

Electronic Correspondence Referral System (ECRS) User Guide Part D Plan

**Software Version 10.0
Part D Plan User Guide Version 2.0**

Rev. 2009-25/March

GHI-DI-501.10.0

Confidentiality and Disclosure of Information

Section 1106 (a) of the Social Security Act as it applies to the Centers for Medicare & Medicaid Services (CMS) - (42 CFR Chapter IV Part 401 §§ 401.101 to 401.152) prohibits disclosure of any information obtained at any time by officers and employees of Medicare Intermediaries, Carriers, **or Medicare Contractors** 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 (ECRS) 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.

* 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).

Table of Contents

Chapter 1: Introduction	1-1
About this Guide	1-2
User Guide Conventions	1-2
What is ECRS?	1-3
Logging On.....	1-4
Logging Off.....	1-5
COB ECRS Login Screen Description.....	1-6
COB ECRS Main Menu Screen Description.....	1-7
 Chapter 2: Task and Screen Reference	 2-1
Introduction.....	2-1
Viewing the List of CWF Assistance Request Transactions	2-3
ECRS CWF Assistance Request List Screen Description.....	2-4
Adding, Viewing, and Updating CWF Assistance Request Transactions	2-6
ECRS CWF Assistance Request Detail, Page 1 of 2 Screen Description	2-9
ECRS CWF Assistance Request Detail, Page 2 of 2 Screen Description	2-16
Deleting a CWF Assistance Request Transaction.....	2-19
Viewing the List of MSP Inquiry Transactions	2-20
ECRS MSP Inquiry List Screen Description.....	2-21
Adding, Viewing, and Updating MSP Inquiry Transactions	2-23
ECRS MSP Inquiry Detail, Page 1 of 2 Screen Description	2-27
ECRS MSP Inquiry Detail, Page 2 of 2 Screen Description	2-36
Deleting an MSP Inquiry Transaction	2-40
Searching for ECRS Codes	2-41
ECRS Code Selection Screen Description	2-42
Viewing the Prescription Drug Coverage Inquiry List	2-43
ECRS Prescription Drug Coverage (PDC) Inquiry List Screen Description	2-44
Adding, Viewing, and Updating Prescription Drug Coverage (PDC) Inquiry Transactions.....	2-46
ECRS Prescription Drug Coverage (PDC) Detail Screen, Page 1 of 2	2-49
ECRS Prescription Drug Coverage (PDC) Detail Screen, Page 2 of 2	2-53
Deleting a Prescription Drug Coverage Transaction	2-57
Searching for ECRS Prescription Drug Coverage Codes	2-58
ECRS Code Selection Screen Description	2-59
Reviewing Contractor Workloads (for CMS Users).....	2-60
ECRS Workload Tracking Screen Description (for CMS Users)	2-61
Viewing the List of Workers' Compensation Set-Aside Trust Cases.....	2-63

ECRS Workers' Comp Set-Aside List Screen Description.....	2-64
Adding, Viewing and Updating Workers' Compensation Set-Aside Trust Cases.....	2-66
ECRS Workers' Compensation Set-Aside Detail, Page 1 of 2 Screen Description	2-68
ECRS Workers' Compensation Set-Aside Detail, Page 2 of 2 Screen Description	2-72
Deleting a Workers' Compensation Set-Aside Trust Case	2-76
ECRS Workers' Compensation Set-Aside Inquiry Screen, Page 1 of 2 Description	2-77
ECRS Workers' Compensation Set-Aside Inquiry Screen, Page 2 of 2 Description	2-81
Requesting Document Copies	2-84
ECRS Document Copies Request Screen Description	2-85
Viewing Lead Contractor Assignments	2-87
ECRS MSP Lead Contractor Assignment Screen Description	2-88
Viewing Developing Contractors for a Lead Assignment	2-91
ECRS Developing Contractors for Lead Screen Description.....	2-92
Viewing Notifications for Cases with Developing Contractors.....	2-93
ECRS MSP Developing Contractor Notification Screen Description.....	2-94
Viewing Notifications of Changed MSP Records	2-96
ECRS MSP Changed Record Notification Screen Description.....	2-97
Appendix A: ECRS CICS Error Messages	A-1
ECRS CICS Error Message Chart	A-1
Appendix B: CWF Remark Codes	B-1
Appendix C: Frequently Asked Questions (FAQs).....	C-1
Am I Using the Correct Screen?	C-1
General Issues	C-2
MSP Inquiry and CWF Assistance Request Issues.....	C-2
Lead Contractor Issue	C-3
Notification Issues	C-4
Appendix D: Glossary.....	D-1

Chapter 1: Introduction

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

If you want to see information about this...	See this page...
<i>ECRS User Guide</i>	1-2
User Guide Conventions	1-2
What is ECRS?	1-3
Logging On	1-4
Logging Off	1-5
COB ECRS Login Screen Description	1-6
COB ECRS Main Menu Screen Description	1-7

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 COB representatives at the Medicare contractor sites, Part D Plans, and at authorized CMS Regional Offices (ROs) to fill out various online forms and electronically transmit requests for changes to existing CWF and MBD MSP and supplemental prescription drug information, inquiries concerning possible MSP or supplemental prescription drug 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 RRRRRRRR  SSSS
EE      CC      RR      R SS
EE      CC      RR      R SS
EEEEEE  CC      RRRRRRRR  SSSS
EE      CC      RR  RR      SS
EE      CC      RR  RR      SS
EEEEEE  CCCCCC RR      RR SSSS

          VERSION 10.0

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

          PRESS <ENTER> TO CONTINUE

```

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

```

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

          CMS RO NUMBER: _____ ACCESS CODE: _____
          CONTRACTOR NUMBER: _____ ACCESS CODE: _____

          REPRESENTATIVE: _____
          PHONE: _____ - _____ - _____

          COB CONTRACTOR BULLETIN BOARD

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

          PF12=EXIT

```

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

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

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

You now have the ability to access information in ECRS.

```

      COB ELECTRONIC CORRESPONDENCE REFERRAL SYSTEM (ECRS)      MM/DD/YY
CONTRACTOR NUMBER: _____
USER ID: _____ STATUS: __ REASON: __ HICN: _____ DCN: _____
SEARCH ORIGIN DATE FROM: _____ THROUGH: _____ SSN: _____
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
11 WORKLOAD TRACKING SCREEN
12 PRESCRIPTION DRUG COVERAGE DETAIL
13 PRESCRIPTION DRUG COVERAGE LIST

      F3=RETURN F2=EXIT

```

Logging Off

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

COB ECRS Login Screen Description

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

COB ECRS Login Screen	
Field Name	Description
CMS RO NUMBER	CMS Regional Office identification number. <i>Required field</i> for CMS users.
ACCESS CODE	Three-position alphabetic authorization code for CMS users. <i>Required field</i> for CMS users.
CONTRACTOR NUMBER	Unique five-digit identification number assigned to each Medicare contractor by CMS. <i>Required field</i> for contractors.
ACCESS CODE	Five-character authorization code assigned by COB contractor. <i>Required field</i> for contractors.
REPRESENTATIVE	Contact person at contractor site Note: Although this field is not required, contractors are encouraged to enter information here, as the system carries this data forward to other screens, eliminating the need to re-enter it.
PHONE	Phone number of contractor representative Note: Although this field is not required, contractors are encouraged to enter information here, as the system carries this data forward to other screens, eliminating the need to re-enter it.
COB CONTRACTOR BULLETIN BOARD	Bulletins created in COB system

Transportation

COB ECRS Login Screen	
PF Key	Function
12	Exit ECRS

COB ECRS Main Menu Screen Description

COB ELECTRONIC CORRESPONDENCE REFERRAL SYSTEM (ECRS)		MM/DD/YY
CONTRACTOR NUMBER: _____		
USER ID: _____	STATUS: ____	REASON: ____ HICN: _____ DCN: _____
SEARCH ORIGIN DATE FROM: _____ THROUGH: _____		SSN: _____
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	
11	WORKLOAD TRACKING SCREEN	
12	PRESCRIPTION DRUG COVERAGE DETAIL	
13	PRESCRIPTION DRUG COVERAGE LIST	
F3=RETURN F12=EXIT		

COB ECRS Main Menu Screen	
Field Name	Description
CONTRACTOR NUMBER	Type your Medicare or RO contractor number (for options 02, 05, and 06) to view CWF assistance request transactions, MSP inquiries, and lead contractor assignments for your site or Regional Office. If you want to view all records for a specific beneficiary for options 02, 05, and 06, type the HICN in the HICN field and space out the contractor number. 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.
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.

COB ECRS Main Menu Screen	
Field Name	Description
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.
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 all ECRS transactions related to a specific beneficiary. Use in conjunction with SEARCH ORIGIN DATE FROM and THROUGH dates to further refine a search. To view all CWF Assistance Requests, MSP Inquiries, and Lead Contractor Assignments, space out the contractor number when using this search function.
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.

COB ECRS Main Menu Screen											
Field Name	Description										
SELECTION	Selection field. Options are: 01 CWF Assistance Request Detail 02 CWF Assistance Request List 03 Document Copies 04 MSP Inquiry Detail 05 MSP Inquiry List 06 Lead Contractor Assignment 07 Developing Contractor Notification 08 MSP Changed Record Notification 09 Workers Comp Set Aside Detail 10 Workers Comp Set Aside List (for designated CMS users only) 11 Workload Tracking Screen 12 Prescription Drug Coverage Detail 13 Prescription Drug Coverage List Note: Use the chart below to determine valid search criteria for the various selection options. <table border="1"> <thead> <tr> <th>Selection Option</th><th>Valid Search Criteria</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> <tr> <td>13</td><td>User ID, Status, Reason, DCN, Date From, Through, Contractor Number, HICN, SSN</td></tr> </tbody> </table>	Selection Option	Valid Search Criteria	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	13	User ID, Status, Reason, DCN, Date From, Through, Contractor Number, HICN, SSN
Selection Option	Valid Search Criteria										
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										
13	User ID, Status, Reason, DCN, Date From, Through, Contractor Number, HICN, SSN										

Transportation

COB ECRS Main Menu Screen	
PF Key	Function
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
Screen Scraping Beneficiary Information for CWF Assistance Requests	2-19
Deleting a CWF Assistance Request Transaction	2-19
Viewing the List of MSP Inquiry Transactions	2-20
Adding, Viewing, and Updating MSP Inquiry Transactions	2-23
Screen Scraping Beneficiary Information for MSP Inquiries	2-40
Deleting an MSP Inquiry Transaction	2-40
Searching for ECRS Codes	2-41
Reviewing Your Contractor Site Workload (for Medicare Contractors)	2-43
Viewing the Prescription Drug Coverage Inquiry List	2-43
Adding, Viewing, and Updating Prescription Drug Coverage (PDC) Inquiry Transactions	2-46
Deleting a Prescription Drug Coverage Transaction	2-57
Searching for ECRS Prescription Drug Coverage Codes	2-58
Reviewing Contractor Workloads (for CMS Users)	2-60
Viewing the List of Workers' Compensation Set-Aside Trust Cases	2-63

For information about this task...	See this page...
Viewing, and Updating Workers' Compensation Set-Aside Trust Cases	2-66
Deleting Workers' Compensation Set-Aside Trust Cases	2-76
Requesting Document Copies	2-84
Viewing Lead Contractor Assignments	2-87
Viewing Developing Contractors for a Case	2-91
Viewing Notifications for Cases with Developing Contractors	2-93
Viewing Notifications of Changed MSP Records	2-96

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

For information about this screen...	See this page...
ECRS CWF Assistance Request Detail Screen, Page 1 of 2	2-9
ECRS CWF Assistance Request Detail Screen, Page 2 of 2	2-16
ECRS CWF Assistance Request List Screen	2-4
HIMR MSP Data Screen	
ECRS Document Copies Request Screen	2-85
ECRS MSP Inquiry Detail Screen, Page 1 of 2	2-27
ECRS MSP Inquiry Detail Screen, Page 2 of 2	2-36
ECRS MSP Inquiry List Screen	2-21
ECRS Code Selection Screen	2-42
ECRS Prescription Drug Coverage (PDC) Inquiry List	2-44
ECRS Prescription Drug Coverage (PDC) Detail Screen, Page 1 of 2	2-49
ECRS Prescription Drug Coverage (PDC) Detail Screen, Page 2 of 2	2-53
ECRS MSP Lead Contractor Assignment Screen	2-88
ECRS Developing Contractors for Lead Screen	2-92
ECRS MSP Developing Contractor Notification Screen	2-94
ECRS MSP Changed Record Notification Screen	2-97
ECRS Workers' Compensation Set-Aside Detail Screen, Page 1 of 2	2-68
ECRS Workers' Compensation Set-Aside Detail Screen, Page 1 of 2	2-72
ECRS Workers' Compensation Set-Aside Inquiry Screen, Page 1 of 2	2-77
ECRS Workers' Compensation Set-Aside Inquiry Screen, Page 2 of 2	2-81
ECRS Workers' Compensation Set-Aside List Screen	2-64
ECRS Workload Tracking Screen (for Medicare Contractors)	
ECRS Workload Tracking Screen (for CMS Users)	2-61

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, type the search criteria in the appropriate fields, and press [Enter]. The system displays the ECRS CWF Assistance Request List screen, as shown in the example below.
2. If you wish to view all CWF Assistance Requests for a HICN, on the ECRS Main Menu screen space out the contractor number, type the HICN in the HICN field and **02** in the selection field, and press [Enter].

ECRS CWF ASSISTANCE REQUEST LIST									
USER ID: _____		STATUS: _____		REASON: _____					
ORIGIN DATE FROM: _____		THROUGH: _____		CNTR NBR: _____		HICN: _____			
DCN: _____									
SEL	HICN	CNTR	DCN	ST	RS	ORIGIN DT	LST UPDATE	USER ID	
—	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX	
—	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX	
—	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX	
—	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX	
—	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX	
—	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX	
—	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX	
—	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX	
—	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX	
—	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX	
—	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX	
—	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX	
—	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX	
—	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX	
—	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX	
—	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX	
—	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX	

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

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

3. Change or delete the search criteria to initiate a new search. Perform searches using combinations of the following criteria: User ID, Status, Reason, Origin Date From, Through, Contractor Number, HICN, or DCN. 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.

To search for all CWF assistance requests related to a specific beneficiary, type that beneficiary's HICN in the HICN field and press [Enter]. The system displays all assistance requests for that beneficiary.

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

4. Press [PF7] to scroll backward or [PF8] to scroll forward through the list of CWF assistance request transactions.

5. 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.
6. If you want to exit the ECRS CWF Assistance Request List screen, press [PF2] to return to the ECRS main menu without retaining current search criteria, [PF3] to return to the ECRS main menu while retaining current search criteria, or [PF12] to exit ECRS.

ECRS CWF Assistance Request List Screen Description

ECRS CWF Assistance Request List Screen	
Field Name	Description
USER ID	User ID entered as search criteria, if applicable. This field is updateable; enter a different User ID to perform additional searches.
STATUS	Status code entered as search criteria, if applicable. This field is updateable; enter a different status code to perform additional searches. To view all in-process CWF assistance request transactions, type IP in the STATUS field and press [Enter].
REASON	Reason code entered as search criteria, if applicable. This field is updateable; enter a different reason code to perform additional searches.
ORIGIN DATE FROM	Starting date of date range entered as search criteria, if applicable. This field is updateable; enter a different From date in MMDDCCYY format to perform additional searches.
THROUGH	Ending date of date range entered as search criteria, if applicable. This field is updateable; enter a different Through date in MMDDCCYY format to perform additional searches.
CNTR NBR	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 S in this field and press [Enter] to transport to the ECRS CWF Assistance Request Detail screen. Type D in this field and press [PF5] to mark a new (status NW) CWF assistance request transaction for deletion.
HICN	Health Insurance Claim Number for CWF assistance request transaction (<i>protected field</i>)
CNTR	Contractor number (<i>protected field</i>)
DCN	Document Control Number assigned to CWF assistance request transaction by Medicare contractor (<i>protected field</i>)
ST	Status of CWF assistance request transaction (<i>protected field</i>). For a list of valid status values, see page 2-9.

ECRS CWF Assistance Request List Screen	
Field Name	Description
RS	Reason of CWF assistance request transaction (<i>protected field</i>). For a list of valid reason values, see page 2-11.
ORIGIN DT	Originating date in MM-DD-CCYY format (<i>protected field</i>)
LST UPDATE	Date CWF assistance request transaction was last changed in MMDDCCYY format (<i>protected field</i>)
USER ID	User ID of operator who entered CWF assistance request transaction (<i>protected field</i>)

Transportation

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

Adding, Viewing, and Updating CWF Assistance Request Transactions

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

Note: Use these screens to add assistance request transactions for *changes to existing CWF MSP auxiliary occurrences*. If you want to submit an inquiry to the COB contractor about a *possible MSP situation not yet documented at CWF*, use the ECRS MSP Inquiry Detail screens (see page 2-23).

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

- Adding remark codes (AR)
- 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)
 - termination date (TD)
- Developing to an employer (DE), an insurer (DI), or an attorney (DA)
- Developing for termination date (DT), effective date (EF), or diagnosis codes (DD)
- Adding a duplicate no-fault record (NR)
- Requesting deletion of a CWF MSP auxiliary occurrence (DO)
- 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)
- Changing termination date (CT)

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
ACTIVITY CODE: ____	DVLP TO: ____	RSP: ____ 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: ____-____-____
CHECK DATE: _____	CHECK AMOUNT: \$____,____,____.	CHECK NO: _____
INFMT NAME: _____		PHONE: ____-____-____
STREET: _____		
CITY: _____	ST: ____ ZIP: ____-____	INFMT REL: ____ XXXXXXXXXXXX
EMPLR NAME: _____	EIN: _____	
STREET: _____	PHONE: ____-____-____	
CITY: _____	ST: ____ ZIP: ____-____	EMPLOYEE NO: _____
F2=MENU F3=RETURN F6=COB/HIMR F8=FWD F9=CODES 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
- ACTIVITY CODE
- SOURCE
- BENE HICN
- NAME INFMT
- PAT REL
- MSP TYPE
- EFF DT
- AUX REC
- ORIG CNTR (except when ACTION(S) = CV)
- CHECK DATE, CHECK AMOUNT, CHECK NO (if SOURCE = CHEK)
- 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.

For information on screen scraping beneficiary information for CWF assistance requests, see page 2-19.

For information on selecting ECRS codes, see page 2-41.

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) Note: Only the original lead contractor or a CMS RO user has the capability to make a lead contractor reassignment request.
EA	EMPLR NAME
EI	EMPLR NAME, STREET, CITY, ST, ZIP, EIN, and EMPLOYEE NO (employer information) Note: Type data in <i>all</i> fields to update employer information at CWF.
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.

ECRS CWF ASSISTANCE REQUEST DETAIL		PAGE 2 OF 2
CNTR NBR. 99999	BENE XXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXX	
HICN XXXXXXXXXXXX	DCN XXXXXXXXXXXXXXXX	
INSURER NAME: _____ INS TYPE: _ XXXXXXXXXXXXXXXX		
STREET: _____		PHONE: ____-____-____
CITY: _____	ST: ____	ZIP: ____-____
GROUP NO: _____	POLICY NO: _____	
POLICY HOLDER/SUBSCRIBER NAME: _____		
PHP DATE: _____		
REMARKS: ____-____-____	DIAG: _____	
COMMENTS: CNTR: (OPERID)_____		

COB: (OPERID)_____		

F2=MENU F3=RETURN F5=UPDATE F7=BWD F9=CODES 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 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. Note: Type data in <i>all</i> fields to update insurer information at CWF. Leave <i>all</i> fields blank to delete insurer information at CWF.
PH	PHP DATE (Pre-paid Health Plan date)
DX	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
ACTIVITY CODE: ____	DVLP TO: ____	RSP: ____ SOURCE: ____ XXXXXXXXXXXXXXXX
BENE HICN: _____	SSN: ____-____-____	DOB: _____ SEX: ____
NAME: _____	PAT REL: ____	XXXXXXXXXXXXXX
MSP TYPE: ____	XXXXXXXXXXXXXXXX	EFF DT: _____
	AUX REC: _____	TERM DT: _____
ORIG CNTR: _____	CHANGE LEAD TO: _____	SEND VENUE LETTER? Y/N ____
BENE STRT: _____		ACCR DT: _____
CITY: _____	ST: ____ ZIP: ____-____	PHONE: ____-____-____
CHECK DATE: _____	CHECK AMOUNT: \$____,____,____.	CHECK NO: _____
INFMT NAME: _____		PHONE: ____-____-____
STREET: _____		
CITY: _____	ST: ____ ZIP: ____-____	INFMT REL: ____ XXXXXXXXXXXX
EMPLR NAME: _____		EIN: _____
STREET: _____		PHONE: ____-____-____
CITY: _____	ST: ____ ZIP: ____-____	EMPLOYEE NO: _____
F2=MENU F3=RETURN F6=COB/HIMR F8=FWD F9=CODES F12=EXIT		

ECRS CWF Assistance Request Detail Screen, Page 1 of 2	
Field Name	Description
CNTR NBR.	Medicare Contractors: Contractor number entered on login screen (<i>protected field</i>) CMS Users: 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 CWF assistance request transaction (<i>protected field</i>)
ORIG DT	Originating date in MM-DD-CCYY format (<i>protected field</i>)
CNTR REP.	Name of contractor representative to contact for further information or clarification regarding CWF assistance request
STATUS	Two-character code explaining where CWF assistance request transaction is in the COB system process (<i>protected field</i>). Description of status code displays next to value. Valid values are: CM Completed DE Delete (do not process) ECRS CWF assistance request IP In process, being edited by COB NW New, not yet read by COB

ECRS CWF Assistance Request Detail Screen, Page 1 of 2	
Field Name	Description
ACTION(S)	Two-character code defining action to take on CWF Auxiliary record (<i>required field</i>). Valid values are: AI Change attorney information AR Add CWF remark code (See Appendix B for a list of remark codes) CT Change the termination date CV Change venue (Permissible for Workers' Compensation only.) DA Develop to the attorney DD Develop for the diagnosis code DE Develop to employer or develop for employer information DI Develop to insurer or develop for insurer information DO Mark occurrence for deletion DR Investigate/redevelop closed or deleted record DT Develop for termination date DX Change diagnosis codes EA Change employer address ED Change effective date EF Develop for the 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 NR Add duplicate no-fault record PH Add PHP date PR Change patient relationship RR Generate right of recovery lead contractor letter TD Terminate open EGHP record with date less than six months prior to date of accretion VP Beneficiary has taken a vow of poverty 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.
DCN	Document Control Number assigned by contractor to correspondence and/or paperwork associated with transaction (<i>required field</i>)

ECRS CWF Assistance Request Detail Screen, Page 1 of 2	
Field Name	Description
REASON	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: 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 progress, used with HD status 15 Prescription Drug Information sent to MBD 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 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

ECRS CWF Assistance Request Detail Screen, Page 1 of 2	
Field Name	Description
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 88 No update, not lead contractor 91 Duplicate Investigation in Process 92 Change of Venue not allowed after 90 days
ACTIVITY CODE	Activity of contractor (<i>required field</i>). Valid values are: C Claims (Pre-Payment) (22001) D Debt Collection/Referral (42021) G Group Health Plan (42003) I General Inquires (42004) N Liability, No Fault, Workers' Compensation, and Federal Tort Claim Act (42002)
DVLP TO	Development source code indicating where development letter was sent. Valid values are: A Attorney B Beneficiary C Contractor (CWF Requests only) E Employer I Insurer P Provider R Beneficiary Representative (other than attorney)
RSP	Development response indicator. System displays a Y if a response was received from the development.
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 CLAM Claim SRVY Survey
BENE HICN	Health Insurance Claim Number of beneficiary (<i>required field</i>). Type HICN without dashes, spaces, or other special characters.
SSN	Social Security Number of beneficiary
DOB	Beneficiary's date of birth

ECRS CWF Assistance Request Detail Screen, Page 1 of 2	
Field Name	Description
SEX	Sex of beneficiary. Valid values are: M Male F Female U Unknown
NAME	Name of beneficiary in first name/middle initial/last name format. First and last names are <i>required fields</i> .
PAT REL	Patient relationship between policyholder and beneficiary (<i>required field</i>). Description of code displays next to value. Valid values are: 01 Patient is policy holder 02 Spouse 03 Natural child, insured has financial responsibility 04 Natural child, insured does not have financial responsibility 05 Stepchild 06 Foster child 07 Ward of the Court 08 Employee 09 Unknown 10 Handicapped dependent 11 Organ donor 12 Cadaver donor 13 Grandchild 14 Niece/nephew 15 Injured plaintiff 16 Sponsored dependent 17 Minor dependent of a minor dependent 18 Parent 19 Grandparent dependent 20 Domestic partner (Effective April, 2004.)
MSP TYPE	One-character code identifying type of MSP coverage (<i>required field</i>). Description of code displays next to value. Valid values are: A Working Aged B ESRD C Conditional Payment D Automobile Insurance, No Fault E Workers' Compensation F Federal (Public) G Disabled H Black Lung I Veterans L Liability
EFF DT	Effective date of MSP coverage in MMDDCCYY format (<i>required field</i>)
TERM DT	Termination date of MSP coverage in MMDDCCYY format. Type one or more zeroes in this field to remove an existing termination date. Type 9 eight times in this field if you have conflicting dates for the termination date.
AUX REC	Record number of MSP auxiliary occurrence in CWF (<i>required field</i>)
ACCR DT	Accretion date of MSP coverage in MMDDCCYY format

ECRS CWF Assistance Request Detail Screen, Page 1 of 2	
Field Name	Description
ORIG CNTR	Contractor number of contractor that created original MSP occurrence at CWF (<i>required field</i> except when ACTION(S) = CV)
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. Note: 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
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.

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

Transportation

ECRS CWF Assistance Request Detail Screen, Page 1 of 2	
PF Key	Function
02	Return to ECRS main menu
03	Return to previous level
06	Request MSP and beneficiary data from CWF and COB database
08	Page forward to second page of screen
09	Transport to ECRS Code Selection 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: _____ PHONE: ____-____-____		
CITY: _____ ST: ____ ZIP: _____		
GROUP NO: _____ POLICY NO: _____		
POLICY HOLDER/SUBSCRIBER NAME: _____		
PHP DATE: _____		
REMARKS: ____ _ DIAG: ____ _		
COMMENTS: CNTR: (OPERID) _____		

COB: (OPERID) _____		

F2=MENU F3=RETURN F5=UPDATE F7=BWD F9=CODES F12=EXIT		

ECRS CWF Assistance Request Detail Screen, Page 2 of 2	
Field Name	Description
CNTR NBR.	Medicare Contractors: Contractor number entered on login screen (<i>protected field</i>) CMS Users: 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)

* The following entries are *not* permitted in this field: ATTORNEY, BC, BCBX, BLUE CROSS, BLUE SHIELD, BS, BX, CMS, HCFA, INSURER, MEDICARE, MISC, MISCELLANEOUS, N/A, NA, NO, NONE, SUPPLEMENT, SUPPLEMENTAL, UNK, and UNKNOWN.

ECRS CWF Assistance Request Detail Screen, Page 2 of 2	
Field Name	Description
INS TYPE	One-character code for type of insurance. Valid values are: A Insurance or Indemnity (OTHER TYPES) B Group Health Organization (GHO) C Preferred Provider Organization (PPO) D Third Party Administrator arrangement under an Administrative Service Only (ASO) contract without stop loss from any entity (TPA/ASO) E Third Party Administrator arrangement with stop loss insurance issued from any entity (STOP LOSS TPA) F Self-Insured/Self-Administered (SELF-INSURED) G Collectively-Bargained Health and Welfare Fund (HEALTH/WELFAR) H Multiple Employer Health Plan with at least one employer who has more than 100 full- and/or part-time employees (EMPLOYER+100) I Multiple Employer Health Plan with at least one employer who has more than 20 full- and/or part-time employees (EMPLOYER+20) J Hospitalization Only Plan covering inpatient hospital services (HOSPITAL ONLY) K Medical Services Only Plan covering only non-inpatient medical services (MEDICAL ONLY) M Medicare Supplemental Plan, Medigap, Medicare Wraparound Plan or Medicare Carve Out Plan (SUPPLEMENTAL) Blank Unknown (UNKNOWN); defaults to A.
STREET	First and second lines of insurer's street address
PHONE	Insurer's phone number
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
POLICY HOLDER/SUBSCRIBER 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. You may enter up to three remark codes. See Appendix B for a list of remark codes.
DIAG	Five-digit diagnosis code that applies to this MSP occurrence. Enter up to five diagnosis codes.

ECRS CWF Assistance Request Detail Screen, Page 2 of 2	
Field Name	Description
COMMENTS	
CNTR	Identification number of updating operator (OPERID) precedes a free-form text field, where Medicare contractors type data to send notes to the COB contractor. <i>Protected field</i> when COB contractor adds a comment. Note: 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

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

Deleting a CWF Assistance Request Transaction

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

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

ECRS CWF ASSISTANCE REQUEST LIST									
USER ID: _____		STATUS: ____		REASON: ____					
ORIGIN DATE FROM: _____		THROUGH: _____		CNTR NBR: _____		HICN: _____			
DCN: _____									
SEL	HICN	CNTR	DCN	ST	RS	ORGIN DT	LST UPDATE	USER ID	
—	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX	
—	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX	
—	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX	
—	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX	
—	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX	
—	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX	
—	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX	
—	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX	
—	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX	
—	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX	
—	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX	
—	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX	
—	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX	
—	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX	
—	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX	
—	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX	
—	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX	

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

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

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

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

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

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

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

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

Viewing the List of MSP Inquiry Transactions

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

1. From the COB ECRS main menu screen, type **05** in the SELECTION field, and type the search criteria in the appropriate fields. Press [Enter]. The system displays the ECRS MSP Inquiry List screen, as shown in the example below.
2. If you wish to view all MSP Inquiries for a HICN, on the ECRS Main Menu screen space out the contractor number, type the HICN in the HICN field and **05** in the selection field, and press [Enter].

ECRS MSP INQUIRY LIST

USER ID:_____ STATUS:___ REASON: ___
ORIGIN DATE FROM:_____ THROUGH:_____ CNTR NBR: _____ HICN: _____
DCN: _____

SEL	HICN	CNTR	DCN	ST RS	ORGIN DT	LST UPDATE	USER ID
-	XXXXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXX	XX XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXX	XX XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXX	XX XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXX	XX XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXX	XX XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXX	XX XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXX	XX XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXX	XX XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXX	XX XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXX	XX XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXX	XX XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXX	XX XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXX	XX XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXX	XX XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXX	XX XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXX	XX XX	99-99-9999	99-99-9999	XXXXXXXXXX

ENTER S TO VIEW DETAILED INFO, D TO DELETE, OR R TO CHANGE AN INQUIRY TO A REQUEST
F2=MENU F3=RETURN F5=UPDATE F7=BWD F8=FWD F12=EXIT

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

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

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

To search for all MSP inquiries related to a specific beneficiary, type that beneficiary's HICN in the HICN field and press [Enter]. The system displays all MSP inquiries for that beneficiary.

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

4. Press [PF7] to scroll backward or [PF8] to scroll forward through the list of MSP inquiry transactions.
5. If you want to view detailed information for an MSP inquiry transaction, type S in the SEL field next to the transaction for which you want to view detailed information. Press [Enter]. The system displays the first page of the ECRS MSP Inquiry Detail screen for the selected transaction.

6. If an MSP inquiry is rejected with reason code 87 and you want to log a CWF assistance request for it, type **R** in the SEL field next to the appropriate transaction and press [Enter]. The system displays the first page of the ECRS CWF Assistance Request Detail screen for the selected transaction with the information from the inquiry carried forward into the applicable fields.

Type the appropriate information in the required ACTION(S), AUX REC, and ORIG CNTR fields, as well as any other fields that are needed to complete the request.

Press [P8] to display the second page of the screen. Type the information in the appropriate fields.

Press [PF5] to save the assistance request. The system updates the assistance request and saves the original MSP inquiry in its history.

7. If you want to exit the ECRS MSP Inquiry List screen, press [PF2] to return to the ECRS main menu without retaining current search criteria, [PF3] to return to the ECRS main menu while retaining current search criteria, or [PF12] to exit ECRS.

ECRS MSP Inquiry List Screen Description

ECRS MSP Inquiry List Screen	
Field Name	Description
USER ID	User ID entered as search criteria, if applicable. This field is updateable; enter a different User ID to perform additional searches.
STATUS	Status code entered as search criteria, if applicable. This field is updateable; enter a different status code to perform additional searches. To view all in-process MSP inquiry transactions, type IP in the STATUS field and press [Enter].
REASON	Reason code entered as search criteria, if applicable. This field is updateable; enter a different reason code to perform additional searches.
ORIGIN DATE FROM	Starting date of date range entered as search criteria, if applicable. This field is updateable; enter a different From date in MMDDCCYY format to perform additional searches.
THROUGH	Ending date of date range entered as search criteria, if applicable. This field is updateable; enter a different Through date in MMDDCCYY format to perform additional searches.
CNTR NBR	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.

ECRS MSP Inquiry List Screen	
Field Name	Description
SEL	Selection field. Type S in this field and press [Enter] to transport to the ECRS MSP Inquiry Detail screen. Type R in this field and press [Enter] to transport to the ECRS CWF Assistance Request Detail screen. Type D in this field and press [PF5] to mark a new (status NW) 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 2-27.
RS	Reason of MSP inquiry transaction (<i>protected field</i>). For a list of valid reason values, see page 2-29.
ORIGIN 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

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

Adding, Viewing, and Updating MSP Inquiry Transactions

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

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

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

- Letters from beneficiaries or other informants (LTTR)
- Phone calls (PHON)
- Checks (CHEK)
- Secondary claims (SCLM)

Before submitting an ECRS MSP inquiry, the Part D Plan should first check the other health insurance information that the Plan has received in the COB file. If the Plan verifies to its satisfaction that it has already received notification of the other health insurance via the COB file, the Plan should not submit an ECRS MSP inquiry.

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: ____ - ____ - ____	USER ID XXXXXXXX ORIG DT: 99-99-9999
CNTR REP.: _____	DCN: _____	STATUS XX XXXXXXXXXXXXXXXX
ACTION(S): _____	REASON XX XXXXXXXXXXXXXXXX	SOURCE: XXXXXXXXXXXXXXXX
ACTIVITY CODE: ____ 1.DVLP TO: ____ 2.DVLP TO: ____ RSP: ____	DOB: _____	SEX: ____
BENE HICN: _____	SSN: ____ - ____ - ____	PAT REL: ____ XXXXXXXXXXXXXXXX
NAME: _____	EFF DT: _____	TERM DT: _____
MSP TYPE: ____ XXXXXXXXXXXXXXXX	SEND TO CWF? (Y/N) ____	GROUPING CODE ____
BENE STRT: _____		
CITY: _____	ST: ____	ZIP: ____ - ____ PHONE: ____ - ____ - ____
CHECK DATE: _____	CHECK AMOUNT: \$____,____,____.	CHECK NO: _____
INFMT NAME: _____	PHONE: ____ - ____ - ____	
STREET: _____		
CITY: _____	ST: ____	ZIP: ____ - ____ INFMT REL: ____ XXXXXXXXXXXXXXXX
EMPLR NAME: _____	EIN: _____	
STREET: _____	PHONE: ____ - ____ - ____	
CITY: _____	ST: ____	ZIP: ____ - ____ EMPLOYEE NO: _____
F2=MENU F3=RETURN F6=COB/HIMR F8=FWD F9=CODES F12=EXIT		

For information on screen scraping beneficiary information for MSP inquiries, see page 2-40.

For information on selecting ECRS codes, see page 2-41.

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 below lists applicable action codes, related special processing, and corresponding required fields on this screen and the next screen.

Note: Action codes are *not required* for MSP inquiries.

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

Action Code	Special Processing	Required Fields
CA	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.	Page 1: BENE HICN, PAT REL, MSP TYPE (must = L), EFF DT, CA, **INFMT (attorney) NAME, STREET, CITY, ST, ZIP Page 2: *INSURER NAME, *INS TYPE, **STREET, CITY, ST, ZIP, DIAG
CL	Note: This action code is only valid for closed and settled liability, workers' compensation, and/or auto/no fault cases. 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.	Page 1: BENE HICN, PAT REL, MSP TYPE (must = D, E, or L), EFF DT, TERM DT, **INFMT (attorney) NAME, STREET, CITY, ST, ZIP Page 2: *INSURER NAME, *INS TYPE, **STREET, CITY, ST, ZIP, DIAG
DE	This action code sends a development letter to the employer.	Page 1: EMPLR NAME, STREET, CITY, ST, ZIP Page 2: N/A
DI	This action code sends a development letter to the insurer.	Page 1: N/A Page 2: INSURER NAME, STREET, CITY, ST, ZIP
SC	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. Note: For MSP Types other than D, E, or L, the informant <i>must</i> be the beneficiary.	Page 1: BENE HICN, PAT REL, MSP TYPE, EFF DT, **INFMT (attorney) NAME, STREET, CITY, ST, ZIP Page 2: *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.

Action Code	Special Processing	Required Fields
SL	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.	Page 1: BENE HICN, PAT REL, MSP TYPE (must = D, E, or L), EFF DT, ** INFMT (attorney) NAME, STREET, CITY, ST, ZIP Page 2: *INSURER NAME, *INS TYPE, **STREET, CITY, ST, ZIP, DIAG
SR	This action code suppresses the sending of Right of Recovery Letters. The system does not send the beneficiary an MSP confirmation letter.	Page 1: BENE HICN, PAT REL, MSP TYPE (must = D, E, or L), EFF DT, ** INFMT (attorney) NAME, STREET, CITY, ST, ZIP Page 2: *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 a valid code in the ACTIVITY CODE field.
- Type data in the fields required by the code typed in the SOURCE field on the ECRS MSP Inquiry Detail, Page 1 of 2 screen. The table below lists codes and corresponding required fields.

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

SOURCE Code	Required Fields
CHEK	DCN, SOURCE, BENE HICN, NAME, 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
LTTR	DCN, SOURCE, BENE HICN, NAME, INFMT NAME, ADDR, CITY, ST, ZIP, INFMT REL or DCN, SOURCE, SSN, NAME, BENE STRT, CITY, ST, ZIP, INFMT NAME, ADDR, CITY, ST, ZIP, INFMT REL

* 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.

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

5. 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 XXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXX	
HICN XXXXXXXXXXXXXXXX	DCN XXXXXXXXXXXXXXXX	
INSURER NAME: _____	INS TYPE: _ XXXXXXXXXXXXXXXX	
STREET: _____	PHONE: ____-____-____	
CITY: _____ ST: ____ ZIP: _____		
GROUP NO: _____	POLICY NO: _____	
POLICY HOLDER/SUBSCRIBER NAME: _____		
ILLNESS/INJURY DT: _____	DIAG: _____	
BENE REP NAME: _____	DESC: _____	
CITY: _____ ST: ____ ZIP: _____	REP TYPE: _ XXXXXXXXXXXXXXXX	
SEND TO CWF? (Y/N) _	PRESCRIPTION DRUG COVERAGE? (Y/N) _	
DIALYSIS TRAIN DT: _____	BLACK LUNG BENEFITS: _ EFF DT: _____	
F2=MENU F3=RETURN F5=UPDATE F7=BWD F9=CODES F12=EXIT		

6. Type data in the appropriate fields.
7. 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 2-24 for a list of applicable action codes, related special processing, and corresponding required fields on this screen and the previous screen.
8. 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."
9. 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
ACTIVITY CODE: ____ 1.DVLP TO: ____ 2.DVLP TO: ____	RSP: ____	SOURCE: _____
BENE HICN: _____	SSN: ____ - ____ - ____	DOB: ____ SEX: ____
NAME: _____	PAT REL: ____	XXXXXXXXXXXXXXXX
MSP TYPE: ____	XXXXXXXXXXXXXXXX	EFF DT: _____
SEND TO CWF? (Y/N) ____	GROUPING CODE ____	TERM DT: _____
BENE STRT: _____		
CITY: _____	ST: ____	ZIP: ____ - ____
SUBSCBR: _____	PHONE: ____ - ____ - ____	
CHECK DATE: _____	CHECK AMOUNT: \$____,____,____.	CHECK NO: _____
INFMT NAME: _____	PHONE: ____ - ____ - ____	
STREET: _____		
CITY: _____	ST: ____	ZIP: ____ - ____
INFMT REL: ____	XXXXXXXXXXXX	
EMPLR NAME: _____	EIN: _____	
STREET: _____	PHONE: ____ - ____ - ____	
CITY: _____	ST: ____	ZIP: ____ - ____
EMPLOYEE NO: _____		
F2=MENU F3=RETURN F6=COB/HIMR F8=FWD F9=CODES F12=EXIT		

ECRS MSP Inquiry Detail Screen, Page 1 of 2	
Field Name	Description
CNTR NBR.	Medicare Contractors: Contractor number entered on login screen (<i>protected field</i>) CMS Users: 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

ECRS MSP Inquiry Detail Screen, Page 1 of 2	
Field Name	Description
ACTION(S)	Action code indicating type of special processing to perform on MSP Inquiry record. Valid values are: 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
DCN	Document Control Number assigned by contractor to correspondence and/or paperwork associated with transaction (<i>required field</i>)
REASON	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: 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 15 Prescription Drug Information sent to MBD 45 Insufficient information to process, used with HD status (RAC only) 46 RAC did not update hold records, used with DE status (RAC only) 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

ECRS MSP Inquiry Detail Screen, Page 1 of 2	
Field Name	Description
REASON (continued)	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 2-28) are: 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 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 87 MSP record exists, used with CM status (check HIMR or resubmit as assistance request) 88 No update, not lead contractor 91 Duplicate investigation in process 92 Change of Venue not allowed after 90 days.
ACTIVITY CODE	Activity of contractor (<i>required field</i>). Valid values are: C Claims (Pre-Payment) (22001) D Debt Collection/Referral (42021) G Group Health Plan (42003) I General Inquires (42004) N Liability, No Fault, Workers' Compensation, and Federal Tort Claim Act (42002)
1. DVLP TO	Development source code indicating where initial development letter was sent. Valid values are: A Attorney B Beneficiary E Employer I Insurer P Provider R Beneficiary Representative (other than attorney)

ECRS MSP Inquiry Detail Screen, Page 1 of 2	
Field Name	Description
2. DVLP TO	Development source code indicating where subsequent development letter was sent. Valid values are: A Attorney B Beneficiary E Employer I Insurer P Provider R Beneficiary Representative (other than attorney)
RSP	Development response indicator. Values are: A Attorney B Beneficiary E Employer I Insurer P Provider R Beneficiary Representative
SOURCE	Four-character code identifying source of MSP inquiry 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 CLAM Claim SRVY Survey
BENE HICN	Health Insurance Claim Number of beneficiary. Type HICN without dashes, spaces, or other special characters.
SSN	Social Security Number of beneficiary
DOB	Beneficiary's date of birth
SEX	Sex of beneficiary. Valid values are: M Male F Female U Unknown
NAME	Name of beneficiary in first name/middle initial/last name format. First and last names are <i>required fields</i> .

ECRS MSP Inquiry Detail Screen, Page 1 of 2	
Field Name	Description
PAT REL	Patient relationship between policyholder and beneficiary. Description of code displays next to value. Valid values are: 01 Patient is policy holder 02 Spouse 03 Natural child, insured has financial responsibility 04 Natural child, insured does not have financial responsibility 05 Stepchild 06 Foster child 07 Ward of the Court 08 Employee 09 Unknown 10 Handicapped dependent 11 Organ donor 12 Cadaver donor 13 Grandchild 14 Niece/nephew 15 Injured plaintiff 16 Sponsored dependent 17 Minor dependent of a minor dependent 18 Parent 19 Grandparent dependent 20 Domestic partner (Effective April, 2004.)
MSP TYPE	One-character code identifying type of MSP coverage. Description of code displays next to value. Valid values are: - A Working Aged - B ESRD - C Conditional Payment - D Automobile Insurance, No Fault - E Workers' Compensation - F Federal (Public Health) - G Disabled - H Black Lung - I Veterans - L Liability - W Workers' Compensation Medicare Set-aside
EFF DT	Effective date of MSP coverage in MMDDCCYY format, cannot equal termination date
TERM DT	Termination date of MSP coverage in MMDDCCYY format, cannot equal effective date

ECRS MSP Inquiry Detail Screen, Page 1 of 2	
Field Name	Description
SEND TO CWF? (Y/N)	Indicates whether to send MSP inquiry to CWF. Valid values are: Y Send to CWF (default unless ACTION(S) field = DE or DI or INFMT REL field = D, in which case default is N and this is a <i>protected field</i>) N Do not send to CWF <i>For EGHP MSP Types:</i> In addition to the minimum HUSP fields, the EMPLR NAME, STREET, CITY, ST, and ZIP fields are required or the system will set this switch to N and develop the record. <i>For Non-EGHP MSP Types:</i> In addition to the minimum HUSP fields, the ATTORNEY or INSURER NAME, STREET, CITY, ST, ZIP, DIAG, and ILLNESS/INJURY DT fields are required or the system will set this switch to N and develop the record.
GROUPOING CODE	CMS Grouping Code. 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) 07 Baycol Litigation 08 Dexatrim (90000) 09 Rhode Island Receivership Recoveries (00180) 10 Propulsid (00010) 11 Asbestos Exposure
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
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.

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

* The following entries are *not* permitted in this field: ATTORNEY, BC, BCBX, BLUE CROSS, BLUE SHIELD, BS, BX, CMS, HCFA, INSURER, MEDICARE, MISC, MISCELLANEOUS, N/A, NA, NO, NONE, SUPPLEMENT, SUPPLEMENTAL, UNK, and UNKNOWN.

* The following entries are *not* permitted in this field: ATTORNEY, BC, BCBX, BLUE CROSS, BLUE SHIELD, BS, BX, CMS, HCFA, INSURER, MEDICARE, MISC, MISCELLANEOUS, N/A, NA, NO, NONE, SUPPLEMENT, SUPPLEMENTAL, UNK, and UNKNOWN.

ECRS MSP Inquiry Detail Screen, Page 1 of 2	
Field Name	Description
STREET*	Employer's street address
PHONE	Employer's phone number
CITY*	Employer's city
ST	Employer's state
ZIP	Employer's ZIP code
EMPLOYEE NO	Employee number of policy holder

Transportation

ECRS MSP Inquiry Detail Screen, Page 1 of 2	
PF Key	Function
02	Return to ECRS main menu
03	Return to previous level
06	Request MSP and beneficiary data from CWF and COB database
08	Page forward to second page of screen
09	Transport to ECRS Code Selection 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 XXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXX	
HICN XXXXXXXXXXXXX	DCN XXXXXXXXXXXXXXXX	
INSURER NAME: _____	INS TYPE: _ XXXXXXXXXXXXXXXX	
STREET: _____	PHONE: ____ - ____ - ____	
CITY: _____ ST: _ ZIP: _____		
GROUP NO: _____	POLICY NO: _____	
POLICY HOLDER/SUBSCRIBER NAME: _____		
	SUBSCRIBER SSN: ____ - ____ - ____	
	DIAG: _____	
ILLNESS/INJURY DT: _____	DESC: _____	
BENE REP NAME: _____	STRT: _____	
CITY: _____ ST: _ ZIP: _____	REP TYPE: _ XXXXXXXXXXXXXXXX	
SEND TO CWF? (Y/N) _	PRESCRIPTION DRUG COVERAGE? (Y/N) _	
DIALYSIS TRAIN DT: _____	BLACK LUNG BENEFITS: _ EFF DT: _____	
F2=MENU F3=RETURN F5=UPDATE F7=BWD F9=CODES F12=EXIT		

ECRS MSP Inquiry Detail Screen, Page 2 of 2	
Field Name	Description
CNTR NBR.	Medicare Contractors: Contractor number entered on login screen (<i>protected field</i>) CMS Users: 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. Insurer name cannot contain a space in position two.

* The following entries are *not* permitted in this field: ATTORNEY, BC, BCBX, BLUE CROSS, BLUE SHIELD, BS, BX, CMS, HCFA, INSURER, MEDICARE, MISC, MISCELLANEOUS, N/A, NA, NO, NONE, SUPPLEMENT, SUPPLEMENTAL, UNK, and UNKNOWN.

ECRS MSP Inquiry Detail Screen, Page 2 of 2	
Field Name	Description
INS TYPE	One-character code for type of insurance. Valid values are: A Insurance or Indemnity (OTHER TYPES) B Group Health Organization (GHO) C Preferred Provider Organization (PPO) D Third Party Administrator arrangement under an Administrative Service Only (ASO) contract without stop loss from any entity (TPA/ASO) E Third Party Administrator arrangement with stop loss insurance issued from any entity (STOP LOSS TPA) F Self-Insured/Self-Administered (SELF-INSURED) G Collectively-Bargained Health and Welfare Fund (HEALTH/WELFAR) H Multiple Employer Health Plan with at least one employer who has more than 100 full- and/or part-time employees (EMPLOYER+100) I Multiple Employer Health Plan with at least one employer who has more than 20 full- and/or part-time employees (EMPLOYER+20) J Hospitalization Only Plan covering inpatient hospital services (HOSPITAL ONLY) K Medical Services Only Plan covering only non-inpatient medical services (MEDICAL ONLY) M Medicare Supplemental Plan, Medigap, Medicare Wraparound Plan or Medicare Carve Out Plan (SUPPLEMENTAL) Blank Unknown (UNKNOWN); defaults to A.
STREET*	First and second lines of insurer's street address
PHONE	Insurer's phone number
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
POLICY HOLDER/SUBSCRIBER NAME	Name of individual covered by this insurance in first name/middle initial/last name format
SUBSCRIBER SSN	Social Security Number of the policy holder/subscriber.
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 Bene Rep (individual not acting as attorney)

ECRS MSP Inquiry Detail Screen, Page 2 of 2	
Field Name	Description
SEND TO CWF? (Y/N)	Indicates whether to send MSP inquiry to CWF. Valid values are: Y Send to CWF (default unless ACTION(S) field = DE or DI or INFMT REL field = D, in which case default is N and this is a <i>protected field</i>) N Do not send to CWF <i>For EGHP MSP Types:</i> In addition to the minimum HUSP fields, the EMPLR NAME, STREET, CITY, ST, and ZIP fields are required or the system will set this switch to N and develop the record. <i>For Non-EGHP MSP Types:</i> In addition to the minimum HUSP fields, the ATTORNEY or INSURER NAME, STREET, CITY, ST, ZIP, DIAG, and ILLNESS/INJURY DT fields are required or the system will set this switch to N and develop the record.
PRESCRIPTION DRUG COVERAGE?	Y Yes N No
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 Y.

* The following entries are *not* permitted in this field: ATTORNEY, BC, BCBX, BLUE CROSS, BLUE SHIELD, BS, BX, CMS, HCFA, INSURER, MEDICARE, MISC, MISCELLANEOUS, N/A, NA, NO, NONE, SUPPLEMENT, SUPPLEMENTAL, UNK, and UNKNOWN.

Transportation

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

Deleting an MSP Inquiry Transaction

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

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

ECRS MSP INQUIRY LIST									
USER ID: _____		STATUS: _____		REASON: _____					
ORIGIN DATE FROM: _____		THROUGH: _____		CNTR NBR: _____		HICN: _____			
DCN: _____									
SEL	HICN	CNTR	DCN	ST	RS	ORGIN DT	LST UPDATE	USER ID	
—	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX	
—	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX	
—	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX	
—	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX	
—	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX	
—	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX	
—	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX	
—	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX	
—	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX	
—	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX	
—	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX	
—	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX	
—	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX	
—	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX	
—	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX	
—	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX	
—	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX	
—	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX	

ENTER S TO VIEW DETAILED INFO, D TO DELETE, OR R TO CHANGE AN INQUIRY TO A REQUEST
F2=MENU F3=RETURN F5=UPDATE F7=BWD F8=FWD F12=EXIT

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

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

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

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

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

Note: For the ECRS MSP Inquiry List Screen Description, see page 2-21.

Searching for ECRS Codes

Use the ECRS Code Selection screen to choose the appropriate action, activity, informant relationship, insurance type, and source codes on the ECRS CWF Assistance Request Detail and ECRS MSP Inquiry Detail screens.

Follow the steps below to select an ECRS code.

1. From the first or second page of the ECRS CWF Assistance Request Detail or ECRS MSP Inquiry Detail screen, tab the cursor to one of the following fields:
 - ACTION(S) (Page 1)
 - PAT REL (Page 1)
 - ACTIVITY CODE (Page 1)
 - MSP Type (Page 1)
 - SOURCE (Page 1)
 - INS TYPE (Page 2)
 - INFMT REL (Page 1)
 - CA (Page 1)
2. Press [PF9]. The system displays the ECRS Code Selection screen, as shown in the example below. The type of code you selected appears below the screen name (the example shows Patient Relationship Codes).

[illegible]

3. If necessary, press [PF8] to scroll forward or [PF7] to scroll backward through the list of applicable codes for that field.
4. When you find the appropriate code, type S in the SEL field next to that code and press [Enter]. The system returns to the ECRS CWF Assistance Request Detail screen or the ECRS MSP Inquiry Detail screen and automatically fills the appropriate field with the code you selected.

ECRS Code Selection Screen Description

ECRS Code Selection Screen	
Field Name	Description
SEL	Selection field. Type S in this field to transport a code back to the ECRS CWF Assistance Request screen or the ECRS MSP Inquiry Detail screen.
CODE	ECRS codes that apply to field selected. Refer to the ECRS Quick Reference Card for charts of Action Codes, Activity Codes, Informant Relationship Codes, Insurance Type Codes, and Source Codes.
DESCRIPTION	Explanations of ECRS codes. Refer to the ECRS Quick Reference Card for charts of Action Codes, Activity Codes, Informant Relationship Codes, Insurance Type Codes, and Source Codes.

Transportation

ECRS Code Selection Screen	
PF Key	Function
02	Return to ECRS main menu
07	Scroll backward
08	Scroll forward

Viewing the Prescription Drug Coverage Inquiry List

The ECRS Prescription Drug Coverage Inquiry List is used to:

- Search for a Detail transaction to view
- Delete a Detail transaction

To view the Prescription Drug Coverage Inquiry List screen:

1. From the COB ECRS main menu screen, enter the appropriate search criteria.
2. Type **13** in the SELECTION field.
3. Press [Enter]. The ECRS Prescription Drug Coverage Inquiry List screen, as shown in the example below.

ECRS PRESCRIPTION DRUG COVERAGE INQUIRY LIST									
USER ID: _____		STATUS: _____		REASON: _____		DCN: _____		SSN: _____	
ORIGIN DATE FROM: _____		THROUGH: _____		CNTR NBR: _____		HICN: _____			
SEL	HICN	CNTR	DCN	ST	RS	ORGIN	DT	LST UPDATE	USER ID
—	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXX	XX	XX	99-99-9999		99-99-9999	XXXXXXXXXX
—	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXX	XX	XX	99-99-9999		99-99-9999	XXXXXXXXXX
—	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXX	XX	XX	99-99-9999		99-99-9999	XXXXXXXXXX
—	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXX	XX	XX	99-99-9999		99-99-9999	XXXXXXXXXX
—	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXX	XX	XX	99-99-9999		99-99-9999	XXXXXXXXXX
—	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXX	XX	XX	99-99-9999		99-99-9999	XXXXXXXXXX
—	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXX	XX	XX	99-99-9999		99-99-9999	XXXXXXXXXX
—	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXX	XX	XX	99-99-9999		99-99-9999	XXXXXXXXXX
—	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXX	XX	XX	99-99-9999		99-99-9999	XXXXXXXXXX
—	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXX	XX	XX	99-99-9999		99-99-9999	XXXXXXXXXX
—	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXX	XX	XX	99-99-9999		99-99-9999	XXXXXXXXXX
—	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXX	XX	XX	99-99-9999		99-99-9999	XXXXXXXXXX
—	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXX	XX	XX	99-99-9999		99-99-9999	XXXXXXXXXX
—	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXX	XX	XX	99-99-9999		99-99-9999	XXXXXXXXXX
—	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXX	XX	XX	99-99-9999		99-99-9999	XXXXXXXXXX
—	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXX	XX	XX	99-99-9999		99-99-9999	XXXXXXXXXX
—	XXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXX	XX	XX	99-99-9999		99-99-9999	XXXXXXXXXX

ENTER S TO VIEW DETAILED INFO, D TO DELETE, OR R TO CHANGE AN INQUIRY TO A REQUEST
F2=MENU F3=RETURN F5=UPDATE F7=BWD F8=FWD F12=EXIT

4. To view all Prescription Drug Coverage Inquiries for a HICN, on the ECRS Main Menu screen space out the contractor number, type the HICN in the HICN field and **13** in the selection field, and press [Enter].
5. From this screen, you can change or delete the search criteria to initiate a new search. You can perform searches using the following criteria:

User ID, Status, Reason, DCN, Origin Date From, (date) Through, Contractor Number, **SSN**, and/or HICN

You can use the criteria in any combination with the following stipulations:

- You cannot combine DCN and HICN searches.
- You cannot combine DCN and SSN searches.
- You cannot combine SSN and HICN searches.

- You must combine searches on User ID, Status, Reason, Origin Date From, and/or Through, with a DCN, **SSN**, 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.

To search for all Prescription Drug Coverage inquiries related to a specific beneficiary, type that beneficiary's HICN in the HICN field **or SSN in the SSN field** and press [Enter]. The system displays all inquiries for that beneficiary.

- Press [PF7] to scroll backward or [PF8] to scroll forward through the list of inquiry transactions.
- If you want to view detailed information, type S in the SEL field next to the transaction you want to view. Press [Enter]. The system displays the first page of the ECRS PDC Detail screen for the selected transaction.
- To exit the ECRS Prescription Drug Coverage Inquiries 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
 - [PF12] to exit ECRS

ECRS Prescription Drug Coverage (PDC) Inquiry List Screen Description

ECRS Prescription Drug Coverage (PDC) Inquiry List Screen	
Field Name	Description
USER ID	Enter a User ID as search criteria, if applicable. Enter a different User ID to perform additional searches.
STATUS	Enter a Status code as search criteria, if applicable. Enter a different status code to perform additional searches. To view all in-process PDC inquiry transactions, type IP in the STATUS field and press [Enter].
REASON	Enter a Reason code as search criteria, if applicable. Enter a different reason code to perform additional searches.
DCN	Enter a Medicare contractor-assigned Document Control Number as search criteria, if applicable. Enter a different DCN to perform additional searches.
SSN	Enter a Social Security Number as search criteria, if applicable. Enter a different social security number to perform additional searches.
ORIGIN DATE FROM	Enter a Starting date of date range as search criteria, if applicable. Enter a different From date in MMDDCCYY format to perform additional searches.
THROUGH	Enter an Ending date of date range as search criteria, if applicable. Enter a different Through date in MMDDCCYY format to perform additional searches.

ECRS Prescription Drug Coverage (PDC) Inquiry List Screen	
Field Name	Description
CNTR NBR	Type a CMS-issued Medicare contractor number or your RO contractor number to view PDC inquiry transactions for a specific contractor or your Regional Office.
HICN	Enter a Health Insurance Claim Number as search criteria, if applicable. Enter a different HICN to perform additional searches.
SEL	Selection field Type S in this field and press [Enter] to transport to the ECRS PDC Detail screen. Type D in this field and press [PF5] to mark a PDC inquiry transaction for deletion.
HICN	Health Insurance Claim Number for PDC inquiry transaction (<i>protected field</i>)
CNTR	Contractor number (<i>protected field</i>)
DCN	Document Control Number assigned to the PDC inquiry transaction by Medicare contractor (<i>protected field</i>)
ST	Status of the PDC inquiry transaction (<i>protected field</i>). For a list of valid status values, see page 2-27.
RS	Reason of MSP inquiry transaction (<i>protected field</i>). For a list of valid reason values, see page 2-29.
ORIGIN DT	Originating date in MM-DD-CCYY format (<i>protected field</i>)
LST UPDATE	Date the PDC inquiry transaction was last changed in MMDDCCYY format (<i>protected field</i>)
USER ID	User ID of operator who entered the PDC inquiry transaction (<i>protected field</i>)

Transportation

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

Adding, Viewing, and Updating Prescription Drug Coverage (PDC) Inquiry Transactions

Use the ECRS Prescription Drug Coverage (PDC) Detail screen to add, view, and update an ECRS PDC inquiry transaction. You can only update a PDC inquiry transaction if it is in NW01 (new) status. If the COB system has started processing the information, you cannot update the transaction.

There are two methods of accessing the Detail screen:

- From an ECRS MSP Inquiry Detail screen – this option allows you to associate prescription drug information with the MSP detail you have already entered.
- From the COB ECRS main menu screen – this option allows you to enter prescription drug information independent of a MSP inquiry.

Tracking

When prescription drug information is entered in conjunction with an MSP inquiry, no additional tracking of status and reason is performed on the prescription drug information. Status and reason codes are tracked on the MSP inquiry only.

When prescription drug information is entered as a stand-alone inquiry using option 12 from the ECRS main menu, the following status and reason codes are used to track the inquiry:

NW01 Not yet read by COB
DE01 Deleted by Medicare Contractor
CM15 Update Sent to MBD
CM53 Duplicate ECRS Request
CM60 Invalid HICN
CM92 Change of Venue not allowed after 90 days
Note: CM92 refers to a request to change the lead contractor more than 90 days after the initial assignment; this request will be rejected.

To add, view, or update an ECRS PDC Detail screen from MSP Detail:

From the ECRS MSP Inquiry Detail screen, Type Y in the Prescription Drug Coverage field and press [Enter].

The system displays the second page of the ECRS PDC Detail screen, as shown on page 2-48. Continue with the instructions on that page.

To add, view, or update an ECRS PDC Detail screen from MSP Detail from the COB ECRS main menu screen:

1. Type 12 in the SELECTION field and press [Enter].

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

ECRS PRESCRIPTION DRUG COVERAGE DETAIL		PAGE 1 OF 2	
CNTR NBR. 99999	PHONE: ____ - ____ - ____	USER ID XXXXXXXX	ORIG DT: 99-99-9999
CNTR REP.: _____	DCN: _____	STATUS XX	XXXXXXXXXXXXXXXXXX
1.DVLP TO: ____	2.DVLP TO: ____	REASON XX	XXXXXXXXXXXXXXXXXX
BENE HICN: _____	SSN: ____ - ____ - ____	SOURCE: ____	XXXXXXXXXXXXXXXXXX
NAME: _____	DOB: _____	SEX: ____	
SEND TO MBD? (Y/N) ____		PAT REL: ____	XXXXXXXXXXXXXXXXXX
BENE STRT: _____			
CITY: _____	ST: ____	ZIP: ____ - ____	PHONE: ____ - ____ - ____
CHECK DATE: _____	CHECK AMOUNT: \$____,____,____.	CHECK NO: _____	
INFMT NAME: _____		PHONE: ____ - ____ - ____	
STREET: _____			
CITY: _____	ST: ____	ZIP: ____ - ____	INFMT REL: ____ XXXXXXXXXXXX
EMPLR NAME: _____		EIN: _____	
STREET: _____		PHONE: ____ - ____ - ____	
CITY: _____	ST: ____	ZIP: ____ - ____	EMPLOYEE NO: _____
F2=MENU F3=RETURN F8=FWD F9=CODES F12=EXIT			

2. Enter a source code in the SOURCE field. Valid source codes are:

CHEK - Unsolicited Check

LTTR - Letter

PHON - Phone

SCLM - Medicare Secondary Claim Payment

CLAM - Claim

SRVY - Survey

3. Type data in the fields required by the code typed in the SOURCE field. 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 SCLM	DCN, SOURCE, BENE HICN, NAME
LTTR CLAM	or
PHON SRVY	DCN, SOURCE, SSN, NAME, BENE STRT, CITY, ST, ZIP

Note: The following fields can be filled by referring to the *ECRS Quick Reference Card* or by accessing the ECRS Code Selection screen [PF9]: Source codes, Patient Relationship codes, and Informant Relationship codes.

ECRS PDC Detail screen, Page 2 of 2

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

ECRS PRESCRIPTION DRUG COVERAGE DETAIL		PAGE 2 OF 2
CNTR NBR.	99999	PHONE 999-999-9999 USER ID XXXXXXXX ORIG DT: 99-99-9999
CNTR REP.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
BENE NAME	XXXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXX	PATIENT REL _ XXXXXX
HICN	XXXXXXXXXXXXX DCN XXXXXXXXXXXXXXXX	SSN: 999-99-9999
INFMT NAME	XXXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXX	
EMPLR NAME	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
PERSON CODE:	___ XXXXX	
SUP TYPE:	_ XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
MSP TYPE:	_ XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
TYPE:	_ XXXXXXXXXXXXXXXXXXXXXXXX	
REC TYPE:	_ XXXXXXXXXXXXX	
INSURER NAME:	_____	
ADDR1:	_____	
CITY:	_____ ST: _____	ZIP: _____ - _____
EFF DATE:	_____ TERM DATE:	_____
POLICY NO:	_____	
RX BIN:	_____ RX PCN:	_____
RX GROUP:	_____ RX ID:	_____
RX PHONE:	_____	
F2=MENU F3=RETURN F5=UPDATE F7=BWD F9=CODES F12=EXIT		

5. Type data in the appropriate fields.

Note: These fields can be filled by referring to the ECRS Quick Reference Card or by accessing the ECRS Code Selection screen [PF9]: Patient Relationship, Policy Type, and Coverage Type.

6. After typing data in all of the appropriate fields, press [PF5]. The system adds or updates the PDC information, then displays the message, "TRANSACTION COMPLETED SUCCESSFULLY."
7. To return to the ECRS PDC Detail, Page 1 of 2 screen, press [PF7].

ECRS PRESCRIPTION DRUG COVERAGE DETAIL		PAGE 2 OF 2
CNTR NBR.	99999	PHONE 999-999-9999 USER ID XXXXXXXX ORIG DT: 99-99-9999
CNTR REP.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
BENE NAME	XXXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXX	PATIENT REL _ XXXXXX
HICN	XXXXXXXXXXXXX DCN XXXXXXXXXXXXXXXX	SSN: 999-99-9999
INFMT NAME	XXXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXX	
EMPLR NAME	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
PERSON CODE:	___ XXXXX	
SUP TYPE:	_ XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
MSP TYPE:	_ XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
TYPE:	_ XXXXXXXXXXXXXXXXXXXXXXXX	
REC TYPE:	_ XXXXXXXXXXXXX	
INSURER NAME:	_____	
ADDR1:	_____	
CITY:	_____ ST: _____	ZIP: _____ - _____
EFF DATE:	_____ TERM DATE:	_____
POLICY NO:	_____	
RX BIN:	_____ RX PCN:	_____
RX GROUP:	_____ RX ID:	_____
RX PHONE:	_____	
F2=MENU F3=RETURN F5=UPDATE F7=BWD F9=CODES F12=EXIT		

8. To exit ECRS PDC Detail, press [PF2] to return to the ECRS main menu or [PF12] to exit ECRS.

ECRS Prescription Drug Coverage (PDC) Detail Screen, Page 1 of 2

ECRS PRESCRIPTION DRUG COVERAGE DETAIL		PAGE 1 OF 2
CNTR NBR. 99999	PHONE: ____ - ____ - ____	USER ID XXXXXXXX ORIG DT: 99-99-9999
CNTR REP.: _____	DCN: _____	STATUS XX XXXXXXXXXXXXXXXX
1.DVLP TO: ____	2.DVLP TO: ____	RSP: ____
BENE HICN: _____	SSN: ____ - ____ - ____	DOB: _____ SEX: ____
NAME: _____	PAT REL: ____	XXXXXXXXXXXXXX
SEND TO MBD? (Y/N) ____		
BENE STRT: _____	CITY: _____	ST: ____ ZIP: ____ - ____ PHONE: ____ - ____ - ____
CHECK DATE: _____	CHECK AMOUNT: \$____,____,____.	CHECK NO: _____
INFMT NAME: _____	STREET: _____	PHONE: ____ - ____ - ____
CITY: _____	ST: ____ ZIP: ____ - ____	INFMT REL: ____ XXXXXXXXXXXX
EMPLR NAME: _____	EIN: _____	PHONE: ____ - ____ - ____
STREET: _____	CITY: _____	ST: ____ ZIP: ____ - ____
EMPLOYEE NO: _____		
F2=MENU F3=RETURN F8=FWD F9=CODES F12=EXIT		

ECRS Prescription Drug Coverage Detail (PDC) Screen, Page 1 of 2	
Field Name	Description
CNTR NBR	Contractor number entered on login screen (<i>protected field</i>).
PHONE	Phone number of contractor representative (<i>not required field</i>).
USER ID	User ID of operator who entered the Supplemental Prescription Drug 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 Supplemental Prescription Drug Coverage inquiry (<i>not required field</i>).
DCN	Document Control Number assigned by contractor to correspondence and/or paperwork associated with transaction (<i>required field</i>).
1. DVLP TO	Development source code indicating where initial development letter was sent (<i>not required field</i>). Valid values are: - A Attorney - B Beneficiary - E Employer - I Insurer - P Provider - R Beneficiary Representative (other than attorney)

ECRS Prescription Drug Coverage Detail (PDC) Screen, Page 1 of 2	
Field Name	Description
2. DVLP TO	Development source code indicating where initial development letter was sent (<i>not required field</i>). Valid values are: A Attorney B Beneficiary E Employer I Insurer P Provider R Beneficiary Representative (other than attorney)
RSP	Development response indicator (<i>not required field</i>). Values are: A Attorney B Beneficiary E Employer I Insurer P Provider R Beneficiary Representative
SOURCE	Four-character code identifying source of Supplemental Prescription Drug inquiry information (<i>not 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 CLAM Claim SRVY Survey
BENE HICN	Health Insurance Claim Number of beneficiary (<i>Required field if SSN is not entered</i>). Type HICN without dashes, spaces, or other special characters.
SSN	Social Security Number of beneficiary (<i>Required field if BENE HICN is not entered</i>).
DOB	Date of birth of the beneficiary in MM-DD-CCYY format (<i>required field</i>).
SEX	Sex of beneficiary (<i>required field</i>). Valid values are: M Male F Female U Unknown
NAME	Name of beneficiary in first name/middle initial/last name format (<i>first and last name are required fields</i>).
STREET	First and second lines of beneficiary's street address (<i>not required field</i>).
CITY	Beneficiary's city (<i>not required field</i>).
STATE	Beneficiary's state (<i>not required field</i>).

ECRS Prescription Drug Coverage Detail (PDC) Screen, Page 1 of 2	
Field Name	Description
ZIP	Beneficiary's ZIP <i>(not required field)</i> .
PHONE	Beneficiary's phone number <i>(not required field)</i> .
PATIENT REL	Patient relationship between policyholder and beneficiary <i>(required field)</i> . Description of code displays next to value. Valid values are: 01 Patient is policy holder 02 Spouse 03 Child 04 Other
SEND TO MBD? (Y/N)	Indicates whether to send MSP inquiry to MBD <i>(required field)</i> . Valid values are: Y Send to MBD (default) N Do not send to MBD
INFMT NAME *	Name of person (in first name/middle initial/last name format) informing contractor of change in MSP coverage. <i>(not required field)</i> .
INFMT REL	One-character code indicating relationship of informant to beneficiary <i>(required field)</i> . 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 W Pharmacy
ADDR*	First and second lines of informant's street address. <i>(not required field)</i>
CITY*	Informant's city. <i>(not required field)</i>

* The following entries are *not* permitted in this field: ATTORNEY, BC, BCBX, BLUE CROSS, BLUE SHIELD, BS, BX, CMS, HCFA, INSURER, MEDICARE, MISC, MISCELLANEOUS, N/A, NA, NO, NONE, SUPPLEMENT, SUPPLEMENTAL, UNK, and UNKNOWN.

ECRS Prescription Drug Coverage Detail (PDC) Screen, Page 1 of 2	
Field Name	Description
ST	Informant's state. <i>(not required field)</i>
ZIP	Informant's ZIP code. <i>(not required field)</i>
PHONE	Informant's telephone number <i>(not required field)</i> .
EMPLR NAME	Name of employer providing group health insurance under which beneficiary is covered <i>(not required field)</i> .
EIN	Employer Identification Number <i>(not required field)</i> .
STREET	Employer's street address <i>(not required field)</i> .
EMPLOYEE NO	Policyholder's employee number <i>(not required field)</i> .
CITY*	Employer's city <i>(not required field)</i> .
ST	Employer's state <i>(not required field)</i> .
ZIP	Employer's ZIP code <i>(not required field)</i> .
PHONE	Employer's phone number <i>(not required field)</i> .

Transportation

ECRS PDC Detail Screen, Page 1 of 2	
PF Key	Function
02	Return to ECRS main menu
03	Return to previous level
06	Request MSP and beneficiary data from CWF and COB database
08	Page forward
09	Transport to ECRS Code Selection screen
12	Exit ECRS

* The following entries are *not* permitted in this field: ATTORNEY, BC, BCBX, BLUE CROSS, BLUE SHIELD, BS, BX, CMS, HCFA, INSURER, MEDICARE, MISC, MISCELLANEOUS, N/A, NA, NO, NONE, SUPPLEMENT, SUPPLEMENTAL, UNK, and UNKNOWN.

ECRS Prescription Drug Coverage (PDC) Detail Screen, Page 2 of 2

ECRS PRESCRIPTION DRUG COVERAGE DETAIL		PAGE 2 OF 2
CNTR NBR.	99999	PHONE 999-999-9999 USER ID XXXXXXXX ORIG DT: 99-99-9999
CNTR REP.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
BENE NAME	XXXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXX	PATIENT REL _ XXXXXX
HICN	XXXXXXXXXXXXX	DCN XXXXXXXXXXXXXXXX SSN: 999-99-9999
INFMT NAME	XXXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXX	
EMPLR NAME	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
PERSON CODE:	_ XXXXX	
SUP TYPE:	_ XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
MSP TYPE:	_ XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
TYPE:	_ XXXXXXXXXXXXXXXXXXXXXXXX	
REC TYPE:	_ XXXXXXXXXXXXX	
INSURER NAME:	_____	
ADDR1:	_____	
CITY:	_____ ST: _____	ZIP: _____ - _____
EFF DATE:	_____ TERM DATE:	_____
POLICY NO:	_____	
RX BIN:	_____ RX PCN:	_____
RX GROUP:	_____ RX ID:	_____
RX PHONE:	_____	
F2=MENU F3=RETURN F5=UPDATE F7=BWD F9=CODES F12=EXIT		

Prescription Drug Coverage (PDC) Detail Screen Page 2 of 2	
Field Name	Description
CNTR NBR.	Contractor number entered on login screen (<i>protected field</i>).
PHONE	Phone number of contractor representative entered on the MSP Inquiry Detail Screen page 1 of 1.
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 entered on the MSP Inquiry Detail Screen page 1 of 1.
BENE NAME	Name of beneficiary in first name/middle initial/last name format entered on the MSP Inquiry Detail Screen page 1 of 1 (<i>protected field</i>).
HICN	Health Insurance Claim Number of beneficiary entered on the MSP Inquiry Detail Screen page 1 of 1 (<i>protected field</i>).
DCN	Document Control Number entered on the MSP Inquiry Detail Screen page 1 of 1 (<i>protected field</i>) assigned by contractor to correspondence and/or paperwork associated with transaction.
SSN	Social Security Number of beneficiary entered on the MSP Inquiry Detail Screen page 1 of 1 (<i>protected field</i>).
INFMT NAME	Name of person (in first name/middle initial/last name format) informing contractor of change in MSP coverage (<i>protected field</i>).

Prescription Drug Coverage (PDC) Detail Screen Page 2 of 2	
Field Name	Description
EMPLR NAME	Name of employer providing group health insurance under which beneficiary is covered that was entered on the MSP Inquiry Detail Screen page 1 of 1 (<i>protected field</i>).
PATIENT REL	Patient relationship between policyholder and beneficiary (<i>protected field</i>). Use value entered on MSP Inquiry page 1 of 1 translating values other than self, spouse or child to other. Description of code displays next to value. Valid values are: 01 Patient is policy holder 02 Spouse 03 Child 04 Other
PERSON CD	Person Code. Plan specific (relationship assigned plan administrator at the plan level). Only applicable for Supplemental Drug Coverage records). Values are: 001 Self 002 Spouse 003 Other
SUP TYPE	Prescription Drug policy type (<i>not required field</i>). Description of code displays next to value. Valid values are: - L Supplemental - M Medigap - N Non-qualified State Program - O Other - P PAP - Q Qualified State Program - R Charity - S ADAP - T Federal Government Programs 1 Medicaid 2 Tricare 3 Major Medical

Prescription Drug Coverage (PDC) Detail Screen Page 2 of 2	
Field Name	Description
MSP TYPE	MSP Type (not required field). Description of code displays next to value. Valid values are: A Working Aged B ESRD D Automobile Insurance, No-Fault E Workers' Compensation F Federal (Public Health) G Disabled H Black Lung I Veterans L Liability
TYPE	Prescription Drug Coverage type of insurance (<i>not required field</i>). Description of code displays next to value. Valid values are: U Drug Network V Drug Non-network Z Health account (such as a flexible spending account provided by other party to pay prescription drug costs or premiums)
REC TYPE	Prescription Drug Coverage Record Type(<i>not required field</i>). Description of code displays next to the value. Valid values are: PRI Primary SUP Supplemental
INSURER NAME	Name of insurer providing Supplemental Prescription Drug insurance under which beneficiary is covered (<i>not required field</i>).
STREET*	Prescription Drug Insurer's street address (<i>not required field</i>).
CITY*	Prescription Drug Insurer's city (<i>not required field</i>). Must be alpha.
ST	Prescription Drug Insurer's state (<i>not required field</i>). Must be alpha.

* The following entries are *not* permitted in this field: ATTORNEY, BC, BCBX, BLUE CROSS, BLUE SHIELD, BS, BX, CMS, HCFA, INSURER, MEDICARE, MISC, MISCELLANEOUS, N/A, NA, NO, NONE, SUPPLEMENT, SUPPLEMENTAL, UNK, and UNKNOWN.

Prescription Drug Coverage (PDC) Detail Screen Page 2 of 2	
Field Name	Description
ZIP	Prescription Drug Insurer's ZIP code <i>(not required field)</i> . Must be numeric.
EFF DATE	Prescription Drug Insurer's ZIP code <i>(not required field)</i> . Must be numeric and a valid date.
POLICY NO	Prescription Drug policy number <i>(not required field)</i> . Must not contain special characters.
RX BIN	Prescription Drug BIN number (required if TYPE of "U" is entered). Must be six numeric characters.
RX PCN	Prescription Drug PCN number <i>(not required field)</i> . Must not contain special characters.
RX GROUP	Prescription Drug group number <i>(not required field)</i> . Must not contain special characters.
RX ID	Prescription Drug id number <i>(not required field)</i> . Must not contain special characters.
RX PHONE	Prescription Drug phone number <i>(not required field)</i> . Free form.

Transportation

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

Deleting a Prescription Drug Coverage Transaction

Follow the steps below to delete a new (status NW01) Prescription Drug Coverage transaction before it is processed by COB. If the COB system has started processing your transaction, you cannot delete it.

1. From the COB ECRS main menu screen, type **13** in the **SELECTION** field, and type the search criteria in the appropriate fields. Press [Enter]. The system displays the ECRS Prescription Drug Coverage Inquiry List screen, as shown in the example below.

[illegible]

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

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

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

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

Searching for ECRS Prescription Drug Coverage Codes

Use the ECRS Code Selection screen to choose the appropriate action, activity, informant relationship, insurance type, and source codes on the ECRS PDC Detail screen.

To search for a Prescription Drug Coverage code:

1. From the first or second page of the ECRS PDC Detail screen, tab the cursor to one of the following fields:

PDC Informant Relationship Code (Page 1) PDC Sup Type Code (Page 2)

PDC Source Code (Page 1) PDC Type Code (Page 2)

PDC Patient Relationship Code (Page 1) PDC MSP Type Code (Page 2)

2. Press [PF9]. The system displays the ECRS Code Selection screen, as shown in the example below. The type of code you selected appears below the screen name (the example shows Patient Relationship Codes).

[illegible]

3. If necessary, press [PF8] to scroll forward or [PF7] to scroll backward through the list of applicable codes for that field.
4. When you find the appropriate code, type **S** in the SEL field next to that code and press [Enter]. The system returns to the ECRS PDC Detail screen and automatically fills the appropriate field with the code you selected.

ECRS Code Selection Screen Description

ECRS Code Selection Screen	
Field Name	Description
SEL	Selection field. Type S in this field to transport a code back to the ECRS PDC Detail screen.
CODE	ECRS codes that apply to field selected. Refer to the ECRS Quick Reference Card for charts of PDC Activity Codes, Source Codes, Patient Relationship Codes, Informant Relationship Codes, Policy Type Codes, and Codes.
DESCRIPTION	Explanations of ECRS codes. Refer to the ECRS Quick Reference Card for charts of PDC Activity Codes, Source Codes, Patient Relationship Codes, Informant Relationship Codes, Policy Type Codes, and Codes.

Transportation

ECRS Code Selection Screen	
PF Key	Function
02	Return to ECRS main menu
07	Scroll backward
08	Scroll forward

Reviewing Contractor Workloads (for CMS Users)

The ECRS Workload Tracking screen provides you with statistics on the number of CWF assistance requests and MSP inquiries (sorted by activity code) that contractor sites submitted during a user-specified time period. The statistics also include information about the number of CWF assistance requests and MSP inquiries that were rejected, as well as net, gross, and national totals.

Follow the steps below to review the workload for contractor sites.

1. From the COB ECRS main menu screen, type **11** in the SELECTION field and press [Enter]. The system displays the ECRS Workload Tracking screen, as shown in the example below.

ECRS WORKLOAD TRACKING SCREEN							
FROM: MMDDCCYY				THROUGH: MMDDCCYY			
SEL: X C X N _G _I _D _ ALL							
CONTR: _____							

CONTR	ACT CODE	CWF ASST REQ	REJECTS	MSP INQUIRY	REJECTS	GROSS TOTAL	NET TOTAL
NAT TTL:		999,999	99,999	999,999	99,999	999,999	999,999
00010	C	4,000	30	2,000	10	5,960	6,000
00010	N	1,000	10	6,000	20	6,970	7,000
00020	C	1,200	0	12,000	0	13,500	13,500
00020	N	1,500	10	2,000	15	3,475	3,500
00030	C	900	3	400	1	1,296	1,300
00030	N	1,100	0	300	0	1,400	1,400
00040	C	900	0	800	0	1,500	1,500

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

2. If you want a report on specific activity codes, type **X** in the appropriate field or fields. If you want a report on all of the activity codes, leave the selection fields blank or type **X** in all of the fields.
3. If you want a report on specific contractors, type up to 20 five-digit contractor numbers the fields provided. If you want a report on all of the contractors, leave the fields blank.

If you enter three-digit contractor numbers in these fields, the system automatically fills in the two leading zeroes after you press [Enter].

Press [Enter]. The system displays a list of workload statistics for the activity codes and contractors that you selected.

4. Press [PF7] to scroll backward or [PF8] to scroll forward through the list of contractors.
5. If you want to exit the ECRS Workload Tracking screen, press [PF2] to return to the ECRS main menu, [PF3] to return to the previous level, or [PF12] to exit ECRS.

ECRS Workload Tracking Screen Description (for CMS Users)

ECRS Workload Tracking Screen (for CMS Users)	
Field Name	Description
FROM	Start date of reporting period. Defaults to first day of previous month. Type another date in this field to change the start of the reporting period.
THROUGH	End date of reporting period. Defaults to last day of previous month. Type another date in this field to change the end of the reporting period.
SEL	Selection fields. Type X in the appropriate field or fields to report on specific activity codes. If you leave these selection fields blank, the report defaults to all activity codes. Activity codes are: C Claims (Pre-Payment) (22001) D Debt Collection/Referral (42021) G Group Health Plan (42003) I General Inquires (42004) N Liability, No Fault, Workers' Compensation, and Federal Tort Claim Act (42002)
CONTR	Contractor number. Type up to 20 five-digit contractor numbers the fields provided and press [Enter] to display workload statistics for those contractors. Leave all fields blank and press [Enter] to display workload statistics for all contractors. If you enter three-digit contractor numbers in these fields, the system automatically fills in the two leading zeroes.
CONTR	Contractor number (<i>protected field</i>)
ACT CODE	Activity code (<i>protected field</i>). Valid values are: C Claims (Pre-Payment) (22001) D Debt Collection/Referral (42021) G Group Health Plans (42003) I General Inquires (42004) N Liability, No Fault, Workers' Compensation, and Federal Tort Claim Act (42002)
CWF ASST REQ	Number of CWF assistance requests submitted by contractor for each activity code (<i>protected field</i>)
REJECTS	Number of duplicate CWF assistance requests submitted by contractor for each activity code (CM53) (<i>protected field</i>)
MSP INQUIRY	Number of MSP inquires submitted by contractor for each activity code (<i>protected field</i>)
REJECTS	Number of duplicate MSP inquires submitted by contractor for each activity code (CM53), combined with number of MSP inquires submitted by contractor that should have been a CWF assistance request (CM87) (<i>protected field</i>)
NET TOTAL	Total number of CWF assistance requests and MSP inquires submitted by contractor for each activity code, excluding duplicates (<i>protected field</i>)
GROSS TOTAL	Total number of CWF assistance requests and MSP inquires submitted by contractor for each activity code, including duplicates (<i>protected field</i>)

ECRS Workload Tracking Screen (for CMS Users)	
Field Name	Description
NAT TTL	Six national totals consist of the following: • National total of CWF assistance requests submitted by all contractors for all activity codes selected • National total of all duplicate/rejected CWF assistance requests submitted by all contractors for all activity codes selected • National total of all MSP inquiries submitted by all contractors for all activity codes selected • National total of all duplicate/rejected MSP inquiries submitted by all contractors for all activity codes selected • National total of Net Totals for CWF assistance requests and MSP inquiries submitted by all contractors for all activity codes, including duplicates • National total of Gross Totals for CWF assistance requests and MSP inquiries submitted by all contractors for all activity codes, excluding duplicates

Transportation

ECRS Contractor Tracking Screen (for CMS Users)	
PF Key	Function
02	Return to ECRS main menu
03	Return to previous level
07	Scroll backward
08	Scroll forward
12	Exit ECRS

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

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

With the release of ECRS 7.0, the Workers Compensation Set-Aside List Screen is used only by the Regional Offices to update Workers Compensation Set-Aside cases that have a Hold (HD) status and cases that have an In Process (IP) status. On or about May 3, 2004 (subject to change), new Workers Compensation Set-Aside cases will be entered through the Workers Compensation Set Aside Case Control System (WCCCS). The WCCCS will update the new ECRS WCSA screens to provide information about the case to the lead contractor.

Follow the steps below to view the list of workers' compensation set-aside trust cases. You only have the ability to view cases that were added by your Regional Office.

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

[illegible]

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

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

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

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

3. Press [PF7] to scroll backward or [PF8] to scroll forward through the list of workers' compensation set-aside trust cases.
4. If you want to view detailed information for a workers' compensation set-aside trust case, type **S** in the SEL field next to the case for which you want to view detailed information. Press [Enter]. The system displays the ECRS Workers' Compensation Set-Aside screen for the selected case.

5. If you want to exit the ECRS Workers' Comp Set-Aside List screen, press [PF2] to return to the ECRS main menu without retaining current search criteria, [PF3] to return to the ECRS main menu while retaining current search criteria, or [PF12] to exit ECRS.

ECRS Workers' Comp Set-Aside List Screen Description

ECRS Workers' Comp Set-Aside List Screen	
Field Name	Description
STATUS	Status code entered as search criteria, if applicable. This field is updateable; enter a different status code to perform additional searches.
REASON	Reason code entered as search criteria, if applicable. This field is updateable; enter a different reason code to perform additional searches.
HICN	Health Insurance Claim Number entered as search criteria, if applicable. This field is updateable; enter a different HICN to perform additional searches.
SSN	Social Security Number entered as search criteria, if applicable. This field is updateable; enter a different SSN to perform additional searches.
DCN	Document Control Number entered as search criteria, if applicable. This field is updateable; enter a different DCN to perform additional searches.
ORIGIN DATE FROM	Starting date of date range entered as search criteria, if applicable. This field is updateable; enter a different From date in MMDDCCYY format to perform additional searches.
THROUGH	Ending date of date range entered as search criteria, if applicable. This field is updateable; enter a different Through date in MMDDCCYY format to perform additional searches.
SEL	Selection field. Type S in this field and press [Enter] to transport to the ECRS Workers' Compensation Set-Aside screen. Type D in this field and press [PF5] to mark a workers' compensation set-aside trust case for deletion (valid only for cases with a status code of HD or NW).
HICN	Health Insurance Claim Number of injured individual, if available (<i>protected field</i>)
SSN	Social Security Number of injured individual, if available (<i>protected field</i>)
ST	Status of workers' compensation set-aside trust case (<i>protected field</i>). Valid values are: CM Completed HD Hold IP In process NW New

ECRS Workers' Comp Set-Aside List Screen	
Field Name	Description
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>)
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

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

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

Note: The ECRS Workers' Compensation Set-Aside screen is for authorized CMS Regional Office users only. Medicare contractor users do not have access to this screen. If you view a case through the ECRS MSP Lead Contractor Assignment screen, you will note that the detail is different from what is outlined below.

Use the ECRS Workers' Compensation Set-Aside screens to 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 HD (hold). On or about May 3, 2004 (subject to change), all new Workers' Compensation Set Aside cases will be added through the new Workers Compensation Set Aside Case Control System (WCCCS). If the COB system has started processing the information, you cannot update the case.

Follow the steps below to 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.

Prior to May 3, 2004

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 List 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	UPDATE DATE: 99-99-9999	
IN PROCESS: ☐ FINAL: ☐	APPROVED: ☐ DENIED: ☐	
DATE OF LOSS: _____	EFFECTIVE (SETTLEMENT DATE): _____	
NAME: _____	DOB: _____	SEX: _____
STATE: _____	LEAD CONTRACTOR: _____	MEDICARE BENE? Y/N: _____
SSN: _____	HICN: _____	DCN: _____
ADMINISTRATOR: _____	AMOUNT: \$ _____, _____, _____.	
STREET: _____		
CITY: _____	ST: _____	ZIP: _____-____-____
ATTORNEY: _____		
STREET: _____		
CITY: _____	ST: _____	ZIP: _____-____-____
DEFENDANT ATTY? Y/N: _____		
DIAG: _____		
DESCRIPTION: _____		

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

On or after May 3, 2004 (subject to change)

1. From the COB ECRS Main Menu screen, type **10** in the SELECTION field and press [Enter]. The system displays the ECRS Workers' Compensation Set-Aside List screen.
2. On the Workers' Compensation Set-Aside List Screen, type **S** next to the desired record and press [Enter]. The system displays the ECRS Workers Compensation Set-Aside Detail Screen, as shown below.
3. 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
 - HICN, if MEDICARE BENE? = Y
 - ATTORNEY, STREET, CITY, ST, ZIP
 - DATE OF LOSS
 - EFFECTIVE (SETTLEMENT DATE), ADMINISTRATOR, if FINAL and APPROVED fields are marked
 - DESCRIPTION, if DIAG fields are blank

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

4. 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	XXXXXXXXXX
USER ID: XXXXXXXX	REASON: XX	XXXXXXXXXX
ORIGIN DATE: 99-99-9999		
NAME: _____		DOB: _____ SEX: _
STATE: __	LEAD CONTRACTOR: _____	MEDICARE BENE? Y/N: _
SSN: _____	HICN _____	DCN _____
INSURER NAME: _____		INS TYPE: _ XXXXXXXXXXXXXXXXX
STREET: _____		
CITY: _____	ST: __	ZIP: _____
GROUP NO: _____	POLICY NO: _____	
INSURED NAME: _____		INS REL: _ XXXXXXXXXXXXXXXXX
EMPLOYER: _____		
STREET: _____		
CITY: _____	ST: __	ZIP: _____
		PHONE: ____ - ____ - ____
F2=MENU F3=RETURN F5=UPDATE PF7=BACKWARD F12=EXIT		

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

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

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

ECRS WORKERS COMPENSATION SET-ASIDE DETAIL PAGE 1 OF 2	
RO NUMBER: XXX	STATUS: XX XXXXXXXX
USER ID: XXXXXXXX	REASON: XX XXXXXXXX
ORIGIN DATE: 99-99-9999	UPDATE DATE: 99-99-9999
IN PROCESS: ☐ FINAL: ☐ APPROVED: ☐ DENIED: ☐ DATE OF LOSS: _____ EFFECTIVE (SETTLEMENT DATE): _____	
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: ☐	
DIAG: _____	
DESCRIPTION: _____	

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

ECRS Workers' Compensation Set-Aside Inquiry Screen, Page 1 of 2	
Field Name	Description
RO NUMBER	Regional Office contractor number (<i>protected field</i>)
STATUS	Status of request (<i>protected field</i>). Valid values are: HD Hold, individual is not yet a Medicare beneficiary or the record is "in process" and a final determination has not been made on the case IP In process, record is being processed by COB CM Completed, applied response received from CWF or date of death entered on HD record Note: You can update or delete requests when they are in NW (new) or HD (hold) status. After the record has been sent to CWF (status code IP, reason code 04), you cannot make further changes on the ECRS Workers' Compensation Set-Aside Detail screens. 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). Once a CM50 is applied to the record, you will need to request changes through a CWF assistance request.
USER ID	Identification number of user currently logged on system (<i>protected field</i>)

ECRS Workers' Compensation Set-Aside Inquiry Screen, Page 1 of 2	
Field Name	Description
REASON	Reason for status (<i>protected field</i>). Valid values are: 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>)
UPDATE DATE	Date workers' compensation set-aside trust case was updated by Regional Office (<i>protected field</i>)
IN PROCESS	Indicates the workers' compensation set-aside arrangement has not been finalized. The system builds a regular workers' compensation record at CWF with the effective date equal to the date of loss or the date of Medicare entitlement. After entering, in-process records have a status of HD and a reason code of 50. You can update records that have the IN PROCESS indicator marked.
FINAL	Indicates the workers' compensation set-aside arrangement has been finalized. If the set-aside arrangement was approved, the system sends a workers' compensation set-aside record to CWF. If the DATE OF LOSS is less than the SETTLEMENT DATE, the system sends a regular workers' compensation record to CWF with the effective date equal to the date of loss or the date of Medicare entitlement and the termination date one day prior to the settlement date. The date of loss cannot be equal to or less than the settlement date. Records with this indicator marked require the marking of either the APPROVED or DENIED indicators. Records with the FINAL and APPROVED indicators marked require information in the EFFECTIVE (SETTLEMENT DATE) and ADMINISTRATOR fields. If the settlement arrangement was denied, the system sends a regular workers' compensation record to CWF with WCSA DENIED in the GROUP NAME field. You cannot update records that have the FINAL indicator marked.
APPROVED	Indicates the workers' compensation set-aside arrangement has been approved. <i>Required field</i> if the FINAL indicator is marked and the DENIED field is blank. An indicator in this field <i>requires</i> information in the EFFECTIVE (SETTLEMENT DATE) and ADMINISTRATOR fields.
DENIED	Indicates the workers' compensation set-aside arrangement was denied. <i>Required field</i> if the FINAL indicator is marked and the APPROVED field is blank.
DATE OF LOSS	Start date of illness or injury in MMDDCCYY format (<i>required field</i>). You cannot future-date this field.
EFFECTIVE (SETTLEMENT DATE)	Start date of set-aside arrangement (equal to settlement date) in MMDDCCYY format. <i>Required field</i> if FINAL and APPROVED fields are marked.
NAME	Name of injured individual in first name/middle initial/last name format (<i>required field</i>)

ECRS Workers' Compensation Set-Aside Inquiry Screen, Page 1 of 2	
Field Name	Description
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 Note: Each submitted transaction should have a unique DCN.
ADMINISTRATOR	Name of arrangement administrator. At CWF, the system adds arrangement administrator information to the insurer fields and annotates it with TAD. Required field if FINAL and APPROVED fields are marked.
AMOUNT	Monetary amount of arrangement settlement
STREET	Arrangement administrator's street address
CITY	Arrangement administrator's city
ST	Arrangement administrator's state abbreviation
ZIP	Arrangement administrator's ZIP code
PHONE	Arrangement administrator's telephone number
ATTORNEY	Name of attorney (<i>required field</i>). At CWF, the system adds attorney information to the employer fields.
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>)

ECRS Workers' Compensation Set-Aside Inquiry Screen, Page 1 of 2	
Field Name	Description
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
DIAG	Diagnosis codes. Enter as many as five codes.
DESCRIPTION	Describes illness or injury when diagnosis code is unknown. Required field if DIAG field is blank.

Transportation

ECRS Workers' Compensation Set-Aside Inquiry Screen, Page 1 of 2	
PF Key	Function
02	Return to ECRS main menu
03	Return to previous level
08	Page forward to second page of screen
12	Exit ECRS

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

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

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

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

ECRS Workers' Compensation Set-Aside Detail Screen, Page 2 of 2	
Field Name	Description
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); defaults to A.
STREET	Insurer's street address
CITY	Insurer's city
ST	Insurer's state abbreviation
ZIP	Insurer's ZIP code
GROUP NO	Stores date of loss or date of injury at CWF Note: 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	Employer's name
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

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

Deleting a Workers' Compensation Set-Aside Trust Case

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

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

Follow the steps below to delete a workers' compensation set-aside trust case. You only have the ability to delete cases that were added by your Regional Office.

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

```

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

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

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

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

```

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

Note: For the ECRS Workers' Comp Set-Aside List Screen Description, see page 2-64.

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

Effective February 2, 2004, all new Workers' Compensation Set-Aside (WCSA) cases are added through the Workers' Compensation Case Control System (WCCCS) located at the COB contractor and the CMS Regional offices.

The WCCCS updates ECRS when:

- A regular Workers' Compensation case has been added at CWF and the lead contractor assigned
- The disposition of the set-aside has been determined

The purpose of the ECRS WCSA Inquiry screens is to provide notification of the case to the lead contractor. The WCSA Inquiry screens may only be accessed through the ECRS Lead Contractor Notification Screen and are inquiry only.

ECRS WORKERS COMPENSATION SET-ASIDE INQUIRY			PAGE 1 OF 2
REVIEWING RO/WCC NUMBER: XXX			STATUS: XX XXXXXXXX
APPROVING/DENYING RO NUMBER: XXX			REASON: XX
XXXXXXXXXX			
CASE CONTROL NUMBER: XXXXXXXXXX	ORIG DATE: 99-99-9999	UPDATE DATE: 99-99-9999	
IN PROCESS: ☐	FINAL: ☐	APPROVED: ☐	DENIED: ☐
NAME: _____		DOB: _____	SEX: ☐
STATE: ☐	LEAD CONTRACTOR: _____	MEDICARE BENE? Y/N: ☐	DOD: _____
SSN: _____	HICN: _____	DCN: _____	
DIAG: _____	DATE OF LOSS: _____		
TOTAL SETTLEMENT: \$9999999.99		MEDICARE SET-ASIDE AMT: \$9999999.99	
LUMP SUM AMOUNT: \$9999999.99			
NUMBER OF YEARS: XX EFFECTIVE DATE (SETTLEMENT DATE): 99-99-9999			
ANNIVERSARY DATE: 99-99-9999			
STRUCTURED PAYMENT SCHEDULE:			
INITIAL DEPOSIT (SEED MONEY): \$999999.99			
SUBSEQUENT ANNUAL PAYMENTS:			
99-99-9999: \$9999999.99	99-99-9999: \$9999999.99	99-99-9999: \$9999999.99	
99-99-9999: \$9999999.99	99-99-9999: \$9999999.99	99-99-9999: \$9999999.99	
99-99-9999: \$9999999.99	99-99-9999: \$9999999.99	99-99-9999: \$9999999.99	
F2=MENU F3=RETURN F8=FORWARD F12=EXIT			

ECRS Workers' Compensation Set-Aside Inquiry Screen, Page 1 of 2	
Field Name	Description
REVIEWING RO/WCRC NUMBER	The contractor number of the RO or Workers' Compensation Review Contractor investigating the case.
STATUS	Status of request (<i>protected field</i>). Valid value: CM Completed, applied response received from CWF or date of death entered on HD record
APPROVING/DENYING RO NUMBER	Contractor number of the RO giving final decision of the settlement.
REASON	Reason for status (<i>protected field</i>). Valid values are: 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
CASE CONTROL NUMBER	Case number assigned in the WCCS.
ORIGIN DATE	Date workers' compensation set-aside trust case was added by Regional Office (<i>protected field</i>)
UPDATE DATE	Date workers' compensation set-aside trust case was updated by Regional Office (<i>protected field</i>)
IN PROCESS	Indicates the workers' compensation set-aside arrangement has not been finalized. The system builds a regular workers' compensation record at CWF with the effective date equal to the date of loss or the date of Medicare entitlement. After entering, in-process records have a status of HD and a reason code of 50. You can update records that have the IN PROCESS indicator marked.
FINAL	Indicates the workers' compensation set-aside arrangement has been finalized. If the set-aside arrangement was approved, the system sends a workers' compensation set-aside record to CWF. If the DATE OF LOSS is less than the SETTLEMENT DATE, the system sends a regular workers' compensation record to CWF with the effective date equal to the date of loss or the date of Medicare entitlement and the termination date one day prior to the settlement date. The date of loss cannot be equal to or less than the settlement date. Records with this indicator marked require the marking of either the APPROVED or DENIED indicators. Records with the FINAL and APPROVED indicators marked require information in the EFFECTIVE (SETTLEMENT DATE) and ADMINISTRATOR fields. If the settlement arrangement was denied, the system sends a regular workers' compensation record to CWF with WCSA DENIED in the GROUP NAME field. You cannot update records that have the FINAL indicator marked.

ECRS Workers' Compensation Set-Aside Inquiry Screen, Page 1 of 2	
Field Name	Description
APPROVED	Indicates the workers' compensation set-aside arrangement has been approved. <i>Required field</i> if the FINAL indicator is marked and the DENIED field is blank. An indicator in this field <i>requires</i> information in the EFFECTIVE (SETTLEMENT DATE) and ADMINISTRATOR fields.
DENIED	Indicates the workers' compensation set-aside arrangement was denied. <i>Required field</i> if the FINAL indicator is marked and the APPROVED field is blank.
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 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 Note: Each submitted transaction should have a unique DCN.
DIAG	Diagnosis codes. You may enter up to five.
DATE OF LOSS	Start date of illness or injury.
TOTAL SETTLEMENT	Total dollar amount of the settlement including wage and indemnity benefits.
MEDICARE SET-ASIDE AMT	Total dollar amount of Medicare's Set-Aside amount.
LUMP SUM AMOUNT	When an amount is entered, this indicates the settlement is in the form of a one-time payment.
NUMBER OF YEARS	Total number of years for subsequent annual payments to occur.

ECRS Workers' Compensation Set-Aside Inquiry Screen, Page 1 of 2	
Field Name	Description
EFFECTIVE (SETTLEMENT DATE)	Start date of set-aside arrangement (equal to settlement date) in MMDDCCYY format. <i>Required field</i> if FINAL and APPROVED fields are marked.
ANNIVERSARY DATE	Anniversary Date of the annual payments.
STRUCTURED PAYMENT SCHEDULE	When an amount is entered, this indicates the settlement has reoccurring annual payment.
INITIAL DEPOSIT (SEED MONEY)	When an amount is entered, this indicates the settlement has a one-time initial deposit.
SUBSEQUENT ANNUAL PAYMENTS	When amounts are entered, this indicates that the WCSA is funded with an annual amount. There may also be an initial deposit amount in the appropriate field.
99-99-9999	Month, day, and year for each annual payment (based on anniversary date, or settlement date if anniversary date is blank). If the settlement is a structured settlement, each occurrence displays the annual date and amount.
\$9999999.99	The amount of the Total Settlement, Medicare Set-aside, Lump Sum, Initial Deposit, or Subsequent Annual Payments of the structured settlements. The first three payments shown under Subsequent Annual Payments are from the three most current prior years and the fourth payment is the current year. The fifth through ninth payments are the five future annual payments following the current year. Each year (based on anniversary date, or settlement date if anniversary date is blank), the oldest prior year is removed, the current year becomes annual payment there, and annual payments five through nine become future annual payments following the current year.

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

ECRS WORKERS COMPENSATION SET-ASIDE INQUIRY PAGE 2 OF 2	
REVIEWING RO NUMBER: XXX	STATUS: XX XXXXXXXX
APPROVING RO NUMBER: XXX	REASON: XX XXXXXXXX
CASE CONTROL NUMBER: XXXXXXXXXX	ORIG DATE: 99-99-9999
	UPDATE DATE: 99-99-9999
ADMINISTRATOR: _____	
STREET: _____	
CITY: _____	ST: ____ ZIP: _____-____ PHONE: ____-____-____
ATTORNEY: _____	
STREET: _____	
CITY: _____	ST: ____ ZIP: _____-____ PHONE: ____-____-____
DEFENDANT ATTY? Y/N: _	
INSURER NAME: _____ INS TYPE: _ XXXXXXXXXXXXXXXX	
STREET: _____	
CITY: _____	ST: ____ ZIP: _____-____
GROUP NO: _____	POLICY NO: _____
INSURED NAME: _____ INS REL: _ XXXXXXXXXXXXXXXX	
EMPLOYER: _____	
STREET: _____	
CITY: _____	ST: ____ ZIP: _____-____ PHONE: ____-____-____
F2=MENU F3=RETURN F5=UPDATE PF7=BACKWARD F12=EXIT	

ECRS Workers' Compensation Set-Aside Inquiry 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 value: CM Completed, applied response received from CWF or date of death entered on HD record
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: 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>)
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>)

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

ECRS Workers' Compensation Set-Aside Inquiry Screen, Page 2 of 2	
Field Name	Description
STREET	Insurer's street address
CITY	Insurer's city
ST	Insurer's state abbreviation
ZIP	Insurer's ZIP code
GROUP NO	Stores date of loss or date of injury at CWF Note: 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	Employer's name
STREET	Employer's street address
CITY	Employer's city
ST	Employer's state abbreviation
ZIP	Employer's ZIP code
PHONE	Employer's phone number

Requesting Document Copies

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

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

Follow the steps below to request a document copy.

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

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

DOCUMENT REQUESTED: ____ XX			
BENE HICN: _____	SSN: ____ - ____ - ____	SOURCE: _____	
NAME: _____			
STREET: _____			
CITY: _____	ST: ____	ZIP: _____	
MSP TYPE: _ XXXXXXXXXXXXXXXX	EFF DT: _____	TERM DT: _____	
EMPLR NAME: _____		EIN: _____	
F2=MENU F3=RETURN F5=UPDATE F12=EXIT			

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

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

3. After typing data in all of the required fields, press [PF5]. The system sends the document copy request, then displays the message, "REQUEST HAS BEEN SENT."
4. If you want to exit the ECRS Document Copies Request screen, press [PF2] to return to the ECRS main menu or [PF12] to exit ECRS.

ECRS Document Copies Request Screen Description

ECRS Document Copies Request Screen	
Field Name	Description
CNTR NO.	Five-digit number identifying the Medicare contractor (<i>protected field</i>)
PHONE	Phone number of contractor representative (<i>required field</i>)
DCN	Document Control Number assigned by contractor to correspondence and/or paperwork associated with this request (<i>required field</i>)
CNTR REP.	Name of contractor representative to contact for further information and/or clarification regarding this request (<i>required field</i>)
USER ID	User ID of operator who entered document copy request (<i>protected field</i>)
SEND TO	Name and address of recipient or other instructions regarding where document copies should be sent (<i>required field</i>)
DOCUMENT REQUESTED	Four-character code indicating documents requested (<i>required field</i>). Description of code displays next to value. Valid values are: DEVL Copy of all development (letters and questionnaires) related to coverage indicated DMQ Copy of Data Match questionnaire RLSE Copy of attorney release form TRMA Copy of all documents related to trauma case indicated
BENE HICN	Health Insurance Claim Number for beneficiary (<i>required field</i>). Type HICN without dashes, spaces, or other special characters.
SSN	Social Security Number for beneficiary
SOURCE	Source for related MSP occurrence. <i>Required field</i> if document requested is DMQ (Data Match questionnaire). Valid values are: B Data Match I (1989) V Data Match V (1996) D Data Match II (1991) X DataMatch VIII (1998) T Data Match III (1993) W Data Match VI (1997) U Data Match IV (1995) Y DataMatch IX and X (2000)
NAME	Name of beneficiary in first name/middle initial/last name format (<i>required field</i>)
STREET	First and second lines of beneficiary's street address
CITY	Beneficiary's city
ST	Beneficiary's state
ZIP	Beneficiary's ZIP code

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

Transportation

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

Viewing Lead Contractor Assignments

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

Note: Only lead contractors have the ability to select cases from this screen and view detail specific to the case. Non-lead contractors have the ability to view the only the list of assignments.

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.

To view all Lead Contractor assignments for a HICN, space out the contractor number and enter the HICN in the HICN field.

[illegible]

2. Press [PF7] to scroll backward or [PF8] to scroll forward through the list of HICNs assigned to the lead contractor.
3. To search for all cases related to a specific beneficiary, type that beneficiary's HICN in the HICN field and press [Enter]. The system displays all cases for that beneficiary.

The dates in the ORIGIN DATE FROM and THROUGH fields default to the dates entered in the SEARCH ORIGIN DATE fields on the COB ECRS main menu screen. If you did not enter dates in those fields on the COB ECRS main menu screen, the fields on this screen default to the date 30 days prior to the current date and the current date. Change the dates in these fields and press [Enter] to narrow or widen your search.

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

ECRS MSP Lead Contractor Assignment Screen Description

ECRS MSP Lead Contractor Assignment Screen	
Field Name	Description
SEL	Selection field. Type S in this field and press [Enter] to display a list of developing contractors associated with this HICN.
HICN	Health Insurance Claim Number entered as search criteria, if applicable. This field is updateable; enter a different HICN to perform additional searches.
CNTR	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 16 characters of last name and first initial of beneficiary for case assigned to contractor (<i>protected field</i>)
CONTR	Lead contractor number (<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 2-31.

ECRS MSP Lead Contractor Assignment Screen	
Field Name	Description
IN	Indicates type of specialty case or type of Class Action suit. 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 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) 07 Baycol Litigation
EFF DATE	Effective date of MSP coverage case assigned to contractor (<i>protected field</i>).
ORIGN DATE	The date of the lead assignment and the date of the lead notification to the attorney or employer and beneficiary, in MMDDCCYY format (<i>protected field</i>).

Transportation

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

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. 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.

[illegible]

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

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

ECRS Developing Contractors for Lead Screen Description

ECRS Developing Contractors for Lead Screen	
Field Name	Description
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 2-31.
EFF DATE	Effective date of MSP coverage case assigned to contractor (<i>protected field</i>)
ORIGN DATE	Originating date in MMDDCCYY format (<i>protected field</i>)
<i>(DEVELOPING CONTRACTORS)</i>	
NUMBER	Contractor number of other Medicare contractors that may be interested or involved in the case assigned (<i>protected field</i>)
NAME	Name of other Medicare contractors that may be interested or involved in the case assigned (<i>protected field</i>)
PHONE	Phone number for other Medicare contractors that may be interested or involved in the case assigned (<i>protected field</i>)

Transportation

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

Viewing Notifications for Cases with Developing Contractors

Use the MSP Developing Contractor Notification screen to view cases in which the developing contractor or CMS Regional Office may have an interest or involvement, but the cases were assigned to another contractor for the coordination of Medicare activities. These records are retained in ECRS for six months.

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	
22222222A	BROWN	L L Y	03/02/2002	04/10/2002	33333	
33333333A	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

ECRS MSP Developing Contractor Notification Screen	
Field Name	Description
HICN	Health Insurance Claim Number entered as search criteria, if applicable. This field is updateable; enter a different HICN to perform additional searches.
CNTR	Medicare Contractors: Contractor number entered on login screen (<i>protected field</i>) CMS Users: Type a CMS-issued Medicare contractor number 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 2-31.
WC	Indicates whether case is a workers' compensation set-aside assignment. Valid values are: Y Yes, it is N No, it is not Blank Default
EFF DATE	Effective date of MSP coverage case (<i>protected field</i>)
ORIGN DATE	Originating date in MMDDCCYY format (<i>protected field</i>)
LEAD	Contractor number of Medicare contractor assigned as lead for case (<i>protected field</i>)

Transportation

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

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	
222222222A	BROWN	L L	03/02/2002	04/10/2002	ADD/UPDATE	
333333333A	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

ECRS MSP Changed Record Notification Screen							
Field Name	Description						
HICN	Health Insurance Claim Number entered as search criteria, if applicable. This field is updateable; enter a different HICN to perform additional searches.						
CNTR	Medicare Contractors: Contractor number entered on login screen (<i>protected field</i>) CMS Users: Type a CMS-issued Medicare contractor number 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 2-31.						
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> <tr> <td>ADDED</td><td>New occurrence added to CWF</td></tr> <tr> <td>DELETED</td><td>Occurrence deleted from CWF</td></tr> <tr> <td>UPDATED</td><td>Occurrence updated on CWF</td></tr> </table>	ADDED	New occurrence added to CWF	DELETED	Occurrence deleted from CWF	UPDATED	Occurrence updated on CWF
ADDED	New occurrence added to CWF						
DELETED	Occurrence deleted from CWF						
UPDATED	Occurrence updated on CWF						

Transportation

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

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 CODE CV IS INVALID FOR MSP TYPES D AND L	Correct action codes.
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.
BENEFICIARY MASTER RECORD NOT FOUND	Access CWF manually to retrieve the beneficiary's data, and then type the relevant information in the appropriate fields on the detail screens.
BENEFICIARY RECORD NOT FOUND – REMOTE HOST XX IS NOT AVAILABLE (where XX is the unavailable host ID)	Access CWF manually to retrieve the beneficiary's data, and then type the relevant information in the appropriate fields on the detail screens.
CANNOT SPECIFY S AND D SIMULTANEOUSLY	Correct the SEL field to either Select a transaction or Delete a transaction.
CANNOT USE MULTIPLE SEARCH SELECTIONS	Correct search criteria.
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.
CICS CONNECTIVITY ERROR PLEASE CONTACT YOUR HELP DESK TO VERIFY YOUR CICS CONNECTION WITH GHI CICS APPLICATION ID: XXXXCICS	Contact the Help Desk.
CLAIMS PENDING MUST BE Y OR N	Enter Y (yes) or N (no) for claims pending.
CONTRACTOR NUMBER ENTERED NOT FOUND	Enter valid contractor number.
CONTRACTOR NUMBER REQUIRED	Enter valid contractor number.
DESCRIPTION OF INJURY OR DIAGNOSIS CODE REQUIRED	Enter description of injury or valid diagnosis code.

Message	Action
DIAGNOSIS REQUIRED FOR DX (Change Diagnosis Code) ACTION	Enter valid diagnosis code.
DOB MUST BE LESS THAN CURRENT DATE	Enter valid date of birth.
ECRS TRANSACTION HAS BEEN TERMINATED	N/A
EFF DATE CANNOT BE GREATER THAN CURRENT DATE	Enter valid effective date.
EFF DATE CANNOT BE GREATER THAN TERM DATE	Enter valid effective date.
FIRST PAGE DISPLAYED	N/A
FOR DATA MATCH EIN IS REQUIRED	Enter employer's EIN.
FOR DATA MATCH EMPLOYEE NUMBER IS REQUIRED	Enter employee number.
FROM DATE CANNOT BE GREATER THAN THROUGH DATE	Correct either From date or Through date.
FUNCTION KEY NOT ACTIVE	N/A
HICN MUST BE AT LEAST 9 CHARACTERS	Enter valid HICN.
HIGHLIGHTED FIELDS ARE REQUIRED FOR SOURCE OF XXXX (Source Type)	Enter valid values in highlighted fields or change source type.
HIMR NOT FUNCTIONAL – LOCAL HOST CONNECTION IS NOT AVAILABLE	Access CWF manually to retrieve the beneficiary's data, and then type the relevant information in the appropriate fields on the detail screens.
ILL/INJ DATE AND MSP TYPE = X, DO NOT CORRESPOND (where X = A, B, or G)	Remove date from ILLNESS/INJURY DT field or change MSP TYPE to value other than A, B, or G.
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 BENEFICIARY HIC NUMBER ENTERED	Access CWF manually to retrieve the beneficiary's data, and then type the relevant information in the appropriate fields on the detail screens.
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 XXXXXXXXX (Field Name)	Enter valid value for field specified.

Message	Action
LAST PAGE DISPLAYED	N/A
MORE THAN ONE REQUEST FOR DETAIL INFORMATION WAS FOUND	Type S and press [Enter] for only one record at a time.
MSP AUXILIARY DATA NOT FOUND	Access CWF manually to retrieve the beneficiary's data, and then type the relevant information in the appropriate fields on the detail screens.
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 S and press [Enter] to request detailed information for a transaction.
PRESS PF5 TO SEND REQUEST	Press [PF5] to transmit document copy request.
PRESS PF5 TO UPDATE TRANSACTION	Press [PF5] to update transaction.
PRESS PF8 TO CONTINUE	Press [PF8].
RECORD CANNOT BE DELETED	Correct value in SEL field for highlighted transactions; you can only delete records in new (NW) status.
REQUEST HAS BEEN SENT	N/A
SSN REQUIRED FOR MX (SSN/HICN Mismatch) ACTION	Enter valid SSN.
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.

Message	Action
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.

Appendix B: CWF Remark Codes

This appendix contains a list of CWF remark codes.

Remark Code	Definition
01	Beneficiary retired as of termination date.
02	Beneficiary's employer has less than 20 employees.
03	Beneficiary's employer has less than 100 employees.
04	Beneficiary is dually entitled to Medicare, based on ESRD and Age or ESRD and disability.
05	Beneficiary is not married.
06	The Beneficiary is covered under the group health plan of a family member whose employer has less than 100 employees.
07	Beneficiary's employer has less than 20 employees and is in a multiple or multi-employer plan that has elected the working aged exception.
08	Beneficiary's employer has less than 20 employees and is in a multiple or multi-employer plan that has not elected the working aged exception.
09	Beneficiary is self-employed.
10	A family member of the Beneficiary is self-employed.
20	Spouse retired as of termination date.
21	Spouse's employer has less than 20 employees.
22	Spouse's employer has less than 100 employees.
23	Spouse's employer has less than 100 employees but is in a qualifying multiple or multi-employer plan.
24	Spouse's employer has less than 20 employees and is multiple or multi-employer plan that has elected the working aged exception.
25	Spouse's employer has less than 20 employees and is multiple or multi-employer plan that has not elected the working aged exception.
26	Beneficiary's spouse is self-employed.
30	Exhausted benefits under the plan.
31	Preexisting condition exclusions exist.
32	Conditional payment criteria met.
33	Multiple primary payers, Medicare is tertiary payer.
34	Information has been collected indicating that there is not a parallel plan that covers medical services.
35	Information has been collected indicating that there is not a parallel plan that covers hospital services.

Remark Code	Definition
36	Denial sent by EGHP, claims paid meeting conditional payment criteria.
37	Beneficiary deceased.
38	Employer certification on file.
39	Health plan is in bankruptcy or insolvency proceedings.
40	The termination date is the Beneficiary's retirement date.
41	The termination date is the spouse's retirement date.
42	Potential non-compliance case, Beneficiary enrolled in supplemental plan.
43	GHP coverage is a legitimate supplemental plan.
44	Termination date equals transplant date.
50	Employment related accident.
51	Claim denied by workers comp.
52	Contested denial.
53	Workers compensation settlement funds exhausted.
54	Auto accident - no coverage.
55	Not payable by black lung.
56	Other accident - no liability.
57	Slipped and fell at home.
58	Lawsuit filed - decision pending.
59	Lawsuit filed - settlement received.
60	Medical malpractice lawsuit filed.
61	Product liability lawsuit filed.
62	Request for waiver filed.
70	Data match correction sheet sent.
71	Data match record updated.
72	Vow of Poverty correction.

Appendix C: 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	- View a list of all CWF assistance requests submitted by the contractor - Check the progress of a CWF assistance request transaction
ECRS 03	Document Copies Request	Request copies of COB documents related to specific MSP records (currently, only the Data Match Questionnaires are available)
ECRS 04	MSP Inquiry Detail	Enter information about a possible MSP situation when there is no corresponding MSP record on CWF
ECRS 05	MSP Inquiry List	- View a list of all MSP inquiries submitted by the contractor - Check the progress of an MSP inquiry
ECRS 06	MSP Lead Contractor Assignment	View the lead contractor assignment for MSP record types D, E, and L that the COB contractor added to CWF (only displays records assigned to contractor that is signed on to ECRS)
ECRS 07	MSP Developing Contractor Notification	View cases in which the contractor may have an interest or involvement, but the cases were assigned to another contractor as lead (interest or involvement indicates that contractor submitted an ECRS MSP inquiry, ECRS CWF assistance request, or processed a claim triggering either first claim development or trauma code development)
ECRS 08	MSP Changed Record Notification	View a list of records that COB has added, updated, or deleted (only displays records for the contractor who may have an interest—i.e., sent an ECRS MSP inquiry, ECRS CWF assistance request, or processed a claim triggering either first claim development or trauma code development)
ECRS 10	Workers' Compensation Set-Aside List	- View a list of all workers' compensation set-aside trust cases - Check the progress of a workers' compensation set-aside trust case

Main Menu Option	Screen Name	Use this screen to:
ECRS 11	Workload Tracking Screen	- Review your contractor site's workload (for Medicare contractors) - Review contractor workloads (for CMS users)
ECRS 12	Prescription Drug Coverage Details	Enter information about possible prescription drug coverage.
ECRS 13	Prescription Drug Coverage List	View a list of prescription drug coverage inquiries.

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 view information associated with other contractors if they have a valid HICN.

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 2-18. 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 D: Glossary

Administrator Address 1	The address, city, state, and zip code of the WC Set-Aside Settlement. CMS is developing payment and recovery rules for Worker's Compensation Set-Asides.
Administrator Address 2	
Administrator City	
Administrator State	
Administrator Zip	
Administrator Name	The administrator of Workers' Compensation (WC) Set Aside Settlement that CMS will bill for payment of future claims related to the incident that allowed the enrollee to receive WC benefits. CMS is developing payment and recovery rules for Worker's Compensation Set-Asides.
Attorney's Address 1	The address of the attorney. It may be used in the recovery of mistaken payments, as well. CMS will provide guidance for recoveries to Part D Plans.
Attorney's Address 2	
Attorney's City	
Attorney's State	
Attorney's Zip	
Attorney's Name	The name of the attorney handling the incident related case (MSP Types D: Automobile Insurance, No Fault, E: Workers' Compensation, L: Liability) for the enrollee. It may be used in the recovery of mistaken payments, as well. CMS will provide guidance for recoveries to Part D Plans.
CMS Grouping Code	Assigned where liability case is a class action lawsuit involving more than one Medicare beneficiary.
Coverage Code	Identifies whether the coverage offered by the primary insurance is an electronic, network drug or non-electronic drug benefit.
Effective Date	The Medicare Secondary Payer start date. For MSP types D, E, L it identifies the date of the accident, illness, or injury.
Employer's Address 1	The address, city, state, and zip code of the Employer sponsoring the primary GHP (MSP Reason codes: A, B, G) insurance. It may be used in the recovery of mistaken payments, as well. CMS will provide guidance for recoveries to Part D Plans.
Employer's Address 2	
Employer's City	
Employer's State	
Employer's Zip Code	
Employer's Name	The name of Employer sponsor of primary GHP (MSP Reason codes: A, B, G) insurance. It may be used in the recovery of mistaken payments, as well. CMS will provide guidance for recoveries to Part D Plans.

Group Policy Number	The Group Policy Number used for non-electronic drug benefit primary insurance.
Individual Policy Number	The Individual Policy Number used for non-electronic drug benefit other insurance.
Insurer TIN	The Tax Identification Number (TIN) of primary insurance carrier.
Insurer's Address-1	The Address, city, state, and zip code of the primary insurance carrier. It may be used in the recovery of mistaken payments, as well. CMS will provide guidance for recoveries to Part D Plans.
Insurer's Address-2	
Insurer's City	
Insurer's State	
Insurer's Zip Code	
Insurer's Name	The name of the other insurance carrier.
Lead Contractor	CMS-appointed Medicare contractor that coordinates Medicare recovery activities for MSP cases with interested contractors, attorneys, insurance companies, and other liable entities.
MSP Type	The reason for Medicare Secondary Payer, i.e. why the insurance is primary to Medicare.
Person Code	The NCPDP standard Person code the plan uses to identify specific individuals on the other insurance policy. Used for routing of network drug benefit.
Policy Holder's First Name	The first name of the primary GHP (MSP Types: A, B, G) insurance policy holder. It may be used in the recovery of mistaken payments, as well. CMS will provide guidance for recoveries to Part D Plans.
Policy Holder's Last Name	The Last name of the primary GHP (MSP Types: A, B, G) insurance policy holder. It may be used to identify and individual in the recovery of mistaken payments, as well. CMS will provide guidance for recoveries to Part D Plans.
Policy Holder's SSN	The Social Security Number of the primary GHP (MSP Types: A, B, G) insurance policy holder. It may be used to identify and individual in the recovery of mistaken payments, as well. CMS will provide guidance for recoveries to Part D Plans.
Relationship Code	Relationship to other insurance policyholder. 01=Self 02=Spouse 03=Child 04=Other
RX Plan Toll Free Number	The help desk number of the pharmacy benefit of the other insurance.
RxBIN Number	The NCPDP standard International Benefit Identification Number used for

	network drug benefit routing of the other insurance.
RxGroup Number	The NCPDP standard Rx Group Number used for network drug benefit of the other insurance.
RxID Number	The NCPDP standard Rx Identification Number used for network drug benefit of the other insurance.
RxPCN Number	The NCPDP standard Processor Control Number used for network drug benefit routing of the other insurance.
Sequence Number	The unique identifier for the other insurance occurrence found in the COB File. This may be used to identify the other insurance occurrence when inquiring about a record to the COB Contractor.
Supplemental Type Code	The type of supplemental insurance contained in the record. The Part D Plan will use this to determine if the payments made by this supplemental insurance counts towards TrOOP or not. Supplemental Insurance Type Codes P (PAP), Q (SPAP), R (Charity) count towards TrOOP. All other codes do not count towards TrOOP.
Termination Date	Medicare Secondary Payer end date. Identifies whether or not the primary insurance has terminated. If the insurance is open, the field will be populated with all zeros.
WCSA Amount	Worker's Compensation Set-Aside Amount. CMS is developing payment and recovery rules for Worker's Compensation Set-Asides.
WCSA Indicator	Worker's Compensation Set-Aside Indicator. CMS is developing payment and recovery rules for Worker's Compensation Set-Asides.

Notes: