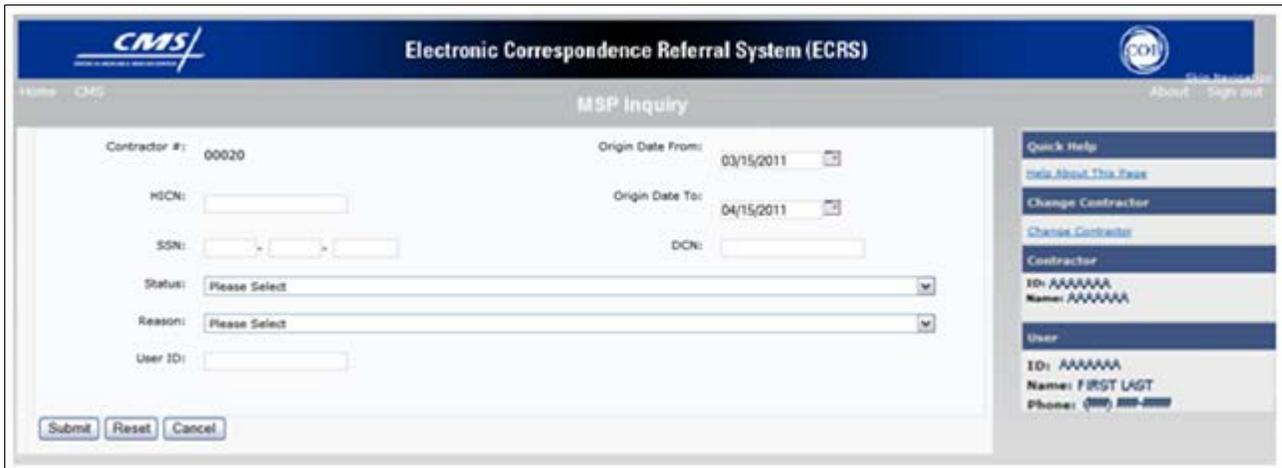


Table 40: MSP Inquiry Search Page

Field	Description
CONTRACTOR #	<ul style="list-style-type: none"> If you are a Medicare Contractor, this field will be pre-filled with the Contractor Number entered during Contractor Sign In. (<i>protected field</i>). If you are a Regional Office or CMS User, this field will be Pre-filled with the CMS ID/RO Number entered during Contractor Sign In. <p>Note: This field is updateable with any Medicare Contractor Number, but only the CMS ID/RO Number entered during Contractor Sign-In can be used.</p>
HICN	Enter a Health Insurance Claim Number to search for. Note: If searching by HICN, do not enter an SSN or DCN.
SSN	Enter a Social Security Number to search for. Note: If searching by SSN, do not enter a HICN or DCN.
STATUS	Enter a Status code to search for. To view all in-process MSP Inquiry transactions, select IP in the STATUS field.
REASON	Select a Reason code to search for. (See Appendix E for the complete list of codes.)
USER ID	Enter a User ID to search for.
ORIGIN DATE FROM	Enter a starting date for the date range you wish to search for, if applicable. This field is updateable; enter a different ORIGIN DATE FROM in MMDDCCYY format to perform additional searches.
ORIGIN DATE TO	Enter an ending date for the date range you wish to search for. Note: The dates in the ORIGIN DATE FROM and TO fields default to the date 31 calendar days prior to the current date and the current date but can be changed to any calendar day range, as long as it is not more than 31 days.

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

View Transactions

- Type search criteria in the appropriate fields and click [**Submit**].
 - To create a list of all MSP Inquiries for a specific HICN, type the HICN in the search criteria and leave the CONTRACTOR NUMBER field blank.
 - When searching by Origin Date, User ID, Status, and/or Reason, you must also enter a DCN, HICN, SSN or Contractor Number.
- The system displays a list of MSP Inquiries, as shown in Figure 24.

Figure 24: MSP Inquiry Search Page Listing

Delete	HICN	Contractor	DCN	Status	Reason	Origin Date	Last Update	User ID
[X]	#####A	00131	#####	CM	15	01/01/2010	01/05/2010	AAAAAAA
[X]	#####A	00131	#####	IP	02	05/01/2010	05/01/2010	AAAAAAA

Table 41: MSP Inquiry Search Page Listing

Field	Description
Delete	Click the delete [X] link to mark a transaction for deletion.
HICN	Health Insurance Claim Number for the MSP Inquiry transaction. <i>(Protected field)</i> . Click the link to view the Summary page.
CONTRACTOR	Contractor number. <i>(protected field)</i>
DCN	Document Control Number assigned to the MSP Inquiry transaction by the Medicare contractor. <i>(protected field)</i>
STATUS	Status of the MSP Inquiry transaction. <i>(protected field)</i>
REASON	Reason for the MSP Inquiry transaction. <i>(protected field)</i>
ORIGIN DATE	Originating date in MMDDCCYY format. <i>(protected field)</i>
LAST UPDATE	Date the MSP Inquiry transaction was last changed in MMDDCCYY format. <i>(protected field)</i>
USER ID	User ID of the operator who entered the MSP Inquiry transaction. <i>(protected field)</i>

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

Update Transactions

1. To update information on an MSP Inquiry transaction, click the **[HICN]** link for the transaction and the system displays the Summary page for the selected transaction, along with page links to the information, to allow for updates. Please see Figure 25.

Figure 25: MSP Inquiry Summary



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

Delete Transactions

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

Chapter 5: Prescription Drug Assistance Request Transactions

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

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

Adding a Prescription Drug Assistance Request Transaction

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

Retrieving Beneficiary Information

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

Action Requested Page

From the Main Menu page, click [**Prescription Drug Assistance Request**] under Create Requests or Inquiries. The system displays the Action Requested page, as shown in Figure 26.

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

Figure 26: Action Requested Page

The screenshot displays the 'Prescription Drug Assistance Request Action Requested' page within the Electronic Correspondence Referral System (ECRS). The interface features a blue header with the CMS logo and the system name. A navigation menu on the left lists sections like 'Action Requested', 'Informant Information', and 'Insurance Information'. The main content area contains a form with the following fields:

- *DCN: [Text Box]
- *KCN: [Text Box]
- *Activity Code: [Please Select]
- *Action: [Please Select]
- [Please Select]
- [Please Select]
- [Please Select]
- *Source: [Please Select]
- HSP Type: [Please Select]
- New HSP Type: [Please Select]
- *Record Type: [Please Select]
- Patient Relationship: [Please Select]
- New Patient Relationship: [Please Select]
- Person Code: [Please Select]
- *Originating Contractor: [Text Box]
- *Effective Date: [//]
- New Effective Date: [Text Box]
- Termination Date: [//]
- Remove Existing Termination Date:

At the bottom of the form are 'Continue' and 'Cancel' buttons. The right sidebar includes a 'Quick Help' section with a 'Help About This Page' link, a 'Change Contractor' section with a 'Change Contractor' link, and a 'Contractor' section displaying ID: ***** and Name: AAAAAAAAAA. Below that is a 'User' section displaying ID: ***** and Name: FIRST LAST, with a partially visible phone number: Phone: (xxx) *****.

Table 42: Prescription Drug Assistance Request Heading Bar

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

Table 43: Prescription Drug Assistance Request - Left Side Bar

Link	Description
ACTION REQUESTED	Click [Action Requested] to go to the Action Requested page.
INFORMANT INFORMATION	Click [Informant Information] to go to the Informant Information page.
INSURANCE INFORMATION	Click [Insurance Information] to go to the Insurance Information page.
EMPLOYMENT INFORMATION	Click [Employment Information] to go to the Employment Information page.
ADDITIONAL INFORMATION	Click [Additional Information] to go to the Additional Information page.
COMMENTS/REMARKS	Click [Comments/Remarks] to go to the Comments/Remarks page.
SUMMARY	Click [Summary] to go to the Summary page.

Prescription Drug Assistance Request - Right Side Bar

The right side bar of the Prescription Drug Assistance Request page is divided into six sections. Each of these sections is described in the following tables: Table 44, Table 45, Table 46, Table 47, Table 48, and Table 49.

Table 44: Right Side Bar - Quick Help

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

Table 45: Right Side Bar - Change Contractor

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

Table 46: Right Side Bar - Contractor

Field	Description
ID	Contractor Number or CMS ID entered on the 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>

Table 47: Right Side Bar - User

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

Beneficiary and DCN Information will be retrieved from the system using the HICN entered on the Action Requested page. This information will be carried forward on subsequent pages of the CWF Assistance Request and it will be displayed on the right side bar as described in Table 48 and Table 49. This information will not be editable.

Table 48: Right Side Bar - Beneficiary

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

Table 49: Right Side Bar - DCN

DCN	Description
ID	Document Control Number assigned by the contractor to correspondence and/or paperwork associated with the transaction. <i>(protected field)</i>
ORIGIN DATE	Date Prescription Drug Assistance Request transaction was submitted. <i>(protected field)</i>

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

Table 50: Prescription Drug Assistance Request Action Requested Page

Field	Description
DCN	Document Control Number assigned by the contractor to correspondence and/or paperwork associated with transaction (<i>required field</i>) The system auto-generates the DCN, but it can be changed by the user.
HICN	Health Insurance Claim Number of the beneficiary (<i>required field</i>). 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 (<i>required field</i>). Valid values are: C Claims (Pre-Payment) D Debt Collection/Referral G Group Health Plan I General Inquiries N Liability, No-Fault, Workers' Compensation, and Federal Tort Claim Act
ACTION	Two-character code defining action to take on Prescription Drug record (<i>required field</i>). Valid values are: AP Add Policy Number/Group Number BN Develop for RX Bin CT Change Termination Date CX Change RX Values (BIN, Group, PCN) DO Delete Occurrence EA Change Employer Address

Field	Description
	<p>ED Change Effective Date</p> <p>EI Change Employer Info</p> <p>GR Develop for Group Number</p> <p>II Change Insurer Information</p> <p>IT Change Insurance Type</p> <p>MT Change MSP Type</p> <p>PC Update RX Person Code</p> <p>PN Develop for/add PCN</p> <p>PR Change Patient Relationship</p> <p>TD Add Termination Date</p> <p>Notes:</p> <p>The following Actions can be combined together, but not with any other Actions:</p> <p>BN Develop for RX Bin</p> <p>GR Develop for Group Number</p> <p>PN Develop for/add PCN</p> <p>Prescription Drug Assistance Request with the following Actions will be automatically processed, given they have no reject errors:</p> <p>AP Add Policy Number/Group Number</p> <p>CX Change RX Values (BIN, Group, PCN)</p> <p>DO Delete Occurrence</p> <p>TD Add Termination Date</p>
SOURCE	<p>Four-character code identifying the source of the Prescription Drug Assistance Request information (<i>required field</i>).</p> <p>Valid values are:</p> <p>CHEK Unsolicited check</p> <p>LTTR Letter</p> <p>PHON Phone call</p> <p>SCLM Claim submitted to Medicare contractor for secondary payment</p> <p>SRVY Survey</p>

Field	Description
MSP TYPE	One-character code identifying type of MSP coverage. Description of code displays next to value. Valid values are: A Working Aged B ESRD C Conditional Payment D Automobile Insurance, No Fault E Workers' Compensation F Federal (Public) G Disabled H Black Lung I Veterans L Liability W Workers' Compensation Medicare Set Aside <i>Required field</i> when ACTION is MT.
NEW MSP TYPE	One-character code identifying type of new MSP coverage. Description of code displays next to value. <i>Required field</i> when ACTION is MT.
RECORD TYPE	Prescription Coverage Record Type (required field). Valid values are: PRI Primary SUP Supplemental Note: RECORD TYPE must be PRI when ACTION is MT.

