

# **Electronic Correspondence Referral System on the Web (ECRS Web) User Guide**

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User Guide Version 4.3**

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## **ECRS WEB USER GUIDE**

**REV. 83, 02/03/12**

### **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 and/or contracts under Sections 1816, 1842, and 1874A 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 felony and, upon conviction thereof, shall be punished by a fine not exceeding \$10,000 for each occurrence of a violation, or by imprisonment not exceeding 5 years, 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 result in sanctions as described in IRC Sections 7431 and 7213, which include, but are not limited to, a fines or imprisonment.

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## Chapter 1: Introduction

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

To see information about this...	See this page...
What is ECRS?	2
About this Guide	2
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### 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.

ECRS allows authorized users at Medicare contractor sites and authorized CMS Regional Offices (ROs) to fill out various online forms and electronically transmit requests for changes to existing CWF MSP information, and inquiries concerning possible MSP coverage. Transactions are automatically stored on the Coordination of Benefits (COB) contractor's system. Each evening, a batch process reads the transactions and processes the requests. The status of 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 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 Web CBTs

Register for Computer-Based Training (CBT) courses by sending an e-mail to [techi@nhassociates.net](mailto:techi@nhassociates.net). Specify that you are requesting the ECRS Web CBT curriculum, and include your company name, company description (i.e. Fiscal Intermediary, Carrier, Part A and Part B Medicare Administrative Contractor, Medicare Secondary Payer Recovery Contractor, Medicare Advantage Health Plan, or Drug Plan Sponsor) and the name, phone number, and e-mail address for each individual you would like to register. Once your request is processed, an e-mail notification containing the URL for the curriculum will be sent to each registered individual.



## About this Guide

This guide was written to help you understand the Electronic Correspondence Referral System (ECRS) for the web. 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, *CWF Assistance Request Transactions*, contains step-by-step instructions for performing CWF assistance transactions, as well as examples of web pages in ECRS Web, with complete descriptions of the fields.

Chapter 3, *MSP Inquiry Transactions*, contains step-by-step instructions for performing MSP inquiry transactions, as well as examples of web pages in ECRS Web, with complete descriptions of the fields.

*Chapter 4, Prescription Drug Assistance Request Transactions, contains step-by-step instructions for performing prescription drug assistance transactions, as well as examples of web pages in ECRS Web, with complete descriptions of the fields.*

Chapter 5, *Prescription Coverage Inquiry Transactions*, contains step-by-step instructions for performing Prescription Coverage inquiry transactions, as well as examples of web pages in ECRS Web, with complete descriptions of the fields.

Chapter 6, *Workload Tracking Reports*, details how to run and display the Tracking report for Medicare contractors, as well as CMS and RO users.

Chapter 7, *Uploading & Downloading Files*, contains step-by-step instructions for uploading assistance request and inquiry files to ECRS Web, as well as downloading response files.

Appendices A, B, C, *and D* are *Required Data Reference* tables that provide a quick way to determine the data required for completing assistance requests and inquiries.

Appendix *E*, *Reason Codes*, lists all possible Reason codes that are available in ECRS Web.

Appendix *F*, *CWF Remark Codes*, lists all possible Remark codes that can be entered on the first page of CWF Assistance requests.

Appendix *G* contains *File Layouts*, which outlines how files must be formatted to be successfully uploaded to ECRS Web.

Appendix *H*, *Frequently Asked Questions*, contains a list of common questions about ECRS Web, along with the corresponding answers.

Appendix *I* is a *Glossary* that defines terms and acronyms associated with ECRS.

### How to Use the Required Data Reference Tables

The reference tables in Appendices A, B, and C list the page names associated with completing an assistance request or inquiry. Below each page name are the data fields on the page. Across from each field, there is a Y or N, indicating if the field is required. The Notes column dictates when that field is required, if applicable. If the field is marked as required, and the Notes column is blank, then the field is required in all circumstances. If the field is marked as required, and there is information in the Notes column, that indicates that the field is only required in the situations listed.

## User Guide Conventions

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

**Information that links/navigates to other information** within the application appears in **bold typeface**. For example, in the following instruction, “click [**Continue**],” continue is in bold typeface because you must click on that link to go to the next page.

**System messages** appear in CAPITAL LETTERS. For example: The system displays the message, “HICN NOT ENTERED.”

**Application web page examples** are representative of the pages that you see within ECRS Web. 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 chapters. In addition, each page has headers and footers you can use to determine where you are in the guide.

## Basic Functions

### Logging On

Individuals who require access to ECRS Web must register in the CMS Individuals Authorized Access to CMS Computer Services (IACS), and have a contractor ID and access code. If you have an IACS ID and a contractor number and need assistance obtaining an access code, please contact Alberta Smythe at (646) 447-4645 or Bill Ford at (646) 458-6613 at the Coordination of Benefits Contractor (COBC).

1. Open an Internet Browser.
2. Connect to the ECRS URL: <https://www.cob.cms.hhs.gov/ECRS>
3. If you have not logged on with your IACS User ID and Password, the system routes you to the CMS Access Management Logon Page.
4. Enter your IACS User ID and Password log on.
5. The system routes you to the ECRS Federal Systems Login Warning page.
6. Read the Federal Systems Login Warning and click [**I Accept**] at the bottom of the page.
7. The system displays the ECRS Contractor Sign-In page, as shown in the following example.

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### Contractor Sign-In Page Description

Contractor Sign In Page	
Field Name	Description
CONTRACTOR NUMBER	Unique five-digit identification number assigned to each Medicare contractor by CMS. <i>Required field</i> for contractors. Or GHI, CMS, or Regional Office identification number. <i>Required field</i> for GHI, CMS, and RO users.
ACCESS CODE	Five-character authorization code assigned by COB contractor. <i>Required field</i> for contractors. Or Five-character authorization code for GHI, CMS, and Regional Office users. <i>Required field</i> for GHI, CMS, and RO users.
SUBMITTER TYPE	Type of submitter. Select “Part C” or “Part D.” <b>Note:</b> This field displays for users who can submit Part C or Part D data, after the CONTRACTOR NUMBER and ACCESS CODE fields have been populated.
ECRS MESSAGES	Messages pertinent to ECRS Web users are displayed here to keep users informed of upcoming events, maintenance or other system-specific information.
Page Navigation	Description
CONTINUE	Click [ <b>Continue</b> ] to navigate to Main Menu page.
RIGHT SIDE BAR INFORMATION	
QUICK HELP	Click [ <b>Help About This Page</b> ] to display helpful information for completing the page.
<b>Note:</b> The system carries the following data forward to other pages, eliminating the need to re-enter it.	
User	
ID	User ID of person logged in. ( <i>protected field</i> )

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<b>Contractor Sign In Page</b>	
<b>Field Name</b>	<b>Description</b>
NAME	Name of person associated with the User ID. ( <i>protected field</i> )
PHONE	Phone number associated with the User ID. ( <i>protected field</i> )
<b>Important Information</b>	
<b>Heading Bar Navigation</b>	
HOME	Click [ <b>Home</b> ] to return to Main Menu page.
CMS	Click [ <b>CMS</b> ] to link to CMS website <a href="http://www.cms.gov">www.cms.gov</a> .
HELP	Click [ <b>Help</b> ] to display information about ECRS menu options.
SIGN OUT	Click [ <b>Sign Out</b> ] to leave the ECRS application.

8. Enter the appropriate values in the CONTRACTOR NUMBER and ACCESS CODE fields.
9. For users who can submit Part C or Part D data, the Contractor Sign In Page redisplay, with the CONTRACTOR NUMBER and ACCESS CODE fields disabled, with a SUBMITTER TYPE field displayed and enabled. Select a Submitter Type.
10. Click [**Continue**]. The system then displays the Main Menu page.

# ECRS WEB USER GUIDE

## Main Menu

*The Main Menu is the Home page for the ECRS application. Select the tasks you want to perform from this page. Click on a link to access information in ECRS.*

The screenshot shows the ECRS Main Menu page. The header includes the CMS logo and the text 'Electronic Correspondence Referral System (ECRS)'. The navigation bar contains 'Home', 'CMS', 'About', and 'Sign out'. The main content area is titled 'Main Menu' and is divided into four sections: 'Create Requests or Inquiries', 'Search for Requests or Inquiries', 'Reports', and 'Files'. Each section contains a list of links. The 'Search for Requests or Inquiries' section has a search bar. On the right side, there is a 'Quick Help' section, a 'Change Contractor' section, and a 'Contractor' section showing user information.

## Main Menu Page Description

Main Menu Page	
Link	Description
<b>Create Requests or Inquiries</b>	
CWF ASSISTANCE REQUEST	Click [ <b>CWF Assistance Request</b> ] to enter a new Assistance Request.
MSP INQUIRY	Click [ <b>MSP Inquiry</b> ] to enter a new Inquiry.
<b>PRESCRIPTION DRUG ASSISTANCE REQUEST</b>	<i>Click [<b>Prescription Drug Assistance Request</b>] to enter a new Assistance Request. <b>Note:</b> This field displays for users who can submit Part C or Part D data.</i>
PRESCRIPTION COVERAGE INQUIRY	Click [ <b>Prescription Coverage Inquiry</b> ] to enter a new Inquiry.
<b>Search for Requests or Inquiries</b>	
CWF ASSISTANCE REQUESTS	Click [ <b>CWF Assistance Request</b> ] to enter search criteria.
MSP INQUIRIES	Click [ <b>MSP Inquiry</b> ] to enter search criteria.

## ECRS WEB USER GUIDE

Main Menu Page	
Link	Description
<i>PREScription DRUG ASSISTANCE REQUESTS</i>	Click [ <i>Prescription Drug Assistance Requests</i> ] to enter search criteria.
PREScription COVERAGE INQUIRIES	Click [ <b>Prescription Coverage Inquiry</b> ] to enter search criteria.
Reports	
CONTRACTOR WORKLOAD TRACKING	Click [ <b>Contractor Workload Tracking</b> ] to select criteria and display the workload tracking report for your contractor.
CMS WORKLOAD TRACKING	Click [ <b>CMS Workload Tracking</b> ] to select criteria and display the workload tracking report for contractors. <b>Note:</b> Restricted to CMS and Regional Offices
<i>QUALITY ASSURANCE SURVEILLANCE PLAN (QASP) REPORT</i>	Click [ <i>Quality Assurance Surveillance Plan (QASP) Report</i> ] to select criteria and display the QASP report. <b>Note:</b> Restricted to CMS and Regional Offices
Files	
<b>Note:</b> File Upload and Download are restricted to selected users. Contact the EDI Help desk at (646) 458-6740 for additional information.	
UPLOAD FILE	Click [ <b>Upload File</b> ] to upload ECRS transaction files.
DOWNLOAD RESPONSE FILE	Click [ <b>Download Response File</b> ] to download ECRS response files for transactions uploaded on ECRS web.
Right Side Bar Navigation	
QUICK HELP	Click [ <b>Help About This Page</b> ] to display helpful information for completing the page.
CHANGE CONTRACTOR	Click [ <b>Change Contractor</b> ] to change the contractor number and access code on the Contractor Sign In page. <b>Note:</b> You will lose all data for the current contractor
<b>Note:</b> The system carries the following data forward to other pages, eliminating the need to re-enter it.	
Contractor	Description
ID	Contractor Number or CMS ID entered on Contractor Sign In page. <i>(protected field)</i>
NAME	Name of Contractor associated with the Contractor Number, or Regional Office associated with the CMS ID. <i>(protected field)</i>
User	Description
ID	User ID of person logged in. <i>(protected field)</i>
NAME	Name of person associated with User ID. <i>(protected field)</i>
PHONE	Phone number associated with the User ID. <i>(protected field)</i>

### Logging Off

Click [**Sign out**] on the Menu bar. The system returns you to the CMS Access Management Logon Page.



## Chapter 2: CWF Assistance Request Transactions

This chapter provides you with step-by-step instructions to perform a CWF assistance request. Examples and explanations are provided for each page in ECRS.

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 CWF assistance request transaction process if you are lost. If you are an experienced user, you can use the chapter as a quick reference for a web page that you use infrequently.

The pages in this chapter are representative of the actual pages that you see within ECRS Web. The data will not be the same; the web page 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...
Adding CWF Assistance Request Transactions	12
Retrieving Beneficiary Information for CWF Assistance Requests	12
Importing HIMR MSP Information for CWF Assistance Requests	40
Viewing a List of CWF Assistance Request Transactions	41
Viewing, Updating, and Deleting CWF Assistance Request Transactions	41

Use the chart below or the *Table of Contents* to locate the web pages in this chapter. Web pages are listed in the order they appear on the Main Menu page.

For information about this web page...	See this page...
<b>Create Requests or Inquiries</b>	
<b>CWF ASSISTANCE REQUEST</b>	
Action Requested	18
HIMR MSP Data List	40
CWF Auxiliary Record Data	23
Informant Information	27
Insurance Information	30
Employment Information	33

## ECRS WEB USER GUIDE

For information about this web page...	See this page...
Additional Information	35
Comments/Remarks	38
Summary	39
<b>Search for Requests or Inquiries</b>	
CWF Assistance Requests	41

### Adding a CWF Assistance Request Transaction

Use the **[CWF Assistance Request]** link under Create Requests or Inquiries on the Main Menu, to add CWF Assistance Request transactions for existing CWF MSP auxiliary occurrences.

To submit an inquiry to the COB contractor about a possible MSP situation not yet documented at CWF, use the **[MSP Inquiry]** link on the Main Menu (page 48).

### Retrieving Beneficiary Information

Beneficiary Information is automatically retrieved when HICN and other required data is entered and saved on the first page of the CWF Assistance Request (Action Requested). The information is displayed on the right side bar, and carried forward on the CWF Assistance Request transaction.

### Action Codes

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 codes. For MSP inquiries, you are not required to enter any action codes.

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

The following table lists all action codes available in ECRS Web.

Task	Action Code
Change Attorney Information	AI
Add Policy and/or Group Number	AP
Add CWF Remark Codes	AR

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<i>Develop for Prescription BIN</i>	<i>BN</i>
CMS Grouping Code	CA
Date of Injury/Date of Loss Changes	CD
Closed or Settled Case	CL
Incorrect ESRD Coordination Period	CP
Change Termination Date	CT
<i>Change Prescription Values (BIN, Group, PCN)</i>	<i>CX</i>
Develop to the Attorney	DA
Develop to the Diagnosis Code	DD
Develop for Employer Information	DE
Develop for Insurer Information	DI
Mark Occurrence for Deletion	DO
Investigate Closed or Deleted Record	DR
Develop For Termination Date	DT
Change Diagnosis Code	DX
Change Employer Address	EA
Change Effective Date	ED
Develop for Effective Date	EF
Change Employer Information	EI
Employer Size Below Minimum	ES
<i>Develop for Group Number</i>	<i>GR</i>
Change Insurer Information	II
Change Insurance Type	IT
Add No-Fault to Liability Record	LR
Change MSP Type	MT
SSN/HICN Mismatch	MX
Create Duplicate No-Fault Record	NR
<i>Update Prescription Person Code</i>	<i>PC</i>
Change Pre-Paid Health Plan (PHP) Date	PH
<i>Develop for PCN</i>	<i>PN</i>
Change Patient Relationship	PR
Add Termination Date	TD
Update A Record For A Vow Of Poverty	VP
Notify COBC Of Updates To WCMSA Cases	WN

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### Action Requested Page

From the Main Menu page, click [**CWF Assistance Request**] under Create Requests or Inquiries. The system displays the Action Requested page, the first page of a CWF Assistance Request, as shown in the example below.

The Action Requested page is the first page displayed when adding a new CWF Assistance Request. The information entered on this page determines required information on subsequent pages.

The screenshot shows the 'CWF Assistance Request Action Requested' page within the 'Electronic Correspondence Referral System (ECRS)'. The page has a blue header with the CMS logo and the system name. A left sidebar contains a menu with options like 'CWF Auxiliary Record Information', 'Informant Information', 'Insurance Information', 'Employment Information', 'Additional Information', 'Comments/Remarks', and 'Summary'. The main content area is titled 'CWF Assistance Request Action Requested' and contains several required fields marked with an asterisk: '\*DCN:', '\*HCN:', '\*Activity Code:', '\*Action:', and '\*Source:'. Each of these fields has a dropdown menu with 'Please Select' as the current selection. Below these fields is a section for 'Import HMR MSP Data' with radio buttons for 'Yes' (selected) and 'No'. At the bottom of the form are 'Continue' and 'Cancel' buttons. On the right side of the page, there is a 'Quick Help' section with links for 'Help About This Page', 'Change Contractor', and 'Change Contractor'. Below this is a 'Contractor' section showing 'ID: AAAAAA' and 'Name: AAAAAA', and a 'User' section showing 'ID: AAAAAA', 'Name: FIRST LAST', and 'Phone: (800) 800-8000'.

### Navigation Links

The following links display on each page of the CWF Assistance Request Transaction:

<b>CWF Assistance Request</b>	
<b>Location</b>	<b>Description</b>
<b>Heading Bar Navigation</b>	
HOME	Click [ <b>Home</b> ] to return to Main Menu page.
CMS	Click [ <b>CMS</b> ] to link to CMS website www.cms.gov.
HELP	Click [ <b>Help</b> ] to display information about ECRS menu options.
SIGN OUT	Click [ <b>Sign Out</b> ] to leave the ECRS application.
<b>Left Side Bar Navigation</b>	
ACTION REQUESTED	Click [ <b>Action Requested</b> ] to go to the Action Requested page.

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<b>CWF Assistance Request</b>	
<b>Location</b>	<b>Description</b>
CWF AUXILIARY RECORD DATA	Click [ <b>CWF Auxiliary Record</b> ] to go to the CWF Auxiliary Record Data page.
INFORMANT INFORMATION	Click [ <b>Informant Information</b> ] to go to the Informant Information page.
INSURANCE INFORMATION	Click [ <b>Insurance Information</b> ] to go to the Insurance Information page.
EMPLOYMENT INFORMATION	Click [ <b>Employment Information</b> ] to go to the Employment Information page.
ADDITIONAL INFORMATION	Click [ <b>Additional Information</b> ] to go to the Additional Information page.
COMMENTS/REMARKS	Click [ <b>Comments/Remarks</b> ] to go to the Comments/Remarks page.
SUMMARY	Click [ <b>Summary</b> ] to go to the Summary page.
<b>Right Side Bar Navigation</b>	
QUICK HELP	Click [ <b>Help About This Page</b> ] to display helpful information for completing the page.
CHANGE CONTRACTOR	Click [ <b>Change Contractor</b> ] to change the contractor number and access code on the Contractor Sign In page. <b>Note:</b> You will lose all data for the current contractor
<b>Note:</b> The system carries the following data forward to other pages, eliminating the need to re-enter it.	
<b>Contractor</b>	<b>Description</b>
ID	Contractor Number or CMS ID entered on Contractor Sign In page. <i>(protected field)</i>
NAME	Name of Contractor associated with the Contractor Number, or Regional Office associated with the CMS ID. <i>(protected field)</i>
<b>User</b>	<b>Description</b>
ID	User ID of person logged in. <i>(protected field)</i>
NAME	Name of person associated with User ID. <i>(protected field)</i>
PHONE	Phone number associated with the User ID. <i>(protected field)</i>
<b>Note:</b> Beneficiary and DCN Information will be retrieved from the system using the HICN entered on Action Requested page.	
<b>Beneficiary</b>	<b>Description</b>

## ECRS WEB USER GUIDE

<b>CWF Assistance Request</b>	
<b>Location</b>	<b>Description</b>
HICN	Health Insurance Claim Number of beneficiary. <i>(protected field)</i>
SSN	Social Security Number of beneficiary. <i>(protected field)</i>
NAME	Name of beneficiary. <i>(protected field)</i>
ADDRESS	Street address of beneficiary. <i>(protected field)</i>
CITY, STATE	City and State associated with street address of beneficiary. <i>(protected field)</i>
ZIP	Zip code associated with street address of beneficiary. <i>(protected field)</i>
SEX	Sex of the beneficiary. <i>(protected field)</i>
DOB	Date of birth for the beneficiary. <i>(protected field)</i>
<b>DCN</b>	<b>Description</b>
ID	Document Control Number assigned by contractor to correspondence and/or paperwork associated with transaction. <i>(protected field)</i>
ORIGIN DATE	Date CWF Assistance Request transaction was submitted. <i>(protected field)</i>
STATUS	<p>Two-character code explaining where CWF Assistance Request transaction is in the COB system process <i>(protected field)</i></p> <p>CM      Completed  DE      Delete (do not process) ECRS CWF Assistance Request  HD      Hold, individual not yet a Medicare beneficiary  IP      In process, being edited by COB  NW      New, not yet read by COB</p> <p><b>Note:</b> STATUS will always be NW until the transaction is processed.</p>
REASON	<p>Two-character code explaining why the CWF Assistance Request is in a particular status. (See Appendix <b>E</b> for the complete list of codes.) <i>(protected field)</i></p> <p><b>Note:</b> REASON will always be 01 until the transaction is processed.</p>

1. Type/select data in all of the required fields on the Action Requested page, and click [**Continue**]. Required fields are noted with a red asterisk (\*) and are as follows:

- DCN
- HICN
- ACTIVITY CODE
- ACTION CODE
- SOURCE

For information on importing HIMR MSP Data for CWF Assistance Requests, see page 40.

**Note:** If beneficiary information is not found for the HICN you have entered, you will not be able to continue

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the CWF Assistance Request.

2. After all relevant fields have been entered, click [**Continue**] to go to the CWF Auxiliary Record Data page, or select a page link from the left side bar.
3. If you selected to import HIMR MSP data, clicking [**Continue**] displays the HIMR MSP Data List. See page 20 for more information.
4. To exit the CWF Assistance Request Detail pages, click [**Home**] to return to the Main Menu or [**Sign Out**] to exit the application.

### CWF Assistance Request, Action Requested Page Description

<i><b>CWF Assistance Request, Action Requested</b></i>	
<b>Field Name</b>	<b>Description</b>
DCN	Document Control Number assigned by contractor to correspondence and/or paperwork associated with transaction ( <i>required field</i> ) The system auto-generates the DCN, but it can be changed.
HICN	Health Insurance Claim Number of beneficiary ( <i>required field</i> ). Type HICN without dashes, spaces, or other special characters.  <b>Note:</b> The system looks up the HICN to ensure the most current HICN has been entered. If the most current HICN has not been entered the system replaces the entered HICN with the most current HICN.
ACTIVITY CODE	Activity of contractor ( <i>required field</i> ). Valid values are: C     Claims (Pre-Payment) D     Debt Collection/Referral G     Group Health Plan I     General Inquires N     Liability, No Fault, Workers' Compensation, and Federal Tort Claim Act
ACTION	Two-character code defining action to take on CWF Auxiliary record ( <i>required field</i> ). <b>Notes:</b> Enter up to four action codes <u>unless</u> the CWF Assistance Request is to: <ul style="list-style-type: none"> <li>• Delete occurrence (DO)</li> <li>• Redevelop a deleted CWF record (DR)</li> <li>• Note a vow of poverty (VP)</li> <li>• Develop for Employer Information (DE)</li> <li>• Develop for Insurer Information (DI)</li> </ul> You cannot combine these five action codes with any other action codes.  <i>Action Code MT only applies when supplemental type is Primary.</i>



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<b><i>CWF Assistance Request, Action Requested</i></b>	
<b>Field Name</b>	<b>Description</b>
SOURCE	<p>Four-character code identifying source of CWF Assistance Request information (<i>required field</i>). Valid values are:</p> <p>CHEK     Unsolicited check            LTTR     Letter            PHON     Phone call            SCLM     Claim submitted to Medicare contractor for secondary payment            SRVY     Survey</p>
IMPORT HIMR MSP DATA	Defaults to Yes, but can be changed to No. See page 20 for more information on importing HIMR MSP data.
<b>Page Navigation</b>	<b>Description</b>
CONTINUE	<p>Click [<b>Continue</b>] to go to the CWF Auxiliary Record Data page or the HIMR MSP Data List.</p> <p><b>Note:</b> All required fields must be populated before clicking [<b>Continue</b>].</p>
CANCEL	Click [ <b>Cancel</b> ] to return to the Main Menu.

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### Importing HIMR MSP Information for CWF Assistance Requests

Importing HIMR MSP data allows you to retrieve HIMR BENA and MSPD screens at each host site. The system then transfers that information to the CWF Assistance Request Detail pages and populates the associated fields.

Follow the steps below to import HIMR MSP data for a new CWF Assistance Request.

**Note:** The HIMR application may be inconsistent after 5 pm. EST.

1. From the Action Requested page, which is the first page of the CWF Assistance Request, type/select all relevant fields, set Import HIMR MSP Data to “Yes,” and click [**Continue**].
2. The system retrieves MSP data, displaying all aux record numbers associated with the HICN, and displays them on the HIMR MSP Data List, as shown in the example below.

The screenshot shows the 'HIMR MSP Data List' interface within the 'Electronic Correspondence Referral System (ECRS)'. The interface includes a header with the CMS logo and navigation links (Home, CMS, Help, Contact, About, Sign out). The main content area displays a table of MSP data with columns: Aux Rec #, MSP Type, Effective Date, Term Date, Delete Ind, Origin Contractor, Updating Contractor, and Date of Accretion. The table lists five records with various MSP types (Working Aged, Liability, No Fault) and dates. A 'Cancel' button is located at the bottom left of the table. On the right side, there are sections for 'Change Contractor' and 'Quick Help'.

Aux Rec #	MSP Type	Effective Date	Term Date	Delete Ind	Origin Contractor	Updating Contractor	Date of Accretion
001	Working Aged	09/01/1994		D	00131	11110	02/25/2002
002	Liability	01/16/2002		D	11110	11110	04/10/2002
004	Liability	01/16/2002	02/14/2002		11110	11110	05/27/2004
003	Liability	01/16/2002	04/21/2004		11110		06/02/2006
005	No Fault	01/16/2002	06/18/2007		11109	11109	07/01/2006

### HIMR MSP Data List Description

HIMR MSP Data List	
Field Name	Description
AUX REC #	Record number of MSP auxiliary occurrence in CWF

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<b>HIMR MSP Data List</b>	
<b>Field Name</b>	<b>Description</b>
MSP TYPE	Description of MSP coverage type. Valid values are: Working Aged ESRD Conditional Payment No Fault Workers' Compensation Federal (Public) Disabled Black Lung Veterans Liability Workers' Compensation Medicare Set Aside
EFFECTIVE DATE	Effective date of MSP coverage.
TERM DATE	Termination date of MSP coverage.
ORIGIN CONTRATOR	Contractor number of the contractor that created original MSP occurrence at CWF.
UPDATING CONTRACTOR	Contractor number of the contractor that most recently updated the MSP occurrence.
DATE OF ACCRETION	Accretion date of MSP coverage in MMDDCCYY format.
<b>Page Navigation</b>	<b>Description</b>
Aux Rex #	Click the [ <b>AUX REC #</b> ] link to select a record and transfer the data to the CWF Auxiliary Record Data page.
CANCEL	Click [ <b>Cancel</b> ] to return to the Main Menu.

3. To select HIMR MSP data and transfer it to the CWF Assistance Request Detail pages, click the [**AUX REC #**] link next to that record.
4. The system pre-populates certain fields through the CWF assistance request process, as follows:

<b>Page</b>	<b>Pre-Populated Fields</b>
CWF AUXILIARY RECORD DATA	MSP Type Patient Relationship Auxiliary Record # Originating Contractor Effective Date Termination Date Accretion Date

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Page	Pre-Populated Fields
INSURANCE INFORMATION	Insurance Company Name Address City State Zip Insurance Type Group Number Policy Number Subscriber Name
ADDITIONAL INFORMATION	Diagnosis Codes

Refer to the table below for additional actions:

If you...	Follow these steps:
Don't get a list of HIMR records	<ol style="list-style-type: none"> <li>1. Check to make sure the HICN entered is correct.</li> <li>2. Check the time. The HIMR application may be unavailable before 8 am and after 5 pm EST.</li> </ol>
Want to use this imported information	<ol style="list-style-type: none"> <li>1. Change information in any of the fields by typing the correct information over the imported information, if necessary.</li> <li>2. Continue the CWF assistance request process.</li> </ol>
Want to select a different MSP record for the beneficiary if you have already transferred HIMR data to the CWF Auxiliary Record Data page.	From the CWF Auxiliary Record Data page, click [ <b>Back To List</b> ], and click the Aux Rec # link, next to the record you want to select.
Do not want to use this imported information, but want to look up a new beneficiary	<ol style="list-style-type: none"> <li>1. Type the new beneficiary's HICN in the HICN field on the Action Requested page.</li> <li>2. Set Import HIMR MSP Data to "Yes".</li> <li>3. Click [<b>Continue</b>] to display the HIMR MSP DATA List.</li> <li>4. Click the [<b>AUX REC #</b>] link next to the record you want to select.</li> </ol>
Want to return to the CWF Assistance Request Action Requested page <u>without</u> selecting data	Click [ <b>Cancel</b> ].

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### CWF Auxiliary Record Data Page

Enter/select information on the CWF Auxiliary Record Data page that associates the assistance request with an MSP auxiliary record.

The screenshot shows the 'CWF Assistance Request Auxiliary Record Information' page within the 'Electronic Correspondence Referral System (ECRS)'. The page has a blue header with the CMS logo and 'COI' in the top right. A left sidebar contains a menu with 'CWF Auxiliary Record Information' selected. The main content area is titled 'CWF Assistance Request Auxiliary Record Information' and contains several required fields marked with a red asterisk: 'MSP Type', 'New MSP Type', 'Auxiliary Record #', 'Patient Relationship', 'New Patient Relationship', 'Originating Contractor', 'Effective Date', 'New Effective Date', 'Termination Date', 'Remove Existing Termination Date' (with a checkbox), and 'Accretion Date'. Each field has a corresponding input box or dropdown menu. At the bottom of the form are 'Continue' and 'Cancel' buttons. On the right side, there is a 'Quick Help' section with links like 'Help About This Page' and 'Change Contractor', and a 'User' section displaying user information including ID, Name, Phone, and Beneficiary details.

After all relevant fields have been entered, click [**Continue**] to go to the Informant Information page, or select a page link from the left side bar.

### CWF Assistance Request, CWF Auxiliary Record Data Page Description

CWF Assistance Request, CWF Auxiliary Record Data Page	
Field Name	Description

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<b>CWF Assistance Request, CWF Auxiliary Record Data Page</b>	
<b>Field Name</b>	<b>Description</b>
MSP TYPE	<p>One-character code identifying type of MSP coverage (<i>required field</i>). Description of code displays next to value. Valid values are:</p> <p>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  W    Workers' Compensation Medicare Set Aside</p>
<i>NEW MSP TYPE</i>	<p><i>One-character code identifying type of new MSP coverage. Description of code displays next to value.</i></p> <p><i>Required field when ACTION CODE is MT.</i></p>

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<b>CWF Assistance Request, CWF Auxiliary Record Data Page</b>											
<b>Field Name</b>	<b>Description</b>										
PATIENT RELATIONSHIP	<p>Patient relationship between policyholder and beneficiary (<i>required field</i>). Description of code displays next to value. Valid values are:</p> <ul style="list-style-type: none"> <li>01 Patient is policy holder</li> <li>02 Spouse</li> <li>03 Natural child, insured has financial responsibility</li> <li>04 Natural child, insured does not have financial responsibility</li> <li>05 Stepchild</li> <li>06 Foster child</li> <li>07 Ward of the Court</li> <li>08 Employee</li> <li>09 Unknown</li> <li>10 Handicapped dependent</li> <li>11 Organ donor</li> <li>12 Cadaver donor</li> <li>13 Grandchild</li> <li>14 Niece/nephew</li> <li>15 Injured plaintiff</li> <li>16 Sponsored dependent</li> <li>17 Minor dependent of a minor dependent</li> <li>18 Parent</li> <li>19 Grandparent dependent</li> <li>20 Domestic partner (Effective April, 2004.)</li> </ul> <p>For the following MSP Types, the patient relationship codes listed to the right are the only valid values that can be used:</p> <table> <tr> <th>MSP Type</th><th>Patient Relationship Code</th></tr> <tr> <td>-----</td><td>-----</td></tr> <tr> <td>A</td><td>01, 02</td></tr> <tr> <td>B</td><td>01, 02, 03, 04, 05, 18, 20</