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# Program Memorandum Intermediaries/Carriers

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

Transmittal AB-02-140

Date: OCTOBER 11, 2002

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## CHANGE REQUEST 2441

This Program Memorandum (PM) supersedes the ECRS manual reference in AB-02-116, dated August 7, 2002. Please disregard the ECRS manual reference in AB-02-116 immediately.

**SUBJECT: Data Center Testing and Production - Electronic Correspondence Referral System (ECRS) User Manual 5.1 and Quick Reference Guide Replacement**

On August 8, 2002, the Coordination of Benefits Contractor (COBC) will transmit ECRS Version 5.0 to all data centers for testing through established AT & T Global Network and Advantis telecommunication lines. Data centers should complete testing within the standard testing timeframes. A replacement version of ECRS as a result of testing, was transmitted to all data centers on September 7, 2002. This PM version replaces the current ECRS 5.0 User Manual and Quick Reference Guide. In addition, it highlights additional changes as a result of ECRS 5.0 testing. SNECRS 1.3 is compatible with ECRS 5.1.

Attachment 1 highlights new and improved features within the Program Memorandum (PM) and specific processing requirements to be followed. The ECRS Version 5.1 draft manual at Attachment 2 is being supplied for Medicare contractor and CMS RO use for maneuvering through the systems application test processes. Attachment 3 is the ECRS Quick Reference Guide.

### Instructions 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 Group Health Incorporated (GHI) help desk technical support staff at (212) 615-4647 or (212) 615-4677. Medicare contractors and RO MSP Coordinators may contact Alberta Smythe at (646) 458-6694. In addition, you may e-mail questions/concerns to the COBC via Internet address at [COB@ghimedicare.com](mailto:COB@ghimedicare.com). If Medicare contractors are unable to receive technical assistance after contacting Alberta and their RO MSP representative, contact Danielle Barbour at 410-786-6468 or email her at [DBarbour@cms.hhs.gov](mailto:DBarbour@cms.hhs.gov). RO MSP Coordinators should contact Danielle Barbour if they are unable to receive technical assistance.

**The *effective date* for this PM is October 7, 2002.**

**The *implementation date* for this PM is October 7, 2002.**

**These instructions should be implemented within your current operating budget.**

**This PM may be discarded after April 15, 2003.**

3 Attachments

## **Highlighted New and Improved Features in ECRS 5.1**

### 1. RO Access and Capabilities

**New Features:** This version of ECRS allows approved RO MSP Coordinators to submit Common Working File (CWF) Assistance Requests and MSP Inquiries. Records posted to the CWF as a result of a RO submission will post with contractor number 11109.

### 2. Workers' Compensation (WC) Set-Aside Trust Screens

**Improved Feature:** The system shall allow the effective date on the Workers Compensation Set-Aside Detail screen to be future dated.

**NOTE:** A future CWF release will allow future effective dates for WC set-aside cases to be sent directly to the CWF. This is a necessary function for WC set-aside cases. Future dated records will be recycled through the Coordination of Benefits (COB) system until this change is made in the CWF. Compromise WC records should be sent through the MSP Inquiry screen.

### 3. ECRS Developing Contractor Notification Screen

**Improved Features:** The ECRS MSP Developing Contractor Notification Screen will display the attorney name and number and/or insurer name and number when the submitting Medicare contractor or RO enters this information on the original MSP Inquiry.

This screen has also been changed to allow approved RO MSP Coordinators to view submitted cases, which were subsequently assigned to a lead contractor for the coordination of Medicare recovery activities.

### 4. Improved Reason Codes for MSP Inquiries

**Improved Feature:** The MSP Inquiry screen will display additional reason codes to provide ECRS users with more detail about why a record did not post to the CWF. The following reason codes will be used with a completed status:

- 69 – Developed to GHP, no response;
- 70 – Developed to non-EGHP, no response;
- 71 – Developed to the beneficiary, no response;
- 72 – Developed to the informant, no response;
- 73 – Medicare Beneficiary Retired;
- 74 – Spouse Retired;
- 75 – GHP lifetime of yearly benefits maxed;
- 76 - No coverage with insurance company;
- 77 – Medicare Supplemental Plan;
- 78 – Employer has less than 20 employees;
- 80 – Employer has less than 100 employees;
- 81 – Medicare is primary due to ESRD coordination period; and
- 82 – Per Insurance, seasonal employee and not eligible for the month.

The following reason code will be used with an on-hold status:

- 13 – Duplicate Request, development already in process

### 5. Improved Reason Codes for CWF Assistance Requests

**Improved Feature:** The CWF Assistance Request screen will display additional reason codes to provide ECRS users with more detail about why a record did not post to CWF.

- 73 – Medicare Beneficiary Retired;
- 74 – Spouse Retired;
- 75 – GHP lifetime of yearly benefits maxed;
- 76 - No coverage with insurance company;
- 77 – Medicare Supplemental Plan;
- 78 – Employer has less than 20 employees;
- 79 – Per employer Medicare Beneficiary is not covered under spouse’s GHP;
- 80 - Employer has less than 100 employees;
- 81 – Medicare is primary due to ESRD coordination period;
- 82 – Per Insurance, seasonal employee and not eligible for the month;
- 83 – Incoming request conflicts with information on file; and
- 84 – Insufficient information to update CWF.

## 6. Additional Action Codes

**New Features:** ECRS will allow a user to enter an action code to request a special process for an MSP inquiry entry. The following seven action codes will be implemented with the October release:

- CA Class Action Suit;
- CL Closed or Settled Case;
- DE Develop to the Employer;
- DI Develop to the Insurer;
- SC Suppress Confirmation Letter;
- SL Suppress Lead Contractor Assignment; and,
- SR Suppress Right of Recovery Letters.

CA= Submission of a MSP inquiry with the “CA” action code will alert the COBC that the beneficiary is party to a class action suit. When this action code is used, you must also identify the corresponding class action type code (see #6 below).

CL= Submission of a MSP inquiry with the “CL” action code with alert the COBC that the beneficiary’s case has settled, and you are requesting no formal action other than the MSP record to be added to the Common Working File (CWF).

DE= Submission of a MSP inquiry with the “DE” action code will alert the COBC to develop with the employer, only.

DI= Submission of a MSP inquiry with the “DI” action code will alert the COBC to develop with the insurer, only.

SC= Submission of a MSP inquiry with the “SC” “ action code will alert the COBC to suppress sending a confirmation to the beneficiary. Normally, when the COBC sends a MSP record to the CWF, the beneficiary automatically receives a letter identifying what information is contained on the MSP record on the CWF. We have found that in some instances this is confusing to the beneficiary, in particular when Medicare’s Right of Recovery Notice is also being sent.

- 1) SC and EGHP: Suppression of the confirmation letter will be allowed with EGHP MSP inquiries when the informant is the beneficiary. If information received by the beneficiary indicates that they would like to receive a copy of Medicare’s file pertinent to their MSP status, do not suppress the confirmation letter. If the beneficiary is satisfied that you have submitted the information on their behalf to the COBC, and does not require confirmation of the submitted transaction, you may suppress the confirmation letter. Suppression of the confirmation letter will not be permitted in ECRS where the informant is not the beneficiary.

- 2). SC and Non-EGHP: Suppression of the confirmation letter will automatically occur in non-EGHP MSP inquiries where the process will result in a cc to the beneficiary of Medicare's Right of Recovery Notice. No action will be required by the submitter.

SL= Submission of a MSP inquiry with the "SL" action code will alert the COBC to suppress the assignment of lead. This should only be used by the lead contractor in cases where the case is already being worked or is in an open status, and has not yet settled or closed. The only action that is necessary by the COBC is to accrete the MSP record to the CWF.

SR= Submission of MSP inquiry with the "SR" action code will alert the COBC to assign lead, but suppress Medicare's Right of Recovery Notice. This action should be used in cases where the notice is not necessary (e.g., Sulzer Inter-Op Class Action). In addition, this action may also be used in cases where you have already begun working a case and the lead assignment is necessary for notification of action by other interested contractors.

## 7. Class Actions

**New Feature:** Designated lead contractors are assigned to be the lead for certain class action suits. When a contractor or RO wants to add a record for a class action suit they will use the CA action code and enter class action suit type in the CA field. The designated lead for the type entered will be assigned. You will be prompted to suppress Medicare's Right of Recovery Notice. The identified Class Action suits are:

- 01- Gel Implants-TrailBlazers and Alabama (refer to the lead contractor listing for State by State responsibilities);
- 02 - Bone Screw Recoveries -United Government Services;
- 03 - Diet Drug Recoveries- Cahaba BCBS Shield Alabama;
- 04 - Sulzer Inter-Op Acetabular Shells for Hip Implant Recoveries-Chisolm Administrative Services; and,
- 05 - Sulzer Orthopedic & defective knee replacement recoveries- Chisolm Administrative Services

## 8. Voluntary Refund and Check Development

**Change in Process:** When an ECRS user enters CHEK in the source field, they will be required to enter the check amount, date and number in the CHECK AMOUNT, CHECK DATE, and CHECK NO fields. The CHECK DATE field will not accept a future date. This information will be displayed on the development letter to the provider, insurer or employer.

Medicare contractors should no longer submit "I" records when a voluntary refund or check is received. An MSP inquiry or CWF assistance request should be submitted. Follow the examples below to determine which ECRS transaction to submit:

- An MSP inquiry should be submitted when there is no existing or related MSP record on the CWF.
- CWF assistance request should be submitted when the information on the CWF is incorrect or the MSP record has been deleted. Submission of an MSP inquiry or CWF assistance request allows the COBC to develop to other entities other than the beneficiary.
- If the check/voluntary refund will open and close the case/MSP issue, you should submit an MSP inquiry with a termination date and with the case closed (i.e., CL) action code. An MSP record will be added to the CWF, however the COBC will not perform development.

## 9. Lead Contractor Assignment Change

**Improved Feature:** Change of venue is normally referenced when speaking of workers' compensation cases. However, for purposes of ECRS, you will request a change in venue in any case where the appointment of lead has changed from one lead contractor to another. Remember, lead is assigned by the COBC based on beneficiary state of residence, however if another state has jurisdiction over a WC case, the Medicare contractor will more than likely find out through case management, and subsequently notify the COBC. The expectation is that these types of requests will be few and mainly limited to WC cases. It is necessary for the COBC to send the change of venue letter so that all parties are adequately notified of the new lead contractor, therefore suppression of this notification should be rarely used.

A RO or the original lead contractor will have the authority to request a change of venue. Suppression of the change of venue letter should never occur when an entity (e.g., attorney, beneficiary) has previously received notification and Medicare's Right of Recovery notice from the COBC. Only one change in venue may be requested for a beneficiary. If a subsequent request is made, the user will receive an error. In this situation, the user should contact their COB consortia representative.

To request a change in venue, the user enters a new action code of "CV" (Change of Venue) on the ECRS CWF Assistance Request Detail Screen. Because this is an automated process, no other action code can be used in addition to 'CV'. Additionally, the user must enter the new lead contractor number in the CHANGE LEAD TO FIELD.

#### 10. ECRS MSP Lead Contractor Assignment Screen

**Improved Feature:** The Workers Compensation Indicator (WC – Y or Space) on the Lead Contractor Assignment Screen is being changed to a two position indicator field. A different indicator will display for certain types of Lead assignments. The values are:

WC – Workers Compensation Set-Aside Cases;

CV – A change of venue was requested from the original lead contractor or RO; and

NA– No action is required for this record. The case has been investigated and resolved COBC's only action is to post the record to the CWF. (This will only be set when the "CL" or "SL" Action code is used on an MSP Inquiry.)

If none of the above indicators apply to the MSP record, the indicator field will display spaces.

#### 11. ECRS MSP Changed Record Notification Screen

**New Feature:** Approved RO MSP Coordinators will have the ability to view changed records for their RO site.

#### 12. CWF Assistance Requests

**New Feature:** In association with the new "I" record rules to be systematically implemented in January 2003, Medicare contractors should submit a CWF assistance request with the "DR" action code when there is a deleted MSP record at CWF and you receive information that indicates MSP and additional development must be initiated by the COBC. This action code should only be used when there is a deleted record at CWF. You should not submit a MSP inquiry in these cases. CR 2240, AB-02-107, dated July 31, 2002 indicates that where you cannot submit an "I" record, submit an MSP Inquiry in all cases. This statement is incorrect and CR 2240 will be reissued with appropriate corrections.

The source code "DVLP" was removed from the list of CWF assistance request.

The ECRS 5.0 software, Reference Manual and Quick Reference Card have been replaced with ECRS 5.1. The following denote changes that affect Medicare contractor ECRS submissions.

1. Deleted action code EA from ECRS CWF Assistance Request Detail Screen, Page 1 of 2 introduction and screen description (p.2-6, 2-10). This was deleted from the ECRS Quick Reference Card.

**Change in Process:** The “EA” action code was used with the source code, “DVLDP” in previous versions of ECRS. This action code was mistakenly deleted in ECRS 5.0, and will be added in a subsequent release. In the interim, when submitting a CWF assistance request for employer development, use action code “EI”. In comments, indicate, “develop for employer”.

SNECRS 1.3 included “DVLDP” as a valid option to use with ECRS 5.1. This option is not compatible with ECRS 5.1, and will be removed in a subsequent version of SNECRS.

2. Added exception for ORIG CNTR field when ACTION(S)=CV (p.2-7, 2-13).

3. Added 07 and 85 values for REASON fields (p.2-11, 2-12, 2-27, 2-28). Codes were added to ECRS Quick Reference Card.

**New Features:** The COBC will use the “07” reason code to indicate that your request is receiving additional review/research by a COBC auditor.

In addition, the COBC will use the “85” reason code to indicate that as a result of development/research, the MSP situation will be handled by another contractor based on change of venue.

4. Removed INS REL field on Page 2 of 2 of the CWF Assistance Request Detail Screen (p.2-16, 2-17) and the ECRS MSP Inquiry Detail Screen (p. 2-32, 2-33).

5. Added DE and WU values for IN field on ECRS MSP Lead Contractor Assignment Screen.

**New Features:** The “DE” value was added as a tracking tool for intermediaries when a lead assignment is subsequently deleted by the COBC.

The “WU” value was added to denote a lead assigned as a result of a particular WC agreement (i.e., California WC agreement). As the COBC secures voluntary agreements with non-EGHP entities, additional value codes will be added.

6. Added 86 reason code for CWF Assistance Request (p. 2-12). Code was added to ECRS Quick Reference Card.

**Improved Feature:** The “86” reason code will be used when the COBC’s development/research efforts are unable to verify a Medicare’s contractor request related to validating/ changing/ updating address fields on the CWF.

# Electronic Correspondence Referral System (ECRS)

## Quick Reference Card

Rev. 02-02/October 2002

GHI-DI-502-5.1

### 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	CHECK DATE, CHECK AMOUNT, CHECK NO, INFMT NAME, STREET, CITY, ST, ZIP, INFMT REL
LTRR	INFMT NAME, STREET, CITY, ST, ZIP, INFMT REL

Action Codes	
Value	Description
AI	Change attorney information
CV	Change venue
DO	Mark occurrence for deletion
DR	Deleted CWF record, redevelop
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
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)
CV	CHANGE LEAD TO, SEND VENUE LETTER? Y/N	New lead contractor number; venue letter indicator
DX	DIAG	Diagnosis codes
ED	EFF DATE	Effective date
EI	EMPLR NAME, STREET, CITY, ST, ZIP, EIN, EMPLOYER NO	Employer information
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.
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.

Action Codes	
Value	Description
CA	Class action suit
CL	Closed or settled case
DE	Develop to the employer
DI	Develop to the insurer
SC	Suppress confirmation letter
SL	Suppress lead contractor assignment
SR	Suppress right of recovery letters

Required Fields for Action Codes	
Value	Required Fields
CA	BENE HICN, PAT REL, MSP TYPE (must = L), EFF DT, CA, **INFMT (attorney) NAME, STREET, CITY, ST, ZIP, *INSURER NAME, *INS TYPE, **STREET, CITY, ST, ZIP, DIAG
CL	BENE HICN, PAT REL, MSP TYPE (must = D, E, or L), EFF DT, TERM DATE, **INFMT (attorney) NAME, STREET, CITY, ST, ZIP, *INSURER NAME, *INS TYPE, **STREET, CITY, ST, ZIP, DIAG
DE	EMPLR NAME, STREET, CITY, ST, ZIP
DI	INSURER NAME, STREET, CITY, ST, ZIP
SC	BENE HICN, PAT REL, MSP TYPE, EFF DT, **INFMT (attorney) NAME, STREET, CITY, ST, ZIP, *INSURER NAME, *INS TYPE, **STREET, CITY, ST, ZIP, DIAG
SL	BENE HICN, PAT REL, MSP TYPE (must = D, E, or L), EFF DT, **INFMT (attorney) NAME, STREET, CITY, ST, ZIP, *INSURER NAME, *INS TYPE, **STREET, CITY, ST, ZIP, DIAG
SR	BENE HICN, PAT REL, MSP TYPE (must = D, E, or L), EFF DT, **INFMT (attorney) NAME, STREET, CITY, ST, ZIP, *INSURER NAME, *INS TYPE, **STREET, CITY, ST, ZIP, DIAG

\* INSURER NAME and INS TYPE are always required fields.  
 \*\*Attorney information is only required when additional insurer information (STREET, CITY, ST, ZIP) is not present. Likewise, additional insurer information is only required when attorney information is not present.

Required Fields for Source Codes	
Value	Required Fields
CHEK	DCN, SOURCE, BENE HICN, NAME, CHECK DATE, CHECK AMOUNT, CHECK NO, INFMT NAME, ADDR, CITY, ST, ZIP, INFMT REL or DCN, SOURCE, SSN, NAME, BENE STRT, CITY, ST, ZIP, CHECK DATE, CHECK AMOUNT, CHECK NO, INFMT NAME, ADDR, CITY, ST, ZIP, INFMT REL
LTRR	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.

