Program Memorandum Intermediaries/Carriers

Department of Health & Human Services (DHHS)
Centers for Medicare & Medicaid Services (CMS)

Transmittal AB-01-114 **Date: AUGUST 16, 2001**

CHANGE REQUEST 1821

SUBJECT: Data Center Testing - Electronic Correspondence Referral System (ECRS) Software Version 3.0

On July 30, 2001, the Coordination of Benefits Contractor (COBC) shipped the ECRS Version 3.0 test software to each data center for testing. Data centers should complete testing within the standard testing timeframes. If changes are necessary as a result of testing, a revised software version will be forwarded to all data centers by September 17, 2001. Problems with this test version should be reported immediately by data centers to allow for further testing of a replacement software version. If no changes occur as a result of testing, the current version will be converted to a production environment. The ECRS production 3.0 software version is currently scheduled to be available for Medicare contractor use on October 12, 2001.

The ECRS Version 3.0 draft manual at attachment 1 is being supplied for data center use while testing the COBC supplied software, where applicable. For ease of use, the draft manual includes gray shading within the text that indicates a change or enhancement has occurred. In addition, attachment 2 provides a comprehensive listing of all enhancements included in ECRS Version 3.0. Medicare contractors will receive a final version of the ECRS manual for use in production.

Problems encountered by data centers during testing should be reported to the COBC's Help Desk technical support staff at (212) 615-4647 or (212) 615-4677. You may also e-mail your questions/concerns to the COBC via Internet address at COB@ghimedicare.com. If you are unable to receive technical assistance, contact Sherri DeWindt, COBC Project Director, at (646) 458-6615. You may also contact Danielle Barbour, CMS, at (410) 786-6468 or e-mail at DBarbour@cms.hhs.gov.

2 Attachments

The *effective date* for this Program Memorandum (PM) is October 12, 2001.

***The implementation date* for this PM is October 12, 2001.**

These instructions should be implemented within your current operating budget.

This PM may be discarded after February 12, 2002.

If you have any questions, refer to contacts as outlined above.

Attachment 1

Electronic Correspondence Referral System (ECRS)

Reference Manual

Version 3.0

Rev. 01-04/July 2001

GHI-ID-501-3.0.0

Confidentiality and Disclosure of Information

Section 1106 (a) of the Social Security Act, applicable to the Centers for Medicare & Medicaid Services, formerly known as the Health Care Financing Administration, (42 CFR Chapter IV Part 401 §§ 401.101 to 401.152) prohibits disclosure of any information obtained at any time by officers and employees of Medicare Intermediaries or Carriers in the course of carrying out agreements under Sections 1816 and 1842 of the Social Security Act, and any other information subject to Section 1106 (a) of the Social Security Act.

Section 1106 (a) of the Act provides in pertinent part that, "Any person who shall violate any provision of this section shall be deemed guilty of a misdemeanor and, upon conviction thereof, shall be punished by a fine not exceeding $1,000, or by imprisonment not exceeding one year, or both." Additional and more severe penalties are provided under Title XVIII (Medicare) USC Section 285 (unauthorized taking or using of papers relating to claims) and under Section 1877 of Title XVIII of the Act (relating to fraud, kickbacks, bribes, etc., under Medicare).

These provisions refer to any information obtained by an employee in the course of his/her performance of duties and/or investigations, e.g., beneficiary diagnosis, pattern of practice of physicians.

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Introduction

This chapter contains an introduction to the *Electronic Correspondence Referral System (ECRS) Reference Manual*. Refer to the chart below or the Table of Contents to locate topics in this chapter.

If you want to see information about this...	See this page...
ECRS Reference Manual	2
Reference Manual Conventions	2
What is ECRS?	3
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About this Manual

This manual was written to help you understand the Electronic Correspondence Referral System (ECRS). The manual is divided into four parts to help you quickly and easily find the information you need.

Chapter 1, the *Introduction*, is the section you are reading now. It contains information about how to use the manual. It also includes basic information about ECRS. If you are unfamiliar with the system or are not an experienced computer user, read the entire *Introduction* before reading the rest of the manual.

Chapter 2 is a screen reference for ECRS. It contains an example of each screen in ECRS with a complete description of the fields. It also includes information about how to access the screens. The chapter also contains step-by-step instructions for performing tasks associated with each screen.

Chapter 3 contains a chart of ECRS CICS error messages. The chart also provides you with actions to take to resolve the errors.

The Glossary defines terms and acronyms associated with ECRS.

Reference Manual Conventions

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

Information that you enter on the computer screen appears in **bold typeface**. For example, you may read this instruction: Type **ECRS** and press [Enter]. **ECRS** is in bold typeface because you are supposed to type those letters.

System messages appear in CAPITAL LETTERS. For example, you may read this: The system displays the message, “FUNCTION KEY NOT ACTIVE.”

Function and computer key names appear within [brackets]. For example, you may read this instruction: Press [Enter]. You may also read: Press [PF9].

Computer screen examples are representative of the screens that you see on your computer. The actual information may not be the same, unless otherwise noted in the manual.

Pointers throughout the manual can help you locate information. The manual includes a master Table of Contents in the front, and smaller Tables of Contents at the beginning of each chapter. In addition, each page has headers and footers that you can use to determine where you are in the manual.

What is ECRS?

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

The Electronic Correspondence Referral System (ECRS) allows MSP representatives at the Medicare contractor sites to fill out various online forms and electronically transmit requests for changes to existing CWF MSP information, inquiries concerning possible MSP coverage, and document copy transactions to the COB contractor. The transactions are automatically stored on the COB contractor's system. Each evening, a batch process reads the transactions and processes the requests. The status on each transaction is updated as it moves through the system.

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

ECRS uses action codes to determine what information should be changed at CWF. For example, if the action code is EI, only the information in the employer fields (employer name, street, city, ZIP code, EIN, and employee number) gets updated. If these fields are left blank, the system deletes the employer information from the appropriate record at CWF. The action codes and corresponding fields are listed in the chart below.

If you enter this action code in the ACTION(S) field…	The system updates information in this field at CWF:
AI	INFMT NAME, PHONE, STREET, CITY, ST, ZIP (attorney information), when MSP TYPE = D, E, or L and INFMT REL = A
DX	DIAG (diagnosis codes, enter up to five)
ED	EFF DT (effective date)
EI	EMPLR NAME, STREET, CITY, ST, ZIP, EIN, and EMPLOYEE NO (employer information)
II	INSURER NAME, STREET, CITY, ST, ZIP, GROUP NO, POLICY NO, INSURED NAME, INS REL (insurer information)
IT	INS TYPE (insurance type)
MT	MSP TYPE
PH	PHP DATE
PR	PAT REL (patient relationship)
TD	TERM DT (termination date)

See the chart below for action codes not associated with any specific fields.

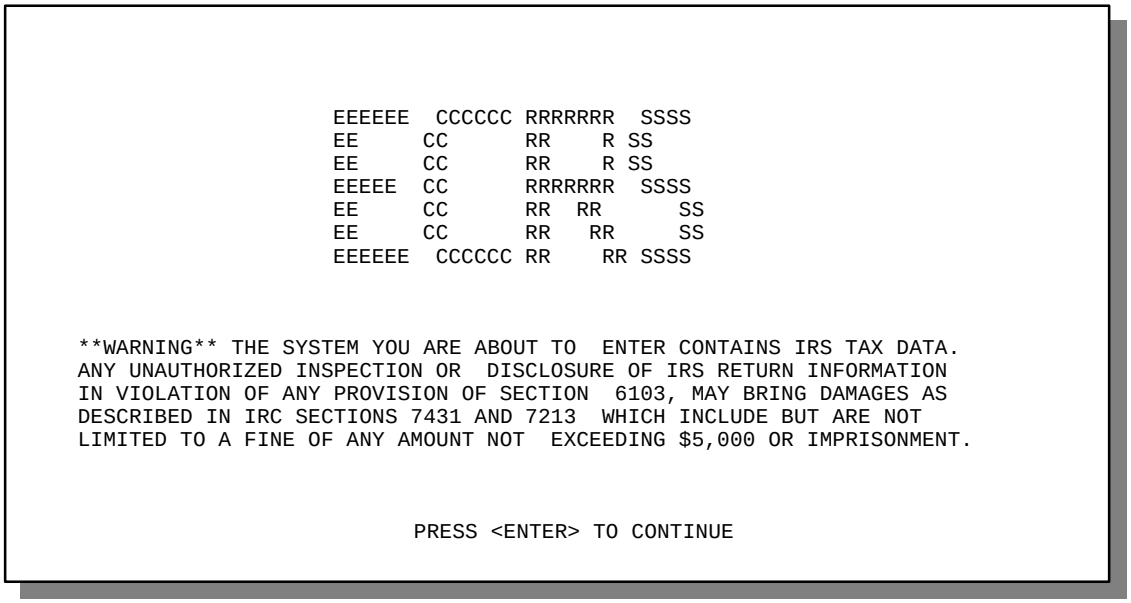
Action Code	Explanation
DO	Delete occurrence
EA	Develop for employer address
ES	Employer size below minimum
LR	Add duplicate liability record
MX	SSN/HICN mismatch
RR	Right of recovery request
VP	Vow of poverty

If you enter information in a field (for example, TERM DT), but you do not enter the corresponding action code (TD in this example) in the ACTION(S) field, the system will not update that information at CWF.

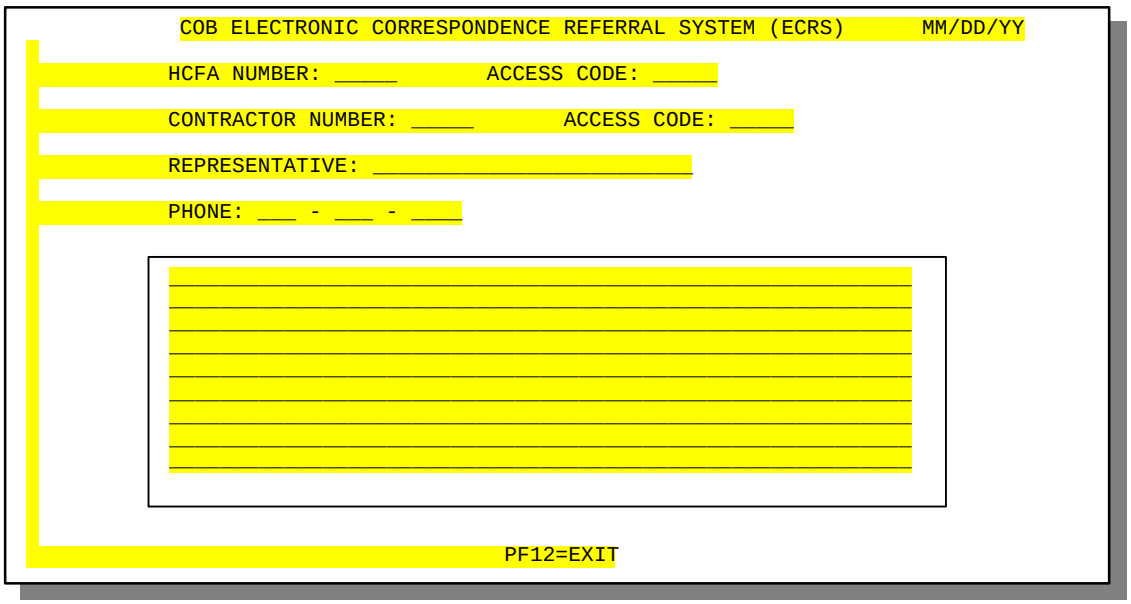
Basic Functions

Getting Started

1. Log into a local Medicare CICS region.
2. Type ECRS and press [Enter]. The system displays the ECRS splash screen, as shown in the example below.



3. Press [Enter]. The system displays the COB Electronic Correspondence Referral System (ECRS) login screen, as shown in the example below.



4. Use the chart below to locate the appropriate action.

If you are a…	Follow these steps:
Medicare contractor	1. Type your contractor number (unique five-digit number assigned by CMS) in the CONTRACTOR NUMBER field. 2. Type your access code (five-character authorization code assigned by the COB contractor) in the ACCESS CODE field. 3. Type the name of the contractor representative in the REPRESENTATIVE field. 4. Type the contractor representative's telephone number in the PHONE field.
CMS user	1. Type your CMS ID number in the CMS NUMBER field. 2. Type your access code in the ACCESS CODE field.

