Program Memorandum Intermediaries/Carriers	Department of Health and Human Services (DHHS) HEALTH CARE FINANCING ADMINISTRATION (HCFA)
Transmittal AB-00-74	**Date: August 11, 2000**

CHANGE REQUEST 1163

SUBJECT: Transfer of Initial Medicare Secondary Payer (MSP) Development Activities to the Coordination of Benefits (COB) Contractor

I.   Introduction to the COB Contractor

On November 1, 1999, HCFA awarded the COB Contract. The COB Contractor will consolidate activities that support the collection, management, and reporting of all other health insurance coverages of Medicare beneficiaries, as well as all insurance coverage obligated to pay primary to Medicare. In April 2000, the COB Contractor implemented the first two phases of the contract, which included the Initial Enrollment Questionnaire (IEQ) and the IRS/SSA/HCFA Data Match. Effective January 1, 2001, the COB Contractor will assume responsibility for virtually all initial MSP development activities formerly performed at Medicare fiscal intermediaries (FIs) and carriers. This means the COB Contractor will be charged with ensuring the accuracy and timeliness of updates to the Common Working File (CWF) MSP auxiliary file. The COB Contractor will not be processing any claims, nor will it be handling any mistaken payment recoveries or claims specific inquiries (telephone or written). The COB Contractor will handle all MSP-related inquiries, including those seeking general MSP information, but not those related to specific claims or recoveries. These calls can come from any source, including but not limited to beneficiaries, attorneys/other beneficiary representatives, employers, insurers, providers, and suppliers.

The COB Contractor is primarily an information gathering entity. The COB Contractor will be dependent upon various sources to collect this information. With limited exceptions, FIs and carriers will no longer be responsible for initiating MSP development and making MSP determinations. It is imperative that any information you receive which may have MSP implications be forwarded to the COB Contractor in a timely and accurate fashion. Only with this timely and accurate information can the COB Contractor evaluate all relevant information to make the correct MSP determination and appropriately update CWF so that claims will be processed correctly. Once the MSP record has been established on CWF by the COB Contractor, you will continue to be responsible for all activities related to identification and recovery of MSP-related debts.

There must be a very close working relationship between the COB Contractor and all FIs and carriers. The COB Contractor Customer Service number is 1-800-999-1118. This number is available for use from anywhere in the United States. The COB Contractor Customer Service number will be operational 8:00 a.m. to 8:00 p.m. eastern standard time, Monday through Friday except holidays. You should use this number for routine inquiries to the COB Contractor. In addition, the COB Contractor will provide each FI and carrier with the name, private telephone number, and fax number of a primary and a back-up contact for use in instances where special situations arise which need immediate attention. Prior to implementation of these instructions, we will instruct you to provide the COB Contractor with the name, private phone number, and fax number of your primary and your back-up MSP contact as well.

The following provides a description of the activities which are included in initial MSP development and your necessary action(s) as a result of the transfer of these responsibilities to the COB Contractor.

HCFA Pub. 60AB

II.   FI and Carrier MSP Auxiliary File Update Responsibility

Effective January 1, 2001, the capability to update the CWF MSP auxiliary file will essentially be a function of only the COB Contractor. You will not have the capability to delete any MSP auxiliary file records, including those you have established. If you believe a record should be changed or deleted, use the COB Contractor Electronic Correspondence Referral System (discussed in Section°III.), CWF Assistance Request option, to notify the COB Contractor. Process claims in accordance with your existing claims processing guidelines.

There are only four instances in which you will retain the capability to update CWF. They are:

A.   You receive a phone call or correspondence from an attorney/other beneficiary representative, beneficiary, third party payer, provider, another insurer's Explanation of Benefits (EOB) or other source that establishes, exclusive of any further required development or investigation, that MSP no longer applies. Examples of such contacts include a telephone call from a beneficiary to report retirement or cessation of group health insurance or a letter which contains acceptable information that personal injury protection benefits have been exhausted. You should post a termination date to the MSP auxiliary record using a "Y" validity indicator. Update CWF within the lesser of:

1.   Ten (10) calendar days from completion of the evaluation, or

2.   Thirty (30) calendar days of the mailroom date stamped receipt/date of phone call, as applicable. You will not retain the capability to alter an existing termination date.

B.   You receive a claim for secondary benefits and could, without further development (for example, the EOB from another insurer or third party payer contains all necessary data), add an MSP occurrence and pay the secondary claim. You must use a new validity indicator of "I" to add any new MSP occurrences. Update CWF within 10 calendar days from completion of the evaluation. You cannot submit a new record with a "Y" or any record with an "N" validity indicator.

C.   You determine that an unsolicited refund is MSP based, and the referral document contains sufficient information to create an "I" record without further development. You should add the MSP occurrence using an "I" validity indicator. Update CWF within 10 calendar days from completion of the evaluation.

D.   You receive a claim for conditional payment, and the claim contains sufficient information to create an "I" record without further development. You must add the MSP occurrence using an "I" validity indicator. Update CWF within 10 calendar days from completion of the evaluation.

You will transmit "I" records to CWF via the current HUSP transaction. CWF will treat the "I" validity indicator the same as a "Y" validity indicator when processing claims. Receipt of an "I" validity indicator will result in a CWF trigger to the COB Contractor.   The COB Contractor will develop and confirm all "I" maintenance transactions established by you. If the COB Contractor has not received information to the contrary within 100 calendar days, the COB Contractor will automatically convert the "I" validity indicator to a "Y". If the COB Contractor develops and determines there is no MSP, the COB Contractor will delete the "I" record. An "I" record should never be established when the mandatory fields of information are not readily available to you on your claim attachment or unsolicited refund documentation. If you have the actual date that Medicare became secondary payer, use that as the MSP effective date. If that information is not available, use the Part A entitlement date as the MSP effective date. You may include a termination date when you initially establish an "I" record. You may not add a termination date to an already established "I" record.

The following are mandatory fields for MSP records with a validity indicator of "Y" and "I":

- o Health Insurance Claim Number;
- o MSP code;
- o Validity indicator;
- o MSP effective date;
- o Contractor identification number;
- o Insurer name;
- o Patient relationship; and
- o Insurance type.

Attachment 1 contains the CWF MSP utilization error codes, descriptions, and resolution for your use in correcting MSP utilization error codes.

III. COB Contractor Electronic Correspondence Referral System (ECRS)

As of January 1, 2001, the COB Contractor will assume responsibility for virtually all activities related to establishing MSP periods of coverage at CWF that result from initial MSP development activities. Since you receive a great deal of MSP information, a system is needed to transfer that information to the COB Contractor. The COB Contractor will evaluate the information to determine if MSP development is necessary. In addition, since your ability to send update transactions to CWF will be severely restricted, there is a need for a system that will allow you to easily submit requests to the COB Contractor to apply changes to existing MSP records at CWF. In order to meet these requirements, a new mainframe Customer Information Control System (CICS) application will be developed and maintained by the COB Contractor. This application, the COB Contractor ECRS, will allow your MSP representatives to fill out various online forms and electronically transmit MSP information and CWF MSP assistance requests to the COB Contractor. For CWF assistance requests or MSP inquiry referrals, information should be electronically forwarded, via ECRS, to the COB Contractor within 20 calendar days of your mailroom date stamped receipt. Phone calls must be referred via ECRS within 2 calendar days of receipt of the phone call. If requested, you must fax to the COB Contractor within 5 business days of request, a copy of any correspondence or substantiating information related to the electronic referrals. The COB Contractor will make such a request via phone by contacting the initiator of the referral.

A. IEQ and IRS/SSA/HCFA Data Match Referral Process.--Effective October 1, 2000, request changes to IEQ and Data Match auxiliary records on the CWF using the ECRS, CWF assistance request option. You should discontinue using the CWF Referral form, IRS/SSA/HCFA Data Match or IEQ Record as found in Transmittal AB-00-31, CR 1175.

B. MSP Activities.--Effective January 1, 2001, request changes to all MSP auxiliary record types on the CWF using the ECRS, CWF assistance request option.

Familiarize yourself with the ECRS reference manual (Attachment 4) provided by the COB Contractor to effectively communicate your CWF Assistance requests. If you require assistance or technical support regarding the attached reference manual may contact Alberta Smythe at (646)°458-6694. This number is only to be used in cases where FIs and carriers receive ECRS errors/rejects which prevent successful transmissions to the COB Contractor or in cases where you have difficulty understanding the information or instructions contained within the reference manual. This number should not be used to obtain the status of a transaction sent to the COB Contractor.

You must allow 15 days for the COB Contractor to respond to your CWF assistance request. If, after 15 days, there has been no update to CWF or a response to your request you may contact the COB Contractor at the customer service number. However, if you have a high priority request (i.e., Congressional or a second request), you may contact the COB Contractor at (646)°458-6600. This number is only to be used for requests related to an IEQ and/or Data Match priority.

Functional Description

ECRS reference manual 1.0 containing operating procedures for the CWF assistance request option for IEQ and Data Match is found at Attachment 4. ECRS reference manual 2.0, will be issued to each Medicare contractor to provide further instructions for phase 2 of the ECRS implementation. Phase 2 will cover both the MSP inquiry and MSP CWF Assistance requests options.

All pending work that you have assigned to your staff but for which no development work has been initiated (for example, it is in someone's in-box) as of January 1, 2001, must be forwarded to the COB Contractor using the MSP Inquiry option through ECRS by January 1, 2001. You should close these items in your correspondence control system. Where development has already been undertaken, you should wait for a reply or for the response period to expire before sending a referral to the COB Contractor through ECRS. If there has been no status change after 30 calendar days on an item you have referred to the COB Contractor via ECRS, you may contact the COB Contractor for an update. However, any inquiries related to these items should be referred to the COB Contractor pursuant to the instructions in this section and Section VII.

Congressional inquiries, however, will not be referred to the COB Contractor using ECRS. If the question(s) posed in the Congressional inquiry fall solely under the purview of the COB Contractor, telephone your dedicated COB Contractor contact and notify him/her that you are faxing a copy of the inquiry. You should close these items in your correspondence control system. If the inquiry contains some questions that you would appropriately answer and others that the COB Contractor would appropriately answer, you will be responsible for sending a consolidated response to this inquiry. You should contact your dedicated COB Contractor contact to request the necessary language to respond to the COB Contractor's portion of the inquiry. The COB Contractor will provide the necessary language within 5 business days of your request.

Technical Overview - Impact on FI/Carrier Data Centers

This CICS application will be developed and will function much like the current CWF Health Insurance Master Record (HIMR) application. This is an online CICS transaction running in a mainframe environment. Different components of this application will execute on the COB Contractor's mainframe and your data centers' mainframes. Software modules will be developed in COBOL II or COBOL OS390. No files will be created and stored at your data center. No batch processing will be required by your data center. You will need a standard, mainframe terminal emulator. A PC workstation is not required.

All software will be developed and maintained by the COB Contractor. ECRS software version 1.0, the CWF Assistance Request option will be delivered to each data center within 2 weeks from the release of this program memorandum (PM) with complete step-by-step instructions on how to install and test it. Data centers should complete testing ECRS software version 1.0 by 10/1/2000. ECRS software version 2.0, the MSP Inquiry and MSP CWF Assistance request options will be delivered to each data center by November 1, 2000 for testing. Data centers should complete testing of ECRS software version 2.0 by 12/1/2000. These processes will include moving software modules to appropriate libraries, defining a relatively small number of CICS table entries, defining appropriate security definitions for each user, and establishing a connection to the COB Contractor's data center (discussed immediately below). The COB Contractor will provide technical assistance for this process.

The connection to the COB Contractor's data center from your data center will be accomplished using the ATT Global Network (once known as Advantis). All FIs and carriers, and the COB Contractor, currently have access to this network and use it to transmit data to the HCFA data center and CWF hosts. In order to establish a link or connection to the COB data center through this network, Virtual Total Access Method (VTAM) node definitions and ATT Global Network accounts will need to be established. This will require some action on the part of each data center.

Draft data elements and field definitions for the CWF Assistance Request and MSP Inquiry are contained in Attachments 2 and 3, respectively.

Note: The CWF Assistance request option is only effective for IEQ and Data Match as of 10/1/2000.

IV. Providing Written Documents to the COB Contractor

Paper documentation will not be routinely submitted to the COB Contractor. However, if requested by the COB Contractor, you must submit written supporting documentation via fax to the COB Contractor within 5 business days of your receipt of the request. The request will be in the form of a phone call asking you to fax this information. The COB Contractor fax numbers are (646)°458-6760 and (646) 458-6762.

In those instances when you must mail paper documents to the COB Contractor, use the following address:

MEDICARE - Coordination of Benefits Contractor
MSP Claims Investigation Project
P.O. Box 125
New York, NY 10274-0125

V. FI and Carrier Record Retention

You are responsible for retaining paper documentation that you do not forward to the COB Contractor following current HCFA document retention guidelines, including the assignment of a document control number for your use in subsequent retrieval. However, also see Section VIII., which requires the contractor receiving a liability, no-fault or worker's compensation inquiry to forward all associated documentation to the designated lead contractor.

VI. Notification to FI or Carrier of MSP Auxiliary File Updates

You will have the ability to log on to ECRS daily to generate a daily ECRS report. The daily ECRS report will show the status of referrals you have submitted through ECRS and will also contain the status on beneficiaries for which the COB Contractor has made a change in the MSP auxiliary record and/or for which you may have an interest (that is, you have sent an inquiry to the COB Contractor on this beneficiary in the past, or CWF triggers indicate you have processed a claim for this beneficiary). The COB Contractor may not always be aware that you have an interest in a particular beneficiary. You should then check CWF to determine the exact update which has been made by the COB Contractor.

VII. Referring Calls to the COB Contractor

The COB Contractor Customer Service number is 1-800-999-1118. All questions, regardless of source, on any of the activities listed in Sections VIII. and IX. should appropriately go directly to the COB Contractor. There will be a period of time, however, during which inquirers will continue to contact you. You should offer to transfer telephone calls on any of the activities listed in Sections VIII. and IX. to the COB Contractor Customer Service number. Where your phone system has the capability, transfer the call to the COB Contractor through your automatic response unit (ARU) utilizing a new script option(s). If you do not have this capability, transfer the call through a manual transfer process that does not require the caller to dial another number. If you have neither capability, take the information from the caller and refer the issue to the COB Contractor via ECRS. Also, provide the caller with the COB Contractor's toll-free Customer Service number and direct the caller to place any follow up calls to the COB Contractor. Always provide this number to the caller. You should begin to assist in the education effort to encourage callers to contact the COB Contractor initially with reference to calls related to the activities noted in Sections VIII. and IX. below.

VIII.   Changes in FI and Carrier Initial MSP Development Activities

Effective January 1, 2001, you will no longer perform MSP development (that is, investigation to determine if another payer is primary to Medicare, including the development activities associated

with adding or updating a record on CWF) related to the activities listed below. You will still handle inquiries that are claims specific. The COB Contractor will not handle Veteran's Administration situations.

The COB Contractor will be the first point of contact for all initial MSP development. The COB Contractor will utilize a variety of investigational tools, such as MSP questionnaires, telephone contacts, and data exchanges, to solicit the information necessary to determine if there is an MSP situation. It will also have sole responsibility, with exceptions noted in Section II., for establishing CWF MSP records to reflect MSP situations.

In no-fault, workers' compensation and liability situations, the COB Contractor will notify the beneficiary of Medicare's potential recovery right as described in Sections IX.A, B and C. The COB Contractor will determine the lead contractor pursuant to HCFA's guidelines and will forward all case documentation within its possession to the lead contractor. For recovery efforts in non-GHP situations, once an MSP record has been established, the COB Contractor will advise the beneficiary, attorney/other beneficiary representative, and/or potential or actual liable party that he/she/it will be contacted by the lead contractor for further recovery case development. If the COB Contractor is unsuccessful in its attempts to contact the beneficiary or attorney/other beneficiary representative based on the information it received from you, the COB Contractor will notify the lead contractor where there is sufficient information to identify the lead contractor or notify the referring contractor if there is insufficient information to identify the lead contractor. You, whether lead or not, will follow up as appropriate and re-refer the issue to the COB Contractor, if necessary.

The COB Contractor will show the lead contractor in no-fault, workers' compensation and liability situations in ECRS. You will have the ability to check ECRS daily to determine the lead contractor in instances where you sent the initial referral through ECRS to the COB Contractor. You will also have the ability to query ECRS to determine the lead for any established liability situation. If you are not the lead contractor and you have documentation related to the case, you must send all original documents (exclusive of claims) to the lead contractor within 5 calendar days of the availability of the ECRS identification of lead contractor. The COB Contractor will forward documentation it received or developed to the lead contractor within 5 calendar days of its CWF update.

In cases where employer information is not pertinent (liability and no-fault), the COB Contractor will enter attorney/other beneficiary representative information, if appropriate, in the employer name and address field of the CWF MSP auxiliary record. You will have the ability to check ECRS to determine if the beneficiary representative is an attorney or non-attorney (see Attachment 3).

The following provides the activities which are included in initial MSP development and your necessary action as a result of the transfer of these responsibilities to the COB Contractor.

    A.   **First Claim Development (FCD) Process.**--First claim development efforts will be the responsibility of the COB Contractor. When CWF receives the first claim for a beneficiary, it will route a new electronic transaction to the COB Contractor. Any responses to FCD questionnaires that you previously sent which you receive on or after January 1, 2001, must be forwarded to the COB Contractor within 20 business days of mailroom date stamped receipt. These responses should be forwarded via ECRS, described in Section III.

The COB Contractor will perform FCD exclusively with providers, physicians and other suppliers. The COB Contractor will update CWF based upon the results of the FCD. First claim development forms originally sent from the COB Contractor which you inadvertently receive must be forwarded to the COB Contractor within 20 business days of mailroom date stamped receipt. The completed FCD document should be forwarded using the address provided in Section IV.

Questions you receive on completion of the FCD questionnaire should be referred to the COB Contractor Customer Service number provided in Section VI.

    B.   **Secondary Claims Development Process.**--If you receive a secondary claim where there is no related CWF MSP auxiliary record and the claim contains sufficient information to create an

"I" record, follow the instructions in Section II. If you receive a claim for secondary payment which does not contain sufficient information to create an MSP record with an "I" validity indicator, submit an MSP Inquiry to the COB Contractor, per Section III. Process the claim in accordance with your existing claims processing guidelines. This could include, for example, returning the claim to the provider (RTP), pending the claim until the COB Contractor development is complete, or denying the claim. You should not develop for additional MSP information. The COB Contractor will perform this development.

    C. Self Reporting/411.25 Development Process.--Medicare FIs and carriers are often contacted by various sources that indicate the possibility of primary coverage other than Medicare. These contacts are referred to as "self reports." Self reports can cover the full spectrum of MSP situations. For example, you may be contacted related to an accident/illness on behalf of the beneficiary for which auto, no-fault, workers' compensation (including black lung), or other liability insurance may be primary. Similarly, you may receive notification from an insurer that you have paid a claim for which primary payment of services are the responsibility of a third party payer, pursuant to 42 CFR 411.25. All such self reports and notifications under 42 CFR 411.25 should be forwarded to the COB Contractor. Immediately transfer all telephone self reports and 411.25 notifications to the COB Contractor using the instructions in Section VI. Refer written self reports and 411.25 notifications to the COB Contractor using the instructions in Section III.

    D. Trauma Code Development (TCD).--Effective January 1, 2001, TCD will be the responsibility of the COB Contractor. When CWF receives a claim with a diagnosis code that indicates a possible traumatic accident, injury, or illness, CWF will route a new electronic transaction to the COB Contractor which will serve as a TCD trigger. Standard systems should no longer perform TCD editing. Any responses to TCD questionnaires that you previously sent which you receive on or after January 1, 2001, must be forwarded to the COB Contractor within 20°business days of mailroom date stamped receipt. These responses should be forwarded via ECRS, described in Section III.

The COB Contractor will update CWF based upon the results of the TCD. Trauma code development forms originally sent from the COB Contractor which you inadvertently receive must be forwarded to the COB Contractor within 20 business days of mailroom date stamped receipt. The completed TCD document should be forwarded using the address provided in Section IV.

Questions you receive on completion of the TCD questionnaire should be referred to the COB Contractor Customer Service number provided in Section VI.

    E. Value, Condition, and Occurrence Code Development for FIs.--FIs will continue to handle all claims containing condition codes under their current guidelines. Effective January 1, 2001, the COB Contractor will receive an automatic trigger from CWF for claims filed with a condition code of "08" (Beneficiary would not provide Information Concerning Other Insurance Coverage). The COB Contractor will develop these claims with the beneficiary. Generally, no additional development is necessary for claims containing MSP condition codes other than "08". However, if you receive a claim with condition code 10, 28, 29, D7 and D8, and further development is required, you should submit an MSP Inquiry through the ECRS to the COB Contractor.

FIs will continue to process those claims that are billed "conditionally." An MSP conditional payment is defined as a claim billed with a value code of 12, 13, 14, 15, 16, 41, 42, 43, or 47 with six zeroes (0000.00) entered in the amount field for which the provider is claiming a conditional payment because the other insurance has substantially delayed payment or has denied payment. If there is no MSP record on CWF related to this billing incident, and you have sufficient information from the claim submission, add an "I" record to CWF. Claims you receive without applicable necessary fields of information completed should be processed under current claims processing guidelines (for example, reject, RTP).

FIs will process claims containing occurrence codes 01-04 and 24 using your current processing guidelines. If there is no MSP record on CWF related to this billing incident, and you have sufficient information from the claim submission, add an "I" record to CWF. Claims you receive without applicable necessary fields of information completed (for example, associated value code, if another

payer involved, date of specific event, insurer) should be processed using current claims processing guidelines (for example, reject, RTP).

The COB Contractor will update CWF based upon the results of its development. Any development forms originally sent from the COB Contractor which you inadvertently receive must be forwarded to the COB Contractor within 20 business days of mailroom date stamped receipt. The completed document should be forwarded using the address provided in Section IV.

Questions you receive on completion of the value, condition, and occurrence code development process should be referred to the COB Contractor Customer Service number provided in Section VI.

F. **Box 10 of the HCFA-1500 Development for Carriers**.--When carriers receive claims with box 10 checked on the HCFA-1500 or electronic media claims format, indicating a possible MSP situation, and there is no MSP auxiliary record on CWF related to the billing incident, carriers should process these claims under current claims processing guidelines and forward the pertinent information to the COB Contractor via ECRS for development. Carrier systems should no longer initiate development based on these codes. Any responses to questionnaires that you previously sent which you receive on or after January 1, 2001, must be forwarded to the COB Contractor within 20°business days of mailroom date stamped receipt. These responses should be forwarded via ECRS, described in Section III.

The COB Contractor will update CWF based upon the results of the development. Any development forms originally sent by the COB Contractor which you inadvertently receive must be forwarded to the COB Contractor within 20 business days of mailroom date stamped receipt. The completed document should be forwarded using the address provided in Section IV.

Questions you receive on completion of box 10 should be referred to the COB Contractor Customer Service number provided in Section VI.

IX. Additional Activities by Non-GHP MSP Type

The following provides additional processing activities based upon specific MSP types, as a result of the initial development for no-fault, workers' compensation, and liability situations. If a termination date or a change related to a no-fault, worker's compensation, or liability situation is reported to the COB Contractor from a source other than the lead contractor, the COB Contractor will consult by phone with the lead contractor before submitting the termination date or change to CWF.

Remember that you may have overlapping MSP periods for liability, no-fault, worker's compensation, and/or group health plan insurance.

A. **No-Fault Development**.--The COB Contractor will develop to determine whether there is coverage primary to Medicare through a form of no-fault insurance (including automobile no-fault insurance of all types, including personal injury protection). If there is coverage available, the COB Contractor will post an open "Y" auxiliary record on CWF. Through its initial development, the COB Contractor will also determine whether the coverage through the no-fault insurance has been exhausted. If benefits have been exhausted, the COB Contractor will post a "Y" record with a termination date indicating the date that coverage was exhausted.

If, after the COB Contractor's initial development, you later determine that benefits have been exhausted under this policy, you may post the termination date following the instructions in Section II. If you receive information through recovery development efforts that serves to modify the information that is contained on CWF, send a CWF Assistance Request to the COB Contractor following the instructions in Section III.

If upon further investigation the COB Contractor learns that the beneficiary is filing a liability insurance claim, the COB Contractor will apply the termination date and create a new MSP record for the liability situation. If you receive this information, you should post a termination date (if none is existing), and forward the liability information to the COB Contractor via ECRS.

B. Workers' Compensation (WC) Development.--The COB Contractor will develop to determine whether there is coverage primary to Medicare through WC insurance. The COB Contractor will determine the nature of the injury using the diagnosis code(s) submitted on the claim and through additional development, as necessary. The MSP auxiliary record added to CWF will include the diagnosis code(s) relating to that injury. If, after the COB Contractor's initial development, you later determine that benefits have been exhausted under WC, you may post the termination date following the instructions in Section II. If you receive information through recovery development efforts that serve to modify the information that is contained on CWF, send a CWF Assistance Request to the COB Contractor following the instructions in Section III.

C. Liability Development.--The COB Contractor will develop to determine if a liability (including automobile liability) insurance claim has been or will be filed. If, as a result of that development or receipt of self-reported information (for example, letter from beneficiary or attorney/other beneficiary representative, notification from provider), the beneficiary/representative indicates the intent to file a liability insurance claim, the beneficiary/representative will be notified by the COB Contractor of Medicare's potential recovery claim, if there is a settlement, judgement or award. If the beneficiary is represented by an attorney/other beneficiary representative, the COB Contractor will, where appropriate, send the attorney/other beneficiary representative a release agreement to be completed and returned directly to the lead contractor. You may post a termination date, following the instructions in Section II., if you are notified that a liability case has been resolved through a settlement, judgement or award and does not provide for future medical payments. If your recovery development efforts find additional information which serves to modify the information that is contained on CWF, send a CWF Assistance Request to the COB Contractor following the instructions in Section III. (See Section IX. A. for instructions where a liability insurance claim follows a no-fault situation; you are responsible for the same type of actions where a no-fault claim follows a liability claim.)

X. New COB Contractor Numbers

The COB Contractor will accrete MSP records using the contractor numbers below. Different numbers have been assigned for each COB Contractor activity for purposes of separately capturing savings attributable to each activity.

CWF Source Codes	COB Contractor Numbers	Non-payment/ Payment Denial Codes	CROWD-Special Project Numbers
0	11100 = COB Contractor		6000
1	11101 = Initial Enrollment Questionnaire	K	6010
2	11102 = IRS/SSA/HCFA Data Match	E	6020
3	11103 = HMO Rate Cell	F	6030
4	11104 = Litigation Settlement	G	6040
5	11105 = Employer Voluntary Reporting	H	6050
6	11106 = Insurer Voluntary Reporting	H	6060
7	11107 = First Claim Development	J	6070
8	11108 = Trauma Code Development	J	6080
9	11109 = Secondary Claims Investigation	J	6090
10	11110 = Self Reports	J	7000
11	11111 = 411.25	J	7010

NOTE: Contractor numbers 11101 - 11106 were implemented via Change Request (CR) 952 and CR 1126. Contractor number 11106 will use Non-payment/payment denial code "J" through 9/30/2000. Effective 1/1/2001, contractor number 11106 will use denial code "H". Contractor number 11105 will continue to use denial code "H". Effective 1/1/2001, contractor numbers 11107, 11108, 11109, 11110, and 11111 will use denial code "J".

When you submit an "I" record to CWF, your contractor number will be shown as the originating contractor. If the COB Contractor converts the record to a "Y" with no change to the information, the originating contractor number will remain on the record. In addition, if the record is changed

to a "Y" and any of the data elements change, the originating contractor number will be reflected on the auxiliary record.

XI. Summary of Medicare contractor ECRS implementation dates:

Work Activity	Implementation Date
IEQ and Data Match ECRS CWF Assistance Requests	10/01/2000
MSP ECRS CWF Assistance Requests	01/01/2001
MSP Inquiries through ECRS	01/01/2001

Note: All other work activities contained within this PM are effective 01/01/2001.

The *effective date* for this PM coincides with the above chart.

The *implementation dates* for this PM is indicated in the above chart.

These instructions should be implemented within your current operating budget.

This PM may be discarded after October 1, 2001.

If you have any questions, contact your regional office MSP coordinator.

**MSP UTILIZATION EDITS
AND CORRECT RESOLUTION**

For use in correcting MSP utilization error codes.

Error Code	Error Description and Resolution

6801   MSP indicated on claim - no MSP auxiliary record exists on CWF data base.

Resolution:

Prepare an "I" MSP maintenance transaction and resubmit claim to CWF.

6802   MSP indicated on claim - no match on MSP auxiliary file.

NOTE: Match criteria: MSP types are equal, validity indicator equals "Y", dates of service are within MSP period and NO override code indicated on claim.

Resolution:

(1) Analyze CWF auxiliary file;
(2) Create a new "I" MSP auxiliary record; and
(3) Resubmit claim.

6803   MSP auxiliary record exists - no MSP indicated on claim but dates of service match.

Resolution:

(1) Deny claim. Advise beneficiary/provider: "Resubmit claim with other payer's Explanation of Benefits for possible secondary payment. If other insurance has terminated, resubmit with documentation showing termination dates of other insurance."

If you have documentation showing termination of the insurance coverage indicated in the CWF MSP occurrence, process as follows:

(2) Post a termination date; or
(3) Resubmit claim as MSP.

6805   MSP conditional payment claim and matching MSP record with "Y" validity indicator not found.

Resolution:

(1) Create an "I" MSP Auxiliary Record.
(2) Resubmit claim.

6806   MSP override code equals "M" or "N" and no MSP record found with overlapping dates of service.

Resolution:

(1) Resubmit claim without an override code; or

(2) Create an "I" MSP auxiliary record. An auxiliary record must be present to process a claim using an override code.

Override codes will be used as follows:

Override code M = GHP services involved. Verify MSP auxiliary record exists. Matching criteria: Dates of service on claim fall within effective and termination dates on auxiliary record and validity indicator is equal to "Y".

The service provided is:

o   Not a covered service under the primary payer's plan;

o   Not a covered diagnosis under the primary payer's plan; or

o   Benefits have been exhausted under the primary payer's plan.

Override code N = Non-GHP involved. Verify MSP auxiliary record exists. Matching criteria are: Dates of service on the claim fall within effective and termination dates on auxiliary record and validity indicator is equal to "Y".

The service provided is:

o   Not a covered service under the primary payer's plan;

o   Not a covered diagnosis under the primary payer's plan; or

o   Benefits have been exhausted under the primary payer's plan.

NOTE: Part B - Override code "M" or "N" should be placed in MSP Code (field 95) of the CWF Part B Claim record. When processing any primary claim not using an override code, this field must be left blank.

CWF ASSISTANCE REQUEST- DRAFT DATA ELEMENTS AND DEFINITIONS

For use in requesting changes to existing CWF MSP Auxiliary records.

DATA ELEMENT	DEFINITION
MEDICARE CONTRACTOR #	Submitting contractor's identification number. **Mandatory.**
HIC #	Health insurance claim number of beneficiary. **Mandatory.**
MSP CODE	Use alpha code as listed in MCM §4307.1 and MCM §3696.1. **Mandatory.**
BENEFICIARY NAME	Name of beneficiary. **Mandatory.**
BENEFICIARY ADDRESS	Address of beneficiary.
BENEFICIARY PHONE NUMBER	Phone number of beneficiary.
BENEFICIARY DOB	Beneficiary date of birth.
BENEFICIARY GENDER	Gender of beneficiary.
INQUIRER'S NAME	Name of inquirer, if not beneficiary.
INQUIRER' RELATIONSHIP	Relationship of inquirer to the beneficiary.
INQUIRER'S ADDRESS	Address of inquirer, if not beneficiary.
INQUIRER'S PHONE NUMBER	Phone number of inquirer, if not beneficiary.
SUBSCRIBER NAME	Name of insured, if not beneficiary.
INSURER GROUP NAME	Name of insurer for this period of MSP.
INSURER ADDRESS	Address of insurer for this period of MSP.
INSURANCE TYPE	Use existing CWF insurance types. **Mandatory.**
EMPLOYEE ID NUMBER	If applicable (e.g., GHP-assigned identification number).
EMPLOYER NAME	Name of policy holder's employer.
EMPLOYER ADDRESS	Address of policy holder's employer.
EIN	Employer Identification Number.
SOURCE CODE	Source of information. **Mandatory.**
DATE OF ACCRETION	Date MSP occurrence added to CWF.
MSP AUXILIARY RECORD #	Identifies MSP occurrence. **Mandatory.**
MSP EFFECTIVE DATE	Effective date for this period of MSP.
MSP TERMINATION DATE	Termination date for this period of MSP.
DIAGNOSIS	Diagnosis for this period of MSP.
TYPE OF ACTION REQUESTED	01- Update Effective Date 02 - Update Termination Date

	03 - Update Validity Indicator 04 - Consolidate Multiple Auxiliary Records 05 - Investigate Conflict Between New Information and Auxiliary Record 06 - Request for a Copy of the Data Match Questionnaire 07 - Update Pre-Paid Health Plan Date 08 - Other **Mandatory.**
PENDING CLAIM(S)	Check if claim(s) pending for payment or adjustment.
REMARKS CODE	Use remark codes as provided.
COMMENTS	Brief summary of request.
DOCUMENT CONTROL NUMBER	Internal tracking number assigned to request. **Mandatory.**
CONTRACTOR REPRESENTATIVE NAME	Submitting FI/Carrier rep's name. **Mandatory.**
CONTRACTOR REPRESENTATIVE PHONE NUMBER	Submitting FI/Carrier rep's direct phone number & ext. or department's phone number. **Mandatory.**
STATUS OF REFERRAL	For use by COB Contractor.

MSP INQUIRY INFORMATION - DRAFT DATA ELEMENTS AND DEFINITIONS

For use in referring MSP information received at the FI/carrier which indicates possible MSP involvement to the COB Contractor. Any and all of the data elements contained in this screen should be provided if they are contained on the correspondence or provided verbally. You are not responsible for further investigation or development to obtain data elements not contained on the correspondence or provided verbally.

DATA ELEMENT	DEFINITION
HIC	Health insurance claim number of beneficiary.
SSN	Submit, if beneficiary HIC is not available.
BENEFICIARY NAME	Submit, if beneficiary HIC is not available.
BENEFICIARY ADDRESS	Submit, if beneficiary HIC is not available.
BENEFICIARY PHONE NUMBER	Beneficiary phone number.
BENEFICIARY DOB	Beneficiary date of birth.
BENEFICIARY GENDER	Gender of Beneficiary.
REPRESENTATIVE PAYEE	Representative payee on behalf of beneficiary.
INQUIRER'S NAME	Inquirer's name.
INQUIRER'S RELATIONSHIP	Relationship of inquirer to beneficiary.
INQUIRER'S ADDRESS	Inquirer's address.
INQUIRER'S PHONE NUMBER	Inquirer's phone number.
MSP CODE	Use alpha codes as listed in MCM §4307.1 and MIM §3696.1.
PATIENT RELATIONSHIP	Use patient relationship codes as provided.
SUBSCRIBER NAME	Name of insured, if not beneficiary.
INSURER NAME	Primary insurer to Medicare.
INSURER ADDRESS	Mailing address of primary insurer.
INSURANCE TYPE	Use existing CWF insurer types.
POLICY NUMBER	Policy number of primary insurance.
EMPLOYER NAME	Policy holder's employer.
EMPLOYER ADDRESS	Employer's mailing address.

EIN	Employer's identification number.
ATTORNEY/OTHER BENEFICIARY REPRESENTATIVE NAME	Name of beneficiary's attorney/other beneficiary representative.
ATTORNEY/OTHER BENEFICIARY REPRESENTATIVE ADDRESS	Mailing address for beneficiary's attorney/other beneficiary representative.
ATTORNEY/OTHER BENEFICIARY REPRESENTATIVE PHONE NUMBER	Phone number for beneficiary's attorney/other beneficiary representative.
BENEFICIARY REPRESENTATIVE CODE	Indicate if beneficiary representative is: A - Attorney B - Non-attorney
RELEASE RECEIVED?	Indicate if release form received.
APPOINTMENT OF REPRESENTATION RECEIVED?	Indicate if appointment of representation received.
DIAGNOSIS	Diagnosis for this period of MSP.
BLOCK 10 INFORMATION	Indicate if information provided in Block 10 of the HCFA 1500/EMC format.
DOCUMENT CONTROL NUMBER	FI/Carrier's internal tracking number assigned to both verbal or written inquiries. **Mandatory.**
CONTRACTOR NUMBER	Submitting FI/Carrier's identification number. **Mandatory.**
CONTRACTOR REPRESENTATIVE NAME	Submitting FI/Carrier rep's name. **Mandatory.**
CONTRACTOR REPRESENTATIVE PHONE NUMBER	Submitting FI/Carrier rep's direct phone number & extension. **Mandatory.**
PENDING CLAIM(S)	Check if claim(s) pending for payment or adjustment.
REMARKS CODE	Use remark codes as provided.
SOURCE CODE	Source of information. **Mandatory.**
COMMENTS	Brief summary of inquiry.
STATUS OF REFERRAL	For use by the COB Contractor.

Electronic Correspondence Referral System

(ECRS)

Reference Manual

Version 1.0

August 2000

Table of Contents

Notes:

Chapter 1: Introduction

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

If you want to see information about this...	See this page...
ECRS Reference Manual	1-2
Reference Manual Conventions	1-2
What is ECRS?	1-3
Basic Functions	1-4

About this Manual

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

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

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

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

Reference Manual Conventions

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

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

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

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

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

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

What is ECRS?

In the past, Medicare contractors mailed or faxed written referrals (requests to change Data Match and IEQ MSP records on CWF) to the COB contractor. The Electronic Correspondence Referral System (ECRS) replaces this process. Using CICS screens residing in their local regions, Medicare contractors enter the requests online. The transactions are automatically sent to and stored on the COB contractor's system. Each evening, a batch process reads the transactions and processes the requests. The status on each transaction is updated as it moves through the system.

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

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

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

The other action codes DO (delete occurrence), ES (employer size below minimum), MX (SSN/HICN mismatch), and VP (vow of poverty) are not associated with any specific fields.

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

Basic Functions

Getting Started

1. Log into a local Medicare CICS region.

2. Type **ECRS** and press [Enter]. The system displays the 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: _____        ACCESS CODE:  _____

USER ID: _____   STATUS: __  LAST UPDATED FROM: _____ THROUGH: _____
                 HICN: _____        DCN: _____


        SELECTION  __

                  01  CWF ASSISTANCE REQUEST DETAIL
                  02  CWF ASSISTANCE REQUEST LIST
                  03  DOCUMENT COPIES






   F12=EXIT
```

3. From the COB ECRS main menu screen, type your contractor number (unique five-digit number assigned by HCFA) in the CONTRACTOR NUMBER field. Type your access code (five-character authorization assigned by the COB contractor) in the ACCESS CODE field. Press [Enter]. You now have the ability to access information in ECRS. You only need to enter your contractor number and access code upon initial entry into 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."

Chapter 2: ECRS Screens

Introduction

This chapter is a screen reference that gives you examples and explanations of the screens in ECRS. The reference includes field descriptions and explanations of how to access and exit the screens.

If you are a new user, this reference can help you to determine what information is in each field or what you should enter in a field. It can also help you to navigate through the system if you are "lost."

If you are an experienced user, you can use the chapter as a quick reference for a screen that you use infrequently.

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

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

If you want to see information about this...	See this page...
COB ECRS Main Menu Screen	2-2
ECRS CWF Assistance Request Detail Screen, Page 1 of 2	2-5
ECRS CWF Assistance Request Detail Screen, Page 2 of 2	2-10
ECRS CWF Assistance Request List Screen	2-13
ECRS Document Copies Request Screen	2-16

COB ECRS Main Menu Screen

Introduction

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

Access

1. Log into a local Medicare CICS region.

2. Type **ECRS** and press [Enter]. The system displays the 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: _____        ACCESS CODE:  _____

  USER ID: _____   STATUS: __  LAST UPDATED FROM: _____  THROUGH: _____
                    HICN: _____        DCN: _____


           SELECTION  __

                   01  CWF ASSISTANCE REQUEST DETAIL
                   02  CWF ASSISTANCE REQUEST LIST
                   03  DOCUMENT COPIES






    F12=EXIT
```

Explanation of Screen

COB ECRS Main Menu Screen	
Field Name	**Description**
CONTRACTOR NUMBER	Five-digit number associated with Medicare contractor using screen. *Required field* upon initial access to ECRS screens.
ACCESS CODE	Five-character code value assigned by COB contractor to verify specific contractor number entered. *Required field* upon initial access to ECRS screens
USER ID	User ID of operator. Finds specific ECRS request transactions.
STATUS	Status of record. Finds specific ECRS request transactions. Use this field in conjunction with User ID and/or Last Updated From date and/or Last Updated Through date to further refine a search.

COB ECRS Main Menu Screen	
Field Name	**Description**
LAST UPDATED FROM	Starting date of date range. Lists request transactions last updated on or after this date. Use this field in conjunction with any other selection criteria fields to further refine a search. Defaults to 30 days prior to current date.
THROUGH	Ending date of a date range. Lists request transactions last updated on or before this date. Use this field in conjunction with any other selection criteria fields to further refine a search. Defaults to current date.
HICN	Health Insurance Claim Number. Searches for specific ECRS request transactions. Use in conjunction with Last Updated From date and/or Last Updated Through date to further refine a search.
DCN	Document Control Number assigned by Medicare contractor. Searches for specific ECRS request transactions. Use in conjunction with Last Updated From date and/or Last Updated Through date to further refine a search.
SELECTION	Selection field. Options are: 01 CWF Assistance Request Detail 02 CWF Assistance Request List 03 Document Copies **Note:** The system requires search criteria for selection 02, CWF Assistance Request List. You can perform searches using criteria in any of the following combinations: • User ID • User ID, Status • User ID, Last Updated From • User ID, Last Updated Through • User ID, Last Updated From, Last Updated Through • User ID, Status, Last Updated From • User ID, Status, Last Updated Through • User ID, Status, Last Updated From, Last Updated Through • Status • Status, Last Updated From • Status, Last Updated Through • Status, Last Updated From, Last Updated Through • Last Updated From • Last Updated Through • Last Updated From, Last Updated Through • HICN • HICN, Last Updated From • HICN, Last Updated Through • HICN, Last Updated From, Last Updated Through • DCN • DCN, Last Updated From • DCN, Last Updated Through • DCN, Last Updated From, Last Updated Through

Process

1. Upon initial entry into ECRS, type your contractor number (unique five-digit number assigned by HCFA) in the CONTRACTOR NUMBER field. Type your access code (five-character authorization assigned by the COB contractor) in the ACCESS CODE field. Press [Enter]. You now have the ability to access information in ECRS.

2. From the COB ECRS main menu screen, type **01**, **02**, or **03** in the SELECTION field. Press [Enter]. The system displays the ECRS CWF Assistance Request Detail screen, ECRS CWF Assistance Request List screen, or ECRS Document Copies Request screen, respectively.

    Note: If you choose selection option 02, the system requires you to enter search criteria. See the SELECTION field description on page 2-5 for more detail.

