

### Pace Questionnaire Matrix

Please note that it is important that if the beneficiary or family member is no longer working to obtain the retirement date or last day worked.

Reason for Medicare Entitlement is Aged (65 or older)						
Question 1	Question 2	Question 3	Question 6	Question 7	Question 8	ACTION
YES	YES	20 or more	N/A	N/A	N/A	No action required Medicare is correctly the secondary payer.
YES	YES	Less than 20	N/A	N/A	N/A	Submit ECRS AR in accordance with instructions found in CBT modules, ECRS Flat File Data Elements or OHI ECRS Drug Coverage Assistance Request - Online. Drug Plan Sponsors are required to enter the specific data outlined in these courses for the MSP required fields. The Comments field should include a remark that says, "delete the occurrence, the employer has less than 20 employees."
YES	NO	N/A	N/A	N/A	N/A	Submit ECRS AR in accordance with instructions found in CBT modules, ECRS Flat File Data Elements or OHI ECRS Drug Coverage Assistance Request - Online. Drug Plan Sponsors are required to enter the specific data outlined in these courses for the MSP required fields. The Comments field should include a remark that says, "delete the occurrence, the beneficiary has no other prescription drug coverage"
NO, date employment ceased supplied	N/A	N/A	N/A	N/A	N/A	Submit ECRS AR in accordance with instructions found in CBT modules, ECRS Flat File Data Elements or OHI ECRS Drug Coverage Assistance Request - Online. Drug Plan Sponsors are required to enter the specific data outlined in these courses for the MSP required fields. The Comments field should include a remark that says, "add termination date, the beneficiary or spouse has ceased working." Also include the date employment ceased in the Comments field.

### Pace Questionnaire Matrix

Reason for Medicare Entitlement is Disability (under 65 years old)						
Question 1	Question 2	Question 3	Question 6	Question 7	Question 8	ACTION
YES	YES	100 or more employees	N/A	N/A	N/A	No action required Medicare is correctly the secondary payer.
YES	YES	Less than 100 employees	NO	N/A	N/A	Submit ECRS AR in accordance with instructions found in CBT modules, ECRS Flat File Data Elements or OHI ECRS Drug Coverage Assistance Request - Online. Drug Plan Sponsors are required to enter the specific data outlined in these courses for the MSP required fields. The Comments field should include a remark that says, "delete the occurrence, the employer has less than 100 employees."
YES	NO	N/A	NO	N/A	N/A	Submit ECRS AR in accordance with instructions found in CBT modules, ECRS Flat File Data Elements or OHI ECRS Drug Coverage Assistance Request - Online. Drug Plan Sponsors are required to enter the specific data outlined in these courses for the MSP required fields. The Comments field should include a remark that says, "delete the occurrence, the beneficiary has no other prescription drug coverage"
YES	NO	N/A	YES	NO	N/A	Submit ECRS AR in accordance with instructions found in CBT modules, ECRS Flat File Data Elements or OHI ECRS Drug Coverage Assistance Request - Online. Drug Plan Sponsors are required to enter the specific data outlined in these courses for the MSP required fields. The Comments field should include a remark that says, "delete the occurrence, the beneficiary has no other prescription drug coverage"
YES	NO	N/A	YES	YES	1-99 employees	Submit ECRS AR in accordance with instructions found in CBT modules, ECRS Flat File Data Elements or OHI ECRS Drug Coverage Assistance Request - Online. Drug Plan Sponsors are required to enter the specific data outlined in these courses for the MSP required fields. The Comments field should include a remark that says, "delete the occurrence, the family member's employer has less than 100 employees."