5. Press [Enter]. The system displays the COB Electronic Correspondence Referral System (ECRS) main menu screen, as shown in the example below.

```
              COB ELECTRONIC CORRESPONDENCE REFERRAL SYSTEM (ECRS)      MM/DD/YY

CONTRACTOR NUMBER: _____

USER ID: _________  STATUS: __  LAST UPDATED FROM: __________ THROUGH: __________
                      HICN: ___________       DCN: ________________


           SELECTION  __

                      01  CWF ASSISTANCE REQUEST DETAIL
                      02  CWF ASSISTANCE REQUEST LIST
                      03  DOCUMENT COPIES
                      04  MSP INQUIRY DETAIL
                      05  MSP INQUIRY LIST
                      06  LEAD CONTRACTOR ASSIGNMENT
                      07  DEVELOPING CONTRACTOR NOTIFICATION
                      08  MSP CHANGED RECORD NOTIFICATION




 F12=EXIT
```

You now have the ability to access information in ECRS.

Logging Off

Press [PF12] or [Pause/Break] on any screen to exit ECRS. The system displays the following message: "ECRS TRANSACTION HAS BEEN TERMINATED."

ECRS Screens

Introduction

This chapter is a screen reference that gives you examples and explanations of the screens in ECRS. The reference includes field descriptions and explanations of how to access and exit the screens. If you are a new user, this reference can help you to determine what information is in each field or what you should enter in a field. It can also help you to navigate through the system if you are "lost." If you are an experienced user, you can use the chapter as a quick reference for a screen that you use infrequently.

The screens in this chapter are representative of the actual screens that you see on your computer. The data will not be the same; the screen layout will be very similar, if not exactly the same.

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

If you want to see information about this...	See this page...
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ECRS MSP Developing Contractor Notification Screen	42
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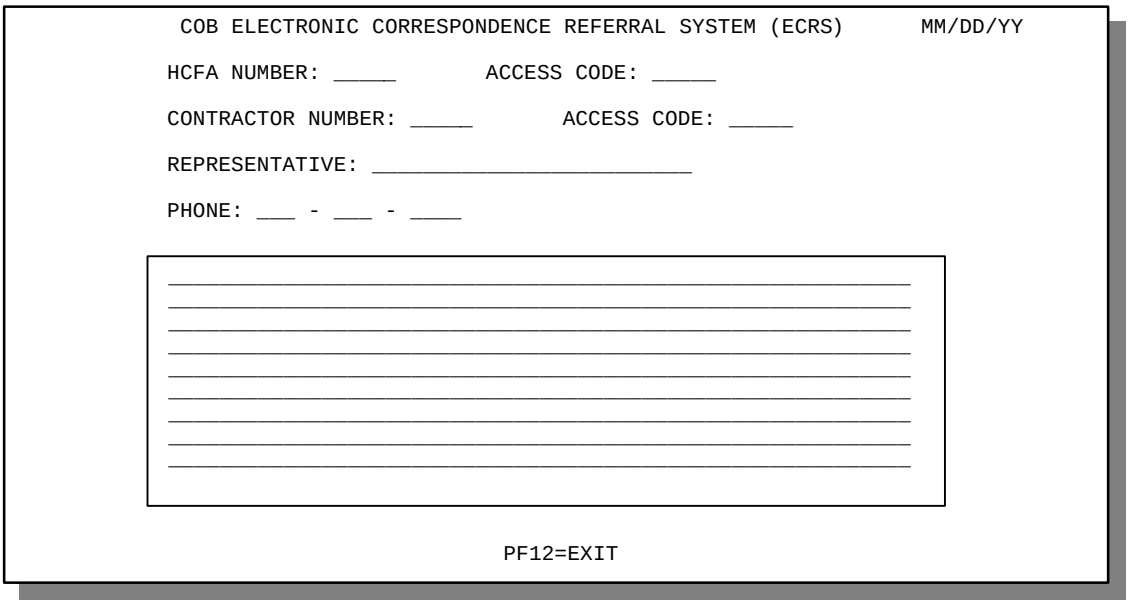
COB ECRS Login Screen

Introduction

The COB ECRS login screen allows access to ECRS.

Access

1. Log into a local Medicare CICS region.
2. Type ECRS and press [Enter]. The system displays the ECRS splash screen.
3. Press [Enter]. The system displays the COB Electronic Correspondence Referral System (ECRS) login screen, as shown in the example below.



Explanation of Screen

COB ECRS Login Screen	
Field Name	**Description**
CMS NUMBER	CMS identification number. *Required field* for CMS users.
ACCESS CODE	Three-position alphabetic authorization code for CMS users. *Required field* for CMS users.
CONTRACTOR NUMBER	Unique five-digit identification number assigned to each Medicare contractor by CMS. *Required field* for contractors.
ACCESS CODE	Five-character authorization code assigned by COB contractor. *Required field* for contractors.
REPRESENTATIVE	Contact person at contractor site **Note:** Although this field is not required, contractors are encouraged to enter information here, as the system carries this data forward to other screens, eliminating the need to re-enter it.

COB ECRS Login Screen	
Field Name	**Description**
PHONE	Phone number of contractor representative **Note:** Although this field is not required, contractors are encouraged to enter information here, as the system carries this data forward to other screens, eliminating the need to re-enter it.
(BULLETINS)	Bulletins created in COB system

Process

1. Use the chart below to locate the appropriate action.

If you are a…	Follow these steps:
Medicare contractor	1. Type your contractor number (unique five-digit number assigned by CMS) in the CONTRACTOR NUMBER field. 2. Type your access code (five-character authorization code assigned by the COB contractor) in the ACCESS CODE field. 3. Type the name of the contractor representative in the REPRESENTATIVE field. 4. Type the contractor representative's telephone number in the PHONE field.
CMS user	1. Type your CMS ID number in the CMS NUMBER field. 2. Type your access code in the ACCESS CODE field.

2. Press [Enter]. The system displays the COB Electronic Correspondence Referral System (ECRS) main menu screen. You now have the ability to access information in ECRS.

Transportation

COB ECRS Login Screen	
PF Key	**Function**
12	Exit ECRS

COB ECRS Main Menu Screen

Introduction

The COB ECRS main menu screen is the access point for all ECRS online functionality.

Access

1. Log into a local Medicare CICS region.
2. Type **ECRS** and press [Enter]. The system displays the ECRS splash screen.
3. Press [Enter]. The system displays the COB Electronic Correspondence Referral System (ECRS) login screen.
4.

If you are a…	These fields are REQUIRED on the login screen:
Medicare contractor	CONTRACTOR NUMBER, ACCESS CODE, REPRESENTATIVE, PHONE
CMS user	CMS NUMBER, ACCESS CODE

5.

```
              COB ELECTRONIC CORRESPONDENCE REFERRAL SYSTEM (ECRS)      MM/DD/YY

CONTRACTOR NUMBER: _____

USER ID: ________  STATUS: __  LAST UPDATED FROM: __________ THROUGH: __________
                     HICN: ___________       DCN: ________________


          SELECTION  __

                     01  CWF ASSISTANCE REQUEST DETAIL
                     02  CWF ASSISTANCE REQUEST LIST
                     03  DOCUMENT COPIES
                     04  MSP INQUIRY DETAIL
                     05  MSP INQUIRY LIST
                     06  LEAD CONTRACTOR ASSIGNMENT
                     07  DEVELOPING CONTRACTOR NOTIFICATION
                     08  MSP CHANGED RECORD NOTIFICATION



                                F3=RETURN F12=EXIT
```

Explanation of Screen

COB ECRS Main Menu Screen	
Field Name	**Description**
CONTRACTOR NUMBER	**Medicare Contractors:** Contractor number entered on login screen *(protected field)* **CMS Users:** Type appropriate contractor number to view requests and inquiries for a specific contractor. *Required field* when accessing the MSP Developing Contractor Notification screen and MSP Changed Record Notification screen.
USER ID	User ID of operator. Use this field with options 02 and 05 to find specific ECRS transactions. You can combine this field with STATUS and/or LAST UPDATED FROM and THROUGH dates to further refine a search.
STATUS	Status of record. Use this field with options 02 and 05 to find specific ECRS transactions. You can combine this field with USER ID and/or LAST UPDATED FROM and THROUGH dates to further refine a search.
LAST UPDATED FROM	Starting date of date range. Lists transactions last updated on or after this date. Use this field in conjunction with any other selection criteria fields to further refine a search. Defaults to 30 days prior to current date.
THROUGH	Ending date of a date range. Lists transactions last updated on or before this date. Use this field in conjunction with any other selection criteria fields to further refine a search. Defaults to current date.
HICN	Health Insurance Claim Number. Searches for specific ECRS transactions. Use in conjunction with Last Updated From date and/or Last Updated Through date to further refine a search.
DCN	Document Control Number assigned by Medicare contractor. Use this field with options 02 and 05 to find specific ECRS transactions. You can combine this field with LAST UPDATED FROM and THROUGH dates to further refine a search.

COB ECRS Main Menu Screen	
Field Name	**Description**
SELECTION	Selection field. Options are: 01 CWF Assistance Request Detail 02 CWF Assistance Request List 03 Document Copies 04 MSP Inquiry Detail 05 MSP Inquiry List 06 Lead Contractor Assignment 07 Developing Contractor Notification 08 MSP Changed Record Notification **Note:** You can perform searches for options 02 and 05 using criteria in any of the following combinations: • User ID • User ID, Status • User ID, Last Updated From • User ID, Last Updated Through • User ID, Last Updated From, Last Updated Through • User ID, Status, Last Updated From • User ID, Status, Last Updated Through • User ID, Status, Last Updated From, Last Updated Through • Status • Status, Last Updated From • Status, Last Updated Through • Status, Last Updated From, Last Updated Through • Last Updated From • Last Updated Through • Last Updated From, Last Updated Through • HICN • HICN, Last Updated From • HICN, Last Updated Through • HICN, Last Updated From, Last Updated Through • DCN • DCN, Last Updated From • DCN, Last Updated Through • DCN, Last Updated From, Last Updated Through You can perform searches for options 06, 07, and 08 using criteria in any of the following combinations: • Last Updated From • Last Updated Through • Last Updated From, Last Updated Through • HICN • HICN, Last Updated From • HICN, Last Updated Through • HICN, Last Updated From, Last Updated Through **CMS Users:** In addition to all of the criteria listed above, you can also perform searches using Contractor Number, as well as Contractor Number added to any other valid combination.

Process

1. Use the table below to locate the appropriate action.

If you are a…	Follow these steps:
Medicare contractor	Proceed to Step 2.
CMS user	Type the appropriate contractor number in the CONTRACTOR NUMBER field.

2. Type the option number for the screen you want to view in the SELECTION field. See the table below for option numbers and the corresponding screens.

Option Number	Screen
01	CWF Assistance Request Detail
02	CWF Assistance Request List
03	Document Copies
04	MSP Inquiry Detail
05	MSP Inquiry List
06	Lead Contractor Assignment
07	Developing Contractor Notification
08	MSP Changed Record Notification

3. Press [Enter]. The system displays the appropriate screen.

Transportation

COB ECRS Main Menu Screen	
PF Key	**Function**
03	Return to login screen
12	Exit ECRS

ECRS CWF Assistance Request Detail Screen, Page 1 of 2

Introduction

The ECRS CWF Assistance Request Detail screen allows you to enter, view, and update an ECRS request transaction. You can only update request transactions if the request transaction is in NW (new) status, meaning the COB system has not yet started processing the information. Any user with the same contractor number can update a transaction in NW (new) status.

You can only enter assistance request transactions for *changes to existing coverage rows* on this

04 from the main menu), not this screen.

Use this screen to:

patient relationship, and termination date

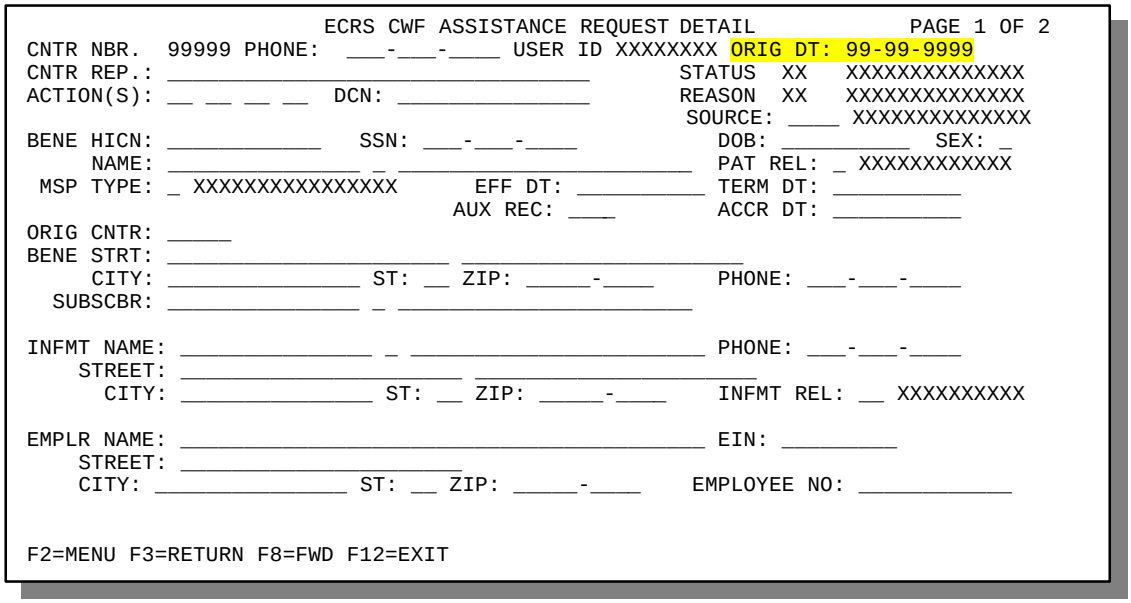
- Request deletion of a coverage row
- Correct an SSN/HICN mismatch
- Update a record for a vow of poverty
- Add a duplicate liability record
- Request that COB develop for an employer address
- Make documentation requests for generation of right of recovery letters

Access

Use the chart below to locate the appropriate action.