Transportation

COB ECRS Main Menu Screen	
PF Key	**Function**
12	Exit ECRS

ECRS CWF Assistance Request Detail Screen, Page 1 of 2

Introduction

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

Access

From the COB ECRS main menu screen, type **01** in the SELECTION field and press [Enter]. The system displays the first page of the ECRS CWF Assistance Request Detail screen, as shown in the example below.

```
                        ECRS CWF ASSISTANCE REQUEST DETAIL            PAGE 1 OF 2
       CNTR NBR.  99999        PHONE:   ___-___-____     USER ID XXXXXXXX
       CNTR REP.: _____         STATUS XX   XXXXXXXXXXXXXX
       ACTION(S): __ __ __ __  DCN: _____      SOURCE: ____ XXXXXXXXXXXXXX

       BENE HICN: _____  SSN: ___-___-____        DOB: _____  SEX: _
          NAME: _____ _ _____    PAT REL: _ XXXXXXXXXXXX
        MSP TYPE: _ XXXXXXXXXXXXXXX     EFF DT: _____  TERM DT: _____
                                   AUX REC: ____          ACCR DT: _____

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

       INFMT NAME: _____ _ _____    PHONE: ___-___-____
           STREET: _____ _____
             CITY: _____ ST: __ ZIP: _____-____    INFMT REL: __ XXXXXXXXXX

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


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

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

Explanation of Screen

ECRS CWF Assistance Request Detail Screen, Page 1 of 2	
Field Name	**Description**
CNTR NBR.	Five-digit number identifying the Medicare contractor *(protected field)*
PHONE	Phone number of contractor representative *(required field)*
USER ID	User ID of operator who entered request transaction *(protected field)*

ECRS CWF Assistance Request Detail Screen, Page 1 of 2	
Field Name	**Description**
CNTR REP.	Name of contractor representative to contact for further information or clarification regarding request *(required field)*
STATUS	Two-character code explaining where request transaction is in the COB system process *(protected field)*. Description of status code displays next to value. Values are: CM Completed HS HUSP sent to CWF IP In process, being edited by COB NW New, not yet read by COB PS Posted to CWF, response received with no errors RJ Rejected by COB, editing failed SP Error received from CWF, being resolved by COB contractor SU In COB suspense queue for manual review UD Under development by COB
ACTION(S)	Two-character code defining action to take on CWF Auxiliary record *(required field)*. Valid values are: DO Mark occurrence for deletion DX Change diagnosis codes 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 MT Change MSP type MX SSN/HICN mismatch PR Change patient relationship TD Change termination date VP Beneficiary has taken a vow of poverty Enter up to four codes unless request is to delete occurrence (DO) or note a vow of poverty (VP). You cannot combine these two action codes with any other action codes.
DCN	Document Control Number assigned by contractor to correspondence and/or paperwork associated with transaction *(required field)*
SOURCE	Four-character code identifying source of request information *(required field)*. Description of source code displays next to value. Valid values are: BX10 Information in Box 10 of claim CHEK Unsolicited check DVLP Information received in response to development initiated by Medicare contractor LTTR Letter PHON Phone call SCLM Claim submitted to Medicare contractor for secondary payment
BENE HICN	Health Insurance Claim Number of beneficiary *(required field)*
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 *required fields.*
PAT REL	Patient relationship between policy holder and beneficiary *(required field)*. Description of code displays next to value. Valid values are: 1 Beneficiary is policy holder 2 Spouse 3 Child 4 Other
MSP TYPE	One-character code identifying type of MSP coverage *(required field)*. Description of code displays next to value. Valid values are: A Working Aged B ESRD D Automobile Insurance, No Fault E Workers' Compensation F Federal (Public) G Disabled H Black Lung I Veterans L Liability
EFF DT	Effective date of MSP coverage in MMDDCCYY format *(required field)*
TERM DT	Termination date of MSP coverage in MMDDCCYY format
AUX REC	Record number of MSP auxiliary occurrence in CWF *(required field)*
ACCR DT	Accretion date of MSP coverage in MMDDCCYY format
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 *required fields* when SOURCE is LTTR.
PHONE	Informant's telephone number
STREET	First and second lines of informant's street address. First address line is a *required field* when SOURCE is LTTR.
CITY	Informant's city. *Required field* when SOURCE is LTTR.

ECRS CWF Assistance Request Detail Screen, Page 1 of 2	2-8
Field Name	**Description**
ST	Informant's state. *Required field* when SOURCE is LTTR.
ZIP	Informant's ZIP code. *Required field* when SOURCE is LTTR.
INFMT REL	One-character code indicating relationship of informant to beneficiary. *Required field* when SOURCE is LTTR. Description of code displays next to value. Valid values are: A Attorney representing beneficiary B Beneficiary C Child E Employer F Father I Insurer M Mother N Non-relative O Other relative P Provider R Beneficiary representative (other than attorney) S Spouse U Unknown
EMPLR NAME	Name of employer providing group health insurance under which beneficiary is covered
EIN	Employer Identification Number
STREET	Employer's street address
CITY	Employer's city
ST	Employer's state
ZIP	Employer's ZIP code
EMPLOYEE NO	Employee number of policy holder

Process

1. Type data in all of the required fields on the ECRS CWF Assistance Request Detail, Page 1 of 2 screen. To determine required fields on this screen, see the field descriptions on pages 2-5 to 2-8. After you type data in one field, press [Tab] to move the cursor to the next field.

2. Type data in the fields required by the action code(s) typed in the ACTION(S) field. The chart below lists the action codes and their corresponding required fields on this screen.

Action Code	Required Fields
PR	PAT REL (patient relationship)
MT	MSP TYPE
ED	EFF DT (effective date)
TD	TERM DT (termination date)
EI	EMPLR NAME, STREET, CITY, ST, ZIP, EIN, and EMPLOYEE NO (employer information)

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

Transportation

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

ECRS CWF Assistance Request Detail Screen, Page 2 of 2

Introduction

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

Access

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

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

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

      REMARKS: __ __ __          DIAG: _____ _____ _____ _____ _____




      CLAIMS PENDING: _

      COMMENTS: _____
                _____
                _____

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

Explanation of Screen

ECRS CWF Assistance Request Detail Screen, Page 2 of 2	
Field Name	**Description**
CNTR NBR.	Five-digit number identifying the Medicare contractor *(protected field)*
BENE	Name of beneficiary in first name/middle initial/last name format *(protected field)*
HICN	Health Insurance Claim Number for beneficiary *(protected field)*
DCN	Document Control Number assigned by contractor to correspondence and/or paperwork associated with this transaction *(protected field)*
INSURER NAME	Name of insurance carrier for MSP coverage

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

Process

1. Type data in all of the required fields on the ECRS CWF Assistance Request Detail, Page 2 of 2 screen. To determine required fields on this screen, see the field descriptions on pages 2-10 to 2-11. After you type data in one field, press [Tab] to move the cursor to the next field.

2. Type data in the fields required by the action code(s) typed in the ACTION(S) field on the ECRS CWF Assistance Request Detail, Page 1 of 2 screen. The chart below lists the action codes and their corresponding required fields on this screen.

Action Code	Required Fields
II	INSURER NAME, STREET, CITY, ST, ZIP, GROUP NO, POLICY NO, INSURED NAME, INS REL (insurer information)
IT	INS TYPE (insurance type)
DX	DIAG (diagnosis codes, enter up to five)

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

Transportation

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

ECRS CWF Assistance Request List Screen

Introduction

Medicare contractors use the ECRS CWF Assistance Request List screen to check the progress of a request transaction through the COB system. If the system finds any records in the COB database for the contractor that match the search criteria entered, the ECRS CWF Assistance Request List screen displays the transaction information for those records sorted by HICN, DCN, Status, Last Update and User ID.

Access

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

```
                       ECRS CWF ASSISTANCE REQUEST LIST
  USER ID: _____     STATUS: __   LAST UPDATED FROM: _____  THROUGH: _____
                     HICN: _____       DCN: _____

  SEL HICN           NAME               DCN              STATUS LST UPDATE USER ID
   _  XXXXXXXXXXXX   XXXXXXXXXXXXXXX X  XXXXXXXXXXXXXXXXX  XX    99-99-9999 XXXXXXXX
   _  XXXXXXXXXXXX   XXXXXXXXXXXXXXX X  XXXXXXXXXXXXXXXXX  XX    99-99-9999 XXXXXXXX
   _  XXXXXXXXXXXX   XXXXXXXXXXXXXXX X  XXXXXXXXXXXXXXXXX  XX    99-99-9999 XXXXXXXX
   _  XXXXXXXXXXXX   XXXXXXXXXXXXXXX X  XXXXXXXXXXXXXXXXX  XX    99-99-9999 XXXXXXXX
   _  XXXXXXXXXXXX   XXXXXXXXXXXXXXX X  XXXXXXXXXXXXXXXXX  XX    99-99-9999 XXXXXXXX
   _  XXXXXXXXXXXX   XXXXXXXXXXXXXXX X  XXXXXXXXXXXXXXXXX  XX    99-99-9999 XXXXXXXX
   _  XXXXXXXXXXXX   XXXXXXXXXXXXXXX X  XXXXXXXXXXXXXXXXX  XX    99-99-9999 XXXXXXXX
   _  XXXXXXXXXXXX   XXXXXXXXXXXXXXX X  XXXXXXXXXXXXXXXXX  XX    99-99-9999 XXXXXXXX
   _  XXXXXXXXXXXX   XXXXXXXXXXXXXXX X  XXXXXXXXXXXXXXXXX  XX    99-99-9999 XXXXXXXX
   _  XXXXXXXXXXXX   XXXXXXXXXXXXXXX X  XXXXXXXXXXXXXXXXX  XX    99-99-9999 XXXXXXXX
   _  XXXXXXXXXXXX   XXXXXXXXXXXXXXX X  XXXXXXXXXXXXXXXXX  XX    99-99-9999 XXXXXXXX
   _  XXXXXXXXXXXX   XXXXXXXXXXXXXXX X  XXXXXXXXXXXXXXXXX  XX    99-99-9999 XXXXXXXX
   _  XXXXXXXXXXXX   XXXXXXXXXXXXXXX X  XXXXXXXXXXXXXXXXX  XX    99-99-9999 XXXXXXXX
   _  XXXXXXXXXXXX   XXXXXXXXXXXXXXX X  XXXXXXXXXXXXXXXXX  XX    99-99-9999 XXXXXXXX
   _  XXXXXXXXXXXX   XXXXXXXXXXXXXXX X  XXXXXXXXXXXXXXXXX  XX    99-99-9999 XXXXXXXX

  ENTER 'S' IN SEL FIELD TO VIEW DETAILED INFORMATION FOR THE TRANSACTION

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

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

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

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

Explanation of Screen

ECRS CWF Assistance Request List Screen	
Field Name	**Description**
USER ID	User ID entered as search criteria, if applicable. This field is updateable; enter a different User ID to perform additional searches.
STATUS	Status entered as search criteria, if applicable. This field is updateable; enter a different Status to perform additional searches. To view all open request transactions, type **OP** in the STATUS field and press [Enter].
LAST UPDATED FROM	Starting date of date range entered as search criteria, if applicable. This field is updateable; enter a different From date in MMDDCCYY format to perform additional searches.
THROUGH	Ending date of date range entered as search criteria, if applicable. This field is updateable; enter a different Through date in MMDDCCYY format to perform additional searches.
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.
HICN	Health Insurance Claim Number for request transaction *(protected field)*
NAME	First 15 characters of last name and first initial of beneficiary on request transaction *(protected field)*
DCN	Document Control Number assigned to request transaction by Medicare contractor *(protected field)*
STATUS	Status of request transaction *(protected field)*
LAST UPDATE	Date request transaction was last changed in MMDDCCYY format *(protected field)*
USER ID	User ID of operator who entered request transaction *(protected field)*

Process

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.

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
07	Scroll backward
08	Scroll forward
12	Exit ECRS

ECRS Document Copies Request Screen

Introduction

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

Access

From the COB ECRS main menu screen, type **03** in the SELECTION field and press [Enter]. The

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

SEND TO: _____
         _____
         _____
         _____
         _____
         _____

DOCUMENT REQUESTED: ____   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

 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
```

system displays the ECRS Document Copies Request screen, as shown in the example below.

Explanation of Screen

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

ECRS Document Copies Request Screen	
Field Name	**Description**
DOCUMENT REQUESTED	Four-character code indicating documents requested *(required field)*. Description of code displays next to value. Valid values are: DMQ Copy of Data Match questionnaire IEQ Copy of IEQ questionnaire
BENE HICN	Health Insurance Claim Number for beneficiary *(required field)*
SSN	Social Security Number for beneficiary
SOURCE	Source for related MSP occurrence. *Required field* if document requested is DMQ (Data Match questionnaire).
NAME	Name of beneficiary in first name/middle initial/last name format *(required field)*
STREET	First and second lines of beneficiary's street address
CITY	Beneficiary's city
ST	Beneficiary's state
ZIP	Beneficiary's ZIP code
MSP TYPE	One-character code identifying type of MSP coverage *(required field)*. Description of code displays next to value. Valid values are: A Working Aged B ESRD D Automobile Insurance, No Fault E Workers' Compensation F Federal (Public) G Disabled H Black Lung I Veterans L Liability
EFF DT	Effective date of MSP coverage in MMDDCCYY format *(required field)*
TERM DT	Termination date of MSP coverage in MMDDCCYY format
EMPLR NAME	Name of employer providing group health insurance under which beneficiary is covered
EIN	Employer Identification Number. *Required field* if document requested is DMQ (Data Match questionnaire).

Process

1. Type data in all of the required fields on the ECRS Document Copies Request screen. To determine required fields on this screen, see the field descriptions on pages 2-16 to 2-17. After you type data in one field, press [Tab] to move the cursor to the next field.

2. After typing data in all of the required fields, press [PF5]. The system sends the document copy request, then displays the message, "REQUEST HAS BEEN SENT."

Transportation   *2-18*

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

Chapter 3: ECRS CICS Messages

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

ECRS CICS Error Message Chart

Message	Action
ALL EMPLOYER INFORMATION REQUIRED FOR EI (Employer Information) ACTION	Enter employer name and full address (street, city, state, and ZIP code).
ALL INSURER INFORMATION REQUIRED FOR II (Insurer Information) ACTION	Enter full address for insurer (street, city, state, and ZIP code).
CONTRACTOR NUMBER NOT VALID	Enter valid contractor number.
DCN SEARCH CRITERIA INVALID FOR SELECTED TRANSACTION TYPE	Change search criteria or selection.
DIAGNOSIS REQUIRED FOR DX (Change Diagnosis Code) ACTION	Enter valid diagnosis code.
ECRS TRANSACTION HAS BEEN TERMINATED	N/A
FIRST PAGE DISPLAYED	N/A
FROM DATE CANNOT BE GREATER THAN THROUGH DATE	Correct either From date or Through date.
FROM DATE SEARCH CRITERIA INVALID FOR SELECTED TRANSACTION TYPE	Change search criteria or selection.
FUNCTION KEY NOT ACTIVE	N/A
HICN SEARCH CRITERIA INVALID FOR SELECTED TRANSACTION TYPE	Change search criteria or selection.
INVALID ACCESS CODE FOR SPECIFIED CONTRACTOR	Enter valid access code.
INVALID COMBINATION OF SEARCH CRITERIA	Change search criteria or selection.
INVALID CONTRACTOR NUMBER	Enter valid contractor number.
INVALID DATE ENTERED	Enter valid date in MMDDCCYY format.
INVALID SELECTION REQUESTED	Enter valid selection.
INVALID VALUE SPECIFIED FOR 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.

Message	Action
NO PROCESSING REQUESTED	N/A
NO RECORDS FOUND MEETING SEARCH CRITERIA	Modify search criteria and initiate new search.
PLEASE SPECIFY AT LEAST ONE SEARCH CRITERIA	Enter at least one search value.
PRESS PF5 TO SEND REQUEST	Press [PF5] to transmit document copy request.
PRESS PF5 TO UPDATE TRANSACTION	Press [PF5] to update transaction.
REQUEST HAS BEEN SENT	N/A
SSN REQUIRED FOR MX (SSN/HICN Mismatch) ACTION	Enter valid SSN.
THROUGH DATE SEARCH CRITERIA INVALID FOR SELECTED TRANSACTION TYPE	Change search criteria or selection.
TRANSACTION SUCCESSFULLY UPDATED	N/A
USE S TO REQUEST DETAILED INFORMATION	N/A
USER ID SEARCH CRITERIA INVALID FOR SELECTED TRANSACTION TYPE	Change search criteria or selection.
XXXXXXXX (Field Name) IS REQUIRED	Enter value for field specified.
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.
XXXXXXXXX FIELD REQUIRED FOR SOURCE OF XXXX (Source Type)	Enter valid value in field specified or change source type.