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YES	NO	N/A	YES	YES	100 or more employees	No action required Medicare is correctly the secondary payer.
NO, date employment ceased supplied	N/A	N/A	NO	N/A	N/A	Submit ECRS AR in accordance with instructions found in CBT modules, ECRS Flat File Data Elements or OHI ECRS Drug Coverage Assistance Request - Online. The Comments field should include a remark that says, "add termination date, the beneficiary or spouse has ceased working." Also include the date employment ceased in the Comments field.
NO, date employment ceased supplied	N/A	N/A	YES	NO	N/A	Submit an ECRS AR in accordance with instructions found in CBT modules, ECRS Flat File Data Elements or OHI ECRS Drug Coverage Assistance Request - Online. Drug Plan Sponsors are required to enter the specific data outlined in these courses for the MSP required fields. If the MSP record indicates self coverage, the Comments field should include a remark that says, "add termination date, the beneficiary has ceased working." Also include the date employment ceased in the Comments field. If MSP record indicates coverage through anyone other than beneficiary, the Comments field should include a remark that says, "delete occurrence, the beneficiary has no prescription drug coverage through a family member and the beneficiary ceased employment."
NO, date employment ceased supplied	N/A	N/A	YES	YES	1-99 employees	Submit an ECRS AR in accordance with instructions found in CBT modules, ECRS Flat File Data Elements or OHI ECRS Drug Coverage Assistance Request - Online. Drug Plan Sponsors are required to enter the specific data outlined in these courses for the MSP required fields. If the MSP record indicates self coverage, the Comments field should include a remark that says, "add termination date, the beneficiary has ceased working." Also include the date employment ceased in the Comments field. If MSP record indicates coverage through anyone other than beneficiary, the Comments field should have a remark that says, "delete occurrence, the family member's employer has less than 100 employees."

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NO, date employment ceased supplied	N/A	N/A	YES	YES	100 or more employees	Submit an ECRS AR in accordance with instructions found in CBT modules, ECRS Flat File Data Elements or OHI ECRS Drug Coverage Assistance Request - Online. If the MSP record indicates self coverage, the Comments field should include a remark that says, "add termination date, the beneficiary has ceased working." Also include the date employment ceased in the Comments field. If the MSP record indicates prescription drug coverage through anyone other than beneficiary, no action is required, Medicare is correctly the secondary payer. If there is no record with prescription drug coverage through any other family member, submit an ECRS inquiry with the other family member's information so a new prescription drug coverage occurrence may be established.
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Reason for entitlement is ESRD						
Question 1	Question 2	Question 3	Question 6	Question 7	Question 8	ACTION
YES	YES	N/A	NO	N/A	N/A	No action required Medicare is correctly the secondary payer.
YES	NO	N/A	NO	N/A	N/A	Submit ECRS AR in accordance with instructions found in CBT modules, ECRS Flat File Data Elements or OHI ECRS Drug Coverage Assistance Request - Online. Drug Plan Sponsors are required to enter the specific data outlined in these courses for the MSP required fields. The Comments field should include a remark that says, "delete the occurrence, the beneficiary has no other prescription drug coverage"
YES	NO	N/A	YES	NO	N/A	Submit ECRS AR in accordance with instructions found in CBT modules, ECRS Flat File Data Elements or OHI ECRS Drug Coverage Assistance Request - Online. Drug Plan Sponsors are required to enter the specific data outlined in these courses for the MSP required fields. The Comments field should include a remark that says, "delete the occurrence, the beneficiary has no other prescription drug coverage"

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YES	NO	N/A	YES	N/A	N/A	Submit ECRS AR in accordance with instructions found in CBT modules, ECRS Flat File Data Elements or OHI ECRS Drug Coverage Assistance Request - Online. Drug Plan Sponsors are required to enter the specific data outlined in these courses for the MSP required fields. The Comments field should include a remark that says, "change patient relationship, beneficiary has family coverage through a family member only." If the MSP Record indicates prescription drug coverage through anyone other than the beneficiary, no action is required, Medicare is correctly the secondary payer.
NO, date employment ceased supplied.	N/A	N/A	NO	N/A	N/A	Submit ECRS AR in accordance with instructions found in CBT modules, ECRS Flat File Data Elements or OHI ECRS Drug Coverage Assistance Request - Online. Drug Plan Sponsors are required to enter the specific data outlined in these courses for the MSP required fields. The Comments field should include a remark that says, "delete the occurrence, the beneficiary has no other prescription drug coverage"
NO, date employment ceased supplied.	N/A	N/A	YES	NO	N/A	Submit ECRS AR in accordance with instructions found in CBT modules, ECRS Flat File Data Elements or OHI ECRS Drug Coverage Assistance Request - Online. Drug Plan Sponsors are required to enter the specific data outlined in these courses for the MSP required fields. The Comments field should include a remark that says, "delete the occurrence, the beneficiary has no other prescription drug coverage"