If you are a…	Follow these steps:
Medicare contractor	From the COB ECRS main menu screen, type **01** in the SELECTION field and press [Enter].
CMS user	1. From the COB ECRS main menu screen, type **02** in the SELECTION field and press [Enter]. The system displays the ECRS CWF Assistance Request List screen. 2. Type **S** in the SEL field next to the transaction for which you want to view detailed information and press [Enter].

The system displays the first page of the ECRS CWF Assistance Request Detail screen, as shown in the example on the next page.



Note: To access this screen from the ECRS CWF Assistance Request List screen, type **S** in the SEL field next to the transaction for which you want to view detailed information. Press [Enter]. The system displays the first page of the ECRS CWF Assistance Request Detail screen for the selected transaction.

Explanation of Screen

ECRS CWF Assistance Request Detail Screen, Page 1 of 2	
Field Name	**Description**
CNTR NBR.	Contractor number entered on login screen *(protected field)*
PHONE	Phone number of contractor representative *(protected field)*
USER ID	User ID of operator who entered request transaction *(protected field)*
ORIG DT	Originating date in MM-DD-CCYY format *(protected field)*
CNTR REP.	Name of contractor representative to contact for further information or clarification regarding request *(protected field)*
STATUS	Two-character code explaining where request transaction is in the COB system process *(protected field)*. Description of status code displays next to value. Valid values are: CM Completed DE Delete (do not process) ECRS request HD Hold, used for Box 10 entries IP In process, being edited by COB NW New, not yet read by COB

ECRS CWF Assistance Request Detail Screen, Page 1 of 2	
Field Name	**Description**
ACTION(S)	Two-character code defining action to take on CWF Auxiliary record *(required field)*. Valid values are: AI Change attorney information DO Mark occurrence for deletion DX Change diagnosis codes EA COB must develop for employer address ED Change 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 PH Add PHP date PR Change patient relationship RR Generate right of recovery lead contractor letter TD Change termination date VP Beneficiary has taken a vow of poverty Enter up to four codes unless request is to delete occurrence (DO), request a right of recovery lead contractor letter (RR), or note a vow of poverty (VP). You cannot combine these two action codes with any other action codes.
DCN	Document Control Number assigned by contractor to correspondence and/or paperwork associated with transaction *(required field)*

ECRS CWF Assistance Request Detail Screen, Page 1 of 2	
Field Name	**Description**
REASON	Two-character code explaining why the request is in a particular status *(protected field).* Description of reason code displays next to value. Valid values are: 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 10 Not processing 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 63 Development complete, no MSP 64 Letter sent
SOURCE	Four-character code identifying source of request information *(required field).* Description of source code displays next to value. Valid values are: BX10 Information in Box 10 of claim CHEK Unsolicited check DVLP Information received in response to development initiated by Medicare contractor LTTR Letter PHON Phone call SCLM Claim submitted to Medicare contractor for secondary payment
BENE HICN	Health Insurance Claim Number of beneficiary. *Required field* if beneficiary's name and address information is blank. Type HICN without dashes, spaces, or other special characters.
SSN	Social Security Number of beneficiary
DOB	Beneficiary's date of birth
SEX	Sex of beneficiary. Valid values are: M Male F Female U Unknown
NAME	Name of beneficiary in first name/middle initial/last name format. First and last names are *required fields* if beneficiary's HICN is blank.

ECRS CWF Assistance Request Detail Screen, Page 1 of 2	
Field Name	**Description**
PAT REL	Patient relationship between policy holder and beneficiary *(required field).* Description of code displays next to value. Valid values are: 1 Beneficiary is policy holder 2 Spouse 3 Child 4 Other
MSP TYPE	One-character code identifying type of MSP coverage *(required field).* Description of code displays next to value. Valid values are: A Working Aged B ESRD C Conditional Payment D Automobile Insurance, No Fault E Workers' Compensation F Federal (Public) G Disabled H Black Lung I Veterans L Liability
EFF DT	Effective date of MSP coverage in MMDDCCYY format *(required field)*
TERM DT	Termination date of MSP coverage in MMDDCCYY 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.
AUX REC	Record number of MSP auxiliary occurrence in CWF *(required field)*
ACCR DT	Accretion date of MSP coverage in MMDDCCYY format
ORIG CNTR	Contractor number of contractor that created original MSP occurrence at CWF *(required field)*
BENE STRT	First and second lines of beneficiary's street address. First line is *required field* if beneficiary's HICN is blank.
CITY	Beneficiary's city. *Required field* if beneficiary's HICN is blank.
ST	Beneficiary's state. *Required field* if beneficiary's HICN is blank.
ZIP	Beneficiary's ZIP code. *Required field* if beneficiary's HICN is blank.
PHONE	Beneficiary's telephone number
SUBSCBR	Name of person (in first name/middle initial/last name format) under whose coverage beneficiary is receiving Medicare benefits
INFMT NAME	Name of person (in first name/middle initial/last name format) informing contractor of change in MSP coverage. First and last names are *required fields* when SOURCE is LTTR.
PHONE	Informant's telephone number
STREET	First and second lines of informant's street address. First address line is a *required field* when SOURCE is LTTR.
CITY	Informant's city. *Required field* when SOURCE is LTTR.

ECRS CWF Assistance Request Detail Screen, Page 1 of 2	
Field Name	**Description**
ST	Informant's state. *Required field* when SOURCE is LTTR.
ZIP	Informant's ZIP code. *Required field* when SOURCE is LTTR.
INFMT REL	One-character code indicating relationship of informant to beneficiary. *Required field* when SOURCE is LTTR. Description of code displays next to value. 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
EMPLR NAME	Name of employer providing group health insurance under which beneficiary is covered
EIN	Employer Identification Number
STREET	Employer's street address
CITY	Employer's city
ST	Employer's state
ZIP	Employer's ZIP code
EMPLOYEE NO	Employee number of policy holder

Process

1. Type data in all of the required fields on the ECRS CWF Assistance Request Detail, Page 1 of 2 screen. The required fields on this screen are:

   - ACTION(S)
   - DCN
   - SOURCE
   - BENE HICN (required if beneficiary's name and address information is blank)
   - NAME (required if beneficiary HICN is blank)
   - BENE STREET, CITY, ST, ZIP (required if beneficiary HICN is blank)
   - PAT REL
   - MSP TYPE
   - EFF DT
   - AUX REC
   - ORIG CNTR

   After you type data in one field, press [Tab] to move the cursor to the next field.

2. Type data in the fields required by the action code(s) typed in the ACTION(S) field. The table below lists action codes and corresponding required fields not listed above.

Action Code	Required Fields
AI	INFMT NAME, STREET, CITY, ST, ZIP, INFMT REL (attorney information)
TD	TERM DT (termination date)
EI	EMPLR NAME, STREET, CITY, ST, ZIP, EIN, and EMPLOYEE NO (employer information) **Note:** Type data in *all* fields to update employer information at CWF. Leave *all* fields blank to delete employer information at CWF.

3. After typing data in all of the required fields, press [PF8]. The system displays the ECRS CWF Assistance Request Detail, Page 2 of 2 screen.

Transportation

ECRS CWF Assistance Request Detail Screen, Page 1 of 2	
PF Key	**Function**
02	Return to ECRS main menu
03	Return to previous level
08	Page forward to second page of screen
12	Exit ECRS

ECRS CWF Assistance Request Detail Screen, Page 2 of 2

Introduction

The ECRS CWF Assistance Request Detail screen allows you to enter, view, and update an ECRS request transaction. You can only update request transactions if the request transaction is in NW (new) status, meaning the COB system has not yet started processing the information. Any user with the same contractor number can update a transaction in NW (new) status.

You can only enter assistance request transactions for *changes to existing coverage rows* on this

04 from the main menu), not this screen.

Use this screen to make changes to diagnosis codes, insurer information, insurer type, and MSP type.

Access

From the first page of the ECRS CWF Assistance Request Detail screen, press [PF8]. The system displays the second page of the ECRS CWF Assistance Request Detail screen, as shown in the example below.

```
                        ECRS CWF ASSISTANCE REQUEST DETAIL            PAGE 2 OF 2
CNTR NBR. 99999           BENE XXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXX
     HICN XXXXXXXXXXX       DCN XXXXXXXXXXXXXXX

INSURER NAME: _____________________________          INS TYPE: _ XXXXXXXXXXXXXXXX
      STREET: _____________________________ _____________________________
        CITY: ___________________ ST: __ ZIP: _____-____
    GROUP NO: ____________________                  POLICY NO: ____________________
INSURED NAME: ____________________ _ ____________    INS REL: __  XXXXXXXXXXXXXXXX
PHP DATE: ________
     REMARKS: __ __ __          DIAG: _____ _____ _____ _____ _____

   CLAIMS PENDING: _

   COMMENTS: CNTR: (OPERID)_____________________________________________________
             _____________________________________________________________________
             _____________________________________________________________________
             _____________________________________________________________________
             COB:  (OPERID)_______________________________________________________
             _____________________________________________________________________
             _____________________________________________________________________
             _____________________________________________________________________

F2=MENU F3=RETURN F5=UPDATE F7=BWD F12=EXIT
```

Explanation of Screen

ECRS CWF Assistance Request Detail Screen, Page 2 of 2	
Field Name	**Description**
CNTR NBR.	Five-digit number identifying the Medicare contractor *(protected field)*
BENE	Name of beneficiary in first name/middle initial/last name format *(protected field)*
HICN	Health Insurance Claim Number for beneficiary *(protected field)*

ECRS CWF Assistance Request Detail Screen, Page 2 of 2	
Field Name	**Description**
DCN	Document Control Number assigned by contractor to correspondence and/or paperwork associated with this transaction *(protected field)*
INSURER NAME	Name of insurance carrier for MSP coverage
INS TYPE	One-character code for type of insurance *(required field).* Valid values are: J Hospital Only K Medical Only A Other Types
STREET	First and second lines of insurer's street address
CITY	Insurer's city
ST	Insurer's state
ZIP	Insurer's ZIP code
GROUP NO	Group number of insurance coverage
POLICY NO	Policy number of insurance coverage
INSURED NAME	Name of individual covered by this insurance in first name/middle initial/last name format
INS REL	One-character code indicating relationship between person covered by insurance and beneficiary. Description of code displays next to value. Valid values are: B Beneficiary C Child E Employer F Father I Insurer M Mother N Non-relative O Other relative P Provider S Spouse U Unknown
PHP DATE	Pre-paid Health Plan date in MMDDCCYY
REMARKS	Two-character CWF remark code explaining reason for transaction. Enter up to three remark codes.
DIAG	Five-digit diagnosis code that applies to this MSP occurrence. Enter up to five diagnosis codes.
CLAIMS PENDING	One-character field indicating whether claims were pending while waiting for this request to be posted to CWF. Valid values are: N No Y Yes

ECRS CWF Assistance Request Detail Screen, Page 2 of 2	
Field Name	**Description**
COMMENTS	
CNTR	Identification number of updating operator proceeded by free-form text field allowing Medicare contractors to send special notes to COB contractor. *Protected field* when COB contractor adds a comment.
COB	Identification number of updating operator proceeded by free-form text field for COB contractor's comments on Medicare contractor or last comment added in CARS. *Protected field* when Medicare contractor adds a comment.

Process

1. Type data in the INS TYPE field, the only required field on the ECRS CWF Assistance Request Detail, Page 2 of 2 screen.
2. Type data in the fields required by the action code(s) typed in the ACTION(S) field on the ECRS CWF Assistance Request Detail, Page 1 of 2 screen. The table below lists action codes and corresponding required fields not mentioned above.

