
Program Memorandum Intermediaries/Carriers

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

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Date: MARCH 14, 2002

CHANGE REQUEST 2059

SUBJECT: Data Center Testing and Production- Electronic Correspondence Referral System (ECRS) User Manual 4.0

On February 11, 2002, the Coordination of Benefits Contractor (COBC) shipped ECRS Version 4.0 to all data centers for testing. Data centers should complete testing within the standard testing timeframes. No problems have been identified with the current test version; therefore the current test version will be converted to a production version to be operational on April 15, 2002.

Attachment 1 highlights new and improved features within the Program Memorandum (PM) and specific processing requirements to be followed. The ECRS Version 4.0 manual at Attachment 2 is being supplied for Medicare contractor and CMS RO use for maneuvering through the systems application processes. Attachment 3 is an ECRS Quick Reference Card to quickly locate selection options, required fields and descriptions, and value codes contained within ECRS 4.0.

Instruction for Printing and Folding Quick Reference Card:

To print the ECRS Quick Reference Card:

- 1) When printing the ECRS Quick Reference Card, print only the first page, then manually feed the paper back into your printer to print the second page.

To fold the ECRS Quick Reference in a Z-fold:

- 2) With the title page side up, bring the right edge of the sheet up to meet the dotted line on the left and fold it.
- 3) Turn the page over clockwise. Bring the right side of the sheet up to meet the crease you just made and fold it.

Problems encountered by data centers should be reported to the GHI's Help Desk technical support staff at (212) 615-4647 or (212) 615-4677. Medicare contractors may contact Alberta Smythe at (646) 458-6694 or their designated RO MSP Coordinator to report a concern or issue. In addition, you may E-mail questions/concerns to the COBC via Internet address at COB@ghimedicare.com. If you are unable to receive technical assistance after contacting Alberta and your RO, contact Danielle Barbour at 410-786-6468 or email at DBarbour@cms.hhs.gov.

The *effective date* for this PM is April 15, 2002.

The *implementation date* for this PM is April 15, 2002.

These instructions should be implemented within your current operating budget.

This PM may be discarded after October 15, 2002.

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

Attachments 3

Highlighted New and Improved Features in ECRS 4.0

1. Workers' Compensation Set-Aside Trust Screens

Process Requirement: These screens will be used by approved CMS RO users to add, view, and update workers' compensation set-aside cases. When submitting a case through ECRS, the RO should attempt to add the applicable diagnosis to the dx fields. Requests submitted with narratives may possibly delay the accretion of the record to the CWF by 24-72 hours. These records will suspend to a manual location for coding at the Coordination of Benefits Contractor (COBC).

2. Improved search criteria

Process Requirement: CMS RO users and Medicare contractors have improved features by which to locate a specific beneficiary request. RO users have the capability to search for entries submitted by any Medicare contractor.

3. Improved Reason Codes for MSP Inquiries and CWF Assistance Requests

4. Improved Patient Relationship Codes for MSP Inquiries and CWF Assistance Requests

5. Informant Name, Address, City, State, Zip, and Relationship

Process Requirement: When the source of your transaction is CHEK, LTTR, or PHON, you must provide the above information for the informant.

6. Voluntary Checks from Providers

Process Requirement: When submitting information that is the result of a voluntary refund from a provider and you do not have enough information to add an "I" record, you must provide the date of the check, the check number, and amount in the comments field of your request. This information will be used by the COBC for development and inquiries from providers.

7. Lead Contractor Assignment Change

Process Requirement: When a change in venue is requested by a Medicare contractor to the COBC via phone or letter, the COBC will delete the lead contractor assignment on the ECRS MSP Lead Contractor Assignment Screen. An ECRS MSP changed record notification will be created for the old lead contractor with ACTION "LEAD=xxxx", where "xxxx" is the new lead contractor number. Medicare contractors that are no longer lead on a case should forward all case specific information to the new lead within 5 business days of notification on ECRS. For developing contractors, the new lead contractor will be created on the ECRS MSP Developing Contractor Screen. The new lead will be notified on the ECRS MSP Lead Contractor Assignment Screen.

A letter is being developed by CO to inform the attorney, insurer, and beneficiary that there has been a change in venue. This letter will not be in use until late April by the COBC. In the interim, the old lead contractor upon forwarding the documentation to the new lead must phone the attorney and/or insurer to notify of the change in lead status.

Electronic Correspondence Referral System (ECRS)

User Guide

Version 4.0

Rev. 02-01/March 2002

GHI-DI-501-4.0

Confidentiality and Disclosure of Information

Section 1106 (a) of the Social Security Act as it applies to the Centers for Medicare & Medicaid Services (CMS) - (42 CFR Chapter IV Part 401 §§ 401.101 to 401.152) prohibits disclosure of any information obtained at any time by officers and employees of Medicare Intermediaries 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 their performance of duties and/or investigations, (for example, beneficiary diagnosis, pattern of practice of physicians, etc.).

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Chapter 1: Introduction

This chapter contains an introduction to the *Electronic Correspondence Referral System (ECRS) User Guide*. 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...
<i>ECRS User Guide</i>	1-2
User Guide Conventions	1-2
What is ECRS?	1-3
Logging On	1-5
Logging Off	1-6
COB ECRS Login Screen Description	1-7
COB ECRS Main Menu Screen Description	1-8

About this Guide

This guide was written to help you understand the Electronic Correspondence Referral System (ECRS). The guide is divided into three 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 guide. It also includes basic information about ECRS. If you are unfamiliar with the system or are not an experienced computer user, read the entire *Introduction* before reading the rest of the guide.

Chapter 2 is the *Task and Screen Reference*. It contains step-by-step instructions for performing ECRS tasks, as well as examples of each screen in ECRS with complete descriptions of the fields.

The last section is the *Appendices*, which contains a chart of ECRS CICS error messages and actions for resolution, a list of frequently asked questions, and a glossary that defines terms and acronyms associated with ECRS.

User Guide Conventions

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

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 guide.

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

What is ECRS?

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

The Electronic Correspondence Referral System (ECRS) allows MSP representatives at the Medicare contractor and authorized CMS RO users to fill out various online forms and electronically transmit assistance 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 updated on the MSP auxiliary occurrence at CWF. For example, if you type action code EI in the ACTION(S) field, only the information you type in the employer fields (employer name, street, city, ZIP code, EIN, and employee number) will be updated on the MSP auxiliary occurrence at CWF. 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). COB deletes the MSP auxiliary occurrence first, then adds a new MSP auxiliary occurrence with the new 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. COB deletes the MSP auxiliary occurrence first, then adds a new MSP auxiliary occurrence with the new MSP type.
PH	PHP DATE
PR	PAT REL (patient relationship)
TD	TERM DT (termination date)

You are required to enter at least one action code, but you have the ability to enter a maximum of four action codes.

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

The chart below lists action codes that are 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

Basic Functions

Logging On

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.

```

EEEEEE  CCCCCC RRRRRRR  SSSS
EE      CC      RR      R  SS
EE      CC      RR      R  SS
EEEEEE  CC      RRRRRRR  SSSS
EE      CC      RR  RR      SS
EE      CC      RR  RR      SS
EEEEEE  CCCCCC RR      RR  SSSS

          VERSION 4.0

**WARNING** THE SYSTEM YOU ARE ABOUT TO ENTER CONTAINS IRS TAX DATA.
ANY UNAUTHORIZED INSPECTION OR DISCLOSURE OF IRS RETURN INFORMATION
IN VIOLATION OF ANY PROVISION OF SECTION 6103, MAY BRING DAMAGES AS
DESCRIBED IN IRC SECTIONS 7431 AND 7213 WHICH INCLUDE BUT ARE NOT
LIMITED TO A FINE OF ANY AMOUNT NOT EXCEEDING $5,000 OR IMPRISONMENT.

          PRESS <ENTER> TO CONTINUE
    
```

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

```

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

CMS NUMBER: _____ ACCESS CODE: _____

CONTRACTOR NUMBER: _____ ACCESS CODE: _____

REPRESENTATIVE: _____

PHONE: ____ - ____ - _____

          COB CONTRACTOR BULLETIN BOARD

          _____
          _____
          THE COB CONTRACTOR
          _____
          WELCOMES
          _____
          YOU TO ECRS
          _____
          _____

          PF12=EXIT
    
```

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

If you are a...	Follow these steps:
Medicare contractor	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 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: __ REASON: __ HICN: _____ DCN: _____
SEARCH ORIGIN DATE FROM: _____ THROUGH: _____

      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
                09 WORKERS COMP SET ASIDE DETAIL
                10 WORKERS COMP SET ASIDE LIST

                        F3=RETURN F2=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."

COB ECRS Login Screen Description

```

      COB ELECTRONIC CORRESPONDENCE REFERRAL SYSTEM (ECRS)      MM/DD/YY
CMS NUMBER: _____ ACCESS CODE: _____
CONTRACTOR NUMBER: _____ ACCESS CODE: _____
REPRESENTATIVE: _____
PHONE: ___ - ___ - _____
      COB CONTRACTOR BULLETIN BOARD
      _____
      _____
      THE COB CONTRACTOR
      _____
      WELCOMES
      _____
      YOU TO ECRS
      _____
      _____
      _____
      PF12=EXIT
    
```

COB ECRS Login Screen	
Field Name	Description
CMS NUMBER	CMS identification number. <i>Required field</i> for CMS users.
ACCESS CODE	Three-position alphabetic authorization code for CMS users. <i>Required field</i> for CMS users.
CONTRACTOR NUMBER	Unique five-digit identification number assigned to each Medicare contractor by CMS. <i>Required field</i> for contractors.
ACCESS CODE	Five-character authorization code assigned by COB contractor. <i>Required field</i> 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.
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.
COB CONTRACTOR BULLETIN BOARD	Bulletins created in COB system

Transportation

COB ECRS Login Screen	
PF Key	Function
12	Exit ECRS

COB ECRS Main Menu Screen Description

```

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

CONTRACTOR NUMBER: _____

USER ID: _____ STATUS: ___ REASON: ___ HICN: _____ DCN: _____

SEARCH ORIGIN DATE FROM: _____ THROUGH: _____

      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
          09 WORKERS COMP SET ASIDE DETAIL
          10 WORKERS COMP SET ASIDE LIST

          F3=RETURN F12=EXIT
  
```

COB ECRS Main Menu Screen	
Field Name	Description
CONTRACTOR NUMBER	<p>Medicare Contractors: Contractor number entered on login screen (<i>protected field</i>)</p> <p>CMS Users: Type a CMS issued Medicare contractor number to view CWF assistance requests and inquiries for a specific contractor. Required field when accessing the MSP Developing Contractor Notification screen (07) and MSP Changed Record Notification screen (08).</p>
USER ID	User ID of operator, automatically entered by system. Use this field with options 02 and 05 to find specific ECRS transactions. You can combine this field with STATUS, REASON, and/or SEARCH ORIGIN DATE FROM and THROUGH dates to further refine a search.
STATUS	Status code of record. Use this field with options 02 and 05 to find specific ECRS transactions. You can combine this field with USER ID, REASON, and/or SEARCH ORIGIN DATE FROM and THROUGH dates to further refine a search.

COB ECRS Main Menu Screen	
Field Name	Description
REASON	Reason code of record. Use this field with options 02 and 05 to find specific ECRS transactions. You can combine this field with USER ID, STATUS, and/or SEARCH ORIGIN DATE FROM and THROUGH dates to further refine a search.
HICN	Health Insurance Claim Number. Searches for specific ECRS transactions. Use in conjunction with SEARCH ORIGIN DATE FROM and THROUGH dates 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 SEARCH ORIGIN DATE FROM and THROUGH dates to further refine a search.
SEARCH ORIGIN DATE FROM	Starting date of date range. Lists transactions originating after this date for CWF assistance requests, MSP inquiries, Lead Contractor, and Developing Contractor screens. 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 date range. Lists transactions originating before this date for CWF assistance requests, MSP inquiries, Lead Contractor, and Developing Contractor screens. Use this field in conjunction with any other selection criteria fields to further refine a search. Defaults to current date.

COB ECRS Main Menu Screen	
Field Name	Description
SELECTION	<p>Selection field. Options are:</p> <ul style="list-style-type: none"> 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 09 Workers Comp Set Aside Detail (for designated CMS users only) 10 Workers Comp Set Aside List (for designated CMS users only) <p>Note: Use the chart below to determine valid search criteria for the various selection options. By default, all contractor searches include Contractor Number.</p> <p style="text-align: center;">Selection Option</p> <p style="text-align: center;">Valid Search Criteria</p> <p>02, 05</p> <p>Contractor Number, HICN, User ID, Status, Reason, DCN, Origin Date From, and Through in any combination except you cannot combine DCN and HICN searches. In addition, you must combine searches on Origin Date From and/or Through, User ID, Status, and Reason with a DCN, HICN or Contractor Number search.</p> <p>06, 07, 08</p> <p>HICN or Contractor Number with or without Origin Date From and Through</p> <p>10</p> <p>SSN, HICN, Reason, Status, Origin Date From, and Through</p>

Transportation

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

Chapter 2: Task and Screen Reference

Introduction

This chapter is a task and screen reference. It describes tasks that are commonly performed in ECRS, and provides you with step-by-step instructions to accomplish each task. After each task, examples and explanations of the screens in ECRS are given.

If you are a new user, this reference can help you use the system as you learn it. You can also use this reference to determine what information is contained in each field or what you should enter in a field. It can also help you to navigate through the system if you are “lost.” If you are an experienced user, you can use the chapter as a quick reference for a task or 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 tasks in the chapter.