Field	Description										
PATIENT RELATIONSHIP	<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 style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">MSP Type</th> <th style="text-align: left;">Patient Relationship</th> </tr> </thead> <tbody> <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> </tbody> </table>	MSP Type	Patient Relationship	-----		A	01, 02	B	01, 02, 03, 04, 05, 18, 20	G	01, 02, 03, 04, 05, 18, 20
MSP Type	Patient Relationship										

A	01, 02										
B	01, 02, 03, 04, 05, 18, 20										
G	01, 02, 03, 04, 05, 18, 20										
NEW PATIENT RELATIONSHIP	<p>New patient relationship between policyholder and beneficiary. Description of code displays next to value Required field when ACTION is PR.</p>										
PERSON CODE	<p>Plan-specific Person Code. Values are: 001 Self 002 Spouse 003 Other Required field when: RECORD TYPE is Supplemental ACTION is PC</p>										

Field	Description
ORIGINATING CONTRATOR	Contractor number of the contractor that created the original Prescription Drug record at MBD (required field).
EFFECTIVE DATE	Effective date of drug coverage in MMDDCCYY format (required field.)
NEW EFFECTIVE DATE	New effective date of drug coverage in MMDDCCYY format. <i>Required field</i> when ACTION is ED.
TERMINATION DATE	Termination date of drug coverage in MMDDCCYY format. <i>Required field</i> when ACTION is TD or CT.
REMOVE EXISTING TERMINATION DATE checkbox	Check to remove an existing termination date.
CONTINUE	Command button. Click to go to the Informant Information page. Note: All required fields must be populated before clicking [Continue].
CANCEL	Command button. Click to return to the Main Menu.

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

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

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

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

Informant Information Page

1. Enter information on the Informant Information page regarding the person who informed you of the change in the Part D coverage. Please see Figure 27.

Figure 27: Prescription Drug Assistance Request Informant Information Page

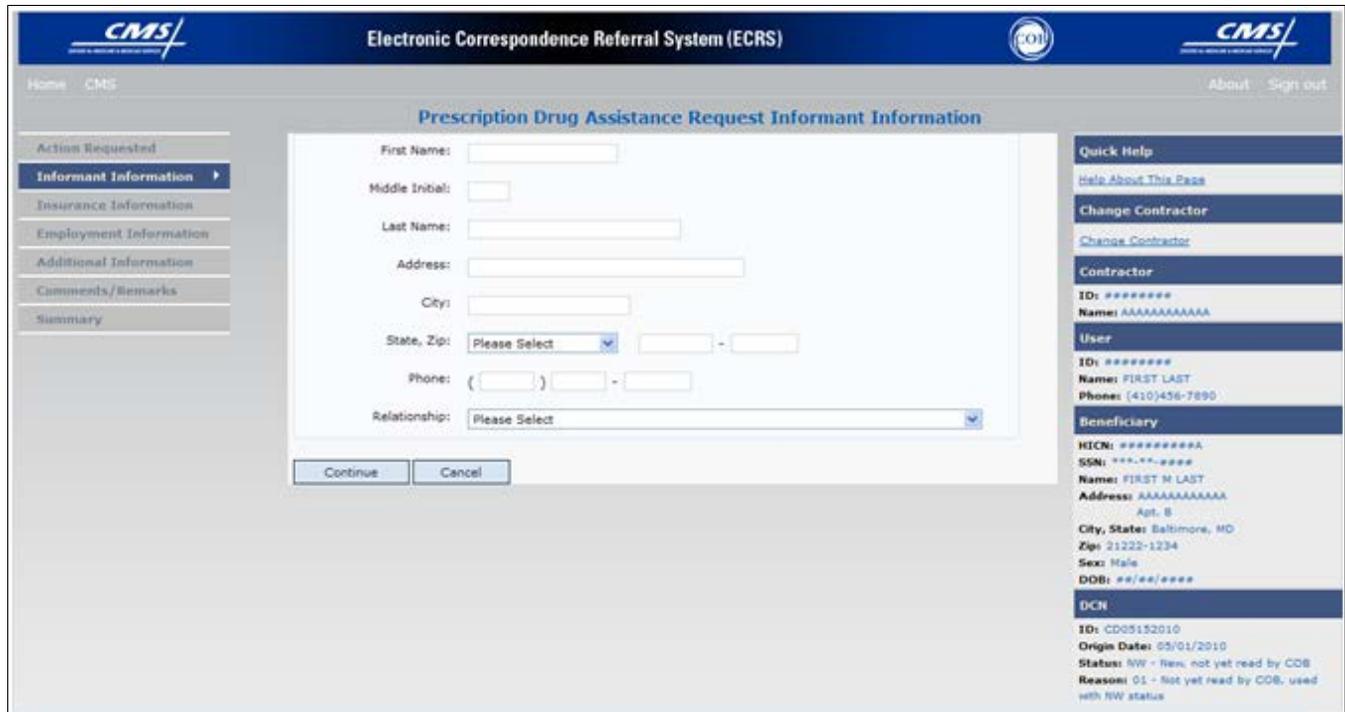


Table 51: Prescription Drug Assistance Request Informant Information Page

Field	Description
FIRST NAME	Given or first name of person informing contractor of change in Part D coverage. <i>Required field</i> for all ACTIONs when SOURCE is CHEK, LTTR, or PHON.
MIDDLE INITIAL	Middle initial of person informing contractor of change in Part D coverage.
LAST NAME	Surname of person informing contractor of change in Part D coverage. <i>Required field</i> for all ACTIONs when SOURCE is CHEK, LTTR, or PHON.
ADDRESS	Informant’s street address. <i>Required field</i> for all ACTIONs when SOURCE is CHEK, LTTR, or PHON.

Field	Description
CITY	Informant's city. <i>Required field</i> for all ACTIONs when SOURCE is CHEK, LTTR, or PHON.
STATE	Informant's state. <i>Required field</i> for all ACTIONs when SOURCE is CHEK, LTTR, or PHON.
ZIP	Informant's ZIP code. <i>Required field</i> for all ACTIONs when SOURCE is CHEK, LTTR, or PHON.
PHONE	Informant's telephone number
RELATIONSHIP	<p>One-character code indicating relationship of informant to beneficiary.</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 <p><i>Required field</i> for all ACTIONs when SOURCE is CHEK, LTTR, or PHON.</p>
CONTINUE	Command button. Click to go to Insurance Information page.
CANCEL	Command button. Click to return to the Main Menu.

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

Insurance Information Page

1. Enter information on the Insurance Information page about the insurance type associated with the Part D record. Please see Figure 28.

Figure 28: Prescription Drug Assistance Request Insurance Information Page

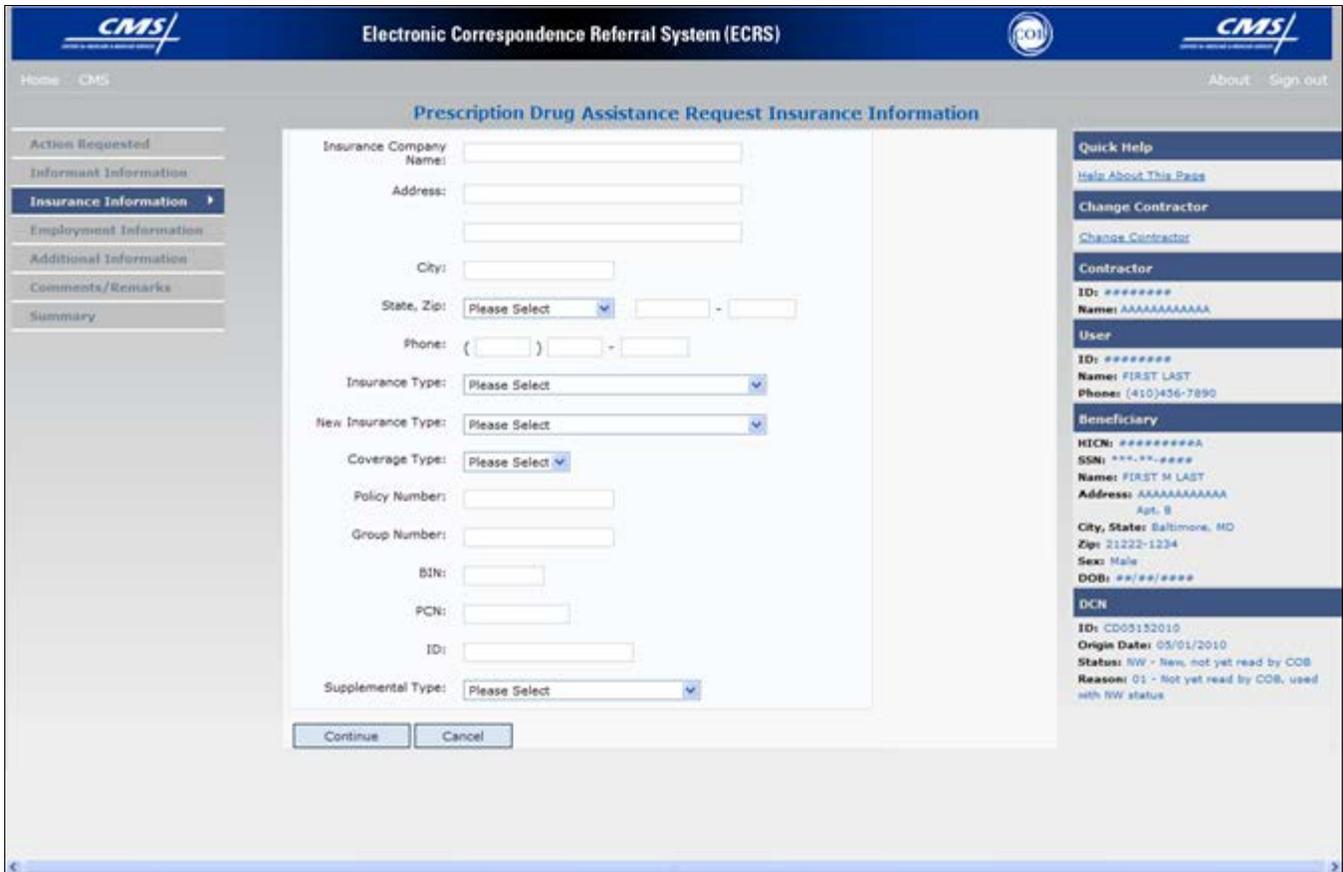


Table 52: Prescription Drug Assistance Request Insurance Information Page

Field	Description
INSURANCE COMPANY NAME	Name of Part D insurance carrier.
ADDRESS	First Line of the insurance carrier’s street address.
(ADDRESS 2)	Unlabeled field. Second line of the insurance carrier’s street address.
CITY	City associated with the insurance carrier’s street address.
STATE	State associated with the insurance carrier’s street address.
ZIP	Zip code associated with the insurance carrier’s street address.
PHONE	Phone Number of the insurance carrier.

Field	Description
INSURANCE TYPE	One-character code for the type of insurance. Not used for Prescription Drug records.
NEW INSURANCE TYPE	Select a one-character code for the new type of insurance. Not used for Prescription Drug records.
COVERAGE TYPE	<p>Prescription Coverage type of insurance.</p> <p>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><i>Required field</i></p>
POLICY NUMBER	<p>Policy number of insurance coverage</p> <p><i>Required field</i> when ACTION is AP and MSP TYPE is NOT D, E, L, or W.</p> <p>Note: If GROUP NUMBER is entered, the POLICY NUMBER is not required.</p>
GROUP NUMBER	<p>Group number of insurance coverage</p> <p>Group Number, BIN, or PCN is required when ACTION is CX.</p> <p>Required field when ACTION is AP and MSP TYPE is NOT D, E, L, or W.</p> <p><i>Required field</i> when COVERAGE TYPE is U.</p> <p>Note: If POLICY NUMBER is entered, the GROUP NUMBER is not required.</p>
BIN	<p>Prescription Drug BIN number. Must be six numeric characters.</p> <p><i>Required field</i> if COVERAGE TYPE is U.</p> <p>Group Number, BIN, or PCN is required when ACTION is CX.</p>
PCN	<p>Prescription Drug PCN number. Must not contain special characters.</p> <p><i>Required field</i> if COVERAGE TYPE is U.</p> <p>Group Number, BIN, or PCN is required when ACTION is CX.</p>
ID	<p>Prescription Drug ID number. Must not contain special characters.</p> <p><i>Required field</i> if COVERAGE TYPE is U.</p>

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

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

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

Employment Information Page

1. Enter employment information associated with the Part D record on the Employment Information page. Please see Figure 29.

Figure 29: Prescription Drug Assistance Request Employment Information Page

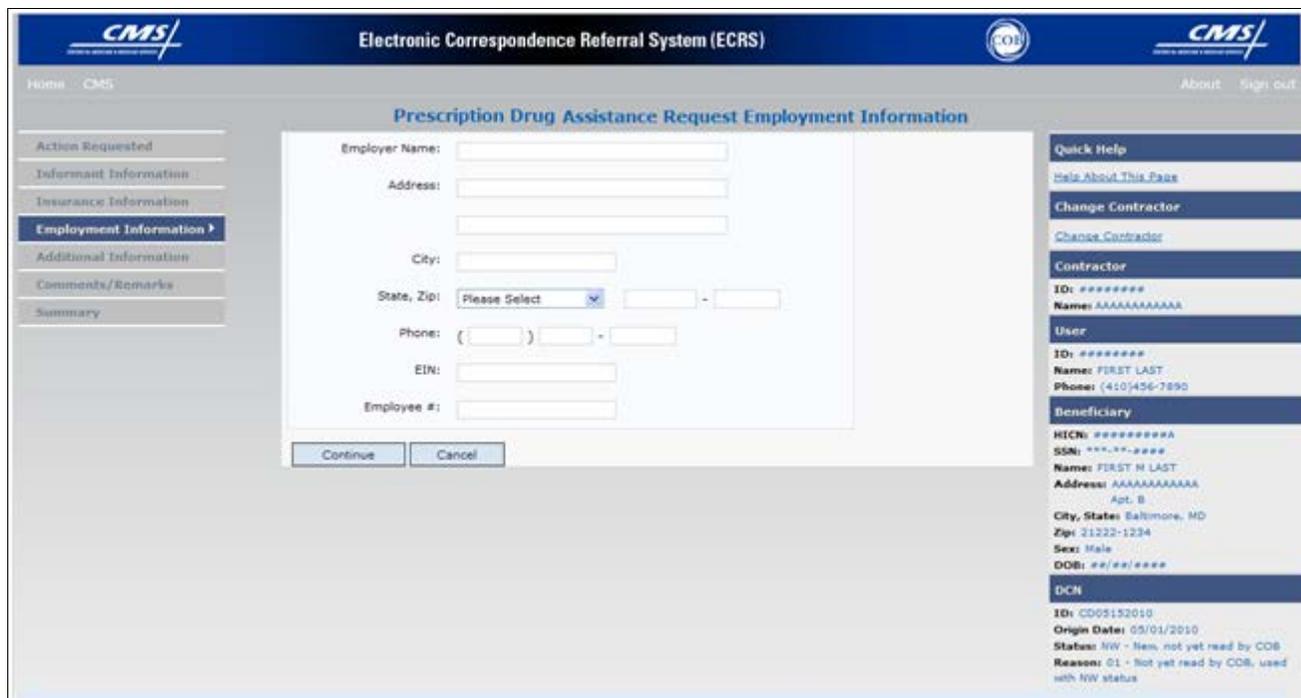


Table 53: Prescription Drug Assistance Request Employment Information Page

Field	Description
EMPLOYER NAME	Name of employer providing the group health insurance the beneficiary is covered under. <i>Required field</i> when ACTION is EA or EI.
ADDRESS	First line of the employer’s street address. <i>Required field</i> when ACTION is EI.
(ADDRESS 2)	Unlabeled field. Second line of the employer’s street address.
CITY	City associated with the employer’s street address. <i>Required field</i> when ACTION is EI.
STATE	State associated with the employer’s street address. <i>Required field</i> when ACTION is EI.
ZIP	Zip Code associated with the employer’s street address. <i>Required field</i> when ACTION is EI.

Field	Description
PHONE	Phone Number of the employer
EIN	Employer Identification Number
EMPLOYEE #	Employee number of the policy holder
CONTINUE	Command button. Click to go to the Additional Information page.
CANCEL	Command button. Click to return to the Main Menu.

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

Additional Information Page

- Enter check information on this page. See Figure 30.

Figure 30: Prescription Drug Assistance Request Additional Information Page



Table 54: Prescription Drug Assistance Request Additional Information Page

Field	Description
CHECK NUMBER	Number of check received. Required field if SOURCE is CHEK.
CHECK DATE	Date of check received. Required field if SOURCE is CHEK. You cannot future-date this field.
CHECK AMOUNT	Amount of check received. Required field if SOURCE is CHEK.

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

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

Comments and Remarks Page

- Enter comments on the Comments and Remarks page. Please see Figure 31. All comments entered are viewable by the COB Contractor. Refer to Appendix F for the complete list of Remark Codes.

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

Figure 31: Comments and Remarks Page

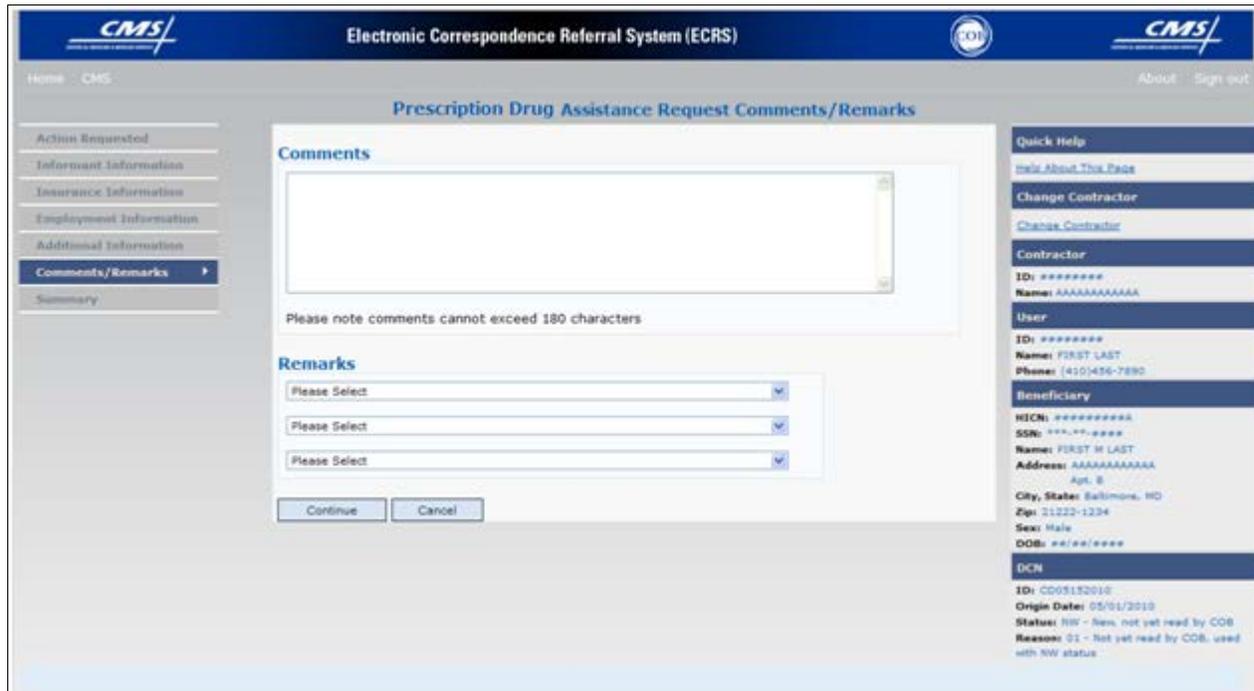


Table 55: Prescription Drug Assistance Request Comments and Remarks Page

Field	Description
COMMENTS	Free-form text field, where Medicare contractors type data to send notes to the COB contractor. Protected field when COB contractor adds a comment. Note: The COB contractor reviews these comments unless the request involves an automated action type (ACTIONs AP, CX, DO, & TD). In these cases, when automated action types are submitted individually and processed successfully, the comments entered are not reviewed.

Field	Description
REMARKS	Enter at least one Remark code, explaining the reason for the transaction. Enter up to three remark codes. See Appendix F for more information.
CONTINUE	Command button. Click to go to the Summary page.
CANCEL	Command button. Click to return to the Main Menu.

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

Action	Comment
DO	PLEASE DELETE. MEMBER DID NOT ENROLL IN THE EMPLOYER'S GHP.
IT	VERIFY INS TYPE. WE RECEIVED A PAYING EOB FOR NON HOSPITAL SERVICES.
TD	PLEASE TERM RECORD.
CT	PER EMPLOYER, BENE RETIRED 9/1/09. PLEASE UPDATE TERM DATE.

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

Summary Page

The Summary page displays a summary of all information entered for the assistance request before submission. Please see Figure 32.

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

Figure 32: Summary Page

Electronic Correspondence Referral System (ECRS)

Prescription Drug Assistance Request Summary

Action Requested

DCN: 9876547654
 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
 RDP Type: D - Automobile Insurance, No Fault
 Report Type: SUP - Supplemental
 Patient Relationship: 01 - Policy Holder
 New Patient Relationship:
 Person Code: 001 - Self
 Originating Contractor: 11399
 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 98543
 Phone: (313) 555-6666
 Relationship: B - Beneficiary

Insurance Information

Insurance Company Name: AAAAAAAAAAAAAA
 Address: AAAAAAAAAAAAAA
 Building: 202
 City, State, Zip: Baltimore, MD 32323-3432
 Phone: (323) 444-1212
 Insurance Type: C-PRO
 Coverage Type: U - Drug Network
 Policy Number: B234234
 Group Number: F444443
 SIN:
 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
 SIN: #####
 Employee Number: W203401

Quick Help

View Action Type/Status
 Change Contractor
 Change Contractor
 Contractor
 SIN: #####
 Name: FIRST LAST
 Phone: (123)456-7890
 Manufacturer
 HCN: #####
 SIN: #####
 Name: FIRST M. LAST
 Address: AAAAAAAAAAAAAA
 City, State: Baltimore, MD
 Zip: 32222-1234
 See Note
 SIN: #####
 DCN
 SIN: #####
 Origin Date: 05/05/2002
 Status: Not - Item not yet used by CSR
 Reason: 01 - Not yet used by CSR, used with 001 status

Viewing, Updating, and Deleting Prescription Drug Assistance Request Transactions

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

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

1. From the Main Menu page, click [**Prescription Drug Assistance Requests**] under Search for Requests or Inquiries. The Prescription Drug Assistance Request Search page displays, as shown in Figure 33.

Figure 33: Prescription Drug Assistance Request Search Page

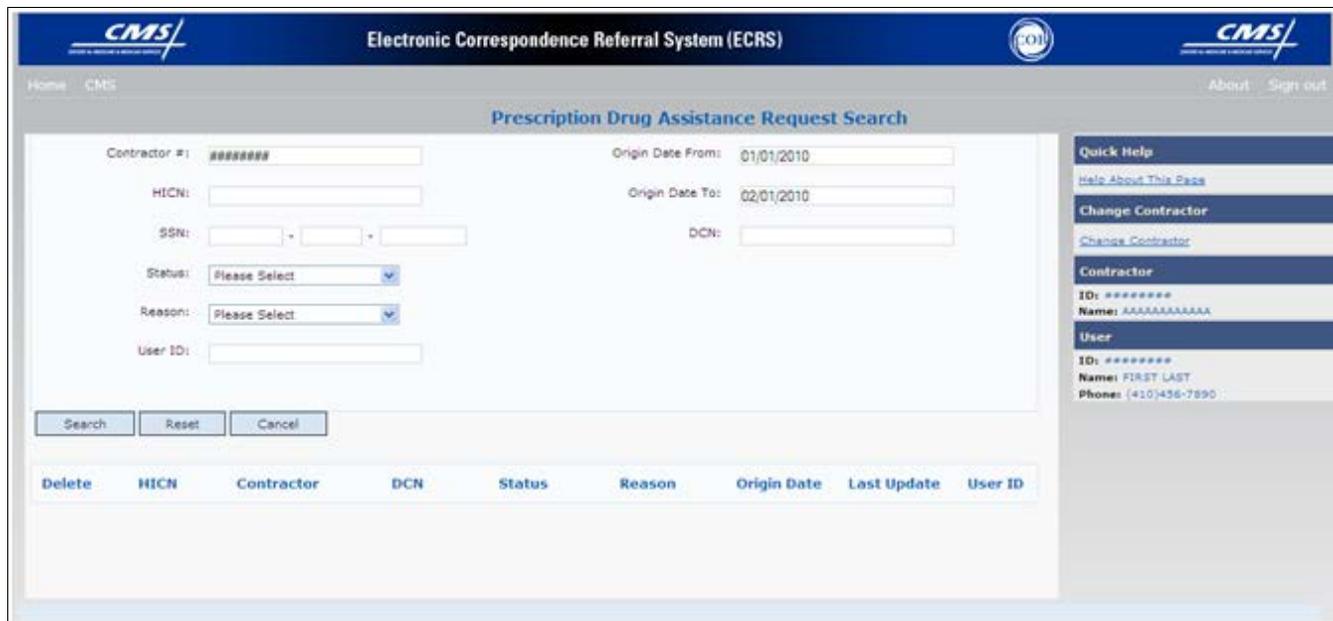


Table 56: Prescription Drug Assistance Request Search Page Description

Field	Description
CONTRACTOR #	<ul style="list-style-type: none"> • If you are a Medicare Contractor, this field will be pre-filled with the Contractor Number entered during Contractor Sign In. (protected field)... • If you are a Regional Office or CMS user, this field will be pre-filled with the CMS ID/RO Number entered during Contractor Sign In. <p>Note: This field is updateable with any Medicare Contractor Number, but only the CMS ID/RO Number entered during Contractor Sign-In can be used.</p>

Field	Description
HICN	Enter a Health Insurance Claim Number to search for. Note: If searching by HICN, do not enter an SSN or DCN.
SSN	Enter a Social Security Number to search for. Note: If searching by SSN, do not enter a HICN or DCN.
STATUS	Enter a Status code to search for. To view all in-process Prescription Drug Assistance Request transactions, select IP in the STATUS field.
REASON	Select a Reason code to search for. (See Appendix E for the complete list of codes.)
USER ID	Enter a User ID to search for.
ORIGIN DATE FROM	Enter a starting date for the date range you wish to search for, if applicable. This field is updateable; enter a different ORIGIN DATE FROM in MMDDCCYY format to perform additional searches.
ORIGIN DATE TO	Enter an ending date for the date range you wish to search for. Note: The dates in the ORIGIN DATE FROM and TO fields default to the date 31 calendar days prior to the current date and the current date but can be changed to any calendar day range, as long as it is not more than 31 days.
DCN	Enter a Document Control Number to search for. Note: If searching by DCN, do not enter a HICN or SSN.
SEARCH	Command button. Click to display search results.
RESET	Command button. Click to clear search results.
CANCEL	Click to return to the Main Menu.

View Transactions

- Type search criteria in the appropriate fields and click [**Submit**].
 - To create a list of all Prescription Drug Assistance Requests for a specific HICN, type the HICN in the search criteria and leave the CONTRACTOR NUMBER field blank.
 - When searching by Origin Date, User ID, Status, and/or Reason, you must also enter a DCN, HICN, SSN or Contractor Number.
- The system displays a list of Prescription Drug Assistance Requests, as shown in Figure 34.

Figure 34: Search Page Listing

Delete	HICN	Contractor	DCN	Status	Reason	Origin Date	Last Update	User ID
	#####A	00131	#####	CM	15	01/01/2010	01/05/2010	AAAAAAA
	#####A	00131	#####	IP	02	05/01/2010	05/01/2010	AAAAAAA

Table 57: Prescription Drug Assistance Requests Search Page Listing

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

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

Update Transactions

- To update information on a Prescription Drug Assistance Request transaction, click the [HICN] link for the transaction and the system displays the Summary page for the selected transaction, along with page links to the information, to allow for updates. Please see Figure 35.

Figure 35: Summary Page

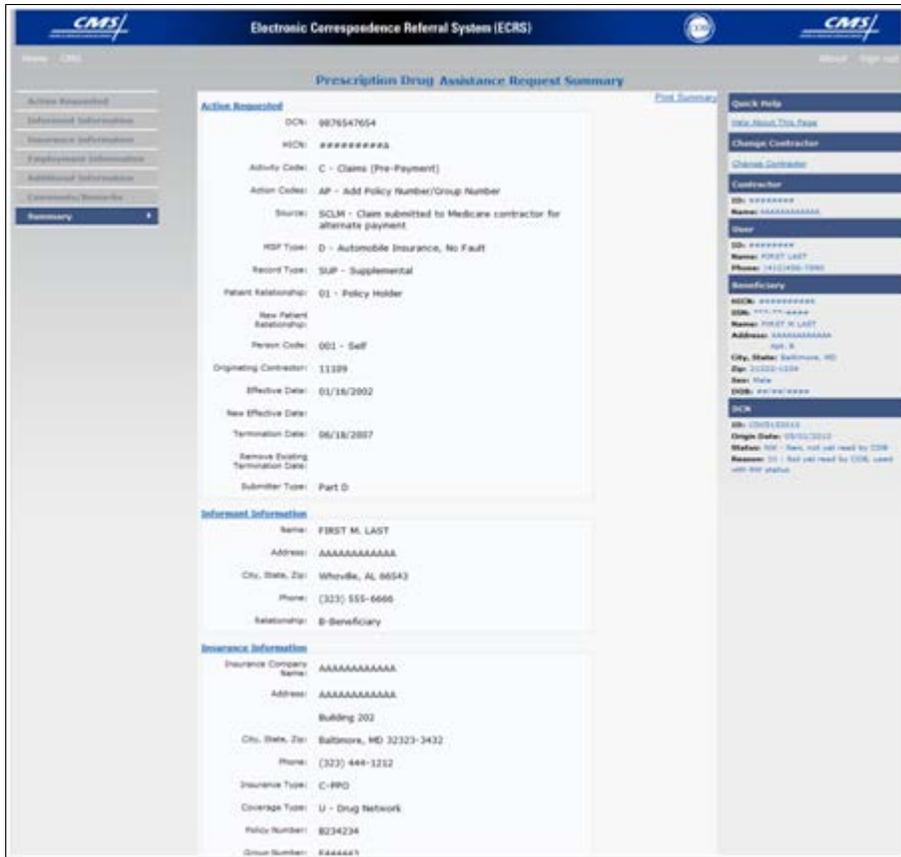


Table 58: Prescription Drug Assistance Request Summary Page

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

Field	Description
ADDITIONAL INFORMATION	Displays information that was previously entered on the Additional Information page.
COMMENTS/REMARKS	Displays information that was previously entered on the Comments/Remarks page.
COB RESPONSE INFORMATION	Displays for records that are not in NW status. See below for more information.
COB COMMENTS	Free-form text field, where the COB contractor's comments appear.
USER ID	User ID of the person who entered the COB contractor comment.
DEVELOPMENT RESPONSE INDICATOR	Development response indicator. Valid values are: A Attorney B Beneficiary E Employer I Insurer P Provider R Beneficiary Representative N No Response
DEVELOPED TO (INITIAL)	Development Source Code indicating where the initial development letter was sent. Valid values are: A Attorney B Beneficiary E Employer I Insurer P Provider R Beneficiary Representative (other than attorney)
DEVELOPED TO (SUBSEQUENT)	Development Source Code indicating where the subsequent development letter was sent. Valid values are: A Attorney B Beneficiary E Employer I Insurer P Provider R Beneficiary Representative (other than attorney)
RETURN	Command button. Click to return to the Prescription Drug Assistance Request Search Page Listing without making any updates to the transaction. Displays for records in all statuses except NW.
SUBMIT	Command button. Click to save updates. Displays for records in NW status.

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

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

Delete Transactions

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