Action Code	Required Fields
II	INSURER NAME, STREET, CITY, ST, ZIP, GROUP NO, POLICY NO, INSURED NAME, INS REL (insurer information) **Note:** Type data in *all* fields to update insurer information at CWF. Leave *all* fields blank to delete insurer information at CWF.
DX	DIAG (diagnosis codes, enter up to five)
PH	PHP DATE

3. After typing data in all of the required fields, press [PF5]. The system adds or updates the transaction, then displays the message, "TRANSACTION SUCCESSFULLY UPDATED."

Transportation

ECRS CWF Assistance Request Detail Screen, Page 2 of 2	
PF Key	**Function**
02	Return to ECRS main menu
03	Return to previous level
05	Add/update assistance request
07	Page backward to first page of screen
12	Exit ECRS

ECRS CWF Assistance Request List Screen

Introduction

Medicare contractors use the ECRS CWF Assistance Request List screen to check the progress of a request transaction through the COB system. If the system finds any records in the COB database for the contractor that match the search criteria entered, the ECRS CWF Assistance Request List screen displays the transaction information for those records sorted by HICN, Contractor Number, Status, Last Update, User ID, and DCN.
Medicare contractors can also use this screen to delete new requests (in status NW) before the requests are processed by COB.

Access

From the COB ECRS main menu screen, type **02** in the SELECTION field, and type the search criteria in the appropriate fields. Press [Enter]. The system displays the ECRS CWF Assistance Request List screen, as shown in the example below.

```
                        ECRS CWF ASSISTANCE REQUEST LIST
USER ID: _________  STATUS: __  LAST UPDATED FROM: __________ THROUGH: __________

CNTR NBR: _____    HICN: ____________        DCN: ________________

SEL HICN          CNTR   DCN                 ST RS   ORGIN DT  LST UPDATE USER ID
 _  XXXXXXXXXXX  XXXXX  XXXXXXXXXXXXXXXXX  XX XX  99-99-9999 99-99-9999 XXXXXXXX
 _  XXXXXXXXXXX  XXXXX  XXXXXXXXXXXXXXXXX  XX XX  99-99-9999 99-99-9999 XXXXXXXX
 _  XXXXXXXXXXX  XXXXX  XXXXXXXXXXXXXXXXX  XX XX  99-99-9999 99-99-9999 XXXXXXXX
 _  XXXXXXXXXXX  XXXXX  XXXXXXXXXXXXXXXXX  XX XX  99-99-9999 99-99-9999 XXXXXXXX
 _  XXXXXXXXXXX  XXXXX  XXXXXXXXXXXXXXXXX  XX XX  99-99-9999 99-99-9999 XXXXXXXX
 _  XXXXXXXXXXX  XXXXX  XXXXXXXXXXXXXXXXX  XX XX  99-99-9999 99-99-9999 XXXXXXXX
 _  XXXXXXXXXXX  XXXXX  XXXXXXXXXXXXXXXXX  XX XX  99-99-9999 99-99-9999 XXXXXXXX
 _  XXXXXXXXXXX  XXXXX  XXXXXXXXXXXXXXXXX  XX XX  99-99-9999 99-99-9999 XXXXXXXX
 _  XXXXXXXXXXX  XXXXX  XXXXXXXXXXXXXXXXX  XX XX  99-99-9999 99-99-9999 XXXXXXXX
 _  XXXXXXXXXXX  XXXXX  XXXXXXXXXXXXXXXXX  XX XX  99-99-9999 99-99-9999 XXXXXXXX
 _  XXXXXXXXXXX  XXXXX  XXXXXXXXXXXXXXXXX  XX XX  99-99-9999 99-99-9999 XXXXXXXX
 _  XXXXXXXXXXX  XXXXX  XXXXXXXXXXXXXXXXX  XX XX  99-99-9999 99-99-9999 XXXXXXXX
 _  XXXXXXXXXXX  XXXXX  XXXXXXXXXXXXXXXXX  XX XX  99-99-9999 99-99-9999 XXXXXXXX
 _  XXXXXXXXXXX  XXXXX  XXXXXXXXXXXXXXXXX  XX XX  99-99-9999 99-99-9999 XXXXXXXX

ENTER S IN SEL FIELD TO VIEW DETAILED INFO FOR THE TRANSACTION OR D TO DELETE

F2=MENU F3=RETURN F5=UPDATE F7=BWD F8=FWD F12=EXIT
```

Note: From this screen, you can change or delete the search criteria to initiate a new search. You can perform searches using criteria in any of the following combinations:

- User ID
- User ID, Status
- User ID, Last Updated From
- User ID, Last Updated Through
- User ID, Last Updated From, Last Updated Through
- User ID, Status, Last Updated From
- User ID, Status, Last Updated Through
- User ID, Status, Last Updated From, Last Updated Through
- Status
- Status, Last Updated From
- Status, Last Updated Through
- Status, Last Updated From, Last Updated Through

- Last Updated From
- Last Updated Through
- Last Updated From, Last Updated Through
- HICN
- HICN, Last Updated From
- HICN, Last Updated Through
- HICN, Last Updated From, Last Updated Through
- DCN
- DCN, Last Updated From
- DCN, Last Updated Through
- DCN, Last Updated From, Last Updated Through

CMS Users: In addition to all of the criteria listed above, you can also perform searches using Contractor Number, as well as Contractor Number added to any other valid combination.

Explanation of Screen

ECRS CWF Assistance Request List Screen	
Field Name	**Description**
USER ID	User ID entered as search criteria, if applicable. This field is updateable; enter a different User ID to perform additional searches.
STATUS	Status entered as search criteria, if applicable. This field is updateable; enter a different Status to perform additional searches. To view all open request transactions, type **OP** in the STATUS field and press [Enter].
LAST UPDATED FROM	Starting date of date range entered as search criteria, if applicable. This field is updateable; enter a different From date in MMDDCCYY format to perform additional searches.
THROUGH	Ending date of date range entered as search criteria, if applicable. This field is updateable; enter a different Through date in MMDDCCYY format to perform additional searches.
CNTR NBR	**Medicare Contractors:** Contractor number entered on login screen *(protected field)* **CMS Users:** Type appropriate contractor number to view request transactions for a specific contractor.
HICN	Health Insurance Claim Number entered as search criteria, if applicable. This field is updateable; enter a different HICN to perform additional searches.
DCN	Medicare contractor-assigned Document Control Number entered as search criteria, if applicable. This field is updateable; enter a different DCN to perform additional searches.
SEL	Selection field. Type **S** in this field and press [Enter] to transport to the ECRS CWF Assistance Request Detail screen. Type **D** in this field and press [PF5] to mark a new (status NW) request transaction for deletion.
HICN	Health Insurance Claim Number for request transaction *(protected field)*
CNTR	Contractor number *(protected field)*

ECRS CWF Assistance Request List Screen	
Field Name	**Description**
DCN	Document Control Number assigned to request transaction by Medicare contractor *(protected field)*
ST	Status of request transaction *(protected field)*
RS	Reason of request transaction *(protected field)*
ORGIN DT	Originating date in MM-DD-CCYY format *(protected field)*
LST UPDATE	Date request transaction was last changed in MMDDCCYY format *(protected field)*
USER ID	User ID of operator who entered request transaction *(protected field)*

Process

If you want to…	Follow these instructions:
View detailed information	Type **S** in the SEL field next to the transaction for which you want to view detailed information. Press [Enter]. The system displays the first page of the ECRS CWF Assistance Request Detail screen for the selected transaction.
Delete a new (status NW) request	Type **D** in the SEL field next to the new (status NW) request transaction you want to delete. Press [PF5]. The system marks the request transaction for deletion.

Transportation

ECRS CWF Assistance Request List Screen	
PF Key	**Function**
02	Return to ECRS main menu, current search criteria is not retained
03	Return to ECRS main menu, current search criteria is retained
05	Mark request transactions that have **D** in the SEL field for deletion
07	Scroll backward
08	Scroll forward
12	Exit ECRS

ECRS Document Copies Request Screen

Introduction

The ECRS Document Copies Request screen allows you to submit requests to the COB contractor for copies of documents related to a specific Data Match or MSP occurrence.

Access

Note: The ECRS Document Copies Request screen is for Medicare contractors only. CMS users do not have access to this screen.

From the COB ECRS main menu screen, type **03** in the SELECTION field and press [Enter]. The system displays the ECRS Document Copies Request screen, as shown in the example below.

```
                          ECRS DOCUMENT COPIES REQUEST
CNTR NO.   99999        PHONE: ___-___-____          DCN: ________________
CNTR REP.: ____________________________________      USER ID  XXXXXXXX

SEND TO: ____________________________________________________________
         ____________________________________________________________
         ____________________________________________________________
         ____________________________________________________________
         ____________________________________________________________
         ____________________________________________________________

DOCUMENT REQUESTED: ____ XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

 BENE HICN: _____________    SSN: ___ - __ - ____      SOURCE:  ___________
      NAME: _________________ _ ____________________
    STREET: _____________________ ____________________
      CITY: _________________ ST: __ ZIP: _____ ____

  MSP TYPE: _ XXXXXXXXXXXXXXXX    EFF DT: ___________  TERM DT: ___________

EMPLR NAME: ________________________________________     EIN: _____________


F2=MENU F3=RETURN F5=UPDATE F12=EXIT
```

Explanation of Screen

ECRS Document Copies Request Screen	
Field Name	**Description**
CNTR NO.	Five-digit number identifying the Medicare contractor *(protected field)*
PHONE	Phone number of contractor representative *(required field)*
DCN	Document Control Number assigned by contractor to correspondence and/or paperwork associated with this request *(required field)*
CNTR REP.	Name of contractor representative to contact for further information and/or clarification regarding this request *(required field)*
USER ID	User ID of operator who entered document copy request *(protected field)*

ECRS Document Copies Request Screen	
Field Name	**Description**
SEND TO	Name and address of recipient or other instructions regarding where document copies should be sent *(required field)*
DOCUMENT REQUESTED	Four-character code indicating documents requested *(required field).* Description of code displays next to value. Valid values are: DEVL Copy of all development (letters and questionnaires) related to coverage indicated DMQ Copy of Data Match questionnaire RLSE Copy of attorney release form TRMA Copy of all documents related to trauma case indicated
BENE HICN	Health Insurance Claim Number for beneficiary *(required field).* Type HICN without dashes, spaces, or other special characters.
SSN	Social Security Number for beneficiary
SOURCE	Source for related MSP occurrence. *Required field* if document requested is DMQ (Data Match questionnaire).
NAME	Name of beneficiary in first name/middle initial/last name format *(required field)*
STREET	First and second lines of beneficiary's street address
CITY	Beneficiary's city
ST	Beneficiary's state
ZIP	Beneficiary's ZIP code
MSP TYPE	One-character code identifying type of MSP coverage *(required field).* Description of code displays next to value. Valid values are: A Working Aged B ESRD C Conditional Payment D Automobile Insurance, No Fault E Workers' Compensation F Federal (Public) G Disabled H Black Lung I Veterans L Liability
EFF DT	Effective date of MSP coverage in MMDDCCYY format *(required field)*
TERM DT	Termination date of MSP coverage in MMDDCCYY format
EMPLR NAME	Name of employer providing group health insurance under which beneficiary is covered
EIN	Employer Identification Number. *Required field* if document requested is DMQ (Data Match questionnaire).

Process

1. Type data in all of the required fields on the ECRS Document Copies Request screen. To determine required fields on this screen, see the field descriptions on pages 22 to 23. After you type data in one field, press [Tab] to move the cursor to the next field.
2. After typing data in all of the required fields, press [PF5]. The system sends the document copy request, then displays the message, "REQUEST HAS BEEN SENT."

Transportation

ECRS Document Copies Request Screen	
PF Key	**Function**
02	Return to ECRS main menu
03	Return to previous level
05	Send document copy request
12	Exit ECRS

ECRS MSP Inquiry Detail Screen, Page 1 of 2

Introduction

The ECRS MSP Inquiry Detail screen allows you to enter, view, and update an ECRS inquiry transaction. You can only update inquiry transactions if the inquiry transaction is in NW (new) status, meaning the COB system has not yet started processing the information.

transactions for *changes to existing coverage rows*, use the ECRS CWF Assistance Request Detail screen (selection 01 from the main menu), not this screen.
Contractors receive MSP information from the following sources:

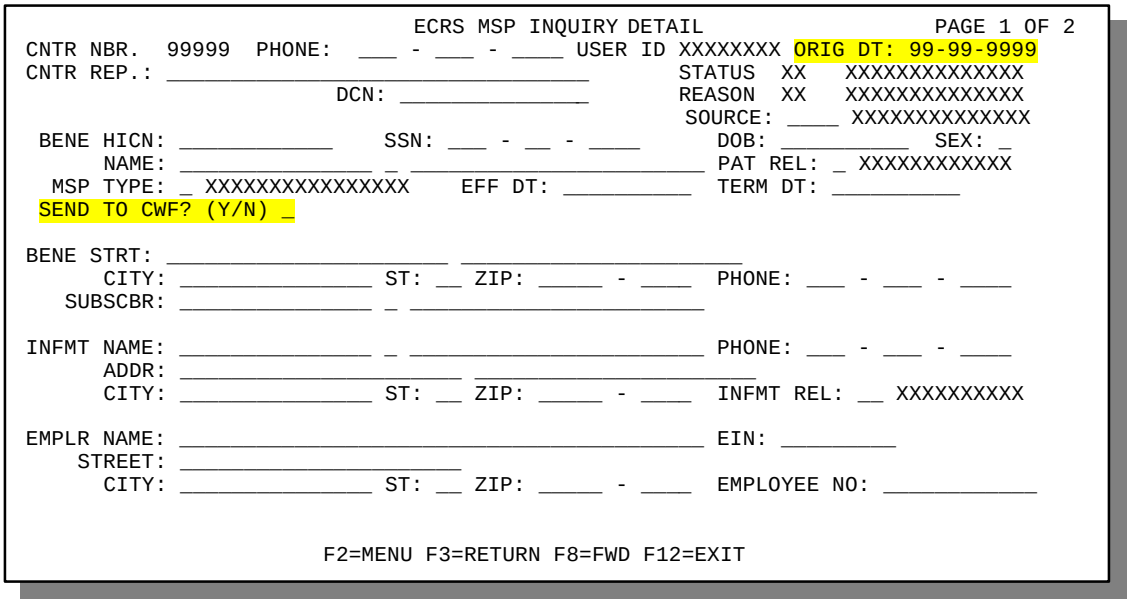
- Letters from beneficiaries or other informants
- Phone calls

Access

Use the chart below to locate the appropriate action.

If you are a…	Follow these steps:
Medicare contractor	From the COB ECRS main menu screen, type **04** in the SELECTION field and press [Enter].
CMS user	1. From the COB ECRS main menu screen, type **05** in the SELECTION field and press [Enter]. The system displays the ECRS MSP Inquiry List screen. 2. Type **S** in the SEL field next to the transaction for which you want to view detailed information and press [Enter].

The system displays the first page of the ECRS MSP Inquiry Detail screen, as shown in the example below.



Explanation of Screen

ECRS MSP Inquiry Detail Screen, Page 1 of 2	
Field Name	**Description**
CNTR NBR.	Contractor number entered on login screen *(protected field)*
PHONE	Phone number of contractor representative *(protected field)*
USER ID	User ID of operator who entered inquiry transaction *(protected field)*
ORIG DT	Originating date in MM-DD-CCYY format *(protected field)*
CNTR REP.	Name of contractor representative to contact for further information or clarification regarding inquiry *(protected field)*
STATUS	Two-character code explaining where inquiry transaction is in the COB system process *(protected field)*. Description of status code displays next to value. Valid values are: CM Completed DE Delete (do not process) ECRS inquiry transaction IP In process, being edited by COB NW New, not yet read by COB
DCN	Document Control Number assigned by contractor to correspondence and/or paperwork associated with transaction *(required field)*

ECRS MSP Inquiry Detail Screen, Page 1 of 2	
Field Name	**Description**
REASON	Two-character code explaining why the inquiry is in a particular status *(protected field)*. Description of reason code displays next to value. Valid values are: 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 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 61 No Part A entitlement
SOURCE	Four-character code identifying source of inquiry information *(required field)*. Description of source code displays next to value. Valid values are: BX10 Information in Box 10 of claim CHEK Unsolicited check DVLP Information received in response to development initiated by Medicare contractor LTTR Letter PHON Phone call SCLM Claim submitted to Medicare contractor for secondary payment
BENE HICN	Health Insurance Claim Number of beneficiary. Type HICN without dashes, spaces, or other special characters.
SSN	Social Security Number of beneficiary
DOB	Beneficiary's date of birth
SEX	Sex of beneficiary. Valid values are: M Male F Female U Unknown
NAME	Name of beneficiary in first name/middle initial/last name format. First and last names are *required fields*.
PAT REL	Patient relationship between policy holder and beneficiary. Description of code displays next to value. Valid values are: 1 Beneficiary is policy holder 2 Spouse 3 Child 4 Other

ECRS MSP Inquiry Detail Screen, Page 1 of 2	
Field Name	**Description**
MSP TYPE	One-character code identifying type of MSP coverage. Description of code displays next to value. Valid values are: A Working Aged B ESRD C Conditional Payment D Automobile Insurance, No Fault E Workers' Compensation F Federal (Public Health) G Disabled H Black Lung I Veterans L Liability
EFF DT	Effective date of MSP coverage in MMDDCCYY format, cannot equal termination date
TERM DT	Termination date of MSP coverage in MMDDCCYY format, cannot equal effective date
SEND TO CWF? (Y/N)	Indicates whether to send inquiry to CWF. Valid values are: Y Send to CWF (default unless INFMT REL = D, in which case default is N and this is a *protected field*) N Do not send to CWF
BENE STRT	First and second lines of beneficiary's street address
CITY	Beneficiary's city
ST	Beneficiary's state
ZIP	Beneficiary's ZIP code
PHONE	Beneficiary's telephone number
SUBSCBR	Name of person (in first name/middle initial/last name format) under whose coverage beneficiary is receiving Medicare benefits
INFMT NAME	Name of person (in first name/middle initial/last name format) informing contractor of change in MSP coverage
PHONE	Informant's telephone number
STREET	First and second lines of informant's street address
CITY	Informant's city
ST	Informant's state
ZIP	Informant's ZIP code

ECRS MSP Inquiry Detail Screen, Page 1 of 2	
Field Name	**Description**
INFMT REL	One-character code indicating relationship of informant to beneficiary. Description of code displays next to value. 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
EMPLR NAME	Name of employer providing group health insurance under which beneficiary is covered
EIN	Employer Identification Number
STREET	Employer's street address
CITY	Employer's city
ST	Employer's state
ZIP	Employer's ZIP code
EMPLOYEE NO	Employee number of policy holder

Process

1.

After you type data in one field, press [Tab] to move the cursor to the next field.

SOURCE Code	Required Fields
BX10	DCN, SOURCE, BENE HICN, NAME **or** DCN, SOURCE, NAME, BENE STRT, CITY, ST, ZIP
CHEK	DCN, SOURCE, BENE HICN, NAME **or** DCN, SOURCE, SSN, NAME, BENE STRT, CITY, ST, ZIP
DVLP	DCN, SOURCE, BENE HICN, NAME, MSP TYPE, EFF DT, PAT REL **or** DCN, SOURCE, NAME, BENE STRT, CITY, ST, ZIP, MSP TYPE, EFF DT, PAT REL

SOURCE Code	Required Fields
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, NAME, BENE STRT, CITY, ST, ZIP

2. After typing data in all of the required fields, press [PF8]. The system displays the ECRS MSP Inquiry Detail, Page 2 of 2 screen.

Transportation

ECRS MSP Inquiry Detail Screen, Page 1 of 2	
PF Key	**Function**
02	Return to ECRS main menu
03	Return to previous level
08	Page forward to second page of screen
12	Exit ECRS

ECRS MSP Inquiry Detail Screen, Page 2 of 2

Introduction

The ECRS MSP Inquiry Detail screen allows you to enter, view, and update an ECRS inquiry transaction. You can only update inquiry transactions if the inquiry transaction is in NW (new) status, meaning the COB system has not yet started processing the information.

transactions for *changes to existing coverage rows*, use the ECRS CWF Assistance Request Detail screen (selection 01 from the main menu), not this screen.
Contractors receive MSP information from the following sources:

- Letters from beneficiaries or other informants
- Phone calls

Access

From the first page of the ECRS MSP Inquiry Detail screen, press [PF8]. The system displays the second page of the ECRS MSP Inquiry Detail screen, as shown in the example below.

```
                          ECRS MSP INQUIRY DETAIL                    PAGE 2 OF 2
CNTR NBR. 99999          BENE XXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXX
     HICN XXXXXXXXXXX     DCN XXXXXXXXXXXXXXX
INSURER NAME: _____________________________         INS TYPE: _ XXXXXXXXXXXXXXXX
      STREET: _____________________________ _____________________
        CITY: _________________ ST: __ ZIP: _____ - ____
    GROUP NO: ____________________                POLICY NO: ____________________
INSURED NAME: ____________________ _ ___________    INS REL: __  XXXXXXXXXXXXXXXX

                              DIAG: _____ _____ _____ _____ _____
ILLNESS/INJURY DT: __________  DESC: ____________________________________________
BENE REP NAME: ____________________________________ STRT: ____________________________
         CITY: _________________ ST: __ ZIP: _____ - ____ REP TYPE: _ XXXXXXXXXXXXX

DIALYSIS TRAIN DT: __________  BLACK LUNG BENEFITS: _ EFF DT: __________
   CLAIMS PENDING: _
   COMMENTS: CNTR: ____________________________________________________________
             ____________________________________________________________
             ____________________________________________________________
             COB: ____________________________________________________________
             ____________________________________________________________
             ____________________________________________________________

                F2=MENU F3=RETURN F5=UPDATE F7=BWD F12=EXIT
```

Explanation of Screen

ECRS MSP Inquiry Detail Screen, Page 2 of 2	
Field Name	**Description**
CNTR NBR.	Five-digit number identifying the Medicare contractor *(protected field)*
BENE	Name of beneficiary in first name/middle initial/last name format *(protected field)*
HICN	Health Insurance Claim Number for beneficiary *(protected field)*
DCN	Document Control Number assigned by contractor to correspondence and/or paperwork associated with this transaction *(protected field)*
INSURER NAME	Name of insurance carrier for MSP coverage
INS TYPE	One-character code for type of insurance *(required field).* Valid values are: J Hospital Only K Medical Only A Other Types
STREET	First and second lines of insurer's street address
CITY	Insurer's city
ST	Insurer's state
ZIP	Insurer's ZIP code
GROUP NO	Group number of insurance coverage
POLICY NO	Policy number of insurance coverage
INSURED NAME	Name of individual covered by this insurance in first name/middle initial/last name format
INS REL	One-character code indicating relationship between person covered by insurance and beneficiary. Description of code displays next to value. Valid values are: B Beneficiary C Child E Employer F Father I Insurer M Mother N Non-relative O Other relative P Provider S Spouse U Unknown
REP TYPE	One-character code indicating type of relationship between beneficiary and his/her representative. Description of code displays next to value. Valid values are: A Attorney R Representative (individual not acting as attorney)

ECRS MSP Inquiry Detail Screen, Page 2 of 2	
Field Name	**Description**
DIAG	Five-digit diagnosis code that applies to this MSP occurrence. Enter up to five diagnosis codes.
ILLNESS/INJURY DT	Date illness or injury occurred for workers' compensation, automobile, or liability coverage (in MMDDCCYY format)
DESC	Brief description of accident or illness for workers' compensation, automobile, or liability coverage
BENE REP NAME	Name of individual representing beneficiary in a workers' compensation, automobile, or liability insurance case in first name/middle initial/last name format
STRT	Beneficiary representative's street
CITY	Beneficiary representative's city
ST	Beneficiary representative's state
ZIP	Beneficiary representative's ZIP code
DIALYSIS TRAIN DT	Date beneficiary received self-dialysis training (in MMDDCCYY format)
BLACK LUNG BENEFITS	One-character code indicating whether beneficiary receives benefits under the Black Lung Program. Valid values are: N No Y Yes
EFF DT	Date beneficiary began receiving benefits under the Black Lung Program in MMDDCCYY format. This field is only valid when BLACK LUNG BENEFITS field value is **Y**.
CLAIMS PENDING	One-character field indicating whether claims were pending while waiting for this inquiry to be posted to CWF. Valid values are: N No Y Yes
COMMENTS	
CNTR	Identification number of updating operator proceeded by free-form text field allowing Medicare contractors to send special notes to COB contractor. *Protected field* when COB contractor adds a comment.
COB	Identification number of updating operator proceeded by free-form text field allowing COB contractor to comment on Medicare contractor. *Protected field* when Medicare contractor adds a comment.

Process

1. Type data in the appropriate fields.
2. After typing data in all of the appropriate fields, press [PF5]. The system adds or updates the inquiry transaction, then displays the message, "TRANSACTION SUCCESSFULLY UPDATED."