For information about this task...	See this page...
Viewing the List of CWF Assistance Request Transactions	2-3
Adding, Viewing, and Updating CWF Assistance Request Transactions	2-6
Deleting a CWF Assistance Request Transaction	2-17
Viewing the List of MSP Inquiry Transactions	2-18
Adding, Viewing, and Updating MSP Inquiry Transactions	2-22
Deleting an MSP Inquiry Transaction	2-33
Viewing the List of Workers' Compensation Set-Aside Trust Cases	2-34
Adding, Viewing, and Updating Workers' Compensation Set-Aside Trust Cases	2-37
Deleting Workers' Compensation Set-Aside Trust Cases	2-46
Requesting Document Copies	2-47
Viewing Lead Contractor Assignments	2-50
Viewing Developing Contractors for a Case	2-53
Viewing Notifications for Cases with Developing Contractors	2-55
Viewing Notifications of Changed MSP Records	2-58

Use the chart below or the *Table of Contents* to locate the screens in this chapter. The screens below are listed in the order in which they appear on the ECRS main menu screen.

For information about this screen...	See this page...
ECRS CWF Assistance Request Detail Screen, Page 1 of 2	2-9
ECRS CWF Assistance Request Detail Screen, Page 2 of 2	2-14
ECRS CWF Assistance Request List Screen	2-4
ECRS Document Copies Request Screen	2-48
ECRS MSP Inquiry Detail Screen, Page 1 of 2	2-25
ECRS MSP Inquiry Detail Screen, Page 2 of 2	2-29
ECRS MSP Inquiry List Screen	2-19
ECRS MSP Lead Contractor Assignment Screen	2-51
ECRS Developing Contractors for Lead Screen	2-54
ECRS MSP Developing Contractor Notification Screen	2-56
ECRS MSP Changed Record Notification Screen	2-59
ECRS Workers' Compensation Set-Aside Detail Screen, Page 1 of 2	2-39
ECRS Workers' Compensation Set-Aside Detail Screen, Page 2 of 2	2-42
ECRS Workers' Compensation Set-Aside List Screen	2-35

Viewing the List of CWF Assistance Request Transactions

Follow the steps below to view the list of CWF assistance request transactions.

1. 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:	__	REASON:	__			
ORIGIN DATE FROM:	_____	THROUGH:	_____	CNTR NBR:	_____	HICN:	_____	
DCN:	_____							
SEL	HICN	CNTR	DCN	ST	RS	ORGIN DT	LST UPDATE	USER ID
-	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX

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

2. You can change or delete the search criteria to initiate a new search. You can perform searches using the following criteria:

Contractor Number, HICN, User ID, Status, Reason, DCN, Origin Date From, and Through in any combination except you cannot combine DCN and HICN searches. In addition, you must combine searches on Origin Date From and/or Through, User ID, Status, and Reason with a DCN, HICN or Contractor Number search.

The dates in the ORIGIN DATE FROM and THROUGH fields default to the dates entered in the SEARCH ORIGIN DATE fields on the COB ECRS main menu screen. If you did not enter dates in those fields on the COB ECRS main menu screen, the fields on this screen default to the date 30 days prior to the current date and the current date.

Typing information in the appropriate fields and pressing [Enter] narrows or widens your search.

3. Press [PF7] to scroll backward or [PF8] to scroll forward through the list of CWF assistance request transactions.
4. If you want to view detailed information for a CWF assistance request transaction, 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.
5. If you want to exit the ECRS CWF Assistance Request List screen, press [PF2] to return to the ECRS main menu without retaining current search criteria, [PF3] to return to the ECRS main menu while retaining current search criteria, or [PF12] to exit ECRS.

ECRS CWF Assistance Request List Screen Description

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 code entered as search criteria, if applicable. This field is updateable; enter a different status code to perform additional searches. To view all in-process CWF assistance request transactions, type IP in the STATUS field and press [Enter].
REASON	Reason code entered as search criteria, if applicable. This field is updateable; enter a different reason code to perform additional searches.
ORIGIN DATE 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 (<i>protected field</i>) CMS Users: Type a CMS issued Medicare contractor number to view CWF assistance 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) CWF assistance request transaction for deletion.
HICN	Health Insurance Claim Number for CWF assistance request transaction (<i>protected field</i>)
CNTR	Contractor number (<i>protected field</i>)
DCN	Document Control Number assigned to CWF assistance request transaction by Medicare contractor (<i>protected field</i>)
ST	Status of CWF assistance request transaction (<i>protected field</i>). For a list of valid status values, see page 2-9.
RS	Reason of CWF assistance request transaction (<i>protected field</i>). For a list of valid reason values, see page 2-11.

ECRS CWF Assistance Request List Screen	
Field Name	Description
ORGIN DT	Originating date in MM-DD-CCYY format (<i>protected field</i>)
LST UPDATE	Date CWF assistance request transaction was last changed in MMDDCCYY format (<i>protected field</i>)
USER ID	User ID of operator who entered CWF assistance request transaction (<i>protected field</i>)

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 CWF assistance request transactions that have D in the SEL field for deletion
07	Scroll backward
08	Scroll forward
12	Exit ECRS

Adding, Viewing, and Updating CWF Assistance Request Transactions

Use the ECRS CWF Assistance Request Detail screens to add, view, and update an ECRS CWF assistance request transaction. You can only update an assistance request transaction if it is in NW (new) status. If the COB system has started processing the information, you cannot request an update. Any user with the same contractor number can update a transaction in NW (new) status.

Note: Use these screens to add assistance request transactions for *changes to existing CWF MSP auxiliary occurrences*. If you want to submit an inquiry to the COB contractor about a *possible MSP situation not yet documented at CWF*, use the ECRS MSP Inquiry Detail screens (see page 2-22).

Common tasks performed on these screens, followed by the associated Action Code, are:

- Making changes to attorney information (AI), diagnosis codes (DX), effective date (ED), employer information and size (EI and ES), insurer information (II), insurance type (IT), MSP type (MT), patient relationship (PR), pre-paid health plan date (PH), and termination date (TD)
- Requesting deletion of a CWF MSP auxiliary occurrence (DO)
- Correcting an SSN/HICN mismatch (MX)
- Updating a record for a vow of poverty (VP)
- Adding a duplicate liability record (LR)
- Requesting that COB develop for an employer address (EA)
- Making documentation requests for generation of right of recovery letters (RR)

Follow the steps below to add, view, or update an ECRS CWF assistance request transaction.

1. 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	<ol style="list-style-type: none"> 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.

```

ECRS CWF ASSISTANCE REQUEST DETAIL                                PAGE 1 OF 2
CNTR NBR. 99999 PHONE: ___-___-___ USER ID XXXXXXXX ORIG DT: 99-99-9999
CNTR REP.: _____ STATUS XX XXXXXXXXXXXXXXXX
ACTION(S): ___-___-___ DCN: _____ REASON XX XXXXXXXXXXXXXXXX
SOURCE: _____ XXXXXXXXXXXXXXXX
BENE HICN: _____ SSN: ___-___-___ DOB: _____ SEX: _
NAME: _____ PAT REL: ___ XXXXXXXXXXXXXXXX
MSP TYPE: _ XXXXXXXXXXXXXXXX EFF DT: _____ TERM DT: _____
AUX REC: _____ ACCR DT: _____
ORIG CNTR: _____
BENE STRT: _____
CITY: _____ ST: ___ ZIP: _____-___ PHONE: ___-___-___
SUBSCBR: _____
INFMT NAME: _____ PHONE: ___-___-___
STREET: _____
CITY: _____ ST: ___ ZIP: _____-___ INFMT REL: ___ XXXXXXXXXXXXXXXX
EMPLR NAME: _____ EIN: _____
STREET: _____
CITY: _____ ST: ___ ZIP: _____-___ EMPLOYEE NO: _____

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

- Note:** Only Medicare contractors have the ability to enter data on this screen. CMS users only have the ability to view information on this screen.

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
- NAME
- PAT REL
- MSP TYPE
- EFF DT
- AUX REC
- ORIG CNTR
- INFMT NAME, STREET, CITY, ST, ZIP, INFMT REL (if SOURCE = CHEK or LTTR)

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

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

Action Code	Required Fields
MX	SSN (Social Security Number)
TD	TERM DT (termination date)
AI	INFMT NAME, STREET, CITY, ST, ZIP, INFMT REL (attorney information)
EI	EMPLR NAME, STREET, CITY, ST, ZIP, EIN, and EMPLOYEE NO (employer information) Note: Type data in <i>all</i> fields to update employer information at CWF.

- 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, as shown in the example below.

```

ECRS CWF ASSISTANCE REQUEST DETAIL                                PAGE 2 OF 2
CNTR NBR. 99999          BENE XXXXXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXXXXXX
HICN XXXXXXXXXXXXXXX    DCN XXXXXXXXXXXXXXXXXXXX

INSURER NAME: _____          INS TYPE: _ XXXXXXXXXXXXXXXXXXXX
STREET: _____
CITY: _____ ST: _ ZIP: _____
GROUP NO: _____          POLICY NO: _____
INSURED NAME: _____      INS REL: _ XXXXXXXXXXXXXXXXXXXX
PHP DATE: _____
REMARKS: _ _ _          DIAG: _____

CLAIMS PENDING: _

COMMENTS: CNTR: (OPERID)_____
_____
_____

COB: (OPERID)_____
_____
_____

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

- Type data in the INS TYPE field, the only required field on the ECRS CWF Assistance Request Detail, Page 2 of 2 screen.
- Type data in the fields as required by the action code(s) requested and 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	<p>INSURER NAME</p> <p>If you leave the following fields blank, the system overwrites the previous value: STREET, CITY, ST, ZIP, GROUP NO, POLICY NO, INSURED NAME, INS REL.</p> <p>Note: Type data in <i>all</i> fields to update insurer information at CWF. Leave <i>all</i> fields blank to delete insurer information at CWF.</p>
PH	PHP DATE (Pre-paid Health Plan date)
DX	DIAG (diagnosis codes) Enter at least one, but up to five.

- After typing data in all of the required fields, press [PF5]. The system adds or updates the transaction, then displays the message, "TRANSACTION COMPLETED SUCCESSFULLY."
- If you want to return to the ECRS CWF Assistance Request Detail, Page 1 of 2 screen, press [PF7].
If you want to exit the ECRS CWF Assistance Request Detail screens, press [PF2] to return to the ECRS main menu or [PF12] to exit ECRS.

ECRS CWF Assistance Request Detail, Page 1 of 2 Screen Description

```

ECRS CWF ASSISTANCE REQUEST DETAIL                                PAGE 1 OF 2
CNTR NBR. 99999 PHONE: ___-___-___ USER ID XXXXXXXX ORIG DT: 99-99-9999
CNTR REP.: _____ STATUS XX XXXXXXXXXXXXXXXX
ACTION(S): ___-___-___ DCN: _____ REASON XX XXXXXXXXXXXXXXXX
SOURCE: _____ XXXXXXXXXXXXXXXX
BENE HICN: _____ SSN: ___-___-___ DOB: _____ SEX: _
NAME: _____ PAT REL: __ XXXXXXXXXXXXXXXX
MSP TYPE: _ XXXXXXXXXXXXXXXX EFF DT: _____ TERM DT: _____
AUX REC: _____ ACCR DT: _____
ORIG CNTR: _____
BENE STRT: _____
CITY: _____ ST: __ ZIP: _____-___ PHONE: ___-___-___
SUBSCBR: _____-___
INFMT NAME: _____ PHONE: ___-___-___
STREET: _____
CITY: _____ ST: __ ZIP: _____-___ INFMT REL: __ XXXXXXXXXXXXXXXX
EMPLR NAME: _____ EIN: _____
STREET: _____
CITY: _____ ST: __ ZIP: _____-___ EMPLOYEE NO: _____

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

ECRS CWF Assistance Request Detail Screen, Page 1 of 2	
Field Name	Description
CNTR NBR.	Contractor number entered on login screen (<i>protected field</i>)
PHONE	Phone number of contractor representative
USER ID	User ID of operator who entered CWF assistance request transaction (<i>protected field</i>)
ORIG DT	Originating date in MM-DD-CCYY format (<i>protected field</i>)
CNTR REP.	Name of contractor representative to contact for further information or clarification regarding CWF assistance request
STATUS	Two-character code explaining where CWF assistance request transaction is in the COB system process (<i>protected field</i>). Description of status code displays next to value. Valid values are: CM Completed DE Delete (do not process) ECRS CWF assistance request 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)	<p>Two-character code defining action to take on CWF Auxiliary record (<i>required field</i>). Valid values are:</p> <ul style="list-style-type: none"> 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 <p>Enter up to four action codes unless CWF assistance 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 three action codes with any other action codes.</p>
DCN	Document Control Number assigned by contractor to correspondence and/or paperwork associated with transaction (<i>required field</i>)

ECRS CWF Assistance Request Detail Screen, Page 1 of 2	
Field Name	Description
REASON	<p>Two-character code explaining why the CWF assistance request is in a particular status (<i>protected field</i>). Description of reason code displays next to value. Valid values are:</p> <ul style="list-style-type: none"> 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 11 Not yet eligible for Medicare, used with HD 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 54 100 or more threshold met 55 20 or more threshold met 56 OBRA does not apply, no update 57 Record already updated 58 Non-compliant GHP 59 Employer verified existing record, no update 60 Invalid HICN 61 No Part A entitlement 62 Closed, no response to development 63 Development complete, no MSP 64 Letter sent 65 Deceased, used with CM status 66 ESRD/DIB conflict 67 No response from CWF 68 Closed for Self-Report (More current information was received by the COB contractor in the form of a self-report. You will be notified of any changes in record status on the ECRS Changed Record Notification screen.)
SOURCE	<p>Four-character code identifying source of CWF assistance request information (<i>required field</i>). Description of source code displays next to value. Valid values are:</p> <ul style="list-style-type: none"> 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 (<i>required field</i>). Type HICN without dashes, spaces, or other special characters.
SSN	Social Security Number of beneficiary
DOB	Beneficiary’s date of birth

ECRS CWF Assistance Request Detail Screen, Page 1 of 2	
Field Name	Description
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 <i>required fields</i> .
PAT REL	Patient relationship between policy holder and beneficiary (<i>required field</i>). Description of code displays next to value. Valid values are: 01 Patient is policy holder 02 Spouse 03 Natural child, insured has financial responsibility 04 Natural child, insured does not have financial responsibility 05 Stepchild 06 Foster child 07 Ward of the Court 08 Employee 09 Unknown 10 Handicapped dependent 11 Organ donor 12 Cadaver donor 13 Grandchild 14 Niece/nephew 15 Injured plaintiff 16 Sponsored dependent 17 Minor dependent of a minor dependent 18 Parent 19 Grandparent dependent 20 Not available
MSP TYPE	One-character code identifying type of MSP coverage (<i>required field</i>). Description of code displays next to value. Valid values are: A Working Aged B ESRD C Conditional Payment D Automobile Insurance, No Fault E Workers' Compensation F Federal (Public) G Disabled H Black Lung I Veterans L Liability
EFF DT	Effective date of MSP coverage in MMDDCCYY format (<i>required field</i>)
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 (<i>required field</i>)
ACCR DT	Accretion date of MSP coverage in MMDDCCYY format

ECRS CWF Assistance Request Detail Screen, Page 1 of 2	
Field Name	Description
ORIG CNTR	Contractor number of contractor that created original MSP occurrence at CWF (<i>required field</i>)
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. First and last names are <i>required fields</i> when SOURCE is CHEK or LTTR. Note: When source is CHEK additional information is requested in the comments section. (See comments)
PHONE	Informant's telephone number
STREET	First and second lines of informant's street address. First address line is a <i>required field</i> when SOURCE is CHEK or LTTR.
CITY	Informant's city. <i>Required field</i> when SOURCE is CHEK or LTTR.
ST	Informant's state. <i>Required field</i> when SOURCE is CHEK or LTTR.
ZIP	Informant's ZIP code. <i>Required field</i> when SOURCE is CHEK or LTTR.
INFMT REL	One-character code indicating relationship of informant to beneficiary. <i>Required field</i> when SOURCE is CHEK or 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

ECRS CWF Assistance Request Detail Screen, Page 1 of 2	
Field Name	Description
ST	Employer's state
ZIP	Employer's ZIP code
EMPLOYEE NO	Employee number of policy holder

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, Page 2 of 2 Screen Description

ECRS CWF ASSISTANCE REQUEST DETAIL		PAGE 2 OF 2
CNTR NBR. 99999	BENE XXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXX	
HICN XXXXXXXXXXXXX	DCN XXXXXXXXXXXXXXXX	
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		

ECRS CWF Assistance Request Detail Screen, Page 2 of 2	
Field Name	Description
CNTR NBR.	Five-digit number identifying the Medicare contractor (<i>protected field</i>)
BENE	Name of beneficiary in first name/middle initial/last name format (<i>protected field</i>)
HICN	Health Insurance Claim Number for beneficiary (<i>protected field</i>)
DCN	Document Control Number assigned by contractor to correspondence and/or paperwork associated with this transaction (<i>protected field</i>)
INSURER NAME	Name of insurance carrier for MSP coverage (<i>required field</i> for II action code)
INS TYPE	One-character code for type of insurance. 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 M Mother N Non-relative O Other relative 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.

ECRS CWF Assistance Request Detail Screen, Page 2 of 2	
Field Name	Description
CLAIMS PENDING	One-character field indicating whether claims were pending while waiting for this assistance request to be posted to CWF. Valid values are: N No Y Yes
<i>COMMENTS</i>	
CNTR	Identification number of updating operator (OPERID) precedes a free-form text field, where Medicare contractors type data to send notes to the COB contractor. <i>Protected field</i> when COB contractor adds a comment. Note: When the SOURCE of your assistance request is CHEK, provide the check number, date of check and dollar amount of check in this section.
COB	Identification number of updating operator (OPERID) precedes a free-form text field, where the COB contractor's comments on the Medicare contractor or the last comment added in CARS appear. <i>Protected field</i> when Medicare contractor adds a comment.

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

Deleting a CWF Assistance Request Transaction

Follow the steps below to delete a new (status NW) CWF assistance request transaction before it is processed by COB. If the COB system has started processing your request, you cannot delete it.

1. 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:	___	REASON:	___			
ORIGIN DATE FROM:	_____	THROUGH:	_____	CNTR NBR:	_____	HICN:	_____	
DCN:	_____							
SEL	HICN	CNTR	DCN	ST	RS	ORGIN DT	LST UPDATE	USER ID
-	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX

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

2. You can change or delete the search criteria to initiate a new search. You can perform searches using the following criteria:

Contractor Number, HICN, User ID, Status, Reason, DCN, Origin Date From, and Through in any combination except you cannot combine DCN and HICN searches. In addition, you must combine searches on Origin Date From and/or Through, User ID, Status, and Reason with a DCN, HICN or Contractor Number search.

The dates in the ORIGIN DATE FROM and THROUGH fields default to the dates entered in the SEARCH ORIGIN DATE fields on the COB ECRS main menu screen. If you did not enter dates in those fields on the COB ECRS main menu screen, the fields on this screen default to the date 30 days prior to the current date and the current date.

Typing information in the appropriate fields and pressing [Enter] narrows or widens your search.

3. Press [PF7] to scroll backward or [PF8] to scroll forward through the list to find the CWF assistance request transaction you want to delete.
4. Type **D** in the SEL field next to new (status NW) CWF assistance request transaction you want to delete. Press [Enter]. The system marks the assistance request transaction for deletion.
5. If you want to exit the ECRS CWF Assistance Request List screen, press [PF2] to return to the ECRS main menu without retaining current search criteria, [PF3] to return to the ECRS main menu while retaining current search criteria, or [PF12] to exit ECRS.

Note: For the ECRS CWF Assistance Request List Screen Description, see page 2-4.

Viewing the List of MSP Inquiry Transactions

Follow the steps below to view the list of MSP inquiry transactions.

1. 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:	___	REASON:	___			
ORIGIN DATE FROM:	_____	THROUGH:	_____	CNTR NBR:	_____	HICN:	_____	
DCN:	_____							
SEL	HICN	CNTR	DCN	ST	RS	ORGIN DT	LST UPDATE	USER ID
-	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX

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

2. From this screen, you can change or delete the search criteria to initiate a new search. You can perform searches using the following criteria:

Contractor Number, HICN, User ID, Status, Reason, DCN, Origin Date From, and Through in any combination except you cannot combine DCN and HICN searches. In addition, you must combine searches on Origin Date From and/or Through, User ID, Status, and Reason with a DCN, HICN or Contractor Number search.

The dates in the ORIGIN DATE FROM and THROUGH fields default to the dates entered in the SEARCH ORIGIN DATE fields on the COB ECRS main menu screen. If you did not enter dates in those fields on the COB ECRS main menu screen, the fields on this screen default to the date 30 days prior to the current date and the current date.

Typing information in the appropriate fields and pressing [Enter] narrows or widens your search.

3. Press [PF7] to scroll backward or [PF8] to scroll forward through the list of MSP inquiry transactions.
4. If you want to view detailed information for an MSP inquiry transaction, 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.
5. If you want to exit the ECRS MSP Inquiry List screen, press [PF2] to return to the ECRS main menu without retaining current search criteria, [PF3] to return to the ECRS main menu while retaining current search criteria, or [PF12] to exit ECRS.

ECRS MSP Inquiry List Screen Description

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 code entered as search criteria, if applicable. This field is updateable; enter a different status code to perform additional searches. To view all in-process MSP inquiry transactions, type IP in the STATUS field and press [Enter].
REASON	Reason code entered as search criteria, if applicable. This field is updateable; enter a different reason code to perform additional searches.
ORIGIN DATE 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 (<i>protected field</i>) CMS Users: Type a CMS issued Medicare contractor number to view MSP 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) MSP inquiry transaction for deletion.
HICN	Health Insurance Claim Number for MSP inquiry transaction (<i>protected field</i>)
CNTR	Contractor number (<i>protected field</i>)
DCN	Document Control Number assigned to MSP inquiry transaction by Medicare contractor (<i>protected field</i>)
ST	Status of MSP inquiry transaction (<i>protected field</i>). For a list of valid status values, see page 2-25.
RS	Reason of MSP inquiry transaction (<i>protected field</i>). For a list of valid reason values, see page 2-26.
ORIGIN DT	Originating date in MM-DD-CCYY format (<i>protected field</i>)

ECRS MSP Inquiry List Screen	
Field Name	Description
LST UPDATE	Date MSP inquiry transaction was last changed in MMDDCCYY format (<i>protected field</i>)
USER ID	User ID of operator who entered MSP inquiry transaction (<i>protected field</i>)

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 MSP inquiry transactions that have D in the SEL field for deletion
07	Scroll backward
08	Scroll forward
12	Exit ECRS

Adding, Viewing, and Updating MSP Inquiry Transactions

Use the ECRS MSP Inquiry Detail screens to add, view, and update an ECRS MSP inquiry transaction. You can only update an MSP inquiry transaction if it is in NW (new) status. If the COB system has started processing the information, you cannot update the transaction.

Note: Use these screens to submit an MSP inquiry to forward information to the COB contractor about a possible MSP situation not yet documented at CWF. If you want to enter CWF assistance request transactions for changes to existing CWF MSP auxiliary occurrences, use the ECRS CWF Assistance Request Detail screens (see page 2-6).

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

- Letters from beneficiaries or other informants (LTTR)
- Phone calls (PHON)
- Checks (CHEK)
- Secondary claims (SCLM)
- Responses to development initiated by the contractor prior to contract turnover to the COB contractor (DVLP)

Follow the steps below to add, view, or update an ECRS MSP inquiry transaction.

1. 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	<ol style="list-style-type: none"> 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.

```

ECRS MSP INQUIRY DETAIL                                PAGE 1 OF 2
CNTR NBR. 99999  PHONE:  ___ - ___ - ___  USER ID XXXXXXXX  ORIG DT: 99-99-9999
CNTR REP.: _____  STATUS XX  XXXXXXXXXXXXXXXX
                                DCN: _____  REASON XX  XXXXXXXXXXXXXXXX
                                SOURCE: _____  XXXXXXXXXXXXXXXX
BENE HICN: _____  SSN:  ___ - ___ - ___  DOB: _____  SEX:  _
NAME: _____  PAT REL:  _  XXXXXXXXXXXXXXXX
MSP TYPE:  _  XXXXXXXXXXXXXXXX  EFF DT: _____  TERM DT: _____
SEND TO CWF? (Y/N)  _

BENE STRT: _____
CITY: _____  ST:  _  ZIP:  _____ - _____  PHONE:  ___ - ___ - ___
SUBSCBR: _____

INFMT NAME: _____  PHONE:  ___ - ___ - ___
ADDR: _____
CITY: _____  ST:  _  ZIP:  _____ - _____  INFMT REL:  _  XXXXXXXXXXXXXXX

EMPLR NAME: _____  EIN: _____
STREET: _____
CITY: _____  ST:  _  ZIP:  _____ - _____  EMPLOYEE NO: _____

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

- Note:** Only Medicare contractors have the ability to enter data on this screen. CMS users only have the ability to view information on this screen.

Type data in the fields required by the code typed in the SOURCE field on the ECRS MSP Inquiry Detail, Page 1 of 2 screen. The table below lists codes and corresponding required fields.

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

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

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

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

```

ECRS MSP INQUIRY DETAIL                                PAGE 2 OF 2
CNTR NBR. 99999          BENE XXXXXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXXXXXX
HICN XXXXXXXXXXXXXXXX   DCN XXXXXXXXXXXXXXXXXXXX
INSURER NAME: _____ INS TYPE:  _ XXXXXXXXXXXXXXXXXXXX
STREET: _____
CITY: _____ ST:  _ ZIP: _____ - _____
GROUP NO: _____ POLICY NO: _____
INSURED NAME: _____ INS REL:  _ XXXXXXXXXXXXXXXXXXXX

DIAG: _____
ILLNESS/INJURY DT: _____ DESC: _____
BENE REP NAME: _____ STRT: _____
CITY: _____ ST:  _ ZIP: _____ - _____ REP TYPE:  _ XXXXXXXXXXXXXXXXXXXX

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

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

```

- Type data in the appropriate fields.
- After typing data in all of the appropriate fields, press [PF5]. The system adds or updates the MSP inquiry transaction, then displays the message, "TRANSACTION COMPLETED SUCCESSFULLY."
- If you want to return to the ECRS MSP Inquiry Detail, Page 1 of 2 screen, press [PF7].
If you want to exit the ECRS MSP Inquiry Detail screens, press [PF2] to return to the ECRS main menu or [PF12] to exit ECRS.

ECRS MSP Inquiry Detail, Page 1 of 2 Screen Description

```

ECRS MSP INQUIRY DETAIL                                     PAGE 1 OF 2
CNTR NBR. 99999  PHONE: ___ - ___ - ___  USER ID XXXXXXXX  ORIG DT: 99-99-9999
CNTR REP.: _____  STATUS XX  XXXXXXXXXXXXXXXX
                                DCN: _____  REASON XX  XXXXXXXXXXXXXXXX
                                SOURCE: _____  XXXXXXXXXXXXXXXX
BENE HICN: _____  SSN: ___ - ___ - ___  DOB: _____  SEX: _
NAME: _____  PAT REL: __ XXXXXXXXXXXXXXXX
MSP TYPE: _ XXXXXXXXXXXXXXXX  EFF DT: _____  TERM DT: _____
SEND TO CWF? (Y/N) _

BENE STRT: _____
CITY: _____  ST: __  ZIP: _____ - _____  PHONE: ___ - ___ - ___
SUBSCBR: _____

INFMT NAME: _____  PHONE: ___ - ___ - ___
ADDR: _____
CITY: _____  ST: __  ZIP: _____ - _____  INFMT REL: __ XXXXXXXXXXXX

EMPLR NAME: _____  EIN: _____
STREET: _____
CITY: _____  ST: __  ZIP: _____ - _____  EMPLOYEE NO: _____

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

ECRS MSP Inquiry Detail Screen, Page 1 of 2	
Field Name	Description
CNTR NBR.	Contractor number entered on login screen (<i>protected field</i>)
PHONE	Phone number of contractor representative
USER ID	User ID of operator who entered MSP inquiry transaction (<i>protected field</i>)
ORIG DT	Originating date in MM-DD-CCYY format (<i>protected field</i>)
CNTR REP.	Name of contractor representative to contact for further information or clarification regarding MSP inquiry
STATUS	Two-character code explaining where MSP inquiry transaction is in the COB system process (<i>protected field</i>). Description of status code displays next to value. Valid values are: CM Completed DE Delete (do not process) ECRS MSP 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 (<i>required field</i>)

ECRS MSP Inquiry Detail Screen, Page 1 of 2	
Field Name	Description
REASON	<p>Two-character code explaining why the MSP inquiry is in a particular status (<i>protected field</i>). Description of reason code displays next to value. Valid values are:</p> <p>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 11 Not yet eligible for Medicare, used with HD 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 54 100 or more threshold met 55 20 or more threshold met 56 OBRA does not apply, no update 57 Record already updated 58 Non-compliant GHP 59 Employer verified existing record, no update 60 Invalid HICN 61 No Part A entitlement 62 Closed, no response to development 63 Development complete, no MSP 64 Letter sent 65 Deceased, used with CM status 66 ESRD/DIB conflict 67 No response from CWF 68 Closed for Self-Report (More current information was received by the COB contractor in the form of a self-report. You will be notified of any changes in record status on the ECRS Changed Record Notification screen.)</p>
SOURCE	<p>Four-character code identifying source of MSP inquiry information (<i>required field</i>). Description of source code displays next to value. Valid values are:</p> <p>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</p>
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

ECRS MSP Inquiry Detail Screen, Page 1 of 2	
Field Name	Description
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 <i>required fields</i> .
PAT REL	Patient relationship between policy holder and beneficiary. Description of code displays next to value. Valid values are: 01 Patient is policy holder 02 Spouse 03 Natural child, insured has financial responsibility 04 Natural child, insured does not have financial responsibility 05 Stepchild 06 Foster child 07 Ward of the Court 08 Employee 09 Unknown 10 Handicapped dependent 11 Organ donor 12 Cadaver donor 13 Grandchild 14 Niece/nephew 15 Injured plaintiff 16 Sponsored dependent 17 Minor dependent of a minor dependent 18 Parent 19 Grandparent dependent 20 Not available
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

ECRS MSP Inquiry Detail Screen, Page 1 of 2	
Field Name	Description
SEND TO CWF? (Y/N)	Indicates whether to send MSP 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 <i>protected field</i>) 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. <i>Required field</i> if value in SOURCE field = CHEK, LTTR, or PHON. Note: When source is CHEK additional information is requested in the comments section. (See comments)
PHONE	Informant's telephone number
ADDR	First and second lines of informant's street address. <i>Required field</i> if value in SOURCE field = CHEK, LTTR, or PHON.
CITY	Informant's city. <i>Required field</i> if value in SOURCE field = CHEK, LTTR, or PHON.
ST	Informant's state. <i>Required field</i> if value in SOURCE field = CHEK, LTTR, or PHON.
ZIP	Informant's ZIP code. <i>Required field</i> if value in SOURCE field = CHEK, LTTR, or PHON.
INFMT REL	One-character code indicating relationship of informant to beneficiary. Description of code displays next to value. <i>Required field</i> if value in SOURCE field = CHEK, LTTR, or PHON. 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

ECRS MSP Inquiry Detail Screen, Page 1 of 2	
Field Name	Description
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

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, Page 2 of 2 Screen Description

```

ECRS MSP INQUIRY DETAIL                                PAGE 2 OF 2
CNTR NBR. 99999          BENE XXXXXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXXXXXX
HICN XXXXXXXXXXXXXXXX   DCN XXXXXXXXXXXXXXXXXXXX
INSURER NAME: _____ INS TYPE: _ XXXXXXXXXXXXXXXXXXXX
STREET: _____
CITY: _____ ST: __ ZIP: _____ - _____
GROUP NO: _____ POLICY NO: _____
INSURED NAME: _____ INS REL: __ XXXXXXXXXXXXXXXXXXXX

DIAG: _____
ILLNESS/INJURY DT: _____ DESC: _____
BENE REP NAME: _____ STRT: _____
CITY: _____ ST: __ ZIP: _____ - _____ REP TYPE: _ XXXXXXXXXXXXXXXXXXXX

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

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


ECRS MSP Inquiry Detail Screen, Page 2 of 2	
Field Name	Description
CNTR NBR.	Five-digit number identifying the Medicare contractor (<i>protected field</i>)
BENE	Name of beneficiary in first name/middle initial/last name format (<i>protected field</i>)
HICN	Health Insurance Claim Number for beneficiary (<i>protected field</i>)
DCN	Document Control Number assigned by contractor to correspondence and/or paperwork associated with this transaction (<i>protected field</i>)
INSURER NAME	Name of insurance carrier for MSP coverage
INS TYPE	One-character code for type of insurance. 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 M Mother N Non-relative O Other relative 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)
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)

ECRS MSP Inquiry Detail Screen, Page 2 of 2	
Field Name	Description
DESC	Brief description of accident or illness for workers' compensation, automobile, or liability coverage
BENE REP NAME	Name of individual representing a beneficiary's medical affairs or estate. Representation may be applicable in a workers' compensation, automobile, or liability insurance case. Type name in first name/middle initial/last name format.
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 MSP inquiry to be posted to CWF. Valid values are: N No Y Yes
<i>COMMENTS</i>	
CNTR	Identification number of updating operator (OPERID) precedes a free-form text field, where Medicare contractors type data to send notes to the COB contractor. <i>Protected field</i> when COB contractor adds a comment. Note1: If the MSP inquiry is processed systematically without errors, the COB contractor does not read these comments unless the SEND TO CWF? field contains a value of N. Note 2: When the SOURCE of your assistance request is CHEK, provide the check number, date of check and dollar amount of check in this section. The COB contractor will use this information for provider inquiries.
COB	Identification number of updating operator (OPERID) precedes a free-form text field, where the COB contractor's comments on the Medicare contractor or the last comment added in CARS appear. <i>Protected field</i> when Medicare contractor adds a comment.

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 MSP inquiry transaction
07	Page backward to first page of screen
12	Exit ECRS

Deleting an MSP Inquiry Transaction

Follow the steps below to delete a new (status NW) MSP inquiry transaction before it is processed by COB. If the COB system has started processing your transaction, you cannot delete it.

1. 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: ___ REASON: ___
ORIGIN DATE FROM: _____ THROUGH: _____ CNTR NBR: _____ HICN: _____
DCN: _____

SEL HICN          CNTR  DCN          ST RS  ORGIN DT    LST UPDATE  USER ID
-  XXXXXXXXXXXX  XXXXX  XXXXXXXXXXXX  XX XX  99-99-9999  99-99-9999  XXXXXXXX
-  XXXXXXXXXXXX  XXXXX  XXXXXXXXXXXX  XX XX  99-99-9999  99-99-9999  XXXXXXXX
-  XXXXXXXXXXXX  XXXXX  XXXXXXXXXXXX  XX XX  99-99-9999  99-99-9999  XXXXXXXX
-  XXXXXXXXXXXX  XXXXX  XXXXXXXXXXXX  XX XX  99-99-9999  99-99-9999  XXXXXXXX
-  XXXXXXXXXXXX  XXXXX  XXXXXXXXXXXX  XX XX  99-99-9999  99-99-9999  XXXXXXXX
-  XXXXXXXXXXXX  XXXXX  XXXXXXXXXXXX  XX XX  99-99-9999  99-99-9999  XXXXXXXX
-  XXXXXXXXXXXX  XXXXX  XXXXXXXXXXXX  XX XX  99-99-9999  99-99-9999  XXXXXXXX
-  XXXXXXXXXXXX  XXXXX  XXXXXXXXXXXX  XX XX  99-99-9999  99-99-9999  XXXXXXXX
-  XXXXXXXXXXXX  XXXXX  XXXXXXXXXXXX  XX XX  99-99-9999  99-99-9999  XXXXXXXX
-  XXXXXXXXXXXX  XXXXX  XXXXXXXXXXXX  XX XX  99-99-9999  99-99-9999  XXXXXXXX
-  XXXXXXXXXXXX  XXXXX  XXXXXXXXXXXX  XX XX  99-99-9999  99-99-9999  XXXXXXXX
-  XXXXXXXXXXXX  XXXXX  XXXXXXXXXXXX  XX XX  99-99-9999  99-99-9999  XXXXXXXX
-  XXXXXXXXXXXX  XXXXX  XXXXXXXXXXXX  XX XX  99-99-9999  99-99-9999  XXXXXXXX
-  XXXXXXXXXXXX  XXXXX  XXXXXXXXXXXX  XX XX  99-99-9999  99-99-9999  XXXXXXXX
-  XXXXXXXXXXXX  XXXXX  XXXXXXXXXXXX  XX XX  99-99-9999  99-99-9999  XXXXXXXX
-  XXXXXXXXXXXX  XXXXX  XXXXXXXXXXXX  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
    
```

2. From this screen, you can change or delete the search criteria to initiate a new search. You can perform searches using the following criteria:

Contractor Number, HICN, User ID, Status, Reason, DCN, Origin Date From, and Through in any combination except you cannot combine DCN and HICN searches. In addition, you must combine searches on Origin Date From and/or Through, User ID, Status, and Reason with a DCN, HICN or Contractor Number search.

The dates in the ORIGIN DATE FROM and THROUGH fields default to the dates entered in the SEARCH ORIGIN DATE fields on the COB ECRS main menu screen. If you did not enter dates in those fields on the COB ECRS main menu screen, the fields on this screen default to the date 30 days prior to the current date and the current date.

Typing information in the appropriate fields and pressing [Enter] narrows or widens your search.

3. Press [PF7] to scroll backward or [PF8] to scroll forward through the list of MSP inquiry transactions.
4. Type **D** in the SEL field next to new (status NW) MSP inquiry transaction you want to delete. Press [Enter]. The system marks the MSP inquiry transaction for deletion.
5. If you want to exit the ECRS MSP Inquiry List screen, press [PF2] to return to the ECRS main menu without retaining current search criteria, [PF3] to return to the ECRS main menu while retaining current search criteria, or [PF12] to exit ECRS.

Note: For the ECRS MSP Inquiry List Screen Description, see page 2-19.

Viewing the List of Workers' Compensation Set-Aside Trust Cases

Note: The ECRS Workers' Compensation Set-Aside List screen is for authorized CMS Regional Office users only. Medicare contractors users do not have access to this screen.

Follow the steps below to view the list of workers' compensation set-aside trust cases. Viewing of existing cases is restricted to records added by your RO.

1. From the COB ECRS main menu screen, type **10** in the SELECTION field, and type the search criteria in the appropriate fields. Press [Enter]. The system displays the ECRS Workers' Comp Set-Aside List screen, as shown in the example below.

```

ECRS WORKERS COMP SET-ASIDE LIST SCREEN
STATUS:___ REASON: __ HICN: _____ SSN: _____ DCN: _____
ORIGIN DATE FROM: _____ THROUGH: _____

SEL HICN          SSN          ST RS          DCN          ORIGIN DATE  LST UPDATE  USER ID
-  XXXXXXXXXXXX  XXXXXXXXXX  XX XX  XXXXXXXXXXXX  99-99-9999  99-99-9999  XXXXXXXXXX
-  XXXXXXXXXXXX  XXXXXXXXXX  XX XX  XXXXXXXXXXXX  99-99-9999  99-99-9999  XXXXXXXXXX
-  XXXXXXXXXXXX  XXXXXXXXXX  XX XX  XXXXXXXXXXXX  99-99-9999  99-99-9999  XXXXXXXXXX
-  XXXXXXXXXXXX  XXXXXXXXXX  XX XX  XXXXXXXXXXXX  99-99-9999  99-99-9999  XXXXXXXXXX
-  XXXXXXXXXXXX  XXXXXXXXXX  XX XX  XXXXXXXXXXXX  99-99-9999  99-99-9999  XXXXXXXXXX
-  XXXXXXXXXXXX  XXXXXXXXXX  XX XX  XXXXXXXXXXXX  99-99-9999  99-99-9999  XXXXXXXXXX
-  XXXXXXXXXXXX  XXXXXXXXXX  XX XX  XXXXXXXXXXXX  99-99-9999  99-99-9999  XXXXXXXXXX
-  XXXXXXXXXXXX  XXXXXXXXXX  XX XX  XXXXXXXXXXXX  99-99-9999  99-99-9999  XXXXXXXXXX
-  XXXXXXXXXXXX  XXXXXXXXXX  XX XX  XXXXXXXXXXXX  99-99-9999  99-99-9999  XXXXXXXXXX
-  XXXXXXXXXXXX  XXXXXXXXXX  XX XX  XXXXXXXXXXXX  99-99-9999  99-99-9999  XXXXXXXXXX
-  XXXXXXXXXXXX  XXXXXXXXXX  XX XX  XXXXXXXXXXXX  99-99-9999  99-99-9999  XXXXXXXXXX
-  XXXXXXXXXXXX  XXXXXXXXXX  XX XX  XXXXXXXXXXXX  99-99-9999  99-99-9999  XXXXXXXXXX
-  XXXXXXXXXXXX  XXXXXXXXXX  XX XX  XXXXXXXXXXXX  99-99-9999  99-99-9999  XXXXXXXXXX
-  XXXXXXXXXXXX  XXXXXXXXXX  XX XX  XXXXXXXXXXXX  99-99-9999  99-99-9999  XXXXXXXXXX
-  XXXXXXXXXXXX  XXXXXXXXXX  XX XX  XXXXXXXXXXXX  99-99-9999  99-99-9999  XXXXXXXXXX

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

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

```

2. From this screen, you can change or delete the search criteria to initiate a new search. You can perform searches using the following criteria:

SSN, HICN, Reason, Status, Origin Date From, and Through

The dates in the ORIGIN DATE FROM and THROUGH fields default to the dates entered in the SEARCH ORIGIN DATE fields on the COB ECRS main menu screen. If you did not enter dates in those fields on the COB ECRS main menu screen, the fields on this screen default to the date 30 days prior to the current date and the current date.

Typing information in the appropriate fields and pressing [Enter] narrows or widens your search.

3. Press [PF7] to scroll backward or [PF8] to scroll forward through the list of workers' compensation set-aside trust cases.
4. If you want to view detailed information for a workers' compensation set-aside trust case, type **S** in the SEL field next to the case for which you want to view detailed information. Press [Enter]. The system displays the ECRS Workers' Compensation Set-Aside Detail screen for the selected case.
5. If you want to exit the ECRS Workers' Comp Set-Aside List screen, press [PF2] to return to the ECRS main menu without retaining current search criteria, [PF3] to return to the ECRS main menu while retaining current search criteria, or [PF12] to exit ECRS.

ECRS Workers' Comp Set-Aside List Screen Description

ECRS Workers' Comp Set-Aside List Screen	
Field Name	Description
STATUS	Status code entered as search criteria, if applicable. This field is updateable; enter a different status code to perform additional searches.
REASON	Reason code entered as search criteria, if applicable. This field is updateable; enter a different reason code to perform additional searches.
HICN	Health Insurance Claim Number entered as search criteria, if applicable. This field is updateable; enter a different HICN to perform additional searches.
SSN	Social Security Number entered as search criteria, if applicable. This field is updateable; enter a different SSN to perform additional searches.
DCN	Document Control Number entered as search criteria, if applicable. This field is updateable; enter a different DCN to perform additional searches.
ORIGIN DATE 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.
SEL	Selection field. Type S in this field and press [Enter] to transport to the ECRS Workers' Compensation Set-Aside Detail screen. Type D in this field and press [PF5] to mark a workers' compensation set-aside trust case for deletion (valid only for cases with a status code of HD or NW).
HICN	Health Insurance Claim Number of injured individual, if available (<i>protected field</i>)
SSN	Social Security Number of injured individual, if available (<i>protected field</i>)
ST	Status of workers' compensation set-aside trust case (<i>protected field</i>). Valid values are: CM Completed HD Hold IP In process NW New
RS	Reason for status (<i>protected field</i>). Valid values are: 01 Not yet read by COB 04 Sent to CWF 06 At EDB 11 Not yet eligible for Medicare 50 Record applied at CWF with no errors 65 Deceased 67 No response from CWF
DCN	Document Control Number entered by CMS Regional Office (<i>protected field</i>)
ORIGIN DATE	Date workers' compensation set-aside trust case was entered in MM-DD-CCYY format (<i>protected field</i>)

E CRS Workers' Comp Set-Aside List Screen	
Field Name	Description
LST UPDATE	Date workers' compensation set-aside trust case was last changed in MMDDCCYY format (<i>protected field</i>)
USER ID	User ID of operator who last updated workers' compensation set-aside trust case (<i>protected field</i>)

Transportation

E CRS Workers' Comp Set-Aside List Screen	
PF Key	Function
02	Return to E CRS main menu, current search criteria is not retained
03	Return to E CRS main menu, current search criteria is retained
07	Scroll backward
08	Scroll forward
12	Exit E CRS

Adding, Viewing, and Updating Workers' Compensation Set-Aside Trust Cases

Note: The ECRS Workers' Compensation Set-Aside Detail screen is for authorized CMS Regional Office users only. Medicare contractors users do not have access to this screen.

Use the ECRS Workers' Compensation Set-Aside Detail screens to add, view, and update a workers' compensation set-aside trust case. You can only update a case if you work in the Regional Office that entered it, and the case status is NW (new) or HD (hold). If the COB system has started processing the information, you cannot update the case.

Follow the steps below to add, view, or update a workers' compensation set-aside trust case.

1. From the COB ECRS main menu screen, type **09** in the SELECTION field and press [Enter]. The system displays the ECRS Workers' Compensation Set-Aside Detail, Page 1 of 2 screen, as shown in the example below.

ECRS WORKERS COMPENSATION SET-ASIDE DETAIL PAGE 1 OF 2

RO NUMBER: XXX STATUS: XX XXXXXXXX
 USER ID: XXXXXXXX REASON: XX XXXXXXXX
 ORIGIN DATE: 99-99-9999

NAME: _____ DOB: _____ SEX: _
 STATE: _ LEAD CONTRACTOR: _____ MEDICARE BENE? Y/N: _ DOD: _____
 SSN: _____ HICN _____ DCN _____

ADMINISTRATOR: _____ AMOUNT: \$____,____,____
 STREET: _____
 CITY: _____ ST: _ ZIP: _____-____ PHONE: ____-____-____

ATTORNEY: _____
 STREET: _____
 CITY: _____ ST: _ ZIP: _____-____ PHONE: ____-____-____

DEFENDANT ATTY? Y/N: _
 DATE OF LOSS: _____ EFFECTIVE DATE: _____

DIAG: _____
 DESCRIPTION: _____

F2=MENU F3=RETURN F8=FORWARD F12=EXIT

2. Type data in all of the required fields on the ECRS Workers' Compensation Set-Aside Detail screen. The required fields on this screen are:

- NAME
- DOB
- SEX
- STATE
- MEDICARE BENE?
- SSN, if MEDICARE BENE? = N
- HICN, if MEDICARE BENE? = Y
- ATTORNEY, STREET, CITY, ST, ZIP
- DATE OF LOSS, if EFFECTIVE DATE field is blank
- EFFECTIVE DATE, if DATE OF LOSS field is blank
- DESCRIPTION, if DIAG fields are blank

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

- After typing data in all of the required fields, press [PF8]. The system displays the ECRS Workers' Compensation Set-Aside Detail, Page 2 of 2 screen, as shown in the example below.

RO NUMBER: XXX		ECRS WORKERS COMPENSATION SET-ASIDE DETAIL		PAGE 2 OF 2	
USER ID: XXXXXXXX		STATUS: XX XXXXXXXX		REASON: XX XXXXXXXX	
ORIGIN DATE: 99-99-9999					
NAME: _____			DOB: _____		SEX: _
STATE: __	LEAD CONTRACTOR: _____	MEDICARE BENE? Y/N: _	DOD: _____		
SSN: _____	HICN _____	DCN _____			
INSURER NAME: _____			INS TYPE: _ XXXXXXXXXXXXXXXX		
STREET: _____					
CITY: _____		ST: __	ZIP: _____	POLICY NO: _____	
GROUP NO: _____					
INSURED NAME: _____			INS REL: __ XXXXXXXXXXXXXXXX		
EMPLOYER: _____					
STREET: _____					
CITY: _____		ST: __	ZIP: _____	PHONE: ____-____-____	
F2=MENU F3=RETURN F5=UPDATE PF7=BACKWARD F12=EXIT					

- Type data in the appropriate fields.
- After typing data in all of the appropriate fields, press [PF5]. The system adds or updates the workers' compensation set-aside trust case, then displays the message, "TRANSACTION COMPLETED SUCCESSFULLY."
- If you want to return to the ECRS Workers' Compensation Set-Aside Detail, Page 1 of 2 screen, press [PF7].

If you want to exit the ECRS Workers' Compensation Set-Aside Detail screens, press [PF2] to return to the ECRS main menu or [PF12] to exit ECRS.

ECRS Workers' Compensation Set-Aside Detail, Page 1 of 2 Screen Description

```

ECRS WORKERS COMPENSATION SET-ASIDE DETAIL PAGE 1 OF 2
RO NUMBER: XXX STATUS: XX XXXXXXXX
USER ID: XXXXXXXX REASON: XX XXXXXXXX
ORIGIN DATE: 99-99-9999

NAME: _____ DOB: _____ SEX: _
STATE: __ LEAD CONTRACTOR: _____ MEDICARE BENE? Y/N: _ DOD: _____
SSN: _____ HICN _____ DCN _____

ADMINISTRATOR: _____ AMOUNT: $____,____,____
STREET: _____
CITY: _____ ST: __ ZIP: _____-____-____ PHONE: ____-____-____

ATTORNEY: _____
STREET: _____
CITY: _____ ST: __ ZIP: _____-____-____ PHONE: ____-____-____

DEFENDANT ATTY? Y/N: _

DATE OF LOSS: _____ EFFECTIVE DATE: _____

DIAG: _____
DESCRIPTION: _____
_____
_____

F2=MENU F3=RETURN F8=FORWARD F12=EXIT
    
```

ECRS Workers' Compensation Set-Aside Detail Screen, Page 1 of 2	
Field Name	Description
RO NUMBER	Regional Office contractor number (<i>protected field</i>)
STATUS	Status of request (<i>protected field</i>). Valid values are: NW New, not yet processed by COB HD Hold, individual is not yet a Medicare beneficiary IP In process, record is being processed by COB CM Completed, applied response received from CWF or date of death entered on HD record Note: You can update or delete requests when they are in NW (new) or HD (hold) status. After the record has been sent to CWF (status code IP, reason code 04), you cannot make further changes on ECRS. When COB receives an applied response from CWF, the system updates the record to status code CM (completed), reason code 50 (record applied to CWF without errors).
USER ID	Identification number of user currently logged on system (<i>protected field</i>)
REASON	Reason for status (<i>protected field</i>). Valid values are: 01 Not yet read by COB (used with status NW) 04 Sent to CWF (used with status IP) 06 Query sent to EDB for beneficiary information (used with status IP) 11 Not yet eligible for Medicare (used with status HD) 50 Record applied at CWF with no errors (used with status CM) 65 Deceased (used with status CM) 67 No response from CWF

ECRS Workers' Compensation Set-Aside Detail Screen, Page 1 of 2	
Field Name	Description
ORIGIN DATE	Date workers' compensation set-aside trust case was added by Regional Office (<i>protected field</i>)
NAME	Name of injured individual in first name/middle initial/last name format (<i>required field</i>)
DOB	Injured individual's date of birth (<i>required field</i>)
SEX	Sex of beneficiary (<i>required field</i>). Valid values are: M Male F Female U Unknown
STATE	Abbreviation of state in which injured individual resides (<i>required field</i>)
LEAD CONTRACTOR	Field is blank upon initial entry. The Regional Office can add the lead contractor number or let the system use the beneficiary state code logic to fill in the lead contractor number when the request is entered. This field can be overridden by the Regional Office when the status code of the request is NW (new) or HD (held).
MEDICARE BENE?	Allows Regional Office to indicate whether injured individual has Medicare coverage (<i>required field</i>). Valid values are: Y Yes N No
DOD	Date of death. You can only enter a date in this field when updating a case. After you enter the date of death, the system updates the case with status code CM (complete), reason code 65 (deceased).
SSN	Social Security Number of injured individual. <i>Required field</i> if MEDICARE BENE? field contains a value of N.
HICN	Health Insurance Claim Number of injured individual. Type HICN without dashes, spaces, or other special characters. <i>Required field</i> if MEDICARE BENE? field contains a value of Y.
DCN	Regional Office Document Control Number Note: The DCN may be used by you as an additional search criteria.
ADMINISTRATOR	Name of trust administrator. At CWF, the system adds trust administrator information to the insurer fields and annotates it with TAD.
AMOUNT	Dollar amount of trust settlement. Enter up to nine digits in whole dollars.
STREET	Trust administrator's or employer's street address
CITY	Trust administrator's or employer's city
ST	Trust administrator's or employer's state abbreviation
ZIP	Trust administrator's or employer's ZIP code
PHONE	Trust administrator's or employer's telephone number
ATTORNEY	Name of attorney or employer (<i>required field</i>). At CWF, the system adds attorney information to the employer fields. In the absence of attorney information (or if the attorney is the defendant's attorney), you can add employer information to these fields.

ECRS Workers' Compensation Set-Aside Detail Screen, Page 1 of 2	
Field Name	Description
STREET	Attorney's street address (<i>required field</i>)
CITY	Attorney's city (<i>required field</i>)
ST	Attorney's state abbreviation (<i>required field</i>)
ZIP	Attorney's ZIP code (<i>required field</i>)
PHONE	Attorney's telephone number
DEFENDANT ATTY?	Indicates whether the attorney represents the claimant or the defendant. Defendant attorney information is not added to CWF. Values are: Y Attorney represents defendant N Attorney represents claimant
DATE OF LOSS	Start date of illness or injury in MMDDCCYY format. <i>Required field</i> if EFFECTIVE DATE field is blank.
EFFECTIVE DATE	Start date of settlement agreement in MMDDCCYY format. <i>Required field</i> if DATE OF LOSS field is blank.
DIAG	Diagnosis codes. Enter as many as five codes.
DESCRIPTION	Describes illness or injury when diagnosis code is unknown. <i>Required field</i> if DIAG field is blank.

Transportation

ECRS Workers' Compensation Set-Aside 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 Workers' Compensation Set-Aside Detail, Page 2 of 2 Screen Description

```

ECRS WORKERS COMPENSATION SET-ASIDE DETAIL PAGE 2 OF 2
RO NUMBER: XXX STATUS: XX XXXXXXXX
USER ID: XXXXXXXX REASON: XX XXXXXXXX
ORIGIN DATE: 99-99-9999

NAME: _____ DOB: _____ SEX: _
STATE: __ LEAD CONTRACTOR: _____ MEDICARE BENE? Y/N: _ DOD: _____
SSN: _____ HICN _____ DCN _____

INSURER NAME: _____ INS TYPE: _ XXXXXXXXXXXXXXXX
STREET: _____
CITY: _____ ST: __ ZIP: _____
GROUP NO: _____ POLICY NO: _____

INSURED NAME: _____ INS REL: __ XXXXXXXXXXXXXXXX
EMPLOYER: _____
STREET: _____
CITY: _____ ST: __ ZIP: _____ PHONE: _____

F2=MENU F3=RETURN F5=UPDATE PF7=BACKWARD F12=EXIT
    
```

ECRS Workers' Compensation Set-Aside Detail Screen, Page 2 of 2	
Field Name	Description
RO NUMBER	CMS Regional Office contractor number (<i>protected field</i>)
STATUS	Status of request (<i>protected field</i>). Valid values are: NW New, not yet processed by COB HD Hold, individual is not yet a Medicare beneficiary IP In process, record is being processed by COB CM Completed, applied response received from CWF or date of death entered on HD record Note: You can update or delete requests when they are in NW (new) or HD (hold) status. After the record has been sent to CWF (status code IP, reason code 04), you cannot make further changes on ECRS. When COB receives an applied response from CWF, the system updates the record to status code CM (completed), reason code 50 (record applied to CWF without errors).
USER ID	Identification number of user currently logged on system (<i>protected field</i>)
REASON	Reason for status (<i>protected field</i>). Valid values are: 01 Not yet read by COB (used with status NW) 04 Sent to CWF (used with status IP) 06 Query sent to EDB for beneficiary information (used with status IP) 11 Not yet eligible for Medicare (used with status HD) 50 Record applied at CWF with no errors (used with status CM) 65 Deceased (used with status CM) 67 No response from CWF
ORIGIN DATE	Date workers' compensation set-aside trust case was added by Regional Office (<i>protected field</i>)

ECRS Workers' Compensation Set-Aside Detail Screen, Page 2 of 2	
Field Name	Description
NAME	Name of injured individual in first name/middle initial/last name format (<i>protected field</i>)
DOB	Injured individual's date of birth (<i>protected field</i>)
SEX	Sex of beneficiary (<i>protected field</i>). Valid values are: M Male F Female U Unknown
STATE	Abbreviation of state in which injured individual resides (<i>protected field</i>)
LEAD CONTRACTOR	Lead contractor number (<i>protected field</i>)
MEDICARE BENE?	Allows Regional Office to indicate whether injured individual has Medicare coverage (<i>protected field</i>). Valid values are: Y Yes N No
DOD	Date of death (<i>protected field</i>)
SSN	Social Security Number of injured individual (<i>protected field</i>)
HICN	Health Insurance Claim Number of injured individual (<i>protected field</i>)
DCN	CMS Regional Office Document Control Number (<i>protected field</i>)
INSURER NAME	Name of insurer Note: In the absence of trust administrator information, the system posts insurer information to CWF. If both trust administrator and insurer information exist, the trust administrator information takes precedence.

ECRS Workers' Compensation Set-Aside Detail Screen, Page 2 of 2	
Field Name	Description
INS TYPE	Type of insurance. Valid values are: A Insurance or Indemnity (OTHER TYPES) B Group Health Organization (GHO) C Preferred Provider Organization (PPO) D Third Party Administrator arrangement under an Administrative Service Only (ASO) contract without stop loss from any entity (TPA/ASO) E Third Party Administrator arrangement with stop loss insurance issued from any entity (STOP LOSS TPA) F Self-Insured/Self-Administered (SELF-INSURED) G Collectively-Bargained Health and Welfare Fund (HEALTH/WELFAR) H Multiple Employer Health Plan with at least one employer who has more than 100 full- and/or part-time employees (EMPLOYER+100) I Multiple Employer Health Plan with at least one employer who has more than 20 full- and/or part-time employees (EMPLOYER+20) J Hospitalization Only Plan covering inpatient hospital services (HOSPITAL ONLY) K Medical Services Only Plan covering only non-inpatient medical services (MEDICAL ONLY) M Medicare Supplemental Plan, Medigap, Medicare Wraparound Plan or Medicare Carve Out Plan (SUPPLEMENTAL) Blank Unknown (UNKNOWN)
STREET	Insurer's street address
CITY	Insurer's city
ST	Insurer's state abbreviation
ZIP	Insurer's ZIP code
GROUP NO	Stores date of loss or date of injury at CWF Note: This date will reflect the actual date of loss if prior to entitlement.
POLICY NO	Indicates "set-aside trust" at CWF
INSURED NAME	Name of insured
INS REL	Relationship of insured to injured individual. Valid values are: B Beneficiary C Child E Employer F Father M Mother N Non-relative O Other relative S Spouse U Unknown
EMPLOYER	Name of insured's employer
STREET	Employer's street address

ECRS Workers' Compensation Set-Aside Detail Screen, Page 2 of 2	
Field Name	Description
CITY	Employer's city
ST	Employer's state abbreviation
ZIP	Employer's ZIP code
PHONE	Employer's phone number

Transportation

ECRS Workers' Compensation Set-Aside Detail Screen, Page 2 of 2	
PF Key	Function
02	Return to ECRS main menu
03	Return to previous level
05	Add/update case
07	Page backward to first page of screen
12	Exit ECRS

Deleting a Workers' Compensation Set-Aside Trust Case

Note: The ECRS Workers' Compensation Set-Aside List screen is for authorized CMS Regional Office users only. Medicare contractors users do not have access to this screen.

Use the ECRS Workers' Compensation Set-Aside List screen to delete a workers' compensation set-aside trust case. You can only delete a case if you work in the Regional Office that entered it, and the case status is NW (new) or HD (hold). If the COB system has started processing the case, you cannot delete it.

Follow the steps below to delete a workers' compensation set-aside trust case.

1. From the COB ECRS main menu screen, type **10** in the SELECTION field, and type the search criteria in the appropriate fields. Press [Enter]. The system displays the ECRS Workers' Comp Set-Aside List screen, as shown in the example below.

```

ECRS WORKERS COMP SET-ASIDE LIST SCREEN
STATUS:___ REASON:___ HICN:_____ SSN:_____ DCN:_____
ORIGIN DATE FROM:_____ THROUGH:_____

SEL HICN          SSN          ST RS          DCN          ORIGIN DATE  LST UPDATE  USER ID
-  XXXXXXXXXXXX  XXXXXXXXXX  XX XX  XXXXXXXXXXXX  99-99-9999  99-99-9999  XXXXXXXXXX
-  XXXXXXXXXXXX  XXXXXXXXXX  XX XX  XXXXXXXXXXXX  99-99-9999  99-99-9999  XXXXXXXXXX
-  XXXXXXXXXXXX  XXXXXXXXXX  XX XX  XXXXXXXXXXXX  99-99-9999  99-99-9999  XXXXXXXXXX
-  XXXXXXXXXXXX  XXXXXXXXXX  XX XX  XXXXXXXXXXXX  99-99-9999  99-99-9999  XXXXXXXXXX
-  XXXXXXXXXXXX  XXXXXXXXXX  XX XX  XXXXXXXXXXXX  99-99-9999  99-99-9999  XXXXXXXXXX
-  XXXXXXXXXXXX  XXXXXXXXXX  XX XX  XXXXXXXXXXXX  99-99-9999  99-99-9999  XXXXXXXXXX
-  XXXXXXXXXXXX  XXXXXXXXXX  XX XX  XXXXXXXXXXXX  99-99-9999  99-99-9999  XXXXXXXXXX
-  XXXXXXXXXXXX  XXXXXXXXXX  XX XX  XXXXXXXXXXXX  99-99-9999  99-99-9999  XXXXXXXXXX
-  XXXXXXXXXXXX  XXXXXXXXXX  XX XX  XXXXXXXXXXXX  99-99-9999  99-99-9999  XXXXXXXXXX
-  XXXXXXXXXXXX  XXXXXXXXXX  XX XX  XXXXXXXXXXXX  99-99-9999  99-99-9999  XXXXXXXXXX
-  XXXXXXXXXXXX  XXXXXXXXXX  XX XX  XXXXXXXXXXXX  99-99-9999  99-99-9999  XXXXXXXXXX
-  XXXXXXXXXXXX  XXXXXXXXXX  XX XX  XXXXXXXXXXXX  99-99-9999  99-99-9999  XXXXXXXXXX
-  XXXXXXXXXXXX  XXXXXXXXXX  XX XX  XXXXXXXXXXXX  99-99-9999  99-99-9999  XXXXXXXXXX
-  XXXXXXXXXXXX  XXXXXXXXXX  XX XX  XXXXXXXXXXXX  99-99-9999  99-99-9999  XXXXXXXXXX
-  XXXXXXXXXXXX  XXXXXXXXXX  XX XX  XXXXXXXXXXXX  99-99-9999  99-99-9999  XXXXXXXXXX

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

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

```

2. From this screen, you can change or delete the search criteria to initiate a new search. You can perform searches using the following criteria:
SSN, HICN, Reason, Status, Origin Date From, and Through
Typing information in the appropriate fields and pressing [Enter] narrows or widens your search.
3. Press [PF7] to scroll backward or [PF8] to scroll forward through the list of workers' compensation set-aside trust cases.
4. Type **D** in the SEL field next to the workers' compensation set-aside trust case that you want to delete. Press [Enter]. The system marks the case for deletion.
5. If you want to exit the ECRS Workers' Comp Set-Aside List screen, press [PF2] to return to the ECRS main menu without retaining current search criteria, [PF3] to return to the ECRS main menu while retaining current search criteria, or [PF12] to exit ECRS.

Note: For the ECRS Workers' Comp Set-Aside List Screen Description, see page 2-35.

Requesting Document Copies

Use the ECRS Document Copies Request screen to submit requests to the COB contractor for copies of documents related to a specific Data Match or MSP occurrence. Currently, only Data Match copies are available.

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

Follow the steps below to request a document copy.

1. 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: ____ XX

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

2. Type data in all of the required fields on the ECRS Document Copies Request screen. Required fields on this screen are:
 - PHONE
 - DCN
 - CNTR REP
 - SEND TO
 - DOCUMENT REQUESTED
 - BENE HICN
 - SOURCE
 - NAME
 - MSP TYPE
 - EFF DT
 - EIN, if document requested is DMQ (Data Match Questionnaire)

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

3. 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."
4. If you want to exit the ECRS Document Copies Request screen, press [PF2] to return to the ECRS main menu or [PF12] to exit ECRS.

ECRS Document Copies Request Screen Description

ECRS Document Copies Request Screen	
Field Name	Description
CNTR NO.	Five-digit number identifying the Medicare contractor (<i>protected field</i>)
PHONE	Phone number of contractor representative (<i>required field</i>)
DCN	Document Control Number assigned by contractor to correspondence and/or paperwork associated with this request (<i>required field</i>)
CNTR REP.	Name of contractor representative to contact for further information and/or clarification regarding this request (<i>required field</i>)
USER ID	User ID of operator who entered document copy request (<i>protected field</i>)
SEND TO	Name and address of recipient or other instructions regarding where document copies should be sent (<i>required field</i>)
DOCUMENT REQUESTED	Four-character code indicating documents requested (<i>required field</i>). 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 (<i>required field</i>). Type HICN without dashes, spaces, or other special characters.
SSN	Social Security Number for beneficiary
SOURCE	Source for related MSP occurrence. <i>Required field</i> if document requested is DMQ (Data Match questionnaire). Valid values are: B Data Match I (1989) D Data Match II (1991) T Data Match III (1993) U Data Match IV (1995) V Data Match V (1996) W Data Match VI (1997)
NAME	Name of beneficiary in first name/middle initial/last name format (<i>required field</i>)
STREET	First and second lines of beneficiary's street address
CITY	Beneficiary's city
ST	Beneficiary's state
ZIP	Beneficiary's ZIP code

ECRS Document Copies Request Screen	
Field Name	Description
MSP TYPE	One-character code identifying type of MSP coverage (<i>required field</i>). Description of code displays next to value. Valid values are: A Working Aged B ESRD C Conditional Payment D Automobile Insurance, No Fault E Workers' Compensation F Federal (Public) G Disabled H Black Lung I Veterans L Liability
EFF DT	Effective date of MSP coverage in MMDDCCYY format (<i>required field</i>)
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. <i>Required field</i> if document requested is DMQ (Data Match questionnaire).

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

Viewing Lead Contractor Assignments

Use the ECRS MSP Lead Contractor Assignment screen to see cases assigned to a lead contractor for coordination of Medicare activities with other contractors and insurance companies.

Note: Only lead contractors have the ability to view the case assignment list on this screen. Contractors cannot view the case assignment list of other lead contractors from this screen.

If contractors are considered developing contractors for a case, they can research the lead contractor assignment from the MSP Developing Contractor Notification screen.

CMS users can view the case assignment list for any lead contractor by entering that contractor’s number as search criteria.

Follow the steps below to view assignments for a lead contractor.

- 1. From the COB ECRS main menu screen, type 06 in the SELECTION field, and type search criteria in the SEARCH ORIGIN DATE 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:		ORIGIN DATE FROM:		
					THROUGH:		
SEL	HICN	BENEFICIARY	TYPE	WC	EFF DATE	ORIGN DATE	
-	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	X X	99-99-9999	99-99-9999	
-	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	X X	99-99-9999	99-99-9999	
-	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	X X	99-99-9999	99-99-9999	
-	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	X X	99-99-9999	99-99-9999	
-	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	X X	99-99-9999	99-99-9999	
-	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	X X	99-99-9999	99-99-9999	
-	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	X X	99-99-9999	99-99-9999	
-	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	X X	99-99-9999	99-99-9999	
-	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	X X	99-99-9999	99-99-9999	
-	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	X X	99-99-9999	99-99-9999	
-	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	X X	99-99-9999	99-99-9999	
-	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	X X	99-99-9999	99-99-9999	
-	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	X X	99-99-9999	99-99-9999	
-	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	X X	99-99-9999	99-99-9999	
-	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	X X	99-99-9999	99-99-9999	
-	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	X X	99-99-9999	99-99-9999	
-	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	X X	99-99-9999	99-99-9999	
-	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	X X	99-99-9999	99-99-9999	

KEY 1 IN THE SEL FIELD TO VIEW DEVLP CONR. KEY 2 TO VIEW WC DETAIL
 F2=MENU F3=RETURN F7=BWD F8=FWD F12=EXIT

- 2. Press [PF7] to scroll backward or [PF8] to scroll forward through the list of HICNs assigned to the lead contractor.
- 3. The dates in the ORIGIN DATE FROM and THROUGH fields default to the dates entered in the SEARCH ORIGIN DATE fields on the COB ECRS main menu screen. If you did not enter dates in those fields on the COB ECRS main menu screen, the fields on this screen default to the date 30 days prior to the current date and the current date. Change the dates in these fields and press [Enter] to narrow or widen your search.

4. If you want to see a list of developing contractors (those other than the lead that may be interested or involved in the MSP case) for a particular case, type **S** in the SEL field next to the case and press [Enter]. The system displays the ECRS Developing Contractors for Lead screen.
5. If you want to exit the ECRS MSP Lead Contractor Assignment screen, press [PF2] to return to the ECRS main menu without retaining current search criteria, [PF3] to return to the ECRS main menu while retaining current search criteria, or [PF12] to exit ECRS.

ECRS MSP Lead Contractor Assignment Screen Description

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.
CNTR	Medicare Contractors: Contractor number entered on login screen (<i>protected field</i>) CMS Users: Type a CMS issued Medicare contractor number to search for assignment records for a specific contractor.
ORIGIN DATE 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 MSP inquiry transaction (<i>protected field</i>)
BENEFICIARY	First 15 characters of last name and first initial of beneficiary for case assigned to contractor (<i>protected field</i>)
TYPE	MSP type for case assigned to contractor (<i>protected field</i>). For a list of valid type values, see page 2-27.
WC	Indicates whether case is a workers' compensation set-aside assignment. Valid values are: Y Yes, it is N No, it is not Blank Default
EFF DATE	Effective date of MSP coverage case assigned to contractor (<i>protected field</i>)
ORIGN DATE	Originating date in MMDDCCYY format (<i>protected field</i>)

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

Viewing Developing Contractors for a Lead Assignment

Use the ECRS Developing Contractors for Lead screen to see a list of contractors other than the lead contractor that may be interested or involved in the MSP case.

Follow the steps below to view developing contractors for a case.

1. From the COB ECRS main menu screen, type **06** in the SELECTION field, and type search criteria in the SEARCH ORIGIN DATE 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 next to the appropriate case 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.

ECRS DEVLEOPING CONTRACTORS FOR LEAD				
HICN	BENEFICIARY	TYPE	EFF DATE	ORIGN DATE
XXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X X	99-99-9999	99-99-9999
NUMBER	NAME		PHONE	
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX		999-999-9999	
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX		999-999-9999	
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX		999-999-9999	
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX		999-999-9999	
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX		999-999-9999	
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX		999-999-9999	
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX		999-999-9999	
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX		999-999-9999	
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX		999-999-9999	
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX		999-999-9999	
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX		999-999-9999	
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX		999-999-9999	
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX		999-999-9999	
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX		999-999-9999	
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX		999-999-9999	
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX		999-999-9999	
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX		999-999-9999	
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX		999-999-9999	
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX		999-999-9999	
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX		999-999-9999	
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX		999-999-9999	
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX		999-999-9999	
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX		999-999-9999	
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX		999-999-9999	

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

3. Press [PF7] to scroll backward or [PF8] to scroll forward through the list of developing contractors for a case.
4. If you want to view the next lead contractor assignment, press [Enter].
5. If you want to return to the ECRS MSP Lead Contractor Assignment screen, press [PF3].

If you want to exit the ECRS Developing Contractors for Lead screen, press [PF2] to return to the ECRS main menu or [PF12] to exit ECRS.

ECRS Developing Contractors for Lead Screen Description

ECRS Developing Contractors for Lead Screen	
Field Name	Description
HICN	Health Insurance Claim Number for MSP inquiry (<i>protected field</i>)
BENEFICIARY	First 15 characters of last name and first initial of beneficiary for case assigned to contractor (<i>protected field</i>)
TYPE	MSP type for case assigned to contractor (<i>protected field</i>). For a list of valid values, see page 2-27.
EFF DATE	Effective date of MSP coverage case assigned to contractor (<i>protected field</i>)
ORIGN DATE	Originating date in MMDDCCYY format (<i>protected field</i>)
<i>(DEVELOPING CONTRACTORS)</i>	
NUMBER	Contractor number of other Medicare contractors that may be interested or involved in the case assigned (<i>protected field</i>)
NAME	Name of other Medicare contractors that may be interested or involved in the case assigned (<i>protected field</i>)
PHONE	Phone number for other Medicare contractors that may be interested or involved in the case assigned (<i>protected field</i>)

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

Viewing Notifications for Cases with Developing Contractors

Use the MSP Developing Contractor Notification screen to view cases in which the developing contractor may have an interest or involvement, but the cases were assigned to another contractor for the coordination of Medicare activities.

Follow the steps below to view notifications for cases of interest to the developing contractor.

1. From the COB ECRS main menu screen, type **07** in the SELECTION field, and type search criteria in the SEARCH ORIGIN DATE 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:	ORIGIN DATE FROM:	THROUGH:			
HICN	BENEFICIARY	TYPE	WC	EFF DATE	ORIGN DATE	LEAD
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	X	99-99-9999	99-99-9999	99999
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	X	99-99-9999	99-99-9999	99999
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	X	99-99-9999	99-99-9999	99999
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	X	99-99-9999	99-99-9999	99999
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	X	99-99-9999	99-99-9999	99999
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	X	99-99-9999	99-99-9999	99999
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	X	99-99-9999	99-99-9999	99999
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	X	99-99-9999	99-99-9999	99999
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	X	99-99-9999	99-99-9999	99999
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	X	99-99-9999	99-99-9999	99999
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	X	99-99-9999	99-99-9999	99999
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	X	99-99-9999	99-99-9999	99999
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	X	99-99-9999	99-99-9999	99999
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	X	99-99-9999	99-99-9999	99999
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	X	99-99-9999	99-99-9999	99999
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	X	99-99-9999	99-99-9999	99999
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	X	99-99-9999	99-99-9999	99999
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	X	99-99-9999	99-99-9999	99999
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	X	99-99-9999	99-99-9999	99999

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

2. Press [PF7] to scroll backward or [PF8] to scroll forward through the list of notifications.
3. The dates in the ORIGIN DATE FROM and THROUGH fields default to the dates entered in the SEARCH ORIGIN DATE fields on the COB ECRS main menu screen. If you did not enter dates in those fields on the COB ECRS main menu screen, the fields on this screen default to the date 30 days prior to the current date and the current date. Change the dates in these fields and press [Enter] to narrow or widen your search.
4. If you want to exit the ECRS MSP Developing Contractor Notification screen, press [PF2] to return to the ECRS main menu without retaining current search criteria, [PF3] to return to the ECRS main menu while retaining current search criteria, or [PF12] to exit ECRS.

ECRS MSP Developing Contractor Notification Screen Description

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 (<i>protected field</i>) CMS Users: Type a CMS issued Medicare contractor number to search for developing records for a specific contractor.
ORIGIN DATE 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 (<i>protected field</i>)
BENEFICIARY	First 15 characters of last name and first initial of beneficiary for case (<i>protected field</i>)
TYPE	MSP type for case (<i>protected field</i>). For a list of valid type values, see page 2-27.
WC	Indicates whether case is a workers' compensation set-aside assignment. Valid values are: Y Yes, it is N No, it is not Blank Default
EFF DATE	Effective date of MSP coverage case (<i>protected field</i>)
ORIGN DATE	Originating date in MMDDCCYY format (<i>protected field</i>)
LEAD	Contractor number of Medicare contractor assigned as lead for case (<i>protected field</i>)

Transportation

<i>ECRS MSP Developing Contractor Notification Screen</i>	
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 Description

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 (<i>protected field</i>) CMS Users: Type a CMS issued Medicare contractor number to search for changed 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 case (<i>protected field</i>)						
BENEFICIARY	First 15 characters of last name and first initial of beneficiary for case (<i>protected field</i>)						
TYPE	MSP type for case (<i>protected field</i>). For a list of valid type values, see page 2-27.						
EFF DATE	Effective date of MSP coverage case (<i>protected field</i>)						
LAST UPDATE	Date notification record was last changed in MMDDCCYY format (<i>protected field</i>)						
ACTION	Action performed by COB Contractor on this occurrence (<i>protected field</i>). Valid values are: <table border="0"> <tr> <td>ADDED</td> <td>New occurrence added to CWF</td> </tr> <tr> <td>DELETED</td> <td>Occurrence deleted from CWF</td> </tr> <tr> <td>UPDATED</td> <td>Occurrence updated on CWF</td> </tr> </table>	ADDED	New occurrence added to CWF	DELETED	Occurrence deleted from CWF	UPDATED	Occurrence updated on CWF
ADDED	New occurrence added to CWF						
DELETED	Occurrence deleted from CWF						
UPDATED	Occurrence updated on CWF						

Transportation

<i>ECRS MSP Changed Record Notification Screen</i>	
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:

A

Appendix A: ECRS CICS Error Messages

This appendix 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 Select a transaction or Delete 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.

Message	Action
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).
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.
PHP DATE REQUIRED FOR PH ACTION	Type Pre-paid Health Plan date in PHP DATE field and press [Enter].
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

Message	Action
SSN REQUIRED FOR MX (SSN/HICN Mismatch) ACTION	Enter valid SSN.
STATUS SHOULD BE NEW OR HOLD TO UPDATE	N/A
TERM DATE CANNOT BE EQUAL TO EFF DATE	Change termination date or effective date.
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.
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.
XXXXXXXXXX (Field Name) REQUIRED FOR SOURCE OF XXXX (Source Type)	Enter valid value in field specified or change source type.

Notes:

B

Appendix B: Frequently Asked Questions (FAQs)

This appendix includes a list of frequently asked questions about ECRS, followed by answers to those questions.

Am I Using the Correct Screen?

Main Menu Option	Screen Name	Use this screen to:
ECRS 01	CWF Assistance Request Detail	Update or delete a confirmed MSP record on CWF
ECRS 02	CWF Assistance Request List	<ul style="list-style-type: none"> View a list of all CWF assistance requests submitted by the contractor Check the progress of a CWF assistance request transaction
ECRS 03	Document Copies Request	Request copies of COB documents related to specific MSP records (currently, only the Data Match Questionnaires are available)
ECRS 04	MSP Inquiry Detail	Enter information about a possible MSP situation when there is no corresponding MSP record on CWF
ECRS 05	MSP Inquiry List	<ul style="list-style-type: none"> View a list of all MSP inquiries submitted by the contractor Check the progress of an MSP inquiry
ECRS 06	MSP Lead Contractor Assignment	View the lead contractor assignment for MSP record types D, E, and L that the COB contractor added to CWF (only displays records assigned to contractor that is signed on to ECRS)
ECRS 07	MSP Developing Contractor Notification	View cases in which the contractor may have an interest or involvement, but the cases were assigned to another contractor as lead (interest or involvement indicates that contractor submitted an ECRS MSP inquiry, ECRS CWF assistance request, or processed a claim triggering either first claim development or trauma code development)
ECRS 08	MSP Changed Record Notification	View a list of records that COB has added, updated, or deleted (only displays records for the contractor who may have an interest—i.e., sent an ECRS MSP inquiry, ECRS CWF assistance request, or processed a claim triggering either first claim development or trauma code development)

Main Menu Option	Screen Name	Use this screen to:
ECRS 09	Workers' Compensation Set-Aside Detail	Add, update, or delete a workers' compensation set-aside trust case
ECRS 10	Workers' Compensation Set-Aside List	<ul style="list-style-type: none"> View a list of all workers' compensation set-aside trust cases Check the progress of a workers' compensation set-aside trust case

General Issues

What are the operating hours for the ECRS application?

ECRS is available Monday through Friday, 8 a.m. to 8 p.m. Eastern Standard Time, except holidays.

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

ECRS information is restricted by contractor number and access code. Contractors can only view information associated with their own contractor number and access code.

Can users generate screen prints in ECRS?

The capability to do this depends on each user's local setup.

MSP Inquiry and CWF Assistance Request Issues

Are completed ECRS MSP inquiries and CWF assistance requests purged?

No. There is a date parameter on the ECRS screens where contractors can specify date ranges. Unless Medicare contractors change this parameter, they will only see the most recent 30 calendar days.

When and how should contractors submit a MSP inquiry or a CWF assistance request?

Contractors should use the ECRS CWF Assistance Request Detail screens (option 01 from the ECRS main menu) for changes to existing CWF MSP auxiliary occurrences and the ECRS MSP Inquiry Detail screens (option 04 from the ECRS main menu) to submit an inquiry to the COB contractor about MSP coverages that are not yet documented at CWF.

Does a contractor need to send three separate ECRS CWF assistance requests to delete three auxiliary records for the same beneficiary?

No. Medicare contractors can submit one ECRS CWF assistance request with the remark, "Delete All Occurrences," or they can note the other occurrence numbers requiring deletion.

In the event a referral is sent via ECRS both through the CWF assistance request and MSP inquiry option, does ECRS have an edit in place that will find these duplicate records?

ECRS does not have an edit in place to detect this potential duplicate situation. ECRS will recognize receipt of the two different referrals or inquiries when a Medicare contractor sends two referrals or inquiries for the same beneficiary; however, ECRS cannot recognize a duplicate when a referral and an inquiry are submitted for the same beneficiary (they are two different actions: one says change a record on CWF; the other says investigate an action on CWF).

If the contractor forgets to answer “Yes” in the CLAIMS PENDING field for an ECRS CWF assistance request or MSP inquiry, should they refer the case again?

No, do not refer the case a second time.

If a contractor has multiple contractor numbers, can they choose one to use consistently for ECRS MSP inquiries and CWF assistance request transactions?

Contractors may choose to use one contractor number and one access code for multiple contractor numbers. However, the COB contractor lead assignments only appear under the Part A contractor number.

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

Medicare contractors can delete an ECRS MSP inquiry if they discover the error on the same day. If the error is not discovered on the same day, the contractor can notify their COB consortia contact.

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

Contractors can submit this through the ECRS 01 screen, using Action Code TD and entering the termination date to be applied in the termination date field on the CWF MSP auxiliary occurrence.

Are contractors allowed to submit workers' compensation set-aside cases through the MSP inquiry detail screen?

Effective April 15, 2002 Medicare contractors may no longer submit WC set-aside cases through the MSP inquiry screen to the COBC on behalf of their CMS Regional Office. The COBC has created specific set-aside screens for CMS RO use.

Does the COBC view the comments field within the MSP inquiry and CWF assistance screens

The comments are viewed as necessary for each ECRS type as outlined within the manual. For more information refer to the specific comments sections within the manual.

Lead Contractor Issue

How do Medicare contractors use ECRS screens 06–Lead Contractor Assignment and 07–Developing Contractor Notification to determine lead or possible interest in a liability, auto no-fault or workers' compensation case?

If a HICN appears on screen 06, the viewing contractor is the lead contractor for that case. If a HICN appears on screen 07, the viewing contractor has been identified as an interested party for that case; and the contractor that has been assigned the lead is indicated to the far right side of that line.

Notification Issues

Will the records on ECRS 08–MSP Changed Record Notification screen include any update to an existing CWF MSP auxiliary occurrence by the COB contractor, or just those that were updated as a result of a non-ECRS referral, e.g., through trauma code or first claim development?

The ECRS 08–MSP Changed Record Notification screen includes any update to an existing CWF MSP auxiliary occurrence by the COB contractor. The system only displays cases on this screen in which the contractor has an interest or involvement (which means that the contractor has submitted an ECRS MSP inquiry, ECRS CWF assistance request, or processed a claim that triggered first claim or trauma code development). Medicare contractors can use the ECRS 07–MSP Developing Contractor Notification screen to see cases in which the developing contractor may have an interest or involvement, but the cases were assigned to another contractor to lead coordination of Medicare activities.

If a beneficiary's information is listed on the ECRS 07 screen, will it always appear on the ECRS 08 screen too?

If the information is on the ECRS 07 screen, that means COB created a MSP type D, E, or L record for it after 1/08/01. This information will also be on the ECRS 08 screen.

What does the TYPE field refer to on the ECRS 07 and 08 screens?

This field refers to the MSP type for the MSP auxiliary occurrence applied to CWF by the COB contractor. MSP types D, E, and L are associated with screens 07 and 08.

Appendix C: 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.
Assistance Request Transaction	Request to add, update, or delete an existing CWF MSP auxiliary occurrence
Bene	Medicare beneficiary
CMS	Centers for Medicare & Medicaid Services, federal agency that administers the Medicare program
COB	Coordination of Benefits is a written statement that tells which plan or insurance policy pays first if two health plans or insurance policies cover the same benefits. If one of the plans is a Medicare health plan, federal law may decide who pays first.
Contractor Number	Unique five-digit number assigned to Medicare contractors by CMS. Transactions are entered and viewed in ECRS by contractor number.
CWF	Common Working File, the Medicare Part A/Part B benefit coordination system that uses localized databases maintained by a host contractor
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
Lead Contractor	CMS-appointed Medicare intermediary that coordinates Medicare recovery activities for MSP cases with interested contractors, attorneys, insurance companies, and other liable entities

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
MSP Inquiry Transaction	Inquiry regarding possible MSP coverage
Set-Aside Trust Case	Workers' compensation case that only possess a commutation (future medical benefits) aspect
SSN	Social Security Number
Workers' Compensation	System of insurance that reimburses an employer for damages that must be paid to an employee for an injury that occurred during the course of employment

Electronic Correspondence Referral System (ECRS)

Quick Reference Card

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Main Menu Codes

Selection Options	
Value	Transports to:
01	ECRS CWF Assistance Request Detail screen
02	ECRS CWF Assistance Request List screen
03	ECRS Document Copies Request screen
04	ECRS MSP Inquiry Detail screen
05	ECRS MSP Inquiry List screen
06	ECRS MSP Lead Contractor Assignment screen
07	ECRS MSP Developing Contractor Notification screen
08	ECRS MSP Changed Record Notification screen
09	ECRS Workers' Compensation Set-Aside Detail screen
10	ECRS Workers' Compensation Set-Aside List screen

CWF Assistance Request Codes

Enter CWF assistance requests for existing MSP records.

Required Fields on ECRS CWF Assistance Request Detail Screens	
Field	Description
ACTION(S)	Action codes
DCN	Document Control Number
SOURCE	Source of request information
BENE HICN	Beneficiary's Health Insurance Claim Number
NAME	Beneficiary's name
PAT REL	Patient relationship
MSP TYPE	Type of MSP coverage
EFF DT	Effective date of MSP coverage
AUX REC	Record number of MSP auxiliary occurrence at CWF
ORIG CNTR	Contract number of contractor that created original MSP occurrence at CWF
INS TYPE	Type of insurance

Required Fields for Source Codes	
Value	Required Fields
CHEK	INFMT NAME, ADDR, CITY, ST, ZIP
LTTR	INFMT NAME, ADDR, CITY, ST, ZIP

Action Codes	
Value	Description
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 record
TD	Change termination date
VP	Beneficiary has taken a vow of poverty

Required Fields for Action Codes		
Value	Required Fields	Description
AI	INFMT NAME, PHONE, STREET, CITY, ST, ZIP	Attorney information (when MSP TYPE = D, E, or L and INFMT REL = A)
DX	DIAG	Diagnosis codes
ED	EFF DATE	Effective date
EI	EMPLR NAME, STREET, CITY, ST, ZIP, EIN, EMPLOYER NO	Employer information
	Type data in all fields to update employer info at CWF.	
II	INSURER NAME	Insurer name
	If you leave the following fields blank, the system overwrites the previous value on the MSP auxiliary record at CWF: STREET, CITY, ST, ZIP, GROUP NO, POLICY NO, INSURED NAME, INS REL	
	Type data in all fields to update insurer info at CWF. Leave all fields blank to delete insurer info at CWF.	

Required Fields for Action Codes (continued)		
Value	Required Fields	Description
IT	INS TYPE	Insurance type
MT	MSP TYPE	MSP type
MX	SSN	SSN/HICN mismatch
PH	PHP DATE	Pre-paid Health Plan date
PR	PAT REL	Patient relationship
TD	TERM DT	Termination date

MSP Inquiry Codes

Enter inquiries to initiate MSP development.

Required Fields for Source Codes	
Value	Required Fields
CHEK	DCN, SOURCE, BENE HICN, NAME, INFMT NAME, ADDR, CITY, ST, ZIP or DCN, SOURCE, SSN, NAME, BENE STRT, CITY, ST, ZIP, INFMT NAME, ADDR, CITY, ST, ZIP
DVLP	DCN, SOURCE, BENE HICN, NAME, MSP TYPE, EFF DT, PAT REL or DCN, SOURCE, SSN, NAME, BENE STRT, CITY, ST, ZIP, MSP TYPE, EFF DT, PAT REL
LTTR	DCN, SOURCE, BENE HICN, NAME, INFMT NAME, ADDR, CITY, ST, ZIP, INFMT REL or DCN, SOURCE, SSN, NAME, BENE STRT, CITY, ST, ZIP, INFMT NAME, ADDR, CITY, ST, ZIP, INFMT REL
PHON	DCN, SOURCE, BENE HICN, NAME, MSP TYPE, INFMT NAME, ADDR, CITY, ST, ZIP, INFMT REL or DCN, SOURCE, SSN, NAME, BENE STRT, CITY, ST, ZIP, MSP TYPE, INFMT NAME, ADDR, CITY, ST, ZIP, INFMT REL
SCLM	DCN, SOURCE, BENE HICN, NAME or DCN, SOURCE, SSN, NAME, BENE STRT, CITY, ST, ZIP

General Codes

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

<i>MSP Type Codes</i>	
Value	Description
A	Working Aged
B	End-Stage Renal Disease (ESRD)
C	Conditional Payment
D	Automobile Insurance, No Fault
E	Workers' Compensation
F	Federal (Public)
G	Disabled
H	Black Lung
I	Veterans
L	Liability

<i>Source Codes</i>	
Value	Description
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

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

<i>Reason Codes</i>	
Value	Description
01	Not yet read by COB, used with NW status
02	Being processed by COB, used with IP status
03	Under development by COB, used with IP status
04	Update sent to CWF, used with IP status
05	Error received from CWF, being resolved by COB contractor, used with IP status
06	Sent to EDB for beneficiary info, used with IP status
10	Not processing
11	Not yet eligible for Medicare, used with HD status
12	Needs diagnosis code, used with HD 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
54	100 or more threshold met
55	20 or more threshold met
56	OBRA does not apply, no update
57	Record already updated
58	Non-compliant GHP
59	Employer verified existing record, no update
60	Invalid HICN
61	No Part A entitlement
62	Closed, no response to development
63	Development complete, no MSP
64	Letter sent
65	Deceased, used with CM status

<i>Patient Relationship Codes</i>	
Value	Description
01	Patient is policy holder
02	Spouse
03	Natural child, insured has financial responsibility
04	Natural child, insured does not have financial responsibility
05	Stepchild
06	Foster child
07	Ward of the Court
08	Employee
09	Unknown
10	Handicapped dependent
11	Organ donor
12	Cadaver donor
13	Grandchild
14	Niece/nephew
15	Injured plaintiff
16	Sponsored dependent
17	Minor dependent of a minor dependent
18	Parent
19	Grandparent dependent

<i>Informant Relationship Codes</i>	
Value	Description
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

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

<i>Insurance Type Codes</i>	
Value	Description
A	Insurance or Indemnity (OTHER TYPES)
B	Group Health Organization (GHO)
C	Preferred Provider Organization (PPO)
D	Third Party Administrator arrangement under an Administrative Service Only (ASO) contract without stop loss from any entity (TPA/ASO)
E	Third Party Administrator arrangement with stop loss insurance issued from any entity (STOP LOSS TPA)
F	Self-Insured/Self-Administered (SELF-INSURED)
G	Collectively-Bargained Health and Welfare Fund (HEALTH/WELFARE)
H	Multiple Employer Health Plan with at least one employer who has more than 100 full-and/or part-time employees (EMPLOYER+100)
I	Multiple Employer Health Plan with at least one employer who has more than 20 full-and/or part-time employees (EMPLOYER+20)
J	Hospitalization Only Plan covering inpatient hospital services (HOSPITAL ONLY)
K	Medical Services Only Plan covering only non-inpatient medical services (MEDICAL ONLY)
M	Medicare Supplemental Plan, Medigap, Medicare Wraparound Plan, or Medicare Carve Out Plan (SUPPLEMENTAL)
Blank	Unknown (UNKNOWN)