<b>MSP Type Codes</b>	
<b>Value</b>	<b>Description</b>
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

<b>Source Codes</b>	
<b>Value</b>	<b>Description</b>
CHEK	Unsolicited check
LTTR	Letter
PHON	Phone call
SCLM	Claim submitted to Medicare contractor for secondary payment

<b>Status Codes</b>	
<b>Value</b>	<b>Description</b>
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

<b>Reason Codes</b>	
<b>Value</b>	<b>Description</b>
01	Not yet read by COB, used with NW status
02	Being processed by COB, used with IP status
03	Under development by COB, used with IP status
04	Update sent to CWF, used with IP status
05	Error received from CWF, being resolved by COB contractor, used with IP status
06	Sent to EDB for beneficiary info, used with IP status
07	Auditor follow-up development in progress, used with IP status

<b>Reason Codes (continued)</b>	
<b>Value</b>	<b>Description</b>
10	Not processing
11	Not yet eligible for Medicare, used with HD status
12	Needs diagnosis, used with HD status (for WC set-aside trust cases only)
13	Future-dated workers' compensation case, used with HD status (for WC set-aside trust cases only)
14	Duplicate request, development already in process, used with HD status
50	Posted to CWF, response received with no errors, used with CM status
51	No changes (additions, modifications, or deletions) made to CWF, used with CM status
52	Returned—rejected by CWF, used with CM status
53	Returned—duplicate ECRS request, used with CM status
54	100 or more threshold met
55	20 or more threshold met
56	OBRA does not apply, no update
57	Record already updated
58	Non-compliant GHP
59	Employer verified existing record, no update
60	Invalid HICN
61	No Part A entitlement
62	Closed, no response to development
63	Development complete, no MSP
64	Letter sent
65	Deceased, used with CM status
66	ESRD/DIB conflict
67	No response from CWF
68	Closed for Self-Report
69	Developed to GHP, no response
70	Developed to non-EGHP, no response
71	Developed to beneficiary, no response
72	Developed to informant, no response
73	Medicare beneficiary retired
74	Spouse retired
75	GHP lifetime of yearly benefits past maximum amount
76	No coverage with insurance company
77	Medicare Supplemental Plan
78	Employer has less than 20 employees
79	Per employer, Medicare beneficiary is not covered under spouse's GHP
80	Employer has less than 100 employees
81	Medicare is primary due to ESRD coordination period
82	Per insurance, seasonal employee and not eligible for the month
83	Incoming request conflicts with information on file
84	Insufficient information to update CWF
85	Venue changed
86	Unable to verify address, used with CM status (for CWF assistant requests only)

<b>Patient Relationship Codes</b>	
<b>Value</b>	<b>Description</b>
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

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

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

<b>Insurance Type Codes</b>	
<b>Value</b>	<b>Description</b>
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)

# **Electronic Correspondence Referral System**

**(ECRS)**

## **User Guide**

**Version 5.1**

***Rev. 02-02/October 2002***

***GHI-DI-501-5.1***

## **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.).

The Electronic Correspondence Referral System (E CRS) 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.

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\* IRS tax data is defined as the Employer Identification Number (EIN) and address, as well as the employee’s spouse’s name and Social Security Number (SSN).

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

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

ECRS uses action codes to determine what information should be updated on the MSP auxiliary occurrence at CWF or what type of special processing should be performed on an MSP inquiry record. 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.

For CWF assistance request transactions, you are required to enter at least one action code, but you have the ability to enter a maximum of four action codes. For MSP inquiries, you are not required to enter any 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.



## 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 5.1

**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 RO NUMBER: _____ ACCESS CODE: _____

          CONTRACTOR NUMBER: _____ ACCESS CODE: _____

          REPRESENTATIVE: _____
          PHONE: _____ - _____ - _____

          COB CONTRACTOR BULLETIN BOARD

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

          PF12=EXIT

```

- Use the chart below to locate the appropriate action.

If you are a...	Follow these steps:
Medicare contractor	<ol style="list-style-type: none"> <li>Type your contractor number (unique five-digit number assigned by CMS) in the CONTRACTOR NUMBER field.</li> <li>Type your access code (five-character authorization code assigned by the COB contractor) in the ACCESS CODE field.</li> <li>Type the name of the contractor representative in the REPRESENTATIVE field.</li> <li>Type the contractor representative's telephone number in the PHONE field.</li> </ol>
CMS user	<ol style="list-style-type: none"> <li>Type your CMS ID number in the CMS RO NUMBER field.</li> <li>Type your access code in the ACCESS CODE field.</li> </ol>

- 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."



**Transportation**

<b>COB ECRS Login Screen</b>	
<b>PF Key</b>	<b>Function</b>
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
    
```

<b>COB ECRS Main Menu Screen</b>	
<b>Field Name</b>	<b>Description</b>
CONTRACTOR NUMBER	<p><b>Medicare Contractors:</b> Contractor number entered on login screen (<i>protected field</i>)</p> <p><b>CMS Users:</b> If authorized, type your RO contractor number (for options 01 and 04) to view or enter CWF assistance request transactions and MSP inquiries for your Regional Office. Otherwise, type a CMS-issued Medicare contractor number (for options 07 and 08) to view developing contractor and MSP changed record notifications for the specified Medicare contractor.</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.

<b>COB ECRS Main Menu Screen</b>	
<b>Field Name</b>	<b>Description</b>
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 or CMS RO. 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.

<b>COB ECRS Main Menu Screen</b>									
<b>Field Name</b>	<b>Description</b>								
SELECTION	<p>Selection field. Options are:</p> <ul style="list-style-type: none"> <li>01 CWF Assistance Request Detail</li> <li>02 CWF Assistance Request List</li> <li>03 Document Copies</li> <li>04 MSP Inquiry Detail</li> <li>05 MSP Inquiry List</li> <li>06 Lead Contractor Assignment</li> <li>07 Developing Contractor Notification</li> <li>08 MSP Changed Record Notification</li> <li>09 Workers Comp Set Aside Detail (for designated CMS users only)</li> <li>10 Workers Comp Set Aside List (for designated CMS users only)</li> </ul> <p><b>Note:</b> Use the chart below to determine valid search criteria for the various selection options. By default, all contractor searches include Contractor Number.</p> <table border="1"> <thead> <tr> <th><b>Selection Option</b></th> <th><b>Valid Search Criteria</b></th> </tr> </thead> <tbody> <tr> <td>02, 05</td> <td>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.</td> </tr> <tr> <td>06, 07, 08</td> <td>HICN or Contractor Number with or without Origin Date From and Through</td> </tr> <tr> <td>10</td> <td>SSN, HICN, Reason, Status, Origin Date From, and Through</td> </tr> </tbody> </table>	<b>Selection Option</b>	<b>Valid Search Criteria</b>	02, 05	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.	06, 07, 08	HICN or Contractor Number with or without Origin Date From and Through	10	SSN, HICN, Reason, Status, Origin Date From, and Through
<b>Selection Option</b>	<b>Valid Search Criteria</b>								
02, 05	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.								
06, 07, 08	HICN or Contractor Number with or without Origin Date From and Through								
10	SSN, HICN, Reason, Status, Origin Date From, and Through								

**Transportation**

<b>COB ECRS Main Menu Screen</b>	
<b>PF Key</b>	<b>Function</b>
03	Return to login screen
12	Exit ECRS

**Notes:**

## 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 chapter can help you use the system as you learn it. You can also use this chapter 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	2-18
Viewing the List of MSP Inquiry Transactions	2-19
Adding, Viewing, and Updating MSP Inquiry Transactions	2-22
Deleting an MSP Inquiry Transaction	2-34
Viewing the List of Workers' Compensation Set-Aside Trust Cases	2-35
Adding, Viewing, and Updating Workers' Compensation Set-Aside Trust Cases	2-38
Deleting Workers' Compensation Set-Aside Trust Cases	2-47
Requesting Document Copies	2-48
Viewing Lead Contractor Assignments	2-51
Viewing Developing Contractors for a Case	2-54
Viewing Notifications for Cases with Developing Contractors	2-56
Viewing Notifications of Changed MSP Records	2-59



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.

<b>For information about this screen...</b>	<b>See this page...</b>
ECRS CWF Assistance Request Detail Screen, Page 1 of 2	2-9
ECRS CWF Assistance Request Detail Screen, Page 2 of 2	2-16
ECRS CWF Assistance Request List Screen	2-4
ECRS Document Copies Request Screen	2-49
ECRS MSP Inquiry Detail Screen, Page 1 of 2	2-26
ECRS MSP Inquiry Detail Screen, Page 2 of 2	2-32
ECRS MSP Inquiry List Screen	2-20
ECRS MSP Lead Contractor Assignment Screen	2-52
ECRS Developing Contractors for Lead Screen	2-55
ECRS MSP Developing Contractor Notification Screen	2-57
ECRS MSP Changed Record Notification Screen	2-60
ECRS Workers' Compensation Set-Aside Detail Screen, Page 1 of 2	2-40
ECRS Workers' Compensation Set-Aside Detail Screen, Page 2 of 2	2-43
ECRS Workers' Compensation Set-Aside List Screen	2-36

## 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 XXXXXXXX
-  XXXXXXXXXXXX  XXXXX  XXXXXXXXXXXXXXXXXXXX  XX XX  99-99-9999 99-99-9999 XXXXXXXX
-  XXXXXXXXXXXX  XXXXX  XXXXXXXXXXXXXXXXXXXX  XX XX  99-99-9999 99-99-9999 XXXXXXXX
-  XXXXXXXXXXXX  XXXXX  XXXXXXXXXXXXXXXXXXXX  XX XX  99-99-9999 99-99-9999 XXXXXXXX
-  XXXXXXXXXXXX  XXXXX  XXXXXXXXXXXXXXXXXXXX  XX XX  99-99-9999 99-99-9999 XXXXXXXX
-  XXXXXXXXXXXX  XXXXX  XXXXXXXXXXXXXXXXXXXX  XX XX  99-99-9999 99-99-9999 XXXXXXXX
-  XXXXXXXXXXXX  XXXXX  XXXXXXXXXXXXXXXXXXXX  XX XX  99-99-9999 99-99-9999 XXXXXXXX
-  XXXXXXXXXXXX  XXXXX  XXXXXXXXXXXXXXXXXXXX  XX XX  99-99-9999 99-99-9999 XXXXXXXX
-  XXXXXXXXXXXX  XXXXX  XXXXXXXXXXXXXXXXXXXX  XX XX  99-99-9999 99-99-9999 XXXXXXXX
-  XXXXXXXXXXXX  XXXXX  XXXXXXXXXXXXXXXXXXXX  XX XX  99-99-9999 99-99-9999 XXXXXXXX
-  XXXXXXXXXXXX  XXXXX  XXXXXXXXXXXXXXXXXXXX  XX XX  99-99-9999 99-99-9999 XXXXXXXX
-  XXXXXXXXXXXX  XXXXX  XXXXXXXXXXXXXXXXXXXX  XX XX  99-99-9999 99-99-9999 XXXXXXXX
-  XXXXXXXXXXXX  XXXXX  XXXXXXXXXXXXXXXXXXXX  XX XX  99-99-9999 99-99-9999 XXXXXXXX
-  XXXXXXXXXXXX  XXXXX  XXXXXXXXXXXXXXXXXXXX  XX XX  99-99-9999 99-99-9999 XXXXXXXX
-  XXXXXXXXXXXX  XXXXX  XXXXXXXXXXXXXXXXXXXX  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. 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

<b>ECRS CWF Assistance Request List Screen</b>	
<b>Field Name</b>	<b>Description</b>
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 <b>IP</b> 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	<b>Medicare Contractors:</b> Contractor number entered on login screen ( <i>protected field</i> )  <b>CMS Users:</b> Type a CMS-issued Medicare contractor number or your RO contractor number to view CWF assistance request transactions for a specific contractor or your Regional Office.
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 <b>S</b> in this field and press [Enter] to transport to the ECRS CWF Assistance Request Detail screen. Type <b>D</b> 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.

<b>ECRS CWF Assistance Request List Screen</b>	
<b>Field Name</b>	<b>Description</b>
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**

<b>ECRS CWF Assistance Request List Screen</b>	
<b>PF Key</b>	<b>Function</b>
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 <b>D</b> 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)
- Making documentation requests for generation of right of recovery letters (RR)
- Changing venue for lead contractor assignment (CV)
- Redeveloping a deleted CWF record (DR)

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

1. 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 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: _____	CHANGE LEAD TO: _____	SEND VENUE LETTER? Y/N _
BENE STRT: _____		
CITY: _____	ST: ___ ZIP: ___-___	PHONE: ___-___-___
SUBSCBR: _____		
CHECK DATE: _____	CHECK AMOUNT: \$ __, __, __. __	CHECK NO: _____
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		

2. 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 (except when ACTION(S) = CV)
- CHECK DATE, CHECK AMOUNT, CHECK NO (if SOURCE = CHEK)
- 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.

3. 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
AI	INFMT NAME, STREET, CITY, ST, ZIP, INFMT REL (attorney information)
CV	CHANGE LEAD TO (new lead contractor number), SEND VENUE LETTER? Y/N (change of venue letter indicator)  <b>Note:</b> Only the original lead contractor or a CMS RO user has the capability to make a lead contractor reassignment request.
EI	EMPLR NAME, STREET, CITY, ST, ZIP, EIN, and EMPLOYEE NO (employer information)  <b>Note:</b> Type data in <i>all</i> fields to update employer information at CWF.
MX	SSN (Social Security Number)
TD	TERM DT (termination date)

4. 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.

Action Code		Required Fields
II	INSURER NAME	INSURER NAME 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. <b>Note:</b> 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.
PH	PHP DATE (Pre-paid Health Plan date)	PHP DATE (Pre-paid Health Plan date)
DX	DIAG (diagnosis codes) Enter at least one, but up to five.	DIAG (diagnosis codes) Enter at least one, but up to five.

```

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

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

COMMENTS: CNTR: (OPERID) _____
_____
_____
COB: (OPERID) _____
_____
_____

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

```

5. Type data in the INS TYPE field, the only required field on the ECRS CWF Assistance Request Detail, Page 2 of 2 screen.
6. 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	INSURER NAME	INSURER NAME 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. <b>Note:</b> 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.
PH	PHP DATE (Pre-paid Health Plan date)	PHP DATE (Pre-paid Health Plan date)
DX	DIAG (diagnosis codes) Enter at least one, but up to five.	DIAG (diagnosis codes) Enter at least one, but up to five.

7. 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."
8. 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: _____ CHANGE LEAD TO: _____ SEND VENUE LETTER? Y/N ___
BENE STRT: _____
CITY: _____ ST: ___ ZIP: ___-___-___ PHONE: ___-___-___
SUBSCBR: _____
CHECK DATE: _____ CHECK AMOUNT: $___,___,___ .___ CHECK NO: _____
INFMT NAME: _____ PHONE: ___-___-___
STREET: _____
CITY: _____ ST: ___ ZIP: ___-___-___ INFMT REL: ___ XXXXXXXXXXXXXXX
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.	<p><b>Medicare Contractors:</b> Contractor number entered on login screen (<i>protected field</i>)</p> <p><b>CMS Users:</b> RO contractor number entered on main menu screen (<i>protected field</i>)</p>
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	<p>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:</p> <p>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</p>



<b>E CRS CWF Assistance Request Detail Screen, Page 1 of 2</b>	
<b>Field Name</b>	<b>Description</b>
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"> <li>AI Change attorney information</li> <li>CV Change venue</li> <li>DO Mark occurrence for deletion</li> <li>DR Deleted CWF record, redevelop</li> <li>DX Change diagnosis codes</li> <li>ED Change effective date</li> <li>EI Change employer information</li> <li>ES Employer size below minimum (20 for working aged, 100 for disability)</li> <li>II Change insurer information</li> <li>IT Change insurer type</li> <li>LR Add duplicate liability record</li> <li>MT Change MSP type</li> <li>MX SSN/HICN mismatch</li> <li>PH Add PHP date</li> <li>PR Change patient relationship</li> <li>RR Generate right of recovery lead contractor letter</li> <li>TD Change termination date</li> <li>VP Beneficiary has taken a vow of poverty</li> </ul> <p>Enter up to four action codes unless CWF assistance request is to change venue (CV), delete occurrence (DO), redevelop a deleted CWF record (DR), request a right of recovery lead contractor letter (RR), or note a vow of poverty (VP). You cannot combine these five action codes with any other action codes.</p>
DCN	Document Control Number assigned by contractor to correspondence and/or paperwork associated with transaction ( <i>required field</i> )

<b>ECRS CWF Assistance Request Detail Screen, Page 1 of 2</b>	
<b>Field Name</b>	<b>Description</b>
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"> <li>01 Not yet read by COB, used with NW status</li> <li>02 Being processed by COB, used with IP status</li> <li>03 Under development by COB, used with IP status</li> <li>04 Update sent to CWF, used with IP status</li> <li>05 Error received from CWF, being resolved by COB contractor, used with IP status</li> <li>07 Auditor follow-up development in progress, used with IP status</li> <li>10 Not processing</li> <li>11 Not yet eligible for Medicare, used with HD status</li> <li>14 Duplicate request, development already in progress, used with HD status</li> <li>50 Posted to CWF, response received with no errors, used with CM status</li> <li>51 No changes (additions, modifications, or deletions) made to CWF, used with CM status</li> <li>52 Returned–rejected by CWF, used with CM status</li> <li>53 Returned–duplicate ECRS request, used with CM status</li> <li>54 100 or more threshold met</li> <li>55 20 or more threshold met</li> <li>56 OBRA does not apply, no update</li> <li>57 Record already updated</li> <li>58 Non-compliant GHP</li> <li>59 Employer verified existing record, no update</li> <li>60 Invalid HICN</li> <li>61 No Part A entitlement</li> <li>62 Closed, no response to development</li> <li>63 Development complete, no MSP</li> <li>64 Letter sent</li> <li>65 Deceased, used with CM status</li> <li>66 ESRD/DIB conflict</li> <li>67 No response from CWF</li> <li>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.)</li> <li>69 Developed to GHP, no response</li> <li>70 Developed to non-EGHP, no response</li> <li>71 Developed to beneficiary, no response</li> <li>72 Developed to informant, no response</li> <li>73 Medicare beneficiary retired</li> <li>74 Spouse retired</li> <li>75 GHP lifetime of yearly benefits past maximum amount</li> <li>76 No coverage with insurance company</li> <li>77 Medicare Supplemental Plan</li> <li>78 Employer has less than 20 employees</li> <li>79 Per employer, Medicare beneficiary is not covered under spouse’s GHP</li> </ul>

<b>ECSR CWF Assistance Request Detail Screen, Page 1 of 2</b>	
<b>Field Name</b>	<b>Description</b>
REASON (continued)	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 (continued from previous page) are:  80 Employer has less than 100 employees 81 Medicare is primary due to ESRD coordination period 82 Per insurance, seasonal employee and not eligible for the month 83 Incoming request conflicts with information on file 84 Insufficient information to update CWF 85 Venue changed 86 Unable to verify address, used with CM status
SOURCE	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:  CHEK Unsolicited check 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
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> .

<b>ECRS CWF Assistance Request Detail Screen, Page 1 of 2</b>	
<b>Field Name</b>	<b>Description</b>
PAT REL	<p>Patient relationship between policy holder and beneficiary (<i>required field</i>). Description of code displays next to value. Valid values are:</p> <ul style="list-style-type: none"> <li>01 Patient is policy holder</li> <li>02 Spouse</li> <li>03 Natural child, insured has financial responsibility</li> <li>04 Natural child, insured does not have financial responsibility</li> <li>05 Stepchild</li> <li>06 Foster child</li> <li>07 Ward of the Court</li> <li>08 Employee</li> <li>09 Unknown</li> <li>10 Handicapped dependent</li> <li>11 Organ donor</li> <li>12 Cadaver donor</li> <li>13 Grandchild</li> <li>14 Niece/nephew</li> <li>15 Injured plaintiff</li> <li>16 Sponsored dependent</li> <li>17 Minor dependent of a minor dependent</li> <li>18 Parent</li> <li>19 Grandparent dependent</li> <li>20 Not available</li> </ul>
MSP TYPE	<p>One-character code identifying type of MSP coverage (<i>required field</i>). Description of code displays next to value. Valid values are:</p> <ul style="list-style-type: none"> <li>A Working Aged</li> <li>B ESRD</li> <li>C Conditional Payment</li> <li>D Automobile Insurance, No Fault</li> <li>E Workers' Compensation</li> <li>F Federal (Public)</li> <li>G Disabled</li> <li>H Black Lung</li> <li>I Veterans</li> <li>L Liability</li> </ul>
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 <b>9</b> 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
ORIG CNTR	Contractor number of contractor that created original MSP occurrence at CWF ( <i>required field</i> except when ACTION(S) = CV)

<b>ECRS CWF Assistance Request Detail Screen, Page 1 of 2</b>	
<b>Field Name</b>	<b>Description</b>
CHANGE LEAD TO	New lead contractor number. <i>Required field</i> if value in ACTION(S) field = CV. Only the original lead contractor or a CMS RO user has the capability to make a lead contractor reassignment request.  <b>Note:</b> The system allows one change of venue per beneficiary. If you try to request a second or subsequent change of venue, the system displays an error message and does not process your request. In this case, contact your COB consortia representative.
SEND VENUE LETTER? Y/N	Indicates whether to send Change of Venue letter informing of lead contractor change to original recipients of Right of Recovery letter. <i>Required field</i> if value in ACTION(S) field = CV. Valid values are:  Y Yes, send Change of Venue letter N No, do not send Change of Venue letter
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
CHECK DATE	Date of check received. <i>Required field</i> if value in SOURCE field = CHEK. You cannot future-date this field.
CHECK AMOUNT	Amount of check received. <i>Required field</i> if value in SOURCE field = CHEK.
CHECK NO	Number of check received. <i>Required field</i> if value in SOURCE field = CHEK.
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.
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.

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

**Transportation**

<b>ECRS CWF Assistance Request Detail Screen, Page 1 of 2</b>	
<b>PF Key</b>	<b>Function</b>
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: _____		
PHP DATE: _____		
REMARKS: _ _ _ _	DIAG: _____	
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.	<b>Medicare Contractors:</b> Contractor number entered on login screen ( <i>protected field</i> ) <b>CMS Users:</b> RO contractor number entered on main menu screen ( <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

<b>ECRS CWF Assistance Request Detail Screen, Page 2 of 2</b>	
<b>Field Name</b>	<b>Description</b>
INSURED NAME	Name of individual covered by this insurance in first name/middle initial/last name format
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.
<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.  <b>Note:</b> The COB contractor reviews these comments unless the request involves an automated action type (action codes DO, PH, RR, and TD). In these cases, when automated action types are submitted individually and processed successfully, the comments entered are not reviewed.
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**

<b>ECRS CWF Assistance Request Detail Screen, Page 2 of 2</b>	
<b>PF Key</b>	<b>Function</b>
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 XXXXXXXX
-  XXXXXXXXXXXX  XXXXX  XXXXXXXXXXXXXXXXXXXX  XX XX  99-99-9999 99-99-9999 XXXXXXXX
-  XXXXXXXXXXXX  XXXXX  XXXXXXXXXXXXXXXXXXXX  XX XX  99-99-9999 99-99-9999 XXXXXXXX
-  XXXXXXXXXXXX  XXXXX  XXXXXXXXXXXXXXXXXXXX  XX XX  99-99-9999 99-99-9999 XXXXXXXX
-  XXXXXXXXXXXX  XXXXX  XXXXXXXXXXXXXXXXXXXX  XX XX  99-99-9999 99-99-9999 XXXXXXXX
-  XXXXXXXXXXXX  XXXXX  XXXXXXXXXXXXXXXXXXXX  XX XX  99-99-9999 99-99-9999 XXXXXXXX
-  XXXXXXXXXXXX  XXXXX  XXXXXXXXXXXXXXXXXXXX  XX XX  99-99-9999 99-99-9999 XXXXXXXX
-  XXXXXXXXXXXX  XXXXX  XXXXXXXXXXXXXXXXXXXX  XX XX  99-99-9999 99-99-9999 XXXXXXXX
-  XXXXXXXXXXXX  XXXXX  XXXXXXXXXXXXXXXXXXXX  XX XX  99-99-9999 99-99-9999 XXXXXXXX
-  XXXXXXXXXXXX  XXXXX  XXXXXXXXXXXXXXXXXXXX  XX XX  99-99-9999 99-99-9999 XXXXXXXX
-  XXXXXXXXXXXX  XXXXX  XXXXXXXXXXXXXXXXXXXX  XX XX  99-99-9999 99-99-9999 XXXXXXXX
-  XXXXXXXXXXXX  XXXXX  XXXXXXXXXXXXXXXXXXXX  XX XX  99-99-9999 99-99-9999 XXXXXXXX
-  XXXXXXXXXXXX  XXXXX  XXXXXXXXXXXXXXXXXXXX  XX XX  99-99-9999 99-99-9999 XXXXXXXX
-  XXXXXXXXXXXX  XXXXX  XXXXXXXXXXXXXXXXXXXX  XX XX  99-99-9999 99-99-9999 XXXXXXXX
-  XXXXXXXXXXXX  XXXXX  XXXXXXXXXXXXXXXXXXXX  XX XX  99-99-9999 99-99-9999 XXXXXXXX
-  XXXXXXXXXXXX  XXXXX  XXXXXXXXXXXXXXXXXXXX  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. 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.



## ECRS MSP Inquiry List Screen Description

<b>ECRS MSP Inquiry List Screen</b>	
<b>Field Name</b>	<b>Description</b>
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 <b>IP</b> 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	<b>Medicare Contractors:</b> Contractor number entered on login screen ( <i>protected field</i> )  <b>CMS Users:</b> Type a CMS-issued Medicare contractor number or your RO contractor number to view MSP inquiry transactions for a specific contractor or your Regional Office.
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 <b>S</b> in this field and press [Enter] to transport to the ECRS MSP Inquiry Detail screen. Type <b>D</b> 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 2-26.

<b>ECRS MSP Inquiry List Screen</b>	
<b>Field Name</b>	<b>Description</b>
RS	Reason of MSP inquiry transaction ( <i>protected field</i> ). For a list of valid reason values, see page 2-28.
ORGIN DT	Originating date in MM-DD-CCYY format ( <i>protected field</i> )
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**

<b>ECRS MSP Inquiry List Screen</b>	
<b>PF Key</b>	<b>Function</b>
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 <b>D</b> 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)

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

1. From the COB ECRS main menu screen, type **04** in the SELECTION field 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:	___ - ___ - ___
CNTR REP.:	_____	USER ID	XXXXXXXXX
ACTION(S):	_____	ORIG DT:	99-99-9999
	DCN: _____	STATUS	XX XXXXXXXXXXXXXXXX
		REASON	XX XXXXXXXXXXXXXXXX
		SOURCE:	_____ XXXXXXXXXXXXXXXX
BENE HICN:	_____	SSN:	___ - ___ - ___
		DOB:	_____
BENE NAME:	_____	SEX:	_____
MSP TYPE:	XXXXXXXXXXXXXXXXXX	PAT REL:	_____ XXXXXXXXXXXXXXXX
SEND TO CWF?	(Y/N) _ CA _	EFF DT:	_____
		TERM DT:	_____
BENE STRT:	_____		
CITY:	_____	ST:	___
		ZIP:	_____ - _____
		PHONE:	___ - ___ - _____
SUBSCBR:	_____		
CHECK DATE:	_____	CHECK AMOUNT:	\$____,____,____.
		CHECK NO:	_____
INFMT NAME:	_____	PHONE:	___ - ___ - _____
ADDR:	_____		
CITY:	_____	ST:	___
		ZIP:	_____ - _____
		INFMT REL:	___ XXXXXXXXXXXXXXXX
EMPLR NAME:	_____	EIN:	_____
STREET:	_____		
CITY:	_____	ST:	___
		ZIP:	_____ - _____
		EMPLOYEE NO:	_____
F2=MENU F3=RETURN F8=FWD F12=EXIT			

2. If you type action code(s) in the ACTION(S) field on the ECRS MSP Inquiry Detail, Page 1 of 2 screen, you must type data in the fields required by those action code(s). The table on the next page lists applicable action codes, related special processing, and corresponding required fields on this screen and the next screen.

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

Action Code	Special Processing	Required Fields
CA	<p>This action code assigns the designated lead contractor according to the type of class action suit. The system displays the following message: "IF YOU WANT TO SUPPRESS THE RIGHT OF RECOVERY LETTERS, ENTER ACTION CODE 'SR.'" The system does not send the beneficiary an MSP confirmation letter.</p>	<p><b>Page 1:</b> BENE HICN, PAT REL, MSP TYPE (must = L), EFF DT, CA, **INFMT (attorney) NAME, STREET, CITY, ST, ZIP</p> <p><b>Page 2:</b> *INSURER NAME, *INS TYPE, **STREET, CITY, ST, ZIP, DIAG</p>
CL	<p><b>Note:</b> This action code is only valid for closed and settled liability, workers' compensation, and/or auto/no fault cases.</p> <p>This action code suppresses lead contractor assignment and the sending of Right of Recovery Letters. The system does not send the beneficiary an MSP confirmation letter.</p>	<p><b>Page 1:</b> BENE HICN, PAT REL, MSP TYPE (must = D, E, or L), EFF DT, TERM DT, **INFMT (attorney) NAME, STREET, CITY, ST, ZIP</p> <p><b>Page 2:</b> *INSURER NAME, *INS TYPE, **STREET, CITY, ST, ZIP, DIAG</p>
DE	<p>This action code sends a development letter to the employer.</p>	<p><b>Page 1:</b> EMPLR NAME, STREET, CITY, ST, ZIP</p> <p><b>Page 2:</b> N/A</p>
DI	<p>This action code sends a development letter to the insurer.</p>	<p><b>Page 1:</b> N/A</p> <p><b>Page 2:</b> INSURER NAME, STREET, CITY, ST, ZIP</p>
SC	<p>This action code suppresses the sending of confirmation letters for EGHP MSP Types. The system automatically suppresses a confirmation letter to the beneficiary if there is enough information on the inquiry to post a record at CWF for non-EGHP cases. By suppressing the confirmation letter, the beneficiary only receives the Right of Recovery letter after the record is posted at CWF.</p> <p><b>Note:</b> For MSP Types other than D, E, or L, the informant <i>must</i> be the beneficiary.</p>	<p><b>Page 1:</b> BENE HICN, PAT REL, MSP TYPE, EFF DT, **INFMT (attorney) NAME, STREET, CITY, ST, ZIP</p> <p><b>Page 2:</b> *INSURER NAME, *INS TYPE, **STREET, CITY, ST, ZIP, DIAG</p>
SL	<p>This action code suppresses lead contractor assignment and the sending of Right of Recovery Letters. The system does not send the beneficiary an MSP confirmation letter.</p>	<p><b>Page 1:</b> BENE HICN, PAT REL, MSP TYPE (must = D, E, or L), EFF DT, **INFMT (attorney) NAME, STREET, CITY, ST, ZIP</p> <p><b>Page 2:</b> *INSURER NAME, *INS TYPE, **STREET, CITY, ST, ZIP, DIAG</p>

\* INSURER NAME and INS TYPE are always required fields.

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

Action Code	Special Processing	Required Fields
SR	This action code suppresses the sending of Right of Recovery Letters. The system does not send the beneficiary an MSP confirmation letter.	<b>Page 1:</b> BENE HICN, PAT REL, MSP TYPE (must = D, E, or L), EFF DT, **INFMT (attorney) NAME, STREET, CITY, ST, ZIP <b>Page 2:</b> *INSURER NAME, *INS TYPE, **STREET, CITY, ST, ZIP, DIAG

### Action Code Compatibility

You can combine the following three groups of action codes to use simultaneously: CA and CL, CA and SL, CA and SR. You cannot combine any of the other action codes listed in the previous chart.

- Type data in the fields required by the code typed in the SOURCE field on the ECLS 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, CHECK DATE, CHECK AMOUNT, CHECK NO, INFMT NAME, ADDR, CITY, ST, ZIP, INFMT REL <b>or</b> DCN, SOURCE, SSN, NAME, BENE STRT, CITY, ST, ZIP, CHECK DATE, CHECK AMOUNT, CHECK NO, INFMT NAME, ADDR, CITY, ST, ZIP, INFMT REL
LTTR	DCN, SOURCE, BENE HICN, NAME, INFMT NAME, ADDR, CITY, ST, ZIP, INFMT REL <b>or</b> 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 <b>or</b> 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 <b>or</b> DCN, SOURCE, SSN, NAME, BENE STRT, CITY, ST, ZIP

\* INSURER NAME and INS TYPE are always required fields.

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

- 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: _____

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

DIALYSIS TRAIN DT: _____ BLACK LUNG BENEFITS: _ EFF DT: _____

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

- Type data in the appropriate fields.
- If you typed action code(s) in the ACTION(S) field on the ECRS MSP Inquiry Detail, Page 1 of 2 screen, you must type data in the fields required on this screen by those action code(s). See the table on page 2-23 for a list of applicable action codes, related special processing, and corresponding required fields on this screen and the previous screen.
- 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
ACTION(S):  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)  CA

BENE STRT:
CITY:  ST:  ZIP:  -  PHONE:  - - -
SUBSCBR:
CHECK DATE:  CHECK AMOUNT: $ , , .  CHECK NO:
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.	<b>Medicare Contractors:</b> Contractor number entered on login screen ( <i>protected field</i> )  <b>CMS Users:</b> RO contractor number entered on main menu 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

<b>ECRS MSP Inquiry Detail Screen, Page 1 of 2</b>	
<b>Field Name</b>	<b>Description</b>
ACTION(S)	<p>Action code indicating type of special processing to perform on MSP Inquiry record. Valid values are:</p> <p>CA Class Action Suit                      CL Closed or Settled Case                      DE Develop to the Employer                      DI Develop to the Insurer                      SC Suppress Confirmation Letter                      SL Suppress Lead Contractor Assignment                      SR Suppress Right of Recovery Letters</p>
DCN	<p>Document Control Number assigned by contractor to correspondence and/or paperwork associated with transaction (<i>required field</i>)</p>
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                      07 Auditor follow-up development in progress, used with IP status                      10 Not processing                      11 Not yet eligible for Medicare, used with HD status                      14 Duplicate request, development already in process, 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.)                      69 Developed to GHP, no response</p>

<b>ECRS MSP Inquiry Detail Screen, Page 1 of 2</b>	
<b>Field Name</b>	<b>Description</b>
REASON (continued)	<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 (continued from page 2-27) are:</p> <p>70 Developed to non-EGHP, no response  71 Developed to beneficiary, no response  72 Developed to informant, no response  73 Medicare beneficiary retired  74 Spouse retired  75 GHP lifetime of yearly benefits past maximum amount  76 No coverage with insurance company  77 Medicare Supplemental Plan  78 Employer has less than 20 employees  79 Per employer, Medicare beneficiary is not covered under spouse's GHP  80 Employer has less than 100 employees  81 Medicare is primary due to ESRD coordination period  82 Per insurance, seasonal employee and not eligible for the month  83 Incoming request conflicts with information on file  84 Insufficient information to update CWF  85 Venue changed</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  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
SEX	<p>Sex of beneficiary. Valid values are:</p> <p>M Male  F Female  U Unknown</p>
NAME	Name of beneficiary in first name/middle initial/last name format. First and last names are <i>required fields</i> .

<b>ECRS MSP Inquiry Detail Screen, Page 1 of 2</b>	
<b>Field Name</b>	<b>Description</b>
PAT REL	<p>Patient relationship between policy holder and beneficiary. Description of code displays next to value. Valid values are:</p> <ul style="list-style-type: none"> <li>01 Patient is policy holder</li> <li>02 Spouse</li> <li>03 Natural child, insured has financial responsibility</li> <li>04 Natural child, insured does not have financial responsibility</li> <li>05 Stepchild</li> <li>06 Foster child</li> <li>07 Ward of the Court</li> <li>08 Employee</li> <li>09 Unknown</li> <li>10 Handicapped dependent</li> <li>11 Organ donor</li> <li>12 Cadaver donor</li> <li>13 Grandchild</li> <li>14 Niece/nephew</li> <li>15 Injured plaintiff</li> </ul>
PAT REL (continued)	<p>Patient relationship between policy holder and beneficiary. Description of code displays next to value. Valid values (continued from page 2-29) are:</p> <ul style="list-style-type: none"> <li>16 Sponsored dependent</li> <li>17 Minor dependent of a minor dependent</li> <li>18 Parent</li> <li>19 Grandparent dependent</li> <li>20 Not available</li> </ul>
MSP TYPE	<p>One-character code identifying type of MSP coverage. Description of code displays next to value. Valid values are:</p> <ul style="list-style-type: none"> <li>A Working Aged</li> <li>B ESRD</li> <li>C Conditional Payment</li> <li>D Automobile Insurance, No Fault</li> <li>E Workers' Compensation</li> <li>F Federal (Public Health)</li> <li>G Disabled</li> <li>H Black Lung</li> <li>I Veterans</li> <li>L Liability</li> </ul>
EFF DT	Effective date of MSP coverage in MMDDCCYY format, cannot equal termination date
TERM DT	Termination date of MSP coverage in MMDDCCYY format, cannot equal effective date
SEND TO CWF? (Y/N)	<p>Indicates whether to send MSP inquiry to CWF. Valid values are:</p> <ul style="list-style-type: none"> <li>Y Send to CWF (default unless INFMT REL = D, in which case default is N and this is a <i>protected field</i>)</li> <li>N Do not send to CWF</li> </ul>

<b>ECRS MSP Inquiry Detail Screen, Page 1 of 2</b>	
<b>Field Name</b>	<b>Description</b>
CA	Indicates type of Class Action suit. Code entered determines lead contractor assignment. Valid values are:  01      Gel Implants (TrailBlazers, 00400) 02      Gel Implants (Alabama, 00010) 03      Bone Screw Recoveries (United Government Services, 00454) 04      Diet Drug Recoveries (Cahaba BCBS Alabama, 00010) 05      Sulzer Inter-Op Acetabular Shells for Hip Implant Recoveries (Chisholm Administrative Services, 00340) 06      Sulzer Orthopedic and Defective Knee Replacement Recoveries (Chisholm Administrative Services, 00340)
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
CHECK DATE	Date of check received (for development letter to provider). <i>Required field</i> if value in SOURCE field = CHEK. You cannot future-date this field.
CHECK AMOUNT	Amount of check received (for development letter to provider). <i>Required field</i> if value in SOURCE field = CHEK.
CHECK NO	Number of check received (for development letter to provider). <i>Required field</i> if value in SOURCE field = CHEK.
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.
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.

<b>ECRS MSP Inquiry Detail Screen, Page 1 of 2</b>	
<b>Field Name</b>	<b>Description</b>
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
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**

<b>ECRS MSP Inquiry Detail Screen, Page 1 of 2</b>	
<b>PF Key</b>	<b>Function</b>
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: _____

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

DIALYSIS TRAIN DT: _____ BLACK LUNG BENEFITS: _ EFF DT: _____

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

ECRS MSP Inquiry Detail Screen, Page 2 of 2	
Field Name	Description
CNTR NBR.	<b>Medicare Contractors:</b> Contractor number entered on login screen ( <i>protected field</i> ) <b>CMS Users:</b> RO contractor number entered on main menu screen ( <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

<b>ECRS MSP Inquiry Detail Screen, Page 2 of 2</b>	
<b>Field Name</b>	<b>Description</b>
INSURED NAME	Name of individual covered by this insurance in first name/middle initial/last name format
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)
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 <b>Y</b> .

**Transportation**

<b>ECRS MSP Inquiry Detail Screen, Page 2 of 2</b>	
<b>PF Key</b>	<b>Function</b>
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







## ECRS Workers' Comp Set-Aside List Screen Description

<b>ECRS Workers' Comp Set-Aside List Screen</b>	
<b>Field Name</b>	<b>Description</b>
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 <b>S</b> in this field and press [Enter] to transport to the ECRS Workers' Compensation Set-Aside Detail screen. Type <b>D</b> 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 12 Needs diagnosis, used with HD status 13 Future-dated workers' compensation case, used with HD status 14 Duplicate request, development already in progress, used with HD status 50 Record applied at CWF with no errors 65 Deceased 67 No response from CWF
DCN	Document Control Number entered by Regional Office ( <i>protected field</i> )

<b>ECRS Workers' Comp Set-Aside List Screen</b>	
<b>Field Name</b>	<b>Description</b>
ORIGIN DATE	Date workers' compensation set-aside trust case was entered in MM-DD-CCYY format ( <i>protected field</i> )
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**

<b>ECRS Workers' Comp Set-Aside List Screen</b>	
<b>PF Key</b>	<b>Function</b>
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

## 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 contractor 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. You only have the ability to modify cases that were added by your Regional Office.

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.

```

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
    
```

- 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.



<b>ECRS Workers' Compensation Set-Aside Detail Screen, Page 1 of 2</b>	
<b>Field Name</b>	<b>Description</b>
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. The Regional Office can override this field 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	CMS Regional Office Document Control Number <b>Note:</b> You can use the DCN as 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	Monetary amount of trust settlement
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.



<b>ECRS Workers' Compensation Set-Aside Detail Screen, Page 1 of 2</b>	
<b>Field Name</b>	<b>Description</b>
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

<b>ECRS Workers' Compensation Set-Aside Detail Screen, Page 1 of 2</b>	
<b>PF Key</b>	<b>Function</b>
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: _ XXXXXXXXXXXXXXXXXXXX
STREET: _____
CITY: _____ ST: __ ZIP: _____ - _____
GROUP NO: _____ POLICY NO: _____

INSURED NAME: _____ INS REL: _ XXXXXXXXXXXXXXXXXXXX
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  <b>Note:</b> 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> )

<b>ECRS Workers' Compensation Set-Aside Detail Screen, Page 2 of 2</b>	
<b>Field Name</b>	<b>Description</b>
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 <b>Note:</b> 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.
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)

<b>ECRS Workers' Compensation Set-Aside Detail Screen, Page 2 of 2</b>	
<b>Field Name</b>	<b>Description</b>
INS TYPE (continued)	Type of insurance. Valid values (continued from previous page) are: 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  <b>Note:</b> If the date in this field is prior to the entitlement date, it indicates the actual date of loss in MM/DD/CCYY format.
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
CITY	Employer's city
ST	Employer's state abbreviation
ZIP	Employer's ZIP code
PHONE	Employer's phone number

**Transportation**

<b><i>ECRS Workers' Compensation Set-Aside Detail Screen, Page 2 of 2</i></b>	
<b>PF Key</b>	<b>Function</b>
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



## 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:	_____ XXX		
BENE HICN:	_____	SSN: ___ - ___ - ____	SOURCE: _____
NAME:	_____		
STREET:	_____		
CITY:	_____	ST: ___	ZIP: _____
MSP TYPE:	_____ XXXXXXXXXXXXXXXXXXXX	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

<b>ECRS Document Copies Request Screen</b>	
<b>Field Name</b>	<b>Description</b>
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



<b>ECRS Document Copies Request Screen</b>	
<b>Field Name</b>	<b>Description</b>
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

<b>ECRS Document Copies Request Screen</b>	
<b>PF Key</b>	<b>Function</b>
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	IN	EFF DATE	ORIGN DATE
—	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	X	99-99-9999	99-99-9999
—	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	X	99-99-9999	99-99-9999
—	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	X	99-99-9999	99-99-9999
—	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	X	99-99-9999	99-99-9999
—	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	X	99-99-9999	99-99-9999
—	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	X	99-99-9999	99-99-9999
—	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	X	99-99-9999	99-99-9999
—	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	X	99-99-9999	99-99-9999
—	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	X	99-99-9999	99-99-9999
—	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	X	99-99-9999	99-99-9999
—	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	X	99-99-9999	99-99-9999
—	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	X	99-99-9999	99-99-9999
—	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	X	99-99-9999	99-99-9999
—	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	X	99-99-9999	99-99-9999
—	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	X	99-99-9999	99-99-9999
—	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	X	99-99-9999	99-99-9999
—	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	X	99-99-9999	99-99-9999
—	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	X	99-99-9999	99-99-9999
—	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	X	99-99-9999	99-99-9999
—	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	X	99-99-9999	99-99-9999
—	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	X	99-99-9999	99-99-9999
—	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	X	99-99-9999	99-99-9999
—	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	X	99-99-9999	99-99-9999
—	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	X	99-99-9999	99-99-9999

KEY 1 IN THE SEL FIELD TO VIEW DEVL P 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

<b>ECRS MSP Lead Contractor Assignment Screen</b>	
<b>Field Name</b>	<b>Description</b>
SEL	Selection field. Type <b>S</b> 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	<b>Medicare Contractors:</b> Contractor number entered on login screen ( <i>protected field</i> )  <b>CMS Users:</b> Type a CMS-issued Medicare contractor number or your RO contractor number to search for assignment records for a specific contractor or your Regional Office.
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 2-29.
IN	Indicates type of specialty case. Valid values are:  CV      Change of venue was made from original lead contractor or RO DE      Non-EGHP record deleted in COB system NA      No action required for record (already investigated and resolved; COB contractor is only posting record to CWF) WC      Workers' Compensation Set-Aside Cases WU      California Workers' Compensation agreement Blank   No indicators apply
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**

<b><i>ECRS MSP Lead Contractor Assignment Screen</i></b>	
<b>PF Key</b>	<b>Function</b>
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 DEVELOPING CONTRACTORS FOR LEAD
ATTORNEY NAME: _____ PHONE NO: ____-____-____
INSURER NAME : _____ PHONE NO: ____-____-____

HICN      BENEFICIARY      TYPE  EFF DATE  ORIGN DATE
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX X  X  99-99-9999  99-99-9999

      NUMBER  NAME                                PHONE
      XXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  999-999-9999
      XXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  999-999-9999
      XXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  999-999-9999
      XXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  999-999-9999
      XXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  999-999-9999
      XXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  999-999-9999
      XXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  999-999-9999
      XXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  999-999-9999
      XXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  999-999-9999
      XXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  999-999-9999
      XXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  999-999-9999
      XXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  999-999-9999
      XXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  999-999-9999
      XXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  999-999-9999
      XXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  999-999-9999
      XXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  999-999-9999
      XXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  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

<b>ECRS Developing Contractors for Lead Screen</b>	
<b>Field Name</b>	<b>Description</b>
ATTORNEY NAME	Name of attorney as entered on original MSP inquiry or self report
PHONE NO	Phone number of attorney as entered on original MSP inquiry or self report
INSURER NAME	Name of insurer as entered on original MSP inquiry or self report
PHONE NO	Phone number of insurer as entered on original MSP inquiry or self report
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 2-29.
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

<b>ECRS Developing Contractors for Lead Screen</b>	
<b>PF Key</b>	<b>Function</b>
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 or CMS Regional Office 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: 11111	ORIGIN DATE FROM: _____	THRU: 08/27/2002			
HICN	BENEFICIARY	TYPE	WC	EFF DATE	ORIG DATE	LEAD
111111111A	SMITH	M	L	01/01/2002	04/12/2002	22222
111111111A	SMITH	M	D	01/01/2002	04/12/2002	22222
222222222A	BROWN	L	L	Y 03/02/2002	04/10/2002	33333
333333333A	JONES	E	D	12/15/2001	12/27/2001	44444

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

<b>ECRS MSP Developing Contractor Notification Screen</b>	
<b>Field Name</b>	<b>Description</b>
HICN	Health Insurance Claim Number entered as search criteria, if applicable. This field is updateable; enter a different HICN to perform additional searches.
CNTR	<b>Medicare Contractors:</b> Contractor number entered on login screen ( <i>protected field</i> )  <b>CMS Users:</b> Type a CMS-issued Medicare contractor number or your RO contractor number to search for developing records for a specific contractor or your Regional Office.
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 2-29.
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**

<b>ECRS MSP Developing Contractor Notification Screen</b>	
<b>PF Key</b>	<b>Function</b>
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 Notifications of Changed MSP Records

Use the MSP Changed Record Notification screen to view MSP occurrences in which the developing contractor or CMS Regional Office may have an interest or involvement, but the MSP occurrences have been added to, updated on, or deleted from CWF by the COB contractor.

Follow the steps below view notifications of changed MSP records.

1. From the COB ECRS main menu screen, type **08** 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 Changed Record Notification screen showing records found in the COB database for the contractor matching the selection criteria entered. If no selection criteria were entered, the screen displays all notifications in the COB database for the contractor.

ECRS MSP CHANGED RECORD NOTIFICATION						
HICN: _____	CNTR: 11111	ORIGIN DATE FROM: _____	THRU: 08/27/2002			
HICN	BENEFICIARY	TYPE	EFF DATE	ORIG DATE	ACTION	
111111111A	SMITH	M L	01/01/2002	04/12/2002	ADD/UPDATE	
111111111A	SMITH	M D	01/01/2002	04/12/2002	ADD/UPDATE	
22222222A	BROWN	L L	03/02/2002	04/10/2002	ADD/UPDATE	
33333333A	JONES	E D	12/15/2001	12/27/2001	LEAD=55555	

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 LAST UPDATED 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 Changed Record 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 Changed Record Notification Screen Description

<b>ECRS MSP Changed Record Notification Screen</b>							
<b>Field Name</b>	<b>Description</b>						
HICN	Health Insurance Claim Number entered as search criteria, if applicable. This field is updateable; enter a different HICN to perform additional searches.						
CNTR	<b>Medicare Contractors:</b> Contractor number entered on login screen ( <i>protected field</i> )  <b>CMS Users:</b> Type a CMS-issued Medicare contractor number or your RO contractor number to search for changed records for a specific contractor or your Regional Office.						
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 2-29.						
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**

<b><i>ECRS MSP Changed Record Notification Screen</i></b>	
<b>PF Key</b>	<b>Function</b>
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:**

## 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 <b>S</b> Select a transaction or <b>D</b> Delete a transaction.
CANNOT USE MULTIPLE SEARCH SELECTIONS	Correct search criteria.
CHANGE OF VENUE NOT ALLOWED FOR WC SET-ASIDE CASE	Remove CV value from ACTION(S) field. Also remove values from CHANGE LEAD TO and SEND VENUE LETTER? Y/N fields.
CLAIMS PENDING MUST BE Y OR N	Enter <b>Y</b> (yes) or <b>N</b> (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.

Message	Action
FROM DATE CANNOT BE GREATER THAN THROUGH DATE	Correct either From date or Through date.
FUNCTION KEY NOT ACTIVE	N/A
HICN MUST BE AT LEAST 9 CHARACTERS	Enter valid HICN.
HIGHLIGHTED FIELDS ARE REQUIRED FOR SOURCE OF XXXX (Source Type)	Enter valid values in highlighted fields or change source type.
INSURER INFO REQUIRED FOR II (Insurer Information) ACTION	Enter full address for insurer (street, city, state, and ZIP code).
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 <b>S</b> 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.
ONLY ONE VENUE CHANGE PERMITTED	Remove CV value from ACTION(S) field. Also remove values from CHANGE LEAD TO and SEND VENUE LETTER? Y/N fields.
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 <b>S</b> 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.

Message	Action
PRESS PF8 TO CONTINUE	Press [PF8].
RECORD CANNOT BE DELETED	Correct value in SEL field for highlighted transactions; you can only delete records in new (NW) status.
REQUEST HAS BEEN SENT	N/A
SSN REQUIRED FOR MX (SSN/HICN Mismatch) ACTION	Enter valid SSN.
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:**

## 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"> <li>View a list of all CWF assistance requests submitted by the contractor</li> <li>Check the progress of a CWF assistance request transaction</li> </ul>
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"> <li>View a list of all MSP inquiries submitted by the contractor</li> <li>Check the progress of an MSP inquiry</li> </ul>
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"> <li>View a list of all workers' compensation set-aside trust cases</li> <li>Check the progress of a workers' compensation set-aside trust case</li> </ul>

## 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 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.

**Can contractors submit workers' compensation set-aside cases through the ECRS MSP Inquiry Detail Screens?**

Effective April 15, 2002, Medicare contractors can no longer submit workers' compensation set-aside cases to the COB contractor on behalf of their CMS Regional Office. The COB contractor has created specific set-aside screens for CMS RO users.

**Does the COB contractor view the COMMENTS field on the ECRS CWF Assistance Request Detail Screen and the ECRS MSP Inquiry Detail Screen?**

On the ECRS CWF Assistance Request Detail Screen, the COB contractor views the comments as necessary for each ECRS type as described on page 2-17. On the ECRS MSP Inquiry Detail Screen, the COMMENTS field has been removed and replaced with additional action and reason codes.

## 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

<b>Action Codes</b>	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.
<b>Assistance Request Transaction</b>	Request to add, update, or delete an existing CWF MSP auxiliary occurrence
<b>Bene</b>	Medicare beneficiary
<b>CMS</b>	Centers for Medicare & Medicaid Services, federal agency that administers the Medicare program
<b>COB</b>	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.
<b>Contractor Number</b>	Unique five-digit number assigned to Medicare contractors by CMS. Transactions are entered and viewed in ECRS by contractor number.
<b>CWF</b>	Common Working File, the Medicare Part A/Part B benefit coordination system that uses localized databases maintained by a host contractor
<b>Data Match</b>	Process by which information on employers and employees is analyzed by CMS for use in contacting employers concerning possible periods of MSP
<b>DCN</b>	Document Control Number
<b>Developing Contractor</b>	Contractor that may have an interest or involvement in an MSP case that was assigned to another contractor for coordination of Medicare activities
<b>ECRS</b>	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.
<b>EIN</b>	Employer Identification Number
<b>HICN</b>	Health Insurance Claim Number
<b>IEQ</b>	Initial Enrollment Questionnaire, used to gather Medicare Secondary Payer information for newly-eligible beneficiaries
<b>Lead Contractor</b>	CMS-appointed Medicare intermediary that coordinates Medicare recovery activities for MSP cases with interested contractors, attorneys, insurance companies, and other liable entities

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<b>Medicare Contractor</b>	Organization contracting with CMS to process claims, pay for or provide medical services, or enhance the agency's capability to administer the Medicare program
<b>MSP</b>	Medicare Secondary Payer, statutory requirement that private or other government insurance plans or programs providing health care coverage of Medicare beneficiaries pay before Medicare
<b>MSP Inquiry Transaction</b>	Inquiry regarding possible MSP coverage
<b>Set-Aside Trust Case</b>	When a Workers' Compensation settlement includes compensation for future medical expenses, it is referred to as a "commutation" case. This type of settlement sets aside funds in a trust for payment of future medical needs that would otherwise be paid for by Medicare. Once these funds are depleted, Medicare begins to make payments for services related to the WC injury.
<b>SSN</b>	Social Security Number
<b>Venue Letter</b>	Letter forwarded from the COB contractor to notify an attorney, beneficiary, and/or insurer of a change in the lead contractor assignment. The letter documents the former lead contractor, the new lead contractor, and the effective date of the change.
<b>Workers' Compensation</b>	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