Transportation

ECRS MSP Inquiry Detail Screen, Page 2 of 2	
PF Key	**Function**
02	Return to ECRS main menu
03	Return to previous level
05	Add/update inquiry transaction
07	Page backward to first page of screen
12	Exit ECRS

ECRS MSP Inquiry List Screen

Introduction

Medicare contractors use the ECRS MSP Inquiry List screen to check the progress of an inquiry transaction through the COB system. If the system finds any records in the COB database for the contractor that match the search criteria entered, the ECRS MSP Inquiry List screen displays the transaction information for those records sorted by HICN, Contractor Number, Status, Last Update, User ID, and DCN.
Medicare contractors can also use this screen to delete new inquiries (in status NW) before the inquiries are processed by COB.

Access

From the COB ECRS main menu screen, type **05** in the SELECTION field, and type the search criteria in the appropriate fields. Press [Enter]. The system displays the ECRS MSP Inquiry List screen, as shown in the example below.

```
                              ECRS MSP INQUIRY LIST
USER ID:_________ STATUS:__ LAST UPDATED FROM:___________ THROUGH:___________
CNTR NBR: _____    HICN: ____________      DCN: ________________

SEL HICN           CNTR   DCN               ST RS  ORGIN DT    LST UPDATE USER ID
 _  XXXXXXXXXXX  XXXXX  XXXXXXXXXXXXXX  XX XX  99-99-9999  99-99-9999 XXXXXXXX
 _  XXXXXXXXXXX  XXXXX  XXXXXXXXXXXXXX  XX XX  99-99-9999  99-99-9999 XXXXXXXX
 _  XXXXXXXXXXX  XXXXX  XXXXXXXXXXXXXX  XX XX  99-99-9999  99-99-9999 XXXXXXXX
 _  XXXXXXXXXXX  XXXXX  XXXXXXXXXXXXXX  XX XX  99-99-9999  99-99-9999 XXXXXXXX
 _  XXXXXXXXXXX  XXXXX  XXXXXXXXXXXXXX  XX XX  99-99-9999  99-99-9999 XXXXXXXX
 _  XXXXXXXXXXX  XXXXX  XXXXXXXXXXXXXX  XX XX  99-99-9999  99-99-9999 XXXXXXXX
 _  XXXXXXXXXXX  XXXXX  XXXXXXXXXXXXXX  XX XX  99-99-9999  99-99-9999 XXXXXXXX
 _  XXXXXXXXXXX  XXXXX  XXXXXXXXXXXXXX  XX XX  99-99-9999  99-99-9999 XXXXXXXX
 _  XXXXXXXXXXX  XXXXX  XXXXXXXXXXXXXX  XX XX  99-99-9999  99-99-9999 XXXXXXXX
 _  XXXXXXXXXXX  XXXXX  XXXXXXXXXXXXXX  XX XX  99-99-9999  99-99-9999 XXXXXXXX
 _  XXXXXXXXXXX  XXXXX  XXXXXXXXXXXXXX  XX XX  99-99-9999  99-99-9999 XXXXXXXX
 _  XXXXXXXXXXX  XXXXX  XXXXXXXXXXXXXX  XX XX  99-99-9999  99-99-9999 XXXXXXXX
 _  XXXXXXXXXXX  XXXXX  XXXXXXXXXXXXXX  XX XX  99-99-9999  99-99-9999 XXXXXXXX
 _  XXXXXXXXXXX  XXXXX  XXXXXXXXXXXXXX  XX XX  99-99-9999  99-99-9999 XXXXXXXX

ENTER S IN SEL FIELD TO VIEW DETAILED INFO FOR THE TRANSACTION OR D TO DELETE

               F2=MENU F3=RETURN F5=UPDATE F7=BWD F8=FWD F12=EXIT
```

Note: From this screen, you can change or delete the search criteria to initiate a new search. You can perform searches using criteria in any of the following combinations:

- User ID
- User ID, Status
- User ID, Last Updated From
- User ID, Last Updated Through
- User ID, Last Updated From, Last Updated Through
- User ID, Status, Last Updated From
- User ID, Status, Last Updated Through
- User ID, Status, Last Updated From, Last Updated Through
- Status
- Status, Last Updated From
- Status, Last Updated Through
- Status, Last Updated From, Last Updated Through

- Last Updated From
- Last Updated Through
- Last Updated From, Last Updated Through
- HICN
- HICN, Last Updated From
- HICN, Last Updated Through
- HICN, Last Updated From, Last Updated Through
- DCN
- DCN, Last Updated From
- DCN, Last Updated Through
- DCN, Last Updated From, Last Updated Through

CMS Users: In addition to all of the criteria listed above, you can also perform searches using Contractor Number, as well as Contractor Number added to any other valid combination.

Explanation of Screen

ECRS MSP Inquiry List Screen	
Field Name	**Description**
USER ID	User ID entered as search criteria, if applicable. This field is updateable; enter a different User ID to perform additional searches.
STATUS	Status entered as search criteria, if applicable. This field is updateable; enter a different Status to perform additional searches. To view all open inquiry transactions, type **OP** in the STATUS field and press [Enter].
LAST UPDATED FROM	Starting date of date range entered as search criteria, if applicable. This field is updateable; enter a different From date in MMDDCCYY format to perform additional searches.
THROUGH	Ending date of date range entered as search criteria, if applicable. This field is updateable; enter a different Through date in MMDDCCYY format to perform additional searches.
CNTR NBR	**Medicare Contractors:** Contractor number entered on login screen *(protected field)* **CMS Users:** Type appropriate contractor number to view inquiry transactions for a specific contractor.
HICN	Health Insurance Claim Number entered as search criteria, if applicable. This field is updateable; enter a different HICN to perform additional searches.
DCN	Medicare contractor-assigned Document Control Number entered as search criteria, if applicable. This field is updateable; enter a different DCN to perform additional searches.
SEL	Selection field. Type **S** in this field and press [Enter] to transport to the ECRS MSP Inquiry Detail screen. Type **D** in this field and press [PF5] to mark a new (status NW) inquiry transaction for deletion.
HICN	Health Insurance Claim Number for inquiry transaction *(protected field)*
CNTR	Contractor number *(protected field)*

ECRS MSP Inquiry List Screen	
Field Name	**Description**
DCN	Document Control Number assigned to inquiry transaction by Medicare contractor *(protected field)*
ST	Status of inquiry transaction *(protected field)*
RS	Reason of inquiry transaction *(protected field)*
ORGIN DT	Originating date in MM-DD-CCYY format *(protected field)*
LST UPDATE	Date inquiry transaction was last changed in MMDDCCYY format *(protected field)*
USER ID	User ID of operator who entered inquiry transaction *(protected field)*

Process

If you want to…	Follow these instructions:
View detailed information	Type **S** in the SEL field next to the transaction for which you want to view detailed information. Press [Enter]. The system displays the first page of the ECRS MSP Inquiry Detail screen for the selected transaction.
Delete a new (status NW) inquiry	Type **D** in the SEL field next to the new (status NW) inquiry transaction you want to delete. Press [PF5]. The system marks the inquiry transaction for deletion.

Transportation

ECRS MSP Inquiry List Screen	
PF Key	**Function**
02	Return to ECRS main menu, current search criteria is not retained
03	Return to ECRS main menu, current search criteria is retained
05	Mark inquiry transactions that have **D** in the SEL field for deletion
07	Scroll backward
08	Scroll forward
12	Exit ECRS

ECRS MSP Lead Contractor Assignment Screen

Introduction

The ECRS MSP Lead Contractor Assignment screen shows the case(s) assigned to the contractor for coordination of Medicare activities with other contractors and insurance companies. The system sorts the assignment records by LAST UPDATE date, HICN, and EFF DATE, and lists the developing contractors in order by contractor number.

Access

From the COB ECRS main menu screen, type **06** in the SELECTION field, and type search criteria in the LAST UPDATED FROM, THROUGH, and/or HICN fields. Press [Enter]. The system displays the ECRS MSP Lead Contractor Assignment screen showing records found in the COB database for the contractor matching the selection criteria entered. If no selection criteria were entered, the screen displays all assignments in the COB database for the contractor.

```
                        ECRS MSP LEAD CONTRACTOR ASSIGNMENT
HICN: ___________ CNTR:_____  LAST UPDATED FROM: __________  THROUGH: __________

SEL  HICN         BENEFICIARY                    TYPE   EFF DATE   ORIGN DATE
 _   XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX X   X    99-99-9999  99-99-9999
 _   XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX X   X    99-99-9999  99-99-9999
 _   XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX X   X    99-99-9999  99-99-9999
 _   XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX X   X    99-99-9999  99-99-9999
 _   XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX X   X    99-99-9999  99-99-9999
 _   XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX X   X    99-99-9999  99-99-9999
 _   XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX X   X    99-99-9999  99-99-9999
 _   XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX X   X    99-99-9999  99-99-9999
 _   XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX X   X    99-99-9999  99-99-9999
 _   XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX X   X    99-99-9999  99-99-9999
 _   XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX X   X    99-99-9999  99-99-9999
 _   XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX X   X    99-99-9999  99-99-9999
 _   XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX X   X    99-99-9999  99-99-9999
 _   XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX X   X    99-99-9999  99-99-9999
 _   XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX X   X    99-99-9999  99-99-9999
 _   XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX X   X    99-99-9999  99-99-9999
 _   XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX X   X    99-99-9999  99-99-9999
 _   XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX X   X    99-99-9999  99-99-9999
 _   XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX X   X    99-99-9999  99-99-9999
 _   XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX X   X    99-99-9999  99-99-9999
 _   XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX X   X    99-99-9999  99-99-9999
 _   XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX X   X    99-99-9999  99-99-9999

                    F2=MENU F3=RETURN F7=BWD F8=FWD F12=EXIT
```

Explanation of Screen

ECRS MSP Lead Contractor Assignment Screen	
Field Name	**Description**
SEL	Selection field. Type **S** in this field and press [Enter] to display a list of developing contractors associated with this HICN.
HICN	Health Insurance Claim Number entered as search criteria, if applicable. This field is updateable; enter a different HICN to perform additional searches.

ECRS MSP Lead Contractor Assignment Screen	
Field Name	**Description**
CNTR	**Medicare Contractors:** Contractor number entered on login screen *(protected field)* **CMS Users:** Type appropriate contractor number to search for assignment records for a specific contractor.
LAST UPDATED FROM	Starting date of date range entered as search criteria, if applicable. This field is updateable; enter a different From date in MMDDCCYY format to perform additional searches.
THROUGH	Ending date of date range entered as search criteria, if applicable. This field is updateable; enter a different Through date in MMDDCCYY format to perform additional searches.
HICN	Health Insurance Claim Number for inquiry transaction *(protected field)*
BENEFICIARY	First 15 characters of last name and first initial of beneficiary for case assigned to contractor *(protected field)*
TYPE	MSP type for case assigned to contractor *(protected field)*
EFF DATE	Effective date of MSP coverage case assigned to contractor *(protected field)*
ORIGN DATE	Originating date in MMDDCCYY format *(protected field)*

Process

Press [PF7] or [PF8] to scroll through the list of HICNs assigned to the lead contractor.

Transportation

ECRS MSP Lead Contractor Assignment Screen	
PF Key	**Function**
02	Return to ECRS main menu, current search criteria is not retained
03	Return to ECRS main menu, current search criteria is retained
07	Scroll backward
08	Scroll forward
12	Exit ECRS

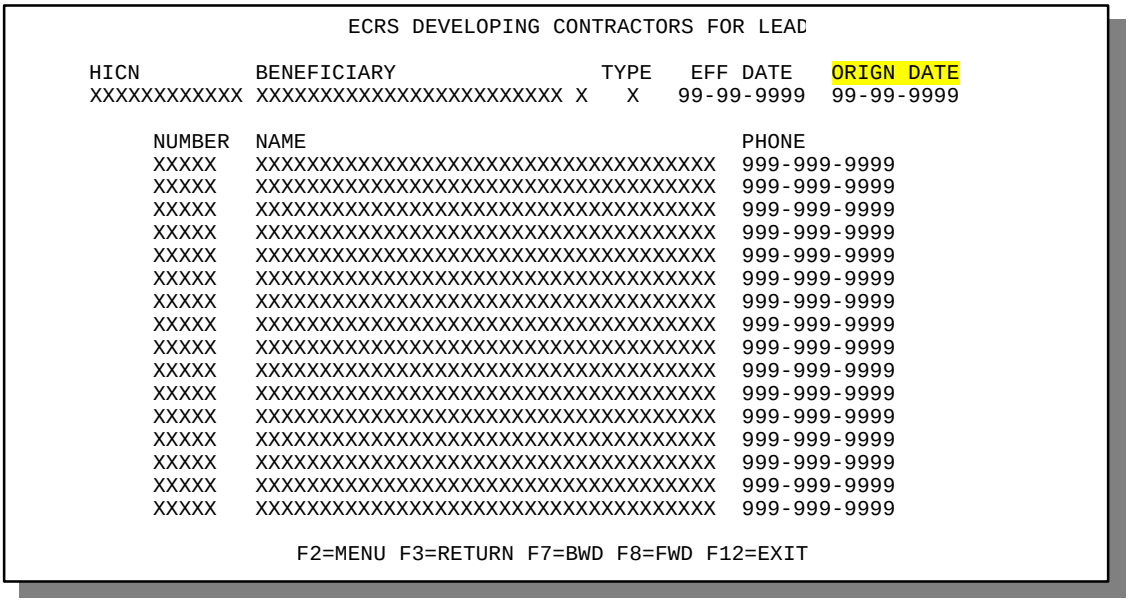
ECRS Developing Contractors for Lead Screen

Introduction

The ECRS Developing Contractors for Lead screen lists contractors other than the lead contractor that may be interested or involved in the MSP case. The system lists the developing contractors in order by contractor number.

Access

1. From the COB ECRS main menu screen, type **06** in the SELECTION field, and type search criteria in the LAST UPDATED FROM, THROUGH, and/or HICN fields. Press [Enter]. The system displays the ECRS MSP Lead Contractor Assignment screen showing records found in the COB database for the contractor matching the selection criteria entered. If no selection criteria were entered, the screen displays all assignments in the COB database for the contractor.
2. From the ECRS MSP Lead Contractor Assignment screen, type **S** in the SEL field and press [Enter]. The system displays the ECRS Developing Contractors for Lead screen for the HICN selected. If there are no developing contractors for the selected HICN, the system displays a message stating so.



Explanation of Screen

ECRS Developing Contractors for Lead Screen	
Field Name	**Description**
HICN	Health Insurance Claim Number for inquiry transaction *(protected field)*
BENEFICIARY	First 15 characters of last name and first initial of beneficiary for case assigned to contractor *(protected field)*
TYPE	MSP type for case assigned to contractor *(protected field)*
EFF DATE	Effective date of MSP coverage case assigned to contractor *(protected field)*

ECRS Developing Contractors for Lead Screen	
Field Name	**Description**
ORIGN DATE	Originating date in MMDDCCYY format *(protected field)*
(DEVELOPING CONTRACTORS)	
NUMBER	Contractor number of other Medicare contractors that may be interested or involved in the case assigned *(protected field)*
NAME	Name of other Medicare contractors that may be interested or involved in the case assigned *(protected field)*
PHONE	Phone number for other Medicare contractors that may be interested or involved in the case assigned *(protected field)*

Process

Press [PF7] or [PF8] to scroll through the list of developing contractors for a specific case. Press [Enter] to view the next lead contractor assignment.

Transportation

ECRS Developing Contractors for Lead Screen	
PF Key	**Function**
02	Return to ECRS main menu, current search criteria is not retained
03	Return to ECRS MSP Lead Contractor Assignment screen
07	Scroll backward
08	Scroll forward
12	Exit ECRS

ECRS MSP Developing Contractor Notification Screen

Introduction

The MSP Developing Contractor Notification screen displays the cases in which the contractor may have an interest or involvement, but the cases were assigned to another contractor for coordination of Medicare activities. The system sorts the records by LAST UPDATE date, HICN, and EFF DATE.

Access

From the COB ECRS main menu screen, type **07** in the SELECTION field, and type search criteria in the LAST UPDATED FROM, THROUGH, and/or HICN fields. Press [Enter]. The system displays the ECRS MSP Developing Contractor Notification screen showing records found in the COB database for the contractor matching the selection criteria entered. If no selection criteria were entered, the screen displays all assignments in the COB database for the contractor.

```
                  ECRS MSP DEVELOPING CONTRACTOR NOTIFICATION
HICN: ___________ CNTR:_____   LAST UPDATED FROM: __________  THROUGH: __________

HICN         BENEFICIARY                  TYPE  EFF DATE   ORIGN DATE  LEAD
XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX X   X  99-99-9999  99-99-9999  99999
XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX X   X  99-99-9999  99-99-9999  99999
XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX X   X  99-99-9999  99-99-9999  99999
XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX X   X  99-99-9999  99-99-9999  99999
XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX X   X  99-99-9999  99-99-9999  99999
XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX X   X  99-99-9999  99-99-9999  99999
XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX X   X  99-99-9999  99-99-9999  99999
XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX X   X  99-99-9999  99-99-9999  99999
XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX X   X  99-99-9999  99-99-9999  99999
XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX X   X  99-99-9999  99-99-9999  99999
XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX X   X  99-99-9999  99-99-9999  99999
XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX X   X  99-99-9999  99-99-9999  99999
XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX X   X  99-99-9999  99-99-9999  99999
XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX X   X  99-99-9999  99-99-9999  99999
XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX X   X  99-99-9999  99-99-9999  99999
XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX X   X  99-99-9999  99-99-9999  99999
XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX X   X  99-99-9999  99-99-9999  99999
XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX X   X  99-99-9999  99-99-9999  99999
XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX X   X  99-99-9999  99-99-9999  99999


                    F2=MENU F3=RETURN F7=BWD F8=FWD F12=EXIT
```

Explanation of Screen

ECRS MSP Developing Contractor Notification Screen	
Field Name	**Description**
HICN	Health Insurance Claim Number entered as search criteria, if applicable. This field is updateable; enter a different HICN to perform additional searches.
CNTR	**Medicare Contractors:** Contractor number entered on login screen *(protected field)* **CMS Users:** Type appropriate contractor number to search for developing records for a specific contractor.

ECRS MSP Developing Contractor Notification Screen	
Field Name	**Description**
LAST UPDATED FROM	Starting date of date range entered as search criteria, if applicable. This field is updateable; enter a different From date in MMDDCCYY format to perform additional searches.
THROUGH	Ending date of date range entered as search criteria, if applicable. This field is updateable; enter a different Through date in MMDDCCYY format to perform additional searches.
HICN	Health Insurance Claim Number for case *(protected field)*
BENEFICIARY	First 15 characters of last name and first initial of beneficiary for case *(protected field)*
TYPE	MSP type for case *(protected field)*
EFF DATE	Effective date of MSP coverage case *(protected field)*
ORIGN DATE	Originating date in MMDDCCYY format *(protected field)*
LEAD	Contractor number of Medicare contractor assigned as lead for case *(protected field)*

Process

Routinely check this screen to view new notifications.

Transportation

ECRS MSP Developing Contractor Notification Screen	
PF Key	**Function**
02	Return to ECRS main menu, current search criteria is not retained
03	Return to ECRS main menu, current search criteria is retained
07	Scroll backward
08	Scroll forward
12	Exit ECRS

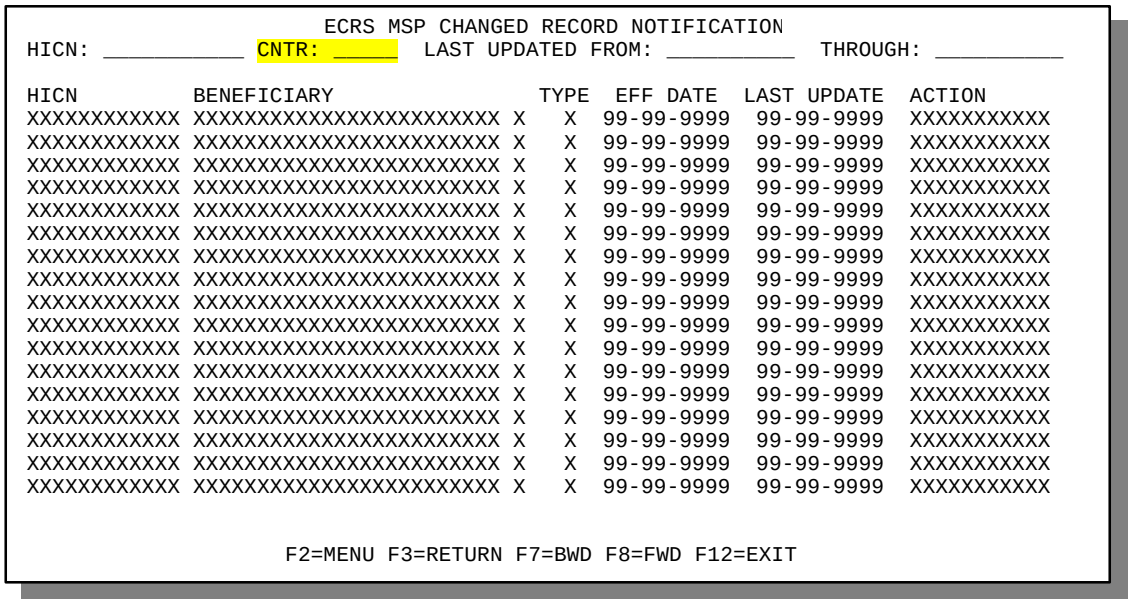
ECRS MSP Changed Record Notification Screen

Introduction

The MSP Changed Record Notification screen displays the occurrences in which the contractor may have an interest or involvement that have been added to, updated on, or deleted from CWF by the COB contractor. The system sorts the records by LAST UPDATE date, HICN, and EFF DATE.

Access

From the COB ECRS main menu screen, type **08** in the SELECTION field, and type search criteria in the LAST UPDATED FROM, THROUGH, and/or HICN fields. Press [Enter]. The system displays the ECRS MSP Changed Record Notification screen showing records found in the COB database for the contractor matching the selection criteria entered. If no selection criteria were entered, the screen displays all notifications in the COB database for the contractor.



```
                    ECRS MSP CHANGED RECORD NOTIFICATION
HICN: ___________ CNTR: _____  LAST UPDATED FROM: __________  THROUGH: __________

HICN         BENEFICIARY                 TYPE  EFF DATE  LAST UPDATE  ACTION
XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXX X   X  99-99-9999  99-99-9999  XXXXXXXXXX
XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXX X   X  99-99-9999  99-99-9999  XXXXXXXXXX
XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXX X   X  99-99-9999  99-99-9999  XXXXXXXXXX
XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXX X   X  99-99-9999  99-99-9999  XXXXXXXXXX
XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXX X   X  99-99-9999  99-99-9999  XXXXXXXXXX
XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXX X   X  99-99-9999  99-99-9999  XXXXXXXXXX
XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXX X   X  99-99-9999  99-99-9999  XXXXXXXXXX
XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXX X   X  99-99-9999  99-99-9999  XXXXXXXXXX
XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXX X   X  99-99-9999  99-99-9999  XXXXXXXXXX
XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXX X   X  99-99-9999  99-99-9999  XXXXXXXXXX
XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXX X   X  99-99-9999  99-99-9999  XXXXXXXXXX
XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXX X   X  99-99-9999  99-99-9999  XXXXXXXXXX
XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXX X   X  99-99-9999  99-99-9999  XXXXXXXXXX
XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXX X   X  99-99-9999  99-99-9999  XXXXXXXXXX
XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXX X   X  99-99-9999  99-99-9999  XXXXXXXXXX
XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXX X   X  99-99-9999  99-99-9999  XXXXXXXXXX
XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXX X   X  99-99-9999  99-99-9999  XXXXXXXXXX
XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXX X   X  99-99-9999  99-99-9999  XXXXXXXXXX

                  F2=MENU F3=RETURN F7=BWD F8=FWD F12=EXIT
```

Explanation of Screen

ECRS MSP Changed Record Notification Screen	
Field Name	**Description**
HICN	Health Insurance Claim Number entered as search criteria, if applicable. This field is updateable; enter a different HICN to perform additional searches.
CNTR	**Medicare Contractors:** Contractor number entered on login screen *(protected field)* **CMS Users:** Type appropriate contractor number to search for changed records for a specific contractor.

ECRS MSP Changed Record Notification Screen	
Field Name	**Description**
LAST UPDATED FROM	Starting date of date range entered as search criteria, if applicable. This field is updateable; enter a different From date in MMDDCCYY format to perform additional searches.
THROUGH	Ending date of date range entered as search criteria, if applicable. This field is updateable; enter a different Through date in MMDDCCYY format to perform additional searches.
HICN	Health Insurance Claim Number for case *(protected field)*
BENEFICIARY	First 15 characters of last name and first initial of beneficiary for case *(protected field)*
TYPE	MSP type for case *(protected field)*
EFF DATE	Effective date of MSP coverage case *(protected field)*
LAST UPDATE	Date notification record was last changed in MMDDCCYY format *(protected field)*
ACTION	Action performed by COB Contractor on this occurrence *(protected field).* Valid values are: ADDED New occurrence added to CWF DELETED Occurrence deleted from CWF UPDATED Occurrence updated on CWF

Process

Routinely check this screen to view new notifications.

Transportation

ECRS MSP Changed Record Notification Screen	
PF Key	**Function**
02	Return to ECRS main menu, current search criteria is not retained
03	Return to ECRS main menu, current search criteria is retained
07	Scroll backward
08	Scroll forward
12	Exit ECRS

Notes:

ECRS CICS Messages

This chapter contains a chart of ECRS CICS error messages. The chart also provides you with actions to take to resolve the errors.

ECRS CICS Error Message Chart

Message	Action
ACTION DO CANNOT BE COMBINED WITH OTHER ACTIONS	Correct action codes.
ACTION VP CANNOT BE COMBINED WITH OTHER ACTIONS	Correct action codes.
ALL EMPLOYER INFORMATION REQUIRED FOR EI (Employer Information) ACTION	Enter employer name and full address (street, city, state, and ZIP code).
AT LEAST 1 ACTION CODE MUST BE ENTERED	Enter one or more action codes.
CANNOT SPECIFY S AND D SIMULTANEOUSLY	Correct the SEL field to either **S**elect a transaction or **D**elete a transaction.
CANNOT USE MULTIPLE SEARCH SELECTIONS	Correct search criteria.
CLAIMS PENDING MUST BE Y OR N	Enter **Y** (yes) or **N** (no) for claims pending.
CONTRACTOR NUMBER ENTERED NOT FOUND	Enter valid contractor number.
CONTRACTOR NUMBER REQUIRED	Enter valid contractor number.
DESCRIPTION OF INJURY OR DIAGNOSIS CODE REQUIRED	Enter description of injury or valid diagnosis code.
DIAGNOSIS REQUIRED FOR DX (Change Diagnosis Code) ACTION	Enter valid diagnosis code.
DOB MUST BE LESS THAN CURRENT DATE	Enter valid date of birth.
ECRS TRANSACTION HAS BEEN TERMINATED	N/A
EFF DATE CANNOT BE GREATER THAN CURRENT DATE	Enter valid effective date.
EFF DATE CANNOT BE GREATER THAN TERM DATE	Enter valid effective date.
FIRST PAGE DISPLAYED	N/A
FOR DATA MATCH EIN IS REQUIRED	Enter employer's EIN.
FOR DATA MATCH EMPLOYEE NUMBER IS REQUIRED	Enter employee number.
FROM DATE CANNOT BE GREATER THAN THROUGH DATE	Correct either From date or Through date.
FUNCTION KEY NOT ACTIVE	N/A
HICN MUST BE AT LEAST 9 CHARACTERS	Enter valid HICN.
HIGHLIGHTED FIELDS ARE REQUIRED FOR SOURCE OF XXXX (Source Type)	Enter valid values in highlighted fields or change source type.
INSURER INFO REQUIRED FOR II (Insurer Information) ACTION	Enter full address for insurer (street, city, state, and ZIP code).

Message	Action
INSURER NAME REQUIRED FOR II (Insurer Information) ACTION	Enter insurer name.
INVALID ACCESS CODE FOR SPECIFIED CONTRACTOR	Enter valid access code.
INVALID COMBINATION OF SEARCH CRITERIA	Change search criteria or selection.
INVALID DATE – PLEASE ENTER MMDDCCYY FORMAT	Enter valid date in MMDDCCYY format.
INVALID DATE ENTERED	Enter valid date in MMDDCCYY format.
INVALID DATE FORMAT – PLEASE RE-ENTER MMDDCCYY	Enter valid date in MMDDCCYY format.
INVALID KEY WAS ENTERED	N/A
INVALID SELECTION ENTERED	Enter valid selection.
INVALID XXXXXXXX (Field Name)	Enter valid value for field specified.
LAST PAGE DISPLAYED	N/A
MORE THAN ONE REQUEST FOR DETAIL INFORMATION WAS FOUND	Type **S** and press [Enter] for only one record at a time.
NO PROCESSING REQUESTED	N/A
NO RECORDS FOUND MEETING SEARCH CRITERIA	Modify search criteria and initiate new search.
PLEASE CORRECT HIGHLIGHTED FIELDS	Correct entries in highlighted fields.
PLEASE CORRECT STATUS FIELD	Enter valid status code.
PLEASE SPECIFY AT LEAST ONE SEARCH CRITERIA	Enter at least one search value.
PRESS ENTER TO SELECT	Type **S** and press [Enter] to request detailed information for a transaction.
PRESS PF5 TO SEND REQUEST	Press [PF5] to transmit document copy request.
PRESS PF5 TO UPDATE TRANSACTION	Press [PF5] to update transaction.
PRESS PF8 TO CONTINUE	Press [PF8].
RECORD CANNOT BE DELETED	Correct value in SEL field for highlighted transactions; you can only delete records in new (NW) status.
REQUEST HAS BEEN SENT	N/A
SSN REQUIRED FOR MX (SSN/HICN Mismatch) ACTION	Enter valid SSN.
TERM DATE REQUIRED FOR TD ACTION	Enter termination date.
TRANSACTION COMPLETED SUCCESSFULLY	N/A
USE S TO REQUEST DETAILED INFORMATION	Type **S** and press [Enter] to request detailed information for a transaction.
XXXXXXXX (Field Name) IS INVALID	Enter valid value for field specified.
XXXXXXXX (Field Name) IS REQUIRED	Enter value for field specified.

Message	Action
XXXXXXXX (Field Name) MUST BE NUMERIC	Change value in field specified to numbers only.
XXXXXXXX (Field Name) NOT NUMERIC	Change value in field specified to numbers only.
XXXXXXXX (Field Name) REQUIRED FOR DOCUMENT REQUEST OF XXXX (Request Type)	Enter valid value for field specified or change request type.
XXXXXXXX (Field Name) SEARCH CRITERIA INVALID FOR SELECTION	Change search criteria or selection.
XXXXXXXXX (Field Name) REQUIRED FOR SOURCE OF XXXX (Source Type)	Enter valid value in field specified or change source type.

Notes:

Glossary

Action Codes	Used to determine what information should be changed at CWF. For example, if the action code is MT, the system updates information in the MSP TYPE field at CWF.
Bene	Medicare beneficiary
COB	Coordination of Benefits is a written statement that tells which plan or insurance policy pays first if two health plans or insurance policies cover the same benefits. If one of the plans is a Medicare health plan, federal law may decide who pays first.
CMS	The Centers for Medicare & Medicaid services, formerly known as the Health Care Financing Administration, the federal agency that administers the Medicare program
CWF	Common Working File, the Medicare Part A/Part B benefit coordination system that uses localized databases maintained by a host contractor
Data Match	Process by which information on employers and employees is analyzed by CMS for use in contacting employers concerning possible periods of MSP
DCN	Document Control Number
Developing Contractor	Contractor that may have an interest or involvement in an MSP case that was assigned to another contractor for coordination of Medicare activities
ECRS	Electronic Correspondence Referral System allows Medicare contractors to enter requests online through CICS screens to change Data Match and IEQ MSP records on CWF. Request transactions are sent to the COB contractor, where a batch process reads the transactions and processes the requests.
EIN	Employer Identification Number
HICN	Health Insurance Claim Number
IEQ	Initial Enrollment Questionnaire, used to gather Medicare Secondary Payer information for newly-eligible beneficiaries
Inquiry Transaction	Inquiry regarding possible MSP coverage, entered in ECRS
Lead Contractor	Main contractor coordinating Medicare activities for an MSP case with other

	contractors and insurance companies
Medicare Contractor	Organization contracting with CMS to process claims, pay for or provide medical services, or enhance the agency's capability to administer the Medicare program
MSP	Medicare Secondary Payer, statutory requirement that private or other government insurance plans or programs providing health care coverage of Medicare beneficiaries pay before Medicare
Request Transactions	Requests to change Data Match and IEQ MSP records at CWF, entered in ECRS
SSN	Social Security Number

Attachment 2

Electronic Correspondence Referral System (ECRS) Version 3.0 Enhancements

The following enhancements are included as part of version 3.0:

- **A new ECRS Logon Screen is displayed after the ECRS Splash Screen.**
  - Separate logon fields are provided for Medicare contractors and CMS users.
  - Information entered in representative name and phone number fields is captured and carried to the Common Working File (CWF) Referral, Medicare Secondary Payer (MSP) Inquiry, and Document Copy screens as long as the user is logged on to the ECRS system.
  - A bulletin board was added to display messages from the Coordination of Benefits Contractor (COBC).

- **ECRS Main Menu:**
  - The access code was moved to the ECRS Logon Screen.
  - For CMS users, a contractor number can be entered in the contractor field to view requests and inquiries for any contractor. A contractor number is required to access the MSP Developing Contractor Notification Screen and MSP Changed Record Notification Screen.
  - For Medicare contractors, the contractor number displayed is pre-filled from the ECRS Logon Screen.

- **CWF Assistance Request Detail Screens:**
  - Originating date field is pre-filled by system.
  - Contractor representative and phone number fields are pre-filled from logon screen.
  - New actions were added:
    + AI - Change attorney information by entering data in informant fields.
    + EA - Request COBC to develop for employer address
    + LR - Add duplicate liability record
    + PH - Add Prepaid Health Plan (PHP) date
    + RR - Generate copy of Right of Recovery Lead Contractor Letter
  - New reason codes were added:
    + 10 - Not processing - Used for BOX 10 entries with status of Hold (HD)
    + 54 - 100 or more threshold met
    + 55 - 20 or more threshold met
    + 56 - OBRA 93 doesn't apply - no update
    + 57 - Record already updated
    + 58 - Non Compliant Group Health Plan (GHP)
    + 59 - Employer verified existing record – no update.
    + 60 - Invalid Health Insurance Claim Number (HICN)
    + 61 - No Part A entitlement

  - + 62 - Case Closed - no response
    + 63 - Development Complete – No MSP
    + 64 - Letter Sent
  - ♦ Description for reason code 04 was changed from AT CWF to SENT TO CWF.
  - ♦ New status code Hold – HD was added.
  - ♦ An additional INFMT REL code of 'D' for Defendant's Attorney was added.
  - ♦ PHP DATE field was added to page 2 of 2.
  - ♦ A comment field was added to allow the COBC to add/respond to comments. The operator ID of the person adding the comment for COBC or Medicare contractor is also saved on the referral.

- **ECRS MSP Inquiry Detail Screens:**
  - ♦ Originating date field is pre-filled by system.
  - ♦ Contractor Representative and phone number fields are pre-filled from logon screen.
  - ♦ An edit was added to not allow termination date to be equal to effective date.
  - ♦ New reason codes were added:
    + 60 - Invalid HICN
    + 61 - No Part A entitlement
    + 62 - Aged for no response
    + 63 - Development Complete – No MSP
  - ♦ An additional INFMT REL code of 'D' for Defendant's Attorney was added.
  - ♦ A Yes/No Send to CWF field was added to allow contractors to indicate whether the inquiry should be sent to CWF. The indicator defaults to Y, unless the informant relationship is D (defendant's attorney). In that case, the indicator defaults to N and cannot be over keyed.
  - ♦ On page 2 of 2 the REP TYPE field was repositioned to allow additional space for comments.
  - ♦ A comment field was added to allow the COBC to add/respond to comments. The operator ID of the person adding the comment for COBC or Medicare contractor is also saved on the inquiry.

- **ECRS MSP Inquiry List and ECRS CWF Assistance Request List Screens:**
  - ♦ Contractor Number and Originating Date columns were added.
  - ♦ Beneficiary Name column was removed.
  - ♦ A Contractor Number search field was added for CMS Users.
  - ♦ The lists of transactions are now sorted in HICN, Contractor Number, Status, Last Update, User ID, Document Control Number order.

- **ECRS MSP Lead Contractor Assignment Screen:**
  - ♦ A Contractor Number search field was added for CMS Users.
  - ♦ The Last Update field was changed to display Originating Date.

- **ECRS Developing Contractor For Lead Screen:**

- The Last Update field was change to display Originating Date.

- **ECRS MSP Developing Contractor Notification Screen:**
  - A Contractor Number search field was added for CMS Users.
  - The Last Update column was changed to display Originating Date.

- **ECRS MSP Changed Record Notification Screen:**
  - A Contractor Number search field was added for CMS Users.

For questions or issues please email, COB@ghimedicare.com. If you have a question regarding any of the screen changes noted above, please contact Alberta Smythe (COBC) at (646) 458-6694.