

**Medicare
Coordination of Benefits**



**ECRS PDP Flat File
Installation Guide**

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PDP FLAT FILE INSTALLATION GUIDE

Description

A batch option will be made available for the Part D plans that cannot perform mainframe processing. This batch option will consist of creating flat files for MSP Inquiries, Prescription Drug Inquiries, and CWF Assistance Requests that will be transmitted to the ECRS application and processed in the nightly batch cycle.

Each Part D Plan will transmit one file that will contain the MSP Inquiries, Prescription Drug Inquiries, and CWF Assistance Requests. Each of these different record types will be grouped together in the file and will have its own header and trailer records. These files will be pre-edited in a fashion similar to the current online edits for each of the type of requests above. Any records that do not pass the pre-edit checks will be written to a response file along with error code(s) that will be used to describe the reason why the record did not pass the pre-edit process. The response file will contain the records in the same format that it was received along with four four-character error codes appended to the end of each record. There will be a maximum of four error codes on the error file returned back to the Prescription Drug Provider.

There will also be edit checks against the header and trailer records as well. If there are any errors with the header or trailer record, the entire file will be rejected and only the header record will be sent back with the appropriate four-byte error code describing why the file was rejected. The response file will contain the header record in the same format as it was received along with four four-character error codes appended to the end of the record. A maximum of four errors will be returned back to the Prescription Drug Provider.

In the event where a Part D Plan decides to submit flat files for batch processing, that plan will not have the option to view inquiry information online. The Part D plans will need to transmit these files in the formats defined under Prescription Drug Provider to ECRS Prescription Drug Inquiry Layout, Prescription Drug Provider to MSP Inquiry Layout, and Prescription Drug Provider to CWF Assistance Request Layout. ECRS will then transmit a file back to the Part D Providers to return the status of the record whenever the status has changed on the record in ECRS. Whenever the status of an inquiry changes, (e.g. from NW to CM) a response record will be returned to the Part D Plan with the updated status code indicating the current status of the record. All status and reason codes currently being utilized by the ECRS application will be used to track both the MSP Inquiries and CWF Assistance Requests. However, only the following status and reason codes will be used to track the status of a Prescription Drug Inquiry:

NW01	-	Not yet read by COB
CM15	-	Update Sent to MBD
CM53	-	Duplicate ECRS Request
CM60	-	Invalid HICN
CM93	-	No Part D Enrollment Date

The response files that will be returned to the Part D plan will be in the formats defined in sections labeled under Prescription Drug Provider to ECRS Prescription Drug Inquiry Response Record Layout, Prescription Drug Provider to MSP Inquiry Response Record Layout, and Prescription Drug Provider to CWF Assistance Request Response Record Layout.

PDP Flat File Input Layouts

This section describes what the file to be created by the Prescription Drug Plan should contain in addition to data requirements.

Layout Key

Data Type / Field	Formatting Standard	Examples
Numeric	Zero through 9 (0 → 9) Padded with leading zeroes Populate empty fields with spaces	Numeric (5): "12345" Numeric (5): "00045" Numeric (5): " "
Alpha	A through Z Left justified Non-populated bytes padded with spaces	Alpha (12): "TEST EXAMPLE" Alpha (12): "EXAMPLE "
Alpha-Numeric	A through Z (all alpha) + 0 through 9 (all numeric) Left justified Non-populated bytes padded with spaces	Alphanum (8): "AB55823D" Alphanum (8): "MM221 "
Text	A through Z (all alpha) + 0 through 9 (all numeric) + special characters: Comma (,) Ampersand (&) Space () Dash (-) Period (.) Single quote (') Colon (:) Semicolon (;) Number (#) Forward slash (/) At sign (@) Left justified Non-populated bytes padded with spaces	Text (8): "AB55823D" Text (8): "XX299Y " Text (18): " ADDRESS@DOMAIN.COM " Text (12): " 800-555-1234" Text (12): "#34 "
Date	Format is field specific Fill with all zeroes if empty (no spaces are permitted)	CCYYMMDD (e.g. "19991022") Open ended date: "00000000"
Filler	Populate with spaces	
Internal Use	Populate with spaces	
Above standards should be used unless otherwise noted in layouts		

Prescription Drug Provider to ECRS Prescription Drug Inquiry Header and Trailer Record Layout

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

File Date	8	Date	15-22	Date File Created in CCYYMMDD format Required
Record Count	9	Numeric	2-31	Number of Prescription Drug Inquiry Records in file Required
Filler	1236	Filler	32-1267	Unused Field – Populate with spaces

Prescription Drug Provider to ECRS Prescription Drug Inquiry Record Layout

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

Prescription Drug Provider to ECRS Prescription Drug Inquiry Record Layout				
Data Field	Length	Type	Displacement	Edits
Contractor Name	25	Text	45-69	Contractor name Not required
Contractor Phone	10	Numeric	70-79	Contractor Phone Number Not required
HIC Number	12	Alpha-Numeric	80-91	Beneficiary Health Insurance Claim Number Required if SSN is not entered.
Beneficiary's Social Security Number	9	Numeric	92-100	Beneficiary's Social Security Number Required if HIC Number not entered.
Beneficiary's Date of Birth	8	Date	101-108	Beneficiary's Date of Birth in CCYYMMDD format Required
Beneficiary's Sex Code	1	Alpha	109	Sex of beneficiary Valid values are: U = Unknown M = Male F = Female Default to 'U' if not available Required
Beneficiary's First Name	15	Text	110-124	Beneficiary's First Name Required
Beneficiary's Initial	1	Alpha	125	Beneficiary's Middle Initial Not required
Beneficiary's Last Name	24	Text	126-149	Beneficiary's Last Name Required
Patient Relationship	2	Character	150-151	Patient Relationship between policy holder and patient. Valid values are: 1 = Patient is Policy Holder 2 = Spouse 3 = Child 4 = Other Not required

Prescription Drug Provider to ECRS Prescription Drug Inquiry Record Layout				
Data Field	Length	Type	Displacement	Edits
Check Date	8	Numeric	152-159	Date of check in CCYYMMDD format. Required if Source is CHEK
Check Amount	15	Alpha	160-174	Amount of check in \$999,999,999.99 format. Required if Source is CHEK
Check Number	15	Alpha	175-189	Check Number Required if Source is CHEK
Beneficiary's Address 1	32	Text	190-221	Beneficiary's Address 1 Not required. Populate with spaces if not available.
Beneficiary's Address 2	32	Text	222-253	Beneficiary's Address 2 Not required. Populate with spaces if not available
Beneficiary's City	15	Text	254-268	Beneficiary's City Not required. Populate with spaces if not available.
Beneficiary's State	2	Alpha	269-270	Beneficiary's State Not required. Populate with spaces if not available.
Beneficiary's Zip Code	9	Numeric	271-279	Beneficiary's Zip Code Not required. Populate with spaces if not available
Beneficiary's Phone	10	Numeric	280-289	Beneficiary's Phone Not required. Populate with zeros if not available
Informant's First Name	15	Text	290-304	Informant's First Name Not required. Populate with spaces if not available.
Informant's Middle Initial	1	Alpha	305	Informant's Middle Initial Not required. Populate with spaces if not available.
Informant's Last Name	24	Text	306-329	Informant's Last Name Not required. Populate with spaces if not available.

Prescription Drug Provider to ECRS Prescription Drug Inquiry Record Layout				
Data Field	Length	Type	Displacement	Edits
Informant's Relationship Code	1	Alpha	330	Relationship of informant to beneficiary. Valid values are: A = Attorney representing beneficiary B = Beneficiary C = Child D = Defendant's attorney E = Employer F = Father I = Insurer M = Mother N = Non-relative O = Other relative P = Provider R = Beneficiary representative other than attorney S = Spouse U = Unknown Not required. Populate with spaces if not available.
Informant's Address 1	32	Text	331-362	Informant's Address 1 Not required. Populate with spaces if not available.
Informant's Address 2	32	Text	363-394	Informant's Address 2 Not required. Populate with spaces if not available.
Informant's City	15	Text	395-409	Informant's City Not required. Populate with spaces if not available.
Informant's State	2	Alpha	410-411	Informant's State Not required. Populate with spaces if not available.
Informant's Zip Code	9	Numeric	412-420	Informant's Zip Not required. Populate with spaces if not available

Prescription Drug Provider to ECRS Prescription Drug Inquiry Record Layout				
Data Field	Length	Type	Displacement	Edits
Informant's Phone	10	Numeric	421-430	Informant's Phone Number Not required. Populate with zeros if not available.
Employer's Name	32	Text	431-462	Name of employer providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.
Employer's Address 1	32	Text	463-494	Employer's Address 1 providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.
Employer's Address 2	32	Text	495-526	Employer's Address 2 providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.
Employer's City	15	Text	527-541	Employer's City providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.
Employer's State	2	Alpha	542-543	Employer's State providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.
Employer's ZIP Code	9	Numeric	544-552	Employer's Zip Code providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.
Employer's Phone	10	Numeric	553-562	Employer's Phone Number providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.
Employer EIN	18	Text	563-580	Employer's EIN providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.

Prescription Drug Provider to ECRS Prescription Drug Inquiry Record Layout				
Data Field	Length	Type	Displacement	Edits
Employee No	12	Text	581-592	Policyholder's Employee Number Not required. Populate with spaces if not available.
Person Code	3	Numeric	593-595	Person Code. Plan specific (Relationship assigned plan administrator at the plan level) Valid values are: 001 = Self 002 = Other Required only for Supplemental Drug Coverage records. If not Supplemental Drug Coverage record, populate with spaces.
Sup Type	1	Alpha-Numeric	596	Supplemental Drug Type Valid values are: L = Supplemental M = Medigap N = Non-qualified SPAP O = Other P = PAP Q = Qualified SPAP R = Charity S = ADAP T = Federal Government Programs 1 = Medicaid 2 = Tricare 3 = Major Medical Required if Record Type of Supplemental 'SUP' is selected. Otherwise not required, populate with spaces.

Prescription Drug Provider to ECRS Prescription Drug Inquiry Record Layout				
Data Field	Length	Type	Displacement	Edits
MSP Type	1	Alpha-Numeric	597	<p>Medicare Secondary Payer Type</p> <p>Valid values are:</p> <p>A = Working Aged</p> <p>B = ESRD</p> <p>D = Automobile Insurance, No Fault</p> <p>E = Workers' Compensation</p> <p>G = Disabled</p> <p>H = Black Lung</p> <p>L = Liability</p> <p>W = Workers Compensation Set-aside</p> <p>Not required. Populate with spaces if not available.</p>
Type	1	Alpha-Numeric	598	<p>Prescription Drug Coverage Type</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>Not required. Populate with spaces if not available.</p>
Rec Type	3	Alpha-Numeric	599-601	<p>Prescription Drug Coverage Type of Insurance</p> <p>Valid values are:</p> <p>PRI = Primary</p> <p>SUP = Supplemental</p> <p>Not required. If Sup Type is populated and this field is blank, SUP will be assumed. Populate with spaces if not available.</p>
Insurer's name	32	Text	602-633	<p>Name of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered.</p> <p>Not required. Populate with spaces if not available.</p>

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

Prescription Drug Provider to ECRS Prescription Drug Inquiry Record Layout				
Data Field	Length	Type	Displacement	Edits
RX PCN	10	Text	763-772	Prescription Drug PCN Number Not required. Populate with spaces if not available.
RX Group	15	Text	773-787	Prescription Drug Group Number Not required. Populate with spaces if not available.
RX ID	20	Text	788-807	Prescription Drug ID Number Not required. Populate with spaces if not available.
RX Phone	18	Text plus '(' and ')'	808-825	Prescription Drug Phone Number Not required. Populate with spaces if not available.
Filler	442	Filler	826-1267	Unused Field – fill with spaces

Prescription Drug Provider to ECRS MSP Inquiry Header and Trailer Record Layout and Edits

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

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

Prescription Drug Provider to ECRS MSP Inquiry Record Layout and Edits

Prescription Drug Provider to ECRS MSP Inquiry Record Layout and Edits				
Data Field	Length	Type	Displacement	Description
Transaction type	4	Alpha	1 – 4	Type of Record Set to 'ECRS' Required
Contractor Number	5	Alpha-Numeric	5-9	Part D Plan Contractor number Required
DCN	15	Text	10-24	Document Control Number; assigned by the Part D Plan. Required. Each record shall have a unique DCN.
Tran Type Code	1	Alpha	25	Transaction Type Indicator Set to 'I' for MSP Inquiry Required
Trans Seq No	3	Numeric	26-28	Sequence Number assigned by COB. Internal use only. Populate with spaces.
Update Operator ID	8	Alpha-Numeric	29-36	ID of user making update. Not required
Contractor Name	25	Text	37-61	Contractor name Not required
Contractor Phone	10	Numeric	62-71	Contractor Phone Number Not required
Tran Stat Cd	2	Alpha	72-73	Status Code Set to 'NW' for New
Tran Reason Cd	2	Numeric	74-75	Reason Set to '01' for New

Prescription Drug Provider to ECRS MSP Inquiry Record Layout and Edits				
Data Field	Length	Type	Displacement	Description
Trans Action Code 1	2	Alpha	76-77	Action Code 1 Valid values are: CA = CMS Grouping Code CL = Closed or settled case DE = Develop to employer or for employer info DI = Develop to insurer or for insurer info SC = Suppress confirmation letter SL = Suppress lead contractor assignment SR = Suppress right of recovery letters Not required. Populate with spaces if not available.
Trans Action Code 2	2	Alpha-Numeric	78-79	Action Code 2 Valid values same as Trans Action Code 1. Not required. Populate with spaces if not available.
Trans Action Code 3	2	Alpha-Numeric	80-81	Action Code 3 Valid values same as Trans Action Code 1. Not required. Populate with spaces if not available.
Trans Action Code 4	2	Alpha-Numeric	82-83	Action Code 4 Valid values same as Trans Action Code 1. Not required. Populate with spaces if not available.

Prescription Drug Provider to ECRS MSP Inquiry Record Layout and Edits				
Data Field	Length	Type	Displacement	Description
Activity Code	1	Alpha	84	<p>Activity of Contractor.</p> <p>Valid values are:</p> <p>C = Claims (Prepayment) - 22001</p> <p>N = Liability, No-Fault, WC, and FTCA - 42002</p> <p>G = Group Health Plan - 42003</p> <p>I = General Inquiry - 42004</p> <p>D = Debt Collection - 42021</p> <p>Required.</p>
First Development	1	Alpha	85	<p>Development source code indicating where initial development letter was sent.</p> <p>Valid values are:</p> <p>A = Attorney</p> <p>B = Beneficiary</p> <p>E = Employer</p> <p>I = Insurer</p> <p>P = Provider</p> <p>R = Beneficiary Representative (other than attorney)</p> <p>Not required. Populate with spaces if not available.</p>
Second Development	1	Alpha	86	<p>Development source code indicating where subsequent development letter was sent.</p> <p>Valid values are:</p> <p>A = Attorney</p> <p>B = Beneficiary</p> <p>E = Employer</p> <p>I = Insurer</p> <p>P = Provider</p> <p>R = Beneficiary Representative (other than attorney)</p> <p>Not required. Populate with spaces if not available.</p>

Prescription Drug Provider to ECRS MSP Inquiry Record Layout and Edits				
Data Field	Length	Type	Displacement	Description
RSP	1	Alpha	87	Development response indicator. Valid values are: A = Attorney B = Beneficiary E = Employer I = Insurer P = Provider R = Beneficiary Representative Not required. Populate with spaces if not available.
Trans Source Cd	4	Alpha	88-91	Four-character code identifying source of MSP inquiry information. Valid values are: CHEK = Unsolicited check LTTR = Letter PHON = Phone call SCLM = Claim submitted to Medicare contractor for secondary payment SRVY = Survey CLAM = Claim DMCH = Datamatch (RAC only) OTHR = Other (RAC only) Required.
HIC Number	12	Alpha-Numeric	92-103	Health Insurance Claim Number of beneficiary. HICN without dashes, spaces, or other special characters. Required if SSN is not entered.
Beneficiary's Social Security Number	9	Numeric	104-112	Beneficiary's Social Security Number Required if HIC Number not entered.
Beneficiary's Date of Birth	8	Date	113-120	Beneficiary's Date of Birth in CCYYMMDD format Required
Beneficiary's Sex Code	1	Alpha	121	Sex of beneficiary Valid values are: U = Unknown M = Male F = Female Required. Default to U if unavailable.

Prescription Drug Provider to ECRS MSP Inquiry Record Layout and Edits				
Data Field	Length	Type	Displacement	Description
Beneficiary's First Name	15	Text	122-136	Beneficiary's First Name Required
Beneficiary's Initial	1	Alpha	137	Beneficiary's Middle Initial Not required
Beneficiary's Last Name	24	Text	138-161	Beneficiary's Last Name Required

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

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

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

Prescription Drug Provider to ECRS MSP Inquiry Record Layout and Edits				
Data Field	Length	Type	Displacement	Description
Check Date	8	Numeric	284-291	Date of check in CCYYMMDD format. Required if Source is CHEK
Check Amount	15	Alpha	292-306	Amount of check in \$999,999,999.99 format. Required if Source is CHEK
Check Number	15	Alpha	307-321	Check Number Required if Source is CHEK
Informant's First Name	15	Text	322-336	Informant's First Name Required if Source is CHEK, LTTR, or PHON. Not required if SOURCE is SCLM. Populate with spaces if not available. * Refer to Appendix B - ECRS Quick Reference at end of this document for complete set of required fields for various source codes.
Informant's Middle Initial	1	Alpha	337	Informant's Middle Initial Not required. Populate with spaces if not available.
Informant's Last Name	24	Text	338-361	Informant's Last Name Required if Source is CHEK, LTTR, or PHON. Not required if SOURCE is SCLM. Populate with spaces if not available. * Refer to Appendix B - ECRS Quick Reference at end of this document for complete set of required fields for various source codes..
Informant's Phone	10	Numeric	362-371	Informant's Phone Number Not required. Populate with zeros if not available.
Informant's Address 1	32	Text	372-403	Informant's Address 1 Required if Source is CHEK, LTTR, or PHON. Not required if SOURCE is SCLM. Populate with spaces if not available. * Refer to Appendix B - ECRS Quick Reference at end of this document for complete set of required fields for various source codes.

Prescription Drug Provider to ECRS MSP Inquiry Record Layout and Edits				
Data Field	Length	Type	Displacement	Description
Informant's Address 2	32	Text	404-435	Informant's Address 2 Not required. Populate with spaces if not available.
Informant's City	15	Text	436-450	Informant's City Required if Source is CHEK, LTTR, or PHON. Not required if SOURCE is SCLM. Populate with spaces if not available. * Refer to Appendix B - ECRS Quick Reference at end of this document for complete set of required fields for various source codes.
Informant's State	2	Alpha	451-452	Informant's State Required if Source is CHEK, LTTR, or PHON. Not required if SOURCE is SCLM. Populate with spaces if not available. * Refer to Appendix B - ECRS Quick Reference at end of this document for complete set of required fields for various source codes.
Informant's Zip Code	9	Numeric	453-461	Informant's Zip Required if Source is CHEK, LTTR, or PHON. Not required if SOURCE is SCLM. Populate with spaces if not available. * Refer to Appendix B - ECRS Quick Reference at end of this document for complete set of required fields for various source codes.

Prescription Drug Provider to ECRS MSP Inquiry Record Layout and Edits				
Data Field	Length	Type	Displacement	Description
Informant's Relationship Code	1	Alpha	462	<p>Relationship of informant to 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>Required if Source is CHEK, LTTR, or PHON. Not required if SOURCE is SCLM. Populate with spaces if not available.</p> <p>* Refer to Appendix B - ECRS Quick Reference at end of this document for complete set of required fields for various source codes.</p>
Employer's Name	32	Text	463-494	<p>Name of employer providing group health insurance under which beneficiary is covered.</p> <p>Not required. Populate with spaces if not available.</p>
Employer EIN	18	Text	495-512	<p>Employer's EIN providing group health insurance under which beneficiary is covered.</p> <p>Not required. Populate with spaces if not available.</p>

Prescription Drug Provider to ECRS MSP Inquiry Record Layout and Edits				
Data Field	Length	Type	Displacement	Description
Employer's Address 1	32	Text	513-544	Employer's Address 1 providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.
Employer's Address 2	32	Text	545-576	Employer's Address 2 providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.
Employer's Phone	10	Numeric	577-586	Employer's City providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.
Employer's City	15	Text	587-601	Employer's State providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.
Employer's State	2	Alpha	602-603	Employer's Zip Code providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.
Employer's ZIP Code	9	Numeric	604-612	Employer's Address 1 providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.
Employee No	12	Text	613-624	Policyholder's Employee Number Not required. Populate with spaces if not available.

Prescription Drug Provider to ECRS MSP Inquiry Record Layout and Edits				
Data Field	Length	Type	Displacement	Description
Insurer's name	32	Text	625-656	<p>Name of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered.</p> <p>Required if Action code is CA, CL, SC, SL, or SR. Populate with spaces if not available.</p> <p>* Refer to Appendix B - ECRS Quick Reference at end of this document for complete set of required fields for various source codes.</p>
Insurer Type	1	Alpha	657	<p>Type of Insurance</p> <p>Valid values are:</p> <p>A = Insurance or Indemnity (Other Types)</p> <p>B = Group Health Organization (GHO)</p> <p>C = Preferred Provider Organization</p> <p>D = TPA/ASO</p> <p>E = Stop Loss TPA</p> <p>F = Self-insured/Self-Administered (Self-Insured)</p> <p>G = Collectively-bargained Health and Welfare Fund</p> <p>H = Multiple Employer Health Plan with more than 100 employees.</p> <p>I = Multiple Employer Health Plan with more than 10 employees.</p> <p>J = Hospitalization only plan covering inpatient hospital</p> <p>K = Medical Service only plan covering non-inpatient medical</p> <p>M = Medicare Supplement Plan</p> <p>U = Unknown</p> <p>Required if Action code is CA, CL, SC, SL, or SR. Populate with spaces if not available.</p> <p>* Refer to Appendix B - ECRS Quick Reference at end of this document for complete set of required fields for various source codes.</p>

Prescription Drug Provider to ECRS MSP Inquiry Record Layout and Edits				
Data Field	Length	Type	Displacement	Description
Insurer's Address 1	32	Text	658-689	<p>Address 1 of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered.</p> <p>Required if Action code is CA, CL, SC, SL, or SR. Populate with spaces if not available.</p> <p>* Refer to Appendix B - ECRS Quick Reference at end of this document for complete set of required fields for various source codes.</p>
Insurer's Address 2	32	Text	690-721	<p>Address 2 of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered.</p> <p>Not required.</p>
Insurer's City	15	Text	722-736	<p>City of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered.</p> <p>Required if Action code is CA, CL, SC, SL, or SR. Populate with spaces if not available.</p> <p>* Refer to Appendix B - ECRS Quick Reference at end of this document for complete set of required fields for various source codes.</p>
Insurer's State	2	Alpha	737-738	<p>State of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered.</p> <p>Required if Action code is CA, CL, SC, SL, or SR. Populate with spaces if not available.</p> <p>* Refer to Appendix B - ECRS Quick Reference at end of this document for complete set of required fields for various source codes.</p>

Prescription Drug Provider to ECRS MSP Inquiry Record Layout and Edits				
Data Field	Length	Type	Displacement	Description
Insurer's ZIP Code	9	Numeric	739-747	<p>Zip Code of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered.</p> <p>Required if Action code is CA, CL, SC, SL, or SR. Populate with spaces if not available.</p> <p>* Refer to Appendix B - ECRS Quick Reference at end of this document for complete set of required fields for various source codes.</p>
Insurer's Phone	10	Numeric	748-757	<p>Insurer's Phone Number</p> <p>Not required. Populate with zeros if not available.</p>
Insurer Group Number	20	Text	758-777	<p>Group number of insurance coverage.</p> <p>Not required. Populate with spaces if not available.</p>
Insurer Policy Number	17	Text	778-794	<p>Policy number of insurance coverage.</p> <p>Not required. Populate with spaces if not available.</p>
Subscriber First Name	15	Text	795-809	<p>First Name of individual covered by this insurance.</p> <p>Not required. Populate with spaces if not available.</p>
Subscriber Initial	1	Alpha	810	<p>Middle initial of individual covered by this insurance.</p> <p>Not required. Populate with spaces if not available</p>
Subscriber Last Name	24	Text	811-834	<p>Last Name of individual covered by this insurance.</p> <p>Not required. Populate with spaces if not available</p>
Subscriber Social Security Number	9	Numeric	835-843	<p>Social Security Number of the policy holder/subscriber</p> <p>Required</p>

Prescription Drug Provider to ECRS MSP Inquiry Record Layout and Edits				
Data Field	Length	Type	Displacement	Description
Diagnosis Code 1	5	Text	844-848	Five-digit diagnosis code that applies to this MSP occurrence. Required if Action code is CA, CL, SC, SL, or SR. Populate with spaces if not available. * Refer to Appendix B - ECRS Quick Reference at end of this document for complete set of required fields for various source codes.
Diagnosis Code 2	5	Text	849-853	Five-digit diagnosis code that applies to this MSP occurrence. Not required
Diagnosis Code 3	5	Text	854-858	No edits other than data type edits. If not valid, drop the record with edit code 'PE71'. Five-digit diagnosis code that applies to this MSP occurrence. Not required
Diagnosis Code 4	5	Text	859-863	Five-digit diagnosis code that applies to this MSP occurrence. Not required
Diagnosis Code 5	5	Text	864-868	Five-digit diagnosis code that applies to this MSP occurrence. Not required
Illness/Injury Date	8	Date	869-876	Date illness or injury occurred for workers' compensation, automobile, or liability coverage (in CCYYMMDD format) Not required. Populate with zeros if not available.
Illness/Injury Description	64	Text	877-940	Description of illness or injury for workers' compensation, automobile, or liability coverage. Not required. Populate with zeros if not available.
Representative Name	32	Text	941-972	Name of individual representing a beneficiary's medical affairs or estate. Representation may be applicable in a workers' compensation, automobile, or liability insurance case. Type name in first name/middle initial/last name format. Not required. Populate with spaces when not available.

Prescription Drug Provider to ECRS MSP Inquiry Record Layout and Edits				
Data Field	Length	Type	Displacement	Description
Representative Address 1	32	Text	973-1004	Representative's Street address 1. Not required. Populate with spaces when not available.
Representative Address 2	32	Text	1005-1036	Representative's Street address 2. Not required. Populate with spaces when not available.
Representative City	15	Text	1037-1051	Representative's City Not required. Populate with spaces when not available.
Representative State	2	Alpha	1052-1053	Representative's Street address 2. Not required. Populate with spaces when not available.
Representative Zip	9	Numeric	1054-1062	Representative's Zip Code. Not required. Populate with spaces when not available.
Representative Type	1	Alpha	1063	Type of relationship between beneficiary and his/her representative. Valid values are: A = Attorney R = Representative not acting as an attorney Not required. Populate with spaces if not available.
Dialysis Train Date	8	Date	1064-1071	Date beneficiary received self-dialysis training (in CCYYMMDD format) Not required. Populate with zeros if not available.
Black Lung Indicator	1	Alpha	1072	One-character code indicating whether beneficiary receives benefits under the Black Lung Program. Valid values are: Y = Yes N = No Not required. Populate with spaces if not available.
Black Lung Effective Date	8	Date	1073-1080	Date beneficiary began receiving benefits under the Black Lung Program in CCYYMMDD format. Not required. Populate with zeros if not available.

Prescription Drug Provider to ECRS MSP Inquiry Record Layout and Edits				
Data Field	Length	Type	Displacement	Description
Filler	197	Filler	1081-1267	Unused Field – fill with spaces

Prescription Drug Provider to ECRS CWF Assistance Request Header and Trailer Record Layout and Edits

Prescription Drug Provider to ECRS CWF Assistance Request Header and Trailer Record				
Data Field	Length	Type	Displacement	Edits
Header Indicator	2	Alpha-Numeric	1-2	Should be: 'H0'. If not, drop file with error code of HE01
PDP ID	4	Numeric	3-6	'0001', '0002', etc. ID number assigned by COBC. (Previously labeled as "Plan Number"). If not valid plan, drop file with error code of HE02
Contractor Number	5	Alpha-Numeric	7-11	If not valid contractor number, drop file with error code of HE03.
File Type	3	Alpha	12-14	Valid values: 'CWF' – CWF Assistance Request file If not, drop file with error code of HE04.
File Date	8	Date	15-22	CCYYMMDD If not valid date, drop file with error code of HE05.
Submitter Type	1	Alpha-Numeric	23	Part C/D Submitter Indicator Valid Values 'C' = Part C Contractor 'D' = Part D Contractor If not valid value, drop file with error code of HE06.
Filler	1244	Filler	24-1267	Unused Field – fill with spaces
Trailer Indicator	2	Alpha-Numeric	1-2	Should be: 'T0'. If not, drop file with error code of TE01
PDP ID	4	Numeric	3-6	'0001', '0002', etc. ID number assigned by COBC. (Previously labeled as "Plan Number"). If not valid plan, drop file with error code of TE02
Contractor Number	5	Alpha-Numeric	7-11	If not valid contractor number, drop file with error code of TE03.
File Type	3	Alpha-Numeric	12-14	Valid values: 'CWF' – CWF Assistance Request File If not, drop file with error code of TE04.
File Date	8	Date	15-22	CCYYMMDD If not valid date, drop file with error code of TE05.

Prescription Drug Provider to ECRS CWF Assistance Request Header and Trailer Record				
Data Field	Length	Type	Displacement	Edits
Record Count	9	Numeric	23-31	Number of records on file. If invalid number or number does not match number of records in file, drop file with error code of TE06.
Filler	1236	Filler	32-1267	Unused Field – fill with spaces

Prescription Drug Provider to ECRS CWF Assistance Request Layout and Edits

Prescription Drug Provider to ECRS CWF Assistance Request Record Layout and Edits				
Data Field	Length	Type	Displacement	Description
Transaction type	4	Alpha	1 – 4	Set to 'ECRS' Required
Contractor Number	5	Alpha-Numeric	5-9	Part D Plan Contractor number Required
DCN	15	Text	10-24	Document Control Number; assigned by the Part D Plan. Required. Each record shall have a unique DCN.
Tran Type Code	1	Alpha	25	Transaction Type Indicator Set to 'R' for CWF Assistance Requests Required
Trans Seq No	3	Numeric	26-28	Sequence Number assigned by COB. Internal use only. Populate with spaces.
Update Operator ID	8	Alpha-Numeric	29-36	ID of user making update. Not required
Contractor Name	25	Text	37-61	Contractor name Not required
Contractor Phone	10	Numeric	62-71	Contractor Phone Number Not required
Tran Stat Cd	2	Alpha	72-73	Status Code Set to 'NW' for New
Tran Reason Cd	2	Numeric	74-75	Reason Set to '01' for New

Prescription Drug Provider to ECRS CWF Assistance Request Record Layout and Edits				
Data Field	Length	Type	Displacement	Description
Trans Action Code 1	2	Alpha	76-77	<p>Action Code</p> <p>Valid values are:</p> <p>AI = Change Attorney Information</p> <p>AR = Add CWF remark codes</p> <p>CT = Change termination date</p> <p>CV = Change of venue</p> <p>DA = Develop to the attorney</p> <p>DD = Develop for the diagnosis code</p> <p>DE = Develop to employer or for employer info</p> <p>DI = Develop to insurer or for insurer info</p> <p>DO = Mark occurrence for deletion</p> <p>DR = Investigate/redevelop closed or deleted record</p> <p>DT = Develop for termination date</p> <p>DX = Change diagnosis codes</p> <p>EA = Change employer address</p> <p>ED = Change effective date</p> <p>EF = Develop for the effective date</p> <p>EI = Change employer information</p> <p>ES = Employer size below minimum (20 for working aged, 100 for disability)</p> <p>II = Change insurer information</p> <p>IT = Change insurer type</p> <p>LR = Add duplicate liability record</p> <p>MT = Change MSP type</p> <p>MX = SSN/HICN mismatch</p> <p>NR = Create duplicate no-fault record</p> <p>PH = Add PHP date</p> <p>PR = Change patient relationship</p> <p>RR = Generate right of recovery lead contractor letter</p> <p>TD = Terminate open EGHP record with date less than six months prior to date of accretion</p> <p>VP = Beneficiary has taken a vow of poverty</p> <p>Required. Enter up to four action codes unless CWF assistance request is to change venue (CV), delete occurrence (DO), redevelop a deleted CWF record (DR), request a right of recovery lead contractor letter (RR), or note a vow of poverty (VP). You cannot combine these five action codes with any other action codes.</p>

Prescription Drug Provider to ECRS CWF Assistance Request Record Layout and Edits				
Data Field	Length	Type	Displacement	Description
Trans Action Code 2	2	Alpha-Numeric	78-79	Action Code 2 Valid values same as Trans Action Code 1. Not required. Populate with spaces if not available.
Trans Action Code 3	2	Alpha-Numeric	80-81	Action Code 3 Valid values same as Trans Action Code 1. Not required. Populate with spaces if not available.
Trans Action Code 4	2	Alpha-Numeric	82-83	Action Code 4 Valid values same as Trans Action Code 1. Not required. Populate with spaces if not available.
Activity Code	1	Alpha	84	Activity of Contractor. Valid values are: C = Claims (Prepayment) - 22001 N = Liability, No-Fault, WC, and FTCA - 42002 G = Group Health Plan - 42003 I = General Inquiry - 42004 D = Debt Collection - 42021 Required.
Develop to	1	Alpha	85	Development source code indicating where development letter was sent. Not required. Populate with spaces if not available.
RSP	1	Alpha	86	Development response indicator. Not required. Populate with spaces if not available.

Prescription Drug Provider to ECRS CWF Assistance Request Record Layout and Edits				
Data Field	Length	Type	Displacement	Description
Trans Source Cd	4	Alpha	87-90	<p>Four-character code identifying source of CWF assistance request information.</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> <p>CLAM = Claim</p> <p>DMCH = Datamatch (RAC only)</p> <p>OTHR = Other (RAC only)</p> <p>Required.</p>
HIC Number	12	Alpha-Numeric	91-102	<p>Health Insurance Claim Number of beneficiary. HICN without dashes, spaces, or other special characters.</p> <p>Required if SSN is not entered.</p>
Beneficiary's Social Security Number	9	Numeric	103-111	<p>Beneficiary's Social Security Number</p> <p>Required if HIC Number not entered.</p>
Beneficiary's Date of Birth	8	Date	112-119	<p>Beneficiary's Date of Birth in CCYYMMDD format</p> <p>Not required. Populate with zeros if not available.</p>
Beneficiary's Sex Code	1	Numeric	120	<p>Sex of beneficiary</p> <p>Valid values are:</p> <p>U = Unknown</p> <p>M = Male</p> <p>F = Female</p> <p>Not required. Populate with spaces if not available.</p>
Beneficiary's First Name	15	Text	121-135	<p>First name of beneficiary.</p> <p>Required</p>
Beneficiary's Initial	1	Alpha	136	<p>Middle initial of beneficiary</p>
Beneficiary's Last Name	24	Text	137-160	<p>Last name of beneficiary.</p> <p>Required</p>

Prescription Drug Provider to ECRS CWF Assistance Request Record Layout and Edits														
Data Field	Length	Type	Displacement	Description										
Patient Relationship	2	Numeric	161-162	<p>Patient relationship between policyholder and beneficiary</p> <p>Valid values are:</p> <p>01 = Patient is policy holder</p> <p>02 = Spouse</p> <p>03 = Natural child, insured has financial responsibility</p> <p>04 = Natural child, insured does not have financial responsibility</p> <p>05 = Stepchild</p> <p>06 = Foster child</p> <p>07 = Ward of the Court</p> <p>08 = Employee</p> <p>09 = Unknown</p> <p>10 = Handicapped dependent</p> <p>11 = Organ donor</p> <p>12 = Cadaver donor</p> <p>13 = Grandchild</p> <p>14 = Niece/nephew</p> <p>15 = Injured plaintiff</p> <p>16 = Sponsored dependent</p> <p>17 = Minor dependent of a minor dependent</p> <p>18 = Parent</p> <p>19 = Grandparent dependent</p> <p>20 = Domestic partner (Effective April, 2004.)</p> <p>Required.</p> <p>Note: For the following MSP Types below, the patient relationship codes listed to the right are the only valid values that can be used.</p> <table><tr><th>MSP Type</th><th>Patient Relationship Code</th></tr><tr><td colspan="2">-----</td></tr><tr><td>A</td><td>01, 02</td></tr><tr><td>B</td><td>01, 02, 03, 04, 05, 18, 20</td></tr><tr><td>G</td><td>01, 02, 03, 04, 05, 18, 20</td></tr></table>	MSP Type	Patient Relationship Code	-----		A	01, 02	B	01, 02, 03, 04, 05, 18, 20	G	01, 02, 03, 04, 05, 18, 20
MSP Type	Patient Relationship Code													

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

Prescription Drug Provider to ECRS CWF Assistance Request Record Layout and Edits				
Data Field	Length	Type	Displacement	Description
MSP Type	1	Alpha	163	<p>One-character code identifying type of MSP coverage</p> <p>Valid values are:</p> <p>A = Working Aged</p> <p>B = ESRD</p> <p>C = Conditional Payment</p> <p>D = Automobile Insurance</p> <p>E = Workers Compensation</p> <p>F = Federal (Public)</p> <p>G = Disabled</p> <p>H = Black Lung</p> <p>I = Veterans</p> <p>L = Liability</p> <p>W = Workers Compensation Set-Aside Required</p>
MSP Effective Date	8	Date	164-171	<p>Effective date of MSP coverage in CCYYMMDD format.</p> <p>Required</p>
MSP Term Date	8	Date	172-179	<p>Termination date of MSP coverage in CCYYMMDD format. Type one or more zeroes in this field to remove an existing termination date. Type 9 eight times in this field if you have conflicting dates for the termination date.</p> <p>Not required. Populate with zeros if not available.</p>
AUX Row Number	3	Numeric	180-182	<p>AUX record number of MSP record at CWF.</p> <p>Not required. Populate with zeros if not available.</p>
MSP Accretion Date	8	Date	183-190	<p>Accretion date of MSP coverage in CCYYMMDD format.</p> <p>Not required. Populate with zeros if not available.</p>
Originating Contractor	5	Alpha-Numeric	191-195	<p>Contractor number of contractor that created original MSP occurrence at CWF</p> <p>Required except when ACTION(S) = CV).</p>

Prescription Drug Provider to ECRS CWF Assistance Request Record Layout and Edits				
Data Field	Length	Type	Displacement	Description
Change Lead To	5	Alpha-Numeric	196-200	<p>New lead contractor number.</p> <p>Note: The system allows one change of venue per beneficiary. If you try to request a second or subsequent change of venue, the system displays an error message and does not process your request. In this case, contact your COB consortia representative.</p> <p>Required if value in ACTION(S) field = CV. Only the original lead contractor or a CMS RO user has the capability to make a lead contractor reassignment request.</p>
Send Venue Letter	1	Alpha	201	<p>Indicates whether to send Change of Venue letter informing of lead contractor change to original recipients of Right of Recovery letter.</p> <p>Valid values are:</p> <p>Y = Yes</p> <p>N = No</p> <p>Required if value in ACTION(S) field = CV.</p>
Beneficiary's Address 1	32	Text	202-233	<p>First line of Beneficiary's street address.</p> <p>Not required. Populate with spaces if not available.</p>
Beneficiary's Address 2	32	Text	234-265	<p>Second line of Beneficiary's street address.</p> <p>Not required. Populate with spaces if not available.</p>
Beneficiary's City	15	Text	266-280	<p>Beneficiary's city</p> <p>Not required. Populate with spaces if not available.</p>
Beneficiary's State	2	Alpha	281-282	<p>Beneficiary's state</p> <p>Not required. Populate with spaces if not available.</p>
Beneficiary's Zip Code	9	Numeric	283-291	<p>Beneficiary's zip code</p> <p>Not required. Populate with spaces if not available.</p>

Prescription Drug Provider to ECRS CWF Assistance Request Record Layout and Edits				
Data Field	Length	Type	Displacement	Description
Beneficiary's Phone	10	Numeric	292-301	Beneficiary's telephone number Not required. Populate with zeros if not available.
Check Date	8	Numeric	302-309	Date of check received in CCYYMMDD format. Required if value in SOURCE field = CHEK. You cannot future-date this field. Populate with zeros if SOURCE field not equal to CHEK.
Check Amount	15	Alpha	310-324	Amount of check received in \$999,999,999.99 format. Required if value in SOURCE field = CHEK. Populate with zeros if SOURCE field not equal to CHEK.
Check Number	15	Alpha	325-339	Number of check received. Required if value in SOURCE field = CHEK. Populate with zeros if SOURCE field not equal to CHEK.
Informant's First Name	15	Text	340-354	Name of person informing contractor of change in MSP coverage. Required when SOURCE is CHEK or LTTR. Populate with spaces if Source field not equal to CHEK or LTTR.
Informant's Middle Initial	1	Alpha	355	Informants middle initial. Not required. Populate with spaces if not available.
Informant's Last Name	24	Text	356-379	Last name of person informing contractor of change in MSP coverage. Required when SOURCE is CHEK or LTTR. Populate with spaces if Source field not equal to CHEK or LTTR.
Informant's Phone	10	Numeric	380-389	Informant's telephone number Not required. Populate with zeros if not available.
Informant's Address 1	32	Text	390-421	Informant's street address 1 Required when SOURCE is CHEK or LTTR. Populate with spaces if Source field not equal to CHEK or LTTR.
Informant's Address 2	32	Text	422-453	Name of person informing contractor of change in MSP coverage. Not required

Prescription Drug Provider to ECRS CWF Assistance Request Record Layout and Edits				
Data Field	Length	Type	Displacement	Description
Informant's City	15	Text	454-468	Informant's city. Required when SOURCE is CHEK or LTTR. Populate with spaces if Source field not equal to CHEK or LTTR.
Informant's State	2	Alpha	469-470	Informant's state Required when SOURCE is CHEK or LTTR. Populate with spaces if Source field not equal to CHEK or LTTR.
Informant's Zip Code	9	Numeric	471-479	Informant's zip code Required when SOURCE is CHEK or LTTR. Populate with spaces if Source field not equal to CHEK or LTTR.
Informant's Relationship Code	1	Alpha	480	Relationship of informant to beneficiary. Valid values are: A = Attorney representing beneficiary B = Beneficiary C = Child D = Defendant's attorney E = Employer F = Father I = Insurer M = Mother N = Non-relative O = Other relative P = Provider R = Beneficiary representative other than attorney S = Spouse U = Unknown Required when SOURCE is CHEK or LTTR. Populate with spaces if Source field not equal to CHEK or LTTR.
Employer's Name	32	Text	481-512	Name of employer providing group health insurance under which beneficiary is covered Not required. Populate with spaces if not available.
Employer EIN	18	Text	513-530	Employer's Identification Number Not required. Populate with spaces if not available.

Prescription Drug Provider to ECRS CWF Assistance Request Record Layout and Edits				
Data Field	Length	Type	Displacement	Description
Employer's Address 1	32	Text	531-562	Employer's Street Address 1 Not required. Populate with spaces if not available.
Employer's Address 2	32	Text	563-594	Employer's Street Address 2 Not required. Populate with spaces if not available.
Employer's Phone	10	Numeric	595-604	Employer's Telephone Number Not required. Populate with spaces if not available.
Employer's City	15	Text	605-619	Employer's City Not required. Populate with spaces if not available.
Employer's State	2	Alpha	620-621	Employer's State Not required. Populate with spaces if not available.
Employer's ZIP Code	9	Numeric	622-630	Employer's Zip Code Not required. Populate with spaces if not available.
Employee No	12	Text	631-642	Employee Number of Policy Holder Not required. Populate with spaces if not available.
Insurer's name	32	Text	643-674	Name of insurance carrier for MSP coverage Required for II action code. Populate with spaces if ACTION not equal to II.

Prescription Drug Provider to ECRS CWF Assistance Request Record Layout and Edits				
Data Field	Length	Type	Displacement	Description
Insurer Type	1	Alpha	675	Type of Insurance A = Insurance or Indemnity (Other Types) B = Group Health Organization (GHO) C = Preferred Provider Organization D = TPA/ASO E = Stop Loss TPA F = Self-insured/Self-Administered (Self-Insured) G = Collectively-bargained Health and Welfare Fund H = Multiple Employer Health Plan with more than 100 employees. I = Multiple Employer Health Plan with more than 10 employees. J = Hospitalization only plan covering inpatient hospital K = Medical Service only plan covering non-inpatient medical M = Medicare Supplement Plan U = Unknown Not required. Populate with A if not available.
Insurer's Address 1	32	Text	676-707	Insurer's street address 1 Not required. Populate with spaces if not available.
Insurer's Address 2	32	Text	708-739	Insurer's street address 2 Not required. Populate with spaces if not available.
Insurer's City	15	Text	740-754	Insurer's city Not required. Populate with spaces if not available.
Insurer's State	2	Alpha	755-756	Insurer's state Not required. Populate with spaces if not available.
Insurer's ZIP Code	9	Numeric	757-765	Insurer's zip code Not required. Populate with spaces if not available.

Prescription Drug Provider to ECRS CWF Assistance Request Record Layout and Edits				
Data Field	Length	Type	Displacement	Description
Insurer's Phone	10	Numeric	766-775	Insurer's telephone number Not required. Populate with zeros if not available.
Insurer Group Number	20	Text	776-795	Group number of insurance coverage. Not required. Populate with spaces if not available.
Insurer Policy Number	17	Text	796-812	Policy number of insurance coverage. Not required. Populate with spaces if not available.
Subscriber First Name	15	Text	813-827	First name of individual covered by this insurance. Not required. Populate with spaces if not available.
Subscriber Initial	1	Alpha	828	Middle initial of individual covered by this insurance. Not required. Populate with spaces if not available.
Subscriber Last Name	24	Text	829-852	Last name of individual covered by this insurance. Not required. Populate with spaces if not available.
PHP Date	8	Date	853-860	Pre-paid Health Plan date in CCYYMMDD format. Not required. Populate with zeros if not available.
Remarks Code 1	2	Alpha-Numeric	861-862	Two-character CWF remark code explaining reason for transaction. See Appendix A for a list of remark codes. Not required. Populate with spaces if not available.
Remarks Code 2	2	Alpha-Numeric	863-864	Two-character CWF remark code explaining reason for transaction. See Appendix A for a list of remark codes. Not required. Populate with spaces if not available..
Remarks Code 3	2	Alpha-Numeric	865-866	Two-character CWF remark code explaining reason for transaction. See Appendix A for a list of remark codes. Not required. Populate with spaces if not available.

Prescription Drug Provider to ECRS CWF Assistance Request Record Layout and Edits				
Data Field	Length	Type	Displacement	Description
Diagnosis Code 1	5	Text	867-871	Five-digit diagnosis code that applies to this MSP occurrence Not required. Populate with spaces if not available.
Diagnosis Code 2	5	Text	872-876	Five-digit diagnosis code that applies to this MSP occurrence Not required. Populate with spaces if not available.
Diagnosis Code 3	5	Text	877-881	Five-digit diagnosis code that applies to this MSP occurrence Not required. Populate with spaces if not available.
Diagnosis Code 4	5	Text	882-886	Five-digit diagnosis code that applies to this MSP occurrence Not required. Populate with spaces if not available.
Diagnosis Code 5	5	Text	887-891	Five-digit diagnosis code that applies to this MSP occurrence Not required. Populate with spaces if not available.
Comment ID	8	Alpha-Numeric	892-899	ID of operator entering trans comments. Not required. Populate with spaces if not available.
Trans Comments	180	Text	900-1079	Comments. Not required. Populate with spaces if not available.
COB Comment ID	8	Alpha-Numeric	1080-1087	ID of COB Contractor making comments. Not required. Populate with spaces if not available.
COB Comment	180	Text	1088-1267	COB Comments. Not required. Populate with spaces if not available.

Response Record Layouts and Edits

The following section will describe how the response file will be formatted along with the error codes that will be generated based on the requirements. Please refer to Appendix C – Error Codes for a complete listing and description of the error that may be returned on the response records if edit errors are detected on the input file received from the Prescription Drug Plan.

Prescription Drug Provider to ECRS Prescription Drug Inquiry Header Response Record Layout and Edits

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

Prescription Drug Provider to ECRS Prescription Drug Inquiry Response Record Layout and Edits

<i>Prescription Drug Provider to ECRS Prescription Drug Inquiry Response Record Layout and Edits</i>				
Data Field	Length	Type	Displacement	Error Code if Invalid Data
Transaction type	4	Alpha	1 – 4	PE00
Contractor Number	5	Alpha-Numeric	5-9	PE01
DCN	15	Text	10-24	PE02
Tran Type Code	1	Alpha	25	PE03
Trans Seq No	3	Numeric	26-28	PE04
Tran Stat Cd	2	Alpha	29-30	None. Will contain status code returned from ECRS.
Tran Reason Cd	2	Numeric	31-32	None. Will contain reason code returned from ECRS.
Trans Source Cd	4	Alpha	33-36	PE05
Update Operator ID	8	Alpha-Numeric	37-44	PE06
Contractor Name	25	Text	45-69	PE07
Contractor Phone	10	Numeric	70-79	PE08
HIC Number	12	Alpha-Numeric	80-91	PE09
Beneficiary's Social Security Number	9	Numeric	92-100	PE10
Beneficiary's Date of Birth	8	Date	101-108	PE11
Beneficiary's Sex Code	1	Alpha	109	None
Beneficiary's First Name	15	Text	110-124	PE12
Beneficiary's Initial	1	Alpha	125	PE13
Beneficiary's Last Name	24	Text	126-149	PE14
Patient Relationship	2	Character	150-151	None
Check Date	8	Numeric	152-159	PE98
Check Amount	15	Alpha	160-174	PE99
Check Number	15	Alpha	175-189	PE0A
Beneficiary's Address 1	32	Text	190-221	PE15
Beneficiary's Address 2	32	Text	222-253	PE16
Beneficiary's City	15	Text	254-268	PE17

<i>Prescription Drug Provider to ECRS Prescription Drug Inquiry Response Record Layout and Edits</i>				
Data Field	Length	Type	Displacement	Error Code if Invalid Data
Beneficiary's State	2	Alpha	269-270	PE18
Beneficiary's Zip Code	9	Numeric	271-279	PE19
Beneficiary's Phone	10	Numeric	280-289	PE20
Informant's First Name	15	Text	290-304	PE21
Informant's Middle Initial	1	Alpha	305	PE22
Informant's Last Name	24	Text	306-329	PE23
Informant's Relationship Code	1	Alpha	330	None
Informant's Address 1	32	Text	331-362	PE24
Informant's Address 2	32	Text	363-394	PE25
Informant's City	15	Text	395-409	PE26
Informant's State	2	Alpha	410-411	PE27
Informant's Zip Code	9	Numeric	412-420	PE28
Informant's Phone	10	Numeric	421-430	PE29
Employer's Name	32	Text	431-462	PE30
Employer's Address 1	32	Text	463-494	PE31
Employer's Address 2	32	Text	495-526	PE32
Employer's City	15	Text	527-541	PE33
Employer's State	2	Alpha	542-543	PE34
Employer's ZIP Code	9	Numeric	544-552	PE35
Employer's Phone	10	Numeric	553-562	PE36
Employer EIN	18	Text	563-580	PE37
Employee No	12	Text	581-592	PE38
Person Code	3	Numeric	593-595	None
Sup Type	1	Alpha-Numeric	596	None
MSP Type	1	Alpha-Numeric	597	PE39
Type	1	Alpha-Numeric	598	PE40
Rec Type	3	Alpha-Numeric	599-601	PE41
Insurer's name	32	Text	602-633	PE42
Insurer's Address 1	32	Text	634-665	PE43

<i>Prescription Drug Provider to ECRS Prescription Drug Inquiry Response Record Layout and Edits</i>				
Data Field	Length	Type	Displacement	Error Code if Invalid Data
Insurer's Address 2	32	Text	666-697	PE44
Insurer's City	15	Text	698-712	PE45
Insurer's State	2	Alpha	713-714	PE46
Insurer's ZIP Code	9	Numeric	715-723	PE47
Effective Date	8	Date	724-731	CM93
Term Date	8	Date	732-739	PE0G.
Policy Number	17	Text	740-756	PE49
RX BIN	6	Text	757-762	PE50
RX PCN	10	Text	763-772	PE51
RX Group	15	Text	773-787	PE52
RX ID	20	Text	788-807	PE53
RX Phone	18	Text plus '(' and ')'	808-825	PE54
Submitter Type	1	Alpha	826	HE06
Filler	441	Filler	827-1267	Unused Field – fill with spaces
Error Code 1	4	Alpha-Numeric	1268-1271	Error code describing reason why file was rejected.
Error Code 2	4	Alpha-Numeric	1272-1275	Error code describing reason why file was rejected.
Error Code 3	4	Alpha-Numeric	1276-1279	Error code describing reason why file was rejected.
Error Code 4	4	Alpha-Numeric	1280-1283	Error code describing reason why file was rejected.

Other Characteristics

The Prescription Drug Provider to Prescription Drug Inquiry Transaction is sent on an as created basis from the Medicare Prescription Drug Provider to COB. The number of records contained on this file will vary.

Prescription Drug Provider to ECRS MSP Inquiry Header Response Record Layout and Edits

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

Prescription Drug Provider to ECRS MSP Inquiry Response Record Layout and Edits

<i>Prescription Drug Provider to ECRS MSP Inquiry Response Record Layout and Edits</i>				
Data Field	Length	Type	Displacement	Error Code if Invalid Data
Transaction type	4	Alpha	1 – 4	PE00
Contractor Number	5	Alpha-Numeric	5-9	PE01
DCN	15	Text	10-24	PE02
Tran Type Code	1	Alpha	25	PE03
Trans Seq No	3	Numeric	26-28	PE04
Update Operator ID	8	Alpha-Numeric	29-36	PE06
Contractor Name	25	Text	37-61	PE07
Contractor Phone	10	Numeric	62-71	PE08
Tran Stat Cd	2	Alpha	72-73	None. Will contain the Status Code returned from ECRS
Tran Reason Cd	2	Numeric	74-75	None. Will contain the Reason Code returned from ECRS.
Trans Action Code 1	2	Alpha	76-77	PE92
Trans Action Code 2	2	Alpha-Numeric	78-79	PE93
Trans Action Code 3	2	Alpha-Numeric	80-81	PE94
Trans Action Code 4	2	Alpha-Numeric	82-83	PE95
Activity Code	1	Alpha	84	PE61
First Development	1	Alpha	85	PE64
Second Development	1	Alpha	86	PE65
RSP	1	Alpha	87	PE66
Trans Source Cd	4	Alpha	88-91	PE05
HIC Number	12	Alpha-Numeric	92-103	PE09
Beneficiary's Social Security Number	9	Numeric	104-112	PE10
Beneficiary's Date of Birth	8	Date	113-120	PE11
Beneficiary's Sex Code	1	Alpha	121	None
Beneficiary's First Name	15	Text	122-136	PE12.
Beneficiary's Initial	1	Alpha	137	PE13

<i>Prescription Drug Provider to ECRS MSP Inquiry Response Record Layout and Edits</i>				
Data Field	Length	Type	Displacement	Error Code if Invalid Data
Beneficiary's Last Name	24	Text	138-161	PE14
Patient Relationship	2	Numeric	162-163	None
MSP Type	1	Alpha	164	PE39
MSP Effective Date	8	Date	165-172	PE67
MSP Term Date	8	Date	173-180	PE68
Send CWF	1	Alpha	181	None
CMS Grouping Code	2	Alpha	182-183	PE0E
Beneficiary's Address 1	32	Text	184-215	PE15
Beneficiary's Address 2	32	Text	216-247	PE16
Beneficiary's City	15	Text	248-262	PE17
Beneficiary's State	2	Alpha	263-264	PE18
Beneficiary's Zip Code	9	Numeric	265-273	PE19
Beneficiary's Phone	10	Numeric	274-283	PE20
Check Date	8	Numeric	284-291	PE98
Check Amount	15	Alpha	292-306	PE99
Check Number	15	Alpha	307-321	PE0A
Informant's First Name	15	Text	322-336	PE21
Informant's Middle Initial	1	Alpha	337	PE22
Informant's Last Name	24	Text	338-361	PE23
Informant's Phone	10	Numeric	362-371	PE29
Informant's Address 1	32	Text	372-403	PE24
Informant's Address 2	32	Text	404-435	PE25
Informant's City	15	Text	436-450	PE26
Informant's State	2	Alpha	451-452	PE27
Informant's Zip Code	9	Numeric	453-461	PE28
Informant's Relationship Code	1	Alpha	462	None
Employer's Name	32	Text	463-494	PE30
Employer EIN	18	Text	495-512	PE37
Employer's Address 1	32	Text	513-544	PE31
Employer's Address 2	32	Text	545-576	PE32
Employer's Phone	10	Numeric	577-586	PE36
Employer's City	15	Text	587-601	PE33
Employer's State	2	Alpha	602-603	PE34

<i>Prescription Drug Provider to ECRS MSP Inquiry Response Record Layout and Edits</i>				
Data Field	Length	Type	Displacement	Error Code if Invalid Data
Employer's ZIP Code	9	Numeric	604-612	PE35
Employee No	12	Text	613-624	PE38.
Insurer's name	32	Text	625-656	PE42
Insurer Type	1	Alpha	657	None.
Insurer's Address 1	32	Text	658-689	PE43
Insurer's Address 2	32	Text	690-721	PE44
Insurer's City	15	Text	722-736	PE45
Insurer's State	2	Alpha	737-738	PE46
Insurer's ZIP Code	9	Numeric	739-747	PE47
Insurer's Phone	10	Numeric	748-757	PE0B
Insurer Group Number	20	Text	758-777	PE62
Insurer Policy Number	17	Text	778-794	PE63
Subscriber First Name	15	Text	795-809	PE58
Subscriber Initial	1	Alpha	810	PE59
Subscriber Last Name	24	Text	811-834	PE60
Subscriber Social Security Number	9	Numeric	835-843	PE0F
Diagnosis Code 1	5	Text	844-848	PE69
Diagnosis Code 2	5	Text	849-853	PE70
Diagnosis Code 3	5	Text	854-858	PE71
Diagnosis Code 4	5	Text	859-863	PE72
Diagnosis Code 5	5	Text	864-868	PE73
Illness/Injury Date	8	Date	869-876	PE75
Illness/Injury Description	64	Text	877-940	PE76
Representative Name	32	Text	941-972	PE77
Representative Address 1	32	Text	973-1004	PE78
Representative Address 2	32	Text	1005-1036	PE79
Representative City	15	Text	1037-1051	PE80
Representative State	2	Alpha	1052-1053	PE81
Representative Zip	9	Numeric	1054-1062	PE82
Representative Type	1	Alpha	1063	PE83
Dialysis Train Date	8	Date	1064-1071	PE84
Black Lung Indicator	1	Alpha	1072	PE85

<i>Prescription Drug Provider to ECRS MSP Inquiry Response Record Layout and Edits</i>				
Data Field	Length	Type	Displacement	Error Code if Invalid Data
Black Lung Effective Date	8	Date	1073-1080	PE86
Submitter Type	1	Alpha	1081	HE06
Filler	186	Filler	1082-1267	Unused Field – fill with spaces
Error Code 1	4	Alpha-Numeric	1268-1271	Error code describing reason why file was rejected.
Error Code 2	4	Alpha-Numeric	1272-1275	Error code describing reason why file was rejected.
Error Code 3	4	Alpha-Numeric	1276-1279	Error code describing reason why file was rejected.
Error Code 4	4	Alpha-Numeric	1280-1283	Error code describing reason why file was rejected.

Other Characteristics

The Prescription Drug Provider to MSP Inquiry Transaction is sent on an as created basis from the Medicare Prescription Drug Provider to COB. The number of records contained on this file will vary.

Prescription Drug Provider to ECRS CWF Assistance Request Header Response Record Layout and Edits

Prescription Drug Provider to ECRS CWF Assistance Request Header Response Record Layout and Edits				
Data Field	Length	Type	Displacement	Error Code if Invalid Data
Header Indicator	2	Alpha-Numeric	1-2	HE01
PDP ID	4	Numeric	3-6	HE02
Contractor Number	5	Alpha-Numeric	7-11	HE03
File Type	3	Alpha	12-14	HE04
File Date	8	Date	15-22	HE05
Filler	1245	Filler	23-1267	Unused Field – fill with spaces
Error Code 1	4	Alpha-Numeric	1268-1271	Error code describing reason why file was rejected.
Error Code 2	4	Alpha-Numeric	1272-1275	Error code describing reason why file was rejected.
Error Code 3	4	Alpha-Numeric	1276-1279	Error code describing reason why file was rejected.
Error Code 4	4	Alpha-Numeric	1280-1283	Error code describing reason why file was rejected.

Prescription Drug Provider to ECRS CWF Assistance Request Record Response Layout and Edits

<i>Prescription Drug Provider to ECRS CWF Assistance Request Record Response Layout and Edits</i>				
Data Field	Length	Type	Displacement	Error Code if Invalid Data
Transaction type	4	Alpha	1 – 4	PE00
Contractor Number	5	Alpha-Numeric	5-9	PE01
DCN	15	Text	10-24	PE02
Tran Type Code	1	Alpha	25	PE03
Trans Seq No	3	Numeric	26-28	PE04
Update Operator ID	8	Alpha-Numeric	29-36	PE06
Contractor Name	25	Text	37-61	PE07.
Contractor Phone	10	Numeric	62-71	PE08.
Tran Stat Cd	2	Alpha	72-73	Status code returned from ECRS
Tran Reason Cd	2	Numeric	74-75	Reason code returned from ECRS
Trans Action Code 1	2	Alpha	76-77	PE92
Trans Action Code 2	2	Alpha-Numeric	78-79	PE93
Trans Action Code 3	2	Alpha-Numeric	80-81	PE94
Trans Action Code 4	2	Alpha-Numeric	82-83	PE95
Activity Code	1	Alpha	84	PE61
Develop to	1	Alpha	85	PE0C
RSP	1	Alpha	86	PE66
Trans Source Cd	4	Alpha	87-90	PE05
HIC Number	12	Alpha-Numeric	91-102	PE09
Beneficiary's Social Security Number	9	Numeric	103-111	PE10
Beneficiary's Date of Birth	8	Date	112-119	PE11
Beneficiary's Sex Code	1	Numeric	120	None
Beneficiary's First Name	15	Text	121-135	PE12
Beneficiary's Initial	1	Alpha	136	PE13

Prescription Drug Provider to ECRS CWF Assistance Request Record Response Layout and Edits

Data Field	Length	Type	Displacement	Error Code if Invalid Data
Beneficiary's Last Name	24	Text	137-160	PE14
Patient Relationship	2	Numeric	161-162	None
MSP Type	1	Alpha	163	PE39
MSP Effective Date	8	Date	164-171	PE67
MSP Term Date	8	Date	172-179	PE68
MSP Aux Number	3	Numeric	180-182	PE87
MSP Accretion Date	8	Date	183-190	PE88
Originating Contractor	5	Alpha-Numeric	191-195	PE96
Change Lead To	5	Alpha-Numeric	196-200	PE0D
Send Venue Letter	1	Alpha	201	None
Beneficiary's Address 1	32	Text	202-233	PE15
Beneficiary's Address 2	32	Text	234-265	PE16
Beneficiary's City	15	Text	266-280	PE17
Beneficiary's State	2	Alpha	281-282	PE18
Beneficiary's Zip Code	9	Numeric	283-291	PE19
Beneficiary's Phone	10	Numeric	292-301	PE20
Check Date	8	Numeric	302-309	PE98
Check Amount	15	Alpha	310-324	PE99
Check Number	15	Alpha	325-339	PE0A
Informant's First Name	15	Text	340-354	PE21
Informant's Middle Initial	1	Alpha	355	PE22
Informant's Last Name	24	Text	356-379	PE23
Informant's Phone	10	Numeric	380-389	PE29
Informant's Address 1	32	Text	390-421	PE24
Informant's Address 2	32	Text	422-453	PE25
Informant's City	15	Text	454-468	PE26
Informant's State	2	Alpha	469-470	PE27
Informant's Zip Code	9	Numeric	471-479	PE28

Prescription Drug Provider to ECRS CWF Assistance Request Record Response Layout and Edits

Data Field	Length	Type	Displacement	Error Code if Invalid Data
Informant's Relationship Code	1	Alpha	480	None
Employer's Name	32	Text	481-512	PE30
Employer EIN	18	Text	513-530	PE37
Employer's Address 1	32	Text	531-562	PE31
Employer's Address 2	32	Text	563-594	PE32
Employer's Phone	10	Numeric	595-604	PE36
Employer's City	15	Text	605-619	PE33
Employer's State	2	Alpha	620-621	PE34
Employer's ZIP Code	9	Numeric	622-630	PE35
Employee No	12	Text	631-642	PE38
Insurer's name	32	Text	643-674	PE42
Insurer Type	1	Alpha	675	None
Insurer's Address 1	32	Text	676-707	PE43
Insurer's Address 2	32	Text	708-739	PE44
Insurer's City	15	Text	740-754	PE45
Insurer's State	2	Alpha	755-756	PE46
Insurer's ZIP Code	9	Numeric	757-765	PE47
Insurer's Phone	10	Numeric	766-775	PE0B
Insurer Group Number	20	Text	776-795	PE62
Insurer Policy Number	17	Text	796-812	PE63
Subscriber First Name	15	Text	813-827	PE58
Subscriber Initial	1	Alpha	828	PE59
Subscriber Last Name	24	Text	829-852	PE60
PHP Date	8	Date	853-860	PE97
Remarks Code 1	2	Alpha-Numeric	861-862	PE89
Remarks Code 2	2	Alpha-Numeric	863-864	PE90
Remarks Code 3	2	Alpha-Numeric	865-866	PE91
Diagnosis Code 1	5	Text	867-871	PE69
Diagnosis Code 2	5	Text	872-876	PE70
Diagnosis Code 3	5	Text	877-881	PE71
Diagnosis Code 4	5	Text	882-886	PE72

<i>Prescription Drug Provider to ECRS CWF Assistance Request Record Response Layout and Edits</i>				
Data Field	Length	Type	Displacement	Error Code if Invalid Data
Diagnosis Code 5	5	Text	887-891	PE73
Submitter Type	1	Alpha	892	HE06
Filler	187	Filler	893-1079	Filler
COB Comment ID	8	Alpha-Numeric	1080-1087	PE57
COB Comment	180	Text	1088-1267	PE56
Error Code 1	4	Alpha-Numeric	1268-1271	Error code describing reason why file was rejected.
Error Code 2	4	Alpha-Numeric	1272-1275	Error code describing reason why file was rejected.
Error Code 3	4	Alpha-Numeric	1276-1279	Error code describing reason why file was rejected.
Error Code 4	4	Alpha-Numeric	1280-1283	Error code describing reason why file was rejected.

Other Characteristics

The Prescription Drug Provider to MSP CWF Assistance Request Transaction file is sent on an as created basis from the Medicare Prescription Drug Provider to COB. The number of records contained on this file will vary.

Additional Batch Cycle Error Messages

After the pre-edits have been performed, all records that have passed the pre-edit checks will be inserted into the ECRS system to be processed in the normal nightly batch cycle. The batch cycle will run existing additional edit checks against all the records and any records that fail these checks will be placed in IP status (Under development by COB). In addition to the edit errors listed in the edit section of this document, the following error codes along with their description will be additional errors that will be sent to the Prescription Drug Provider when the error is encountered.

<u>Error Code</u>	<u>Description</u>
IP10	Not processing
CM51	No changes made to CWF
CM52	Returned rejected by CWF
CM53	Returned-duplicate ECRS request
CM91	Duplicate in Process

CM93	No Part D Enrollment Date
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Appendix A – CWF Remark Codes

This appendix contains a list of CWF remark codes.

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

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

Appendix B: ECRS Reference Guide

CWF Assistance Request Codes

Enter CWF assistance requests for existing MSP records.

<i>Required Fields on ECRS CWF Assistance Request Detail Screens</i>	
Field	Description
ACTION(S)	Action codes
DCN	Document Control Number
ACTIVITY CODE	Activity code
SOURCE	Source of request information
BENE HICN	Beneficiary's Health Insurance Claim Number
NAME	Beneficiary's name
PAT REL	Patient relationship
MSP TYPE	Type of MSP coverage
EFF DT	Effective date of MSP coverage
AUX REC	Record number of MSP auxiliary occurrence at CWF
ORIG CNTR	Contract number of contractor that created original MSP occurrence at CWF
INS TYPE	Type of insurance
<i>Required Fields for Source Codes</i>	
Value	Required Fields
CHEK	CHECK DATE, CHECK AMOUNT, CHECK NO, INFMT NAME, STREET, CITY, ST, ZIP, INFMT REL
LTTR	INFMT NAME, STREET, CITY, ST, ZIP, INFMT REL
<i>Action Codes</i>	
Value	Description
AI	Change attorney information
AR	Add CWF remark codes
CT	Change termination date
CV	Change of venue
DA	Develop to the attorney
DD	Develop for the diagnosis code
DE	Develop to employer or for employer info
DI	Develop to insurer or for insurer info
DO	Mark occurrence for deletion
DR	Investigate/redevelop closed or deleted record
DT	Develop for termination date
DX	Change diagnosis codes
EA	Change employer address
ED	Change effective date
EF	Develop for the effective date

EI	Change employer information	
ES	Employer size below minimum (20 for working aged; 100 for disability)	
II	Change insurer information	
IT	Change insurer type	
LR	Add duplicate liability record	
MT	Change MSP type	
MX	SSN/HICN mismatch	
NR	Create duplicate no-fault record	
PH	Add PHP date	
PR	Change patient relationship	
RR	Generate right-of-recovery letter to lead contractor	
TD	Terminate open EGHP record with date less than six months prior to date of accretion	
VP	Beneficiary has taken a vow of poverty	
Required Fields for Action Codes		
Value	Required Fields	Description
AI	INFMT NAME, PHONE, STREET, CITY, ST, ZIP	Attorney information (when MSP TYPE = D, E, or L and INFMT REL = A)
CV	CHANGE LEAD TO, SEND VENUE LETTER? Y/N	New lead contractor number; venue letter indicator
DX	DIAG	Diagnosis codes
ED	EFF DATE	Effective date
EI	EMPLR NAME, STREET, CITY, ST, ZIP, EIN, EMPLOYER NO Type data in all fields to update employer info at CWF.	Employer information
EI	EMPLR NAME, STREET, CITY, ST, ZIP, EIN, EMPLOYER NO Type data in all fields to update employer info at CWF.	Employer information
II	INSURER 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, INSURED NAME, INS REL Type data in all fields to update insurer info at CWF. Leave all fields	Insurer name

	blank to delete insurer info at CWF.	
IT	INS TYPE	Insurance type
MT	MSP TYPE	MSP type
MX	SSN	SSN/HICN mismatch
PH	PHP DATE	Pre-paid Health Plan date
PR	PAT REL	Patient relationship
TD	TERM DT	Termination date

MSP Inquiry Codes

Enter inquiries to initiate MSP development.

Note: Action codes are *not required* for MSP inquiries.

<i>Action Codes</i>	
Value	Description
CA	CMS Grouping Code
CL	Closed or settled case
DE	Develop to the employer
DI	Develop to the insurer
SC	Suppress confirmation letter
SL	Suppress lead contractor assignment
SR	Suppress right of recovery letters
<i>Required Fields for Action Codes</i>	
Value	Required Fields
CA	BENE HICN, PAT REL, MSP TYPE (must = L), EFF DT, CA, **INFMT (attorney) NAME, STREET, CITY, ST, ZIP, *INSURER NAME, *INS TYPE, **STREET, CITY, ST, ZIP, DIAG
CL	BENE HICN, PAT REL, MSP TYPE (must = D, E, or L), EFF DT, TERM DATE, **INFMT (attorney) NAME, STREET, CITY, ST, ZIP, *INSURER NAME, *INS TYPE, **STREET, CITY, ST, ZIP, DIAG
DE	EMPLR NAME, STREET, CITY, ST, ZIP
DI	INSURER NAME, STREET, CITY, ST, ZIP
SC	BENE HICN, PAT REL, MSP TYPE, EFF DT, **INFMT (attorney) NAME, STREET, CITY, ST, ZIP, *INSURER NAME, *INS TYPE, **STREET, CITY, ST, ZIP, DIAG
SL	BENE HICN, PAT REL, MSP TYPE (must = D, E, or L), EFF DT, **INFMT (attorney) NAME, STREET, CITY, ST, ZIP, *INSURER NAME, *INS TYPE, **STREET, CITY, ST, ZIP, DIAG
SR	BENE HICN, PAT REL, MSP TYPE (must = D, E, or L), EFF DT, **INFMT (attorney) NAME, STREET, CITY, ST, ZIP, *INSURER NAME, *INS TYPE, **STREET, CITY, ST, ZIP, DIAG

* INSURER NAME and INS TYPE are always required fields.

**Attorney information is only required when additional insurer information (STREET, CITY, ST, ZIP) is not present. Likewise, additional insurer information is only required when attorney information is not present.

<i>Required Fields for Source Codes</i>	
Value	Required Fields
CHEK	DCN, SOURCE, BENE HICN, NAME, CHECK DATE, CHECK AMOUNT, CHECK NO, INFMT NAME, ADDR, CITY, ST, ZIP, INFMT REL or DCN, SOURCE, SSN, NAME, BENE STRT, CITY, ST, ZIP, CHECK DATE, CHECK AMOUNT, CHECK NO, INFMT NAME, ADDR, CITY, ST, ZIP, INFMT REL
LTTR	DCN, SOURCE, BENE HICN, NAME, INFMT NAME, ADDR, CITY, ST, ZIP, INFMT REL

	or DCN, SOURCE, SSN, NAME, BENE STRT, CITY, ST, ZIP, INFMT NAME, ADDR, CITY, ST, ZIP, INFMT REL
PHON	DCN, SOURCE, BENE HICN, NAME, MSP TYPE, INFMT NAME, ADDR, CITY, ST, ZIP, INFMT REL or DCN, SOURCE, SSN, NAME, BENE STRT, CITY, ST, ZIP, MSP TYPE, INFMT NAME, ADDR, CITY, ST, ZIP, INFMT REL
SCLM	DCN, SOURCE, BENE HICN, NAME or DCN, SOURCE, SSN, NAME, BENE STRT, CITY, ST, ZIP

General Codes

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

<i>Activity Codes</i>	
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)
<i>MSP Type Codes</i>	
A	Working Aged
B	End-Stage Renal Disease (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 Set-Aside
<i>Source Codes</i>	
CHEK	Unsolicited check
LTTR	Letter
PHON	Phone call
SCLM	Medicare Secondary Claim payment
<i>Status Codes</i>	
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

<i>Reason Codes</i>	
01	Not yet read by COB, used with NW status
02	Being processed by COB, used with IP status
03	Under development by COB, used with IP status
04	Update sent to CWF, used with IP status
05	Error received from CWF, being resolved by COB contractor, used with IP status
06	Sent to EDB for beneficiary info, used with IP status
07	Auditor follow-up development in progress, used with IP status
10	Not processing
11	Not yet eligible for Medicare, used with HD status
12	Needs diagnosis, used with HD status (for WC set-aside trust cases only)
13	Future-dated workers' compensation case, used with HD status (for WC set-aside trust cases only)
14	Duplicate request, development already in process, used with HD status
15	Prescription Drug Coverage sent to MBD
45	Insufficient information to process, used with HD status (RAC only)
46	RAC did not update hold records, used with DE status (RAC only)
50	Posted to CWF, response received with no errors, used with CM status
51	No changes (additions, modifications, or deletions) made to CWF, used with CM status
52	Returned–rejected by CWF, used with CM status
53	Returned–duplicate ECRS request, used with CM status
54	100 or more threshold met
55	20 or more threshold met
56	OBRA does not apply, no update
57	Record already updated
58	Non-compliant GHP
59	Employer verified existing record, no update
60	Invalid HICN
61	No Part A entitlement
62	Closed, no response to development
63	Development complete, no MSP
64	Letter sent
65	Deceased, used with CM status
66	ESRD/DIB conflict
67	No response from CWF
68	Closed for Self-Report
69	Developed to GHP, no response
70	Developed to non-EGHP, no response
71	Developed to beneficiary, no response
72	Developed to informant, no response
73	Medicare beneficiary retired
74	Spouse retired
75	GHP lifetime of yearly benefits past maximum amount

76	No coverage with insurance company
77	Medicare Supplemental Plan
78	Employer has less than 20 employees
79	Per employer, Medicare beneficiary is not covered under spouse's GHP
80	Employer has less than 100 employees
81	Medicare is primary due to ESRD coordination period
82	Per insurance, seasonal employee and not eligible for the month
83	Incoming request conflicts with information on file
84	Insufficient information to update CWF
85	Venue changed
86	Unable to verify address, used with CM status (for CWF assistant requests only)
87	MSP record exists, used with CM status (for MSP inquiries only)
88	No update, not lead contractor
91	Duplicate in process
92	Change of Venue not allowed after 90 days.

<i>Patient Relationship Codes</i>	
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.)

<i>Informant Relationship Codes</i>	
A	Attorney representing beneficiary

B	Beneficiary
C	Child
D	Defendant's attorney
E	Employer
F	Father
M	Mother
N	Non-relative
O	Other relative
P	Provider
R	Beneficiary representative (other than attorney)
S	Spouse
U	Unknown

<i>Relationship to Insured Codes</i>	
B	Beneficiary
C	Child
E	Employer
F	Father
M	Mother
N	Non-relative
O	Other relative
S	Spouse
U	Unknown

<i>Insurance Type Codes</i>	
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/WELFARE)
H	Multiple Employer Health Plan with at least one employer who has more than 100 full- and/or part-time employees (EMPLOYER+100)
I	Multiple Employer Health Plan with at least one employer who has more than 20 full- and/or part-time employees (EMPLOYER+20)
J	Hospitalization Only Plan covering inpatient hospital services (HOSPITAL ONLY)
K	Medical Services Only Plan covering only non-inpatient medical services (MEDICAL ONLY)
M	Medicare Supplemental Plan, Medigap, Medicare Wraparound Plan, or Medicare Carve Out Plan (SUPPLEMENTAL)
Blank	Unknown (UNKNOWN)

Prescription Drug Coverage Codes

<i>Prescription Drug Source Codes</i>	
CHEK	Unsolicited check
LTTR	Letter
PHON	Phone
SCLM	Medicare Secondary Claim Payment
CLAM	Claim
DMCH	Datamatch (RACs only)
OTHR	Other (RACs only)
SRVY	Survey
<i>Prescription Drug Patient Relationship Codes</i>	
0	Patient is policy holder
1	Spouse
2	Child
3	Other
<i>Prescription Drug Informant Relationship Codes</i>	
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
<i>Prescription Drug Policy Type Codes</i>	
M	Medigap
L	Supplemental
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
<i>Prescription Drug Type Codes</i>	
U	Drug Network
V	Drug Non-network
Z	Health Reimbursement account

Chapter 10: Appendix C Error Codes and Descriptions

Error Code	Description
Header Record Errors	
H01	Invalid Header Indicator (Not = 'H0')
H02	Invalid Plan Id
H03	Invalid Contractor Number
H04	Invalid File Type
H05	Invalid File Date
Trailer Record Errors	
T01	Invalid Trailer Indicator (Not = 'T0')
T02	Invalid Plan ID
T03	Contractor Number
T04	Invalid File Type
T05	Invalid File Date
T06	Invalid Record Count
Response Record Errors	
PE00	Invalid Transaction Type entered (Not = 'ECRS')
PE01	Invalid Contractor Number entered
PE02	Invalid DCN Number
PE03	Invalid Transaction Type Code
PE04	Invalid Transaction Sequence Number
PE05	Invalid Trans Source Code
PE06	Invalid Update Operator Id
PE07	Invalid Contractor Name
PE08	Invalid Contractor Phone Number
PE09	Invalid HIC Number
PE10	Invalid Beneficiary's Social Security Number
PE11	Invalid Beneficiary's Date of Birth
PE12	Invalid Beneficiary's First Name
PE13	Invalid Beneficiary's Middle Initial
PE14	Invalid Beneficiary's Last Name
PE15	Invalid Beneficiary's Address 1

PE16	Invalid Beneficiary's Address 2
PE17	Invalid Beneficiary's City
PE18	Invalid Beneficiary's State
PE19	Invalid Beneficiary's Zip Code
PE20	Invalid Beneficiary's Phone Number
PE21	Invalid Informant's First Name
PE22	Invalid Informant's Middle Initial
PE23	Invalid Informant's Last Name
PE24	Invalid Informant's Address 1
PE25	Invalid Informant's Address 2
PE26	Invalid Informant's City
PE27	Invalid Informant's State
PE28	Invalid Informant's Zip Code
PE29	Invalid Informant's Phone Number
PE30	Invalid Employer's Name
PE31	Invalid Employer's Address 1
PE32	Invalid Employer's Address 2
PE33	Invalid Employer's City
PE34	Invalid Employer's State
PE35	Invalid Employer's Zip
PE36	Invalid Employer's Phone Number
PE37	Invalid Employer's EIN
PE38	Invalid Employee Number
PE39	Invalid MSP Type
PE40	Invalid Type
PE41	Invalid Record Type
PE42	Invalid Insurer's Name
PE43	Invalid Insurer's Address 1
PE44	Invalid Insurer's Address 2
PE45	Invalid Insurer's City
PE46	Invalid Insurer's State
PE47	Invalid Insurer's Zip
PE48	Invalid Effective Date
PE49	Invalid Policy Number
RX02	Invalid Rx BIN
PE51	Invalid Rx PCN
PE52	Invalid Rx Group

PE53	Invalid Rx ID
PE54	Invalid Rx Phone
PE55	Invalid Comment ID
PE56	Invalid COB Comment
PE57	Invalid COB Comment ID
PE58	Invalid Subscriber's First Name
PE59	Invalid Subscriber's Middle Initial
PE60	Invalid Subscriber's Last Name
PE61	Invalid Activity Code
PE62	Invalid Insurer Group Number
PE63	Invalid Insurer Policy Number
PE64	Invalid First Development
PE65	Invalid Second Development
PE66	Invalid Response
PE67	Invalid MSP Effective Date
PE68	Invalid MSP Term Date
PE69	Invalid Diagnosis Code 1
PE70	Invalid Diagnosis Code 2
PE71	Invalid Diagnosis Code 3
PE72	Invalid Diagnosis Code 4
PE73	Invalid Diagnosis Code 5
PE74	Invalid Trans Comments
PE75	Invalid Illness/Injury Date
PE76	Invalid Illness/Injury Description
PE77	Invalid Representative Name
PE78	Invalid Representative Address 1
PE79	Invalid Representative Address 2
PE80	Invalid Representative City
PE81	Invalid Representative State
PE82	Invalid Representative Zip
PE83	Invalid Representative Type
PE84	Invalid Dialysis Train Date
PE85	Invalid Black Lung Indicator
PE86	Invalid Black Lung Effective Date
PE87	Invalid MSP AUX Number
PE88	Invalid MSP Accretion Date
PE89	Invalid Remarks Code 1

PE90	Invalid Remarks Code 2
PE91	Invalid Remarks Code 3
PE92	Invalid Trans Action Code 1
PE93	Invalid Trans Action Code 2
PE94	Invalid Trans Action Code 3
PE95	Invalid Trans Action Code 4
PE96	Invalid Originating Contractor
PE97	Invalid PHP Date
PE98	Invalid Check Date
PE99	Invalid Check Amount
PE0A	Invalid Check Number
PE0B	Invalid Insurer's Phone Number
PE0C	Invalid Develop To
PE0D	Invalid Change Lead To
PE0E	Invalid CMS Grouping Code
PE0F	Invalid Subscriber SSN
PE0G	Invalid Term Date
PE0H	Patient relationship required for coverage type of U
PE0I	Insurance type required for coverage type of U.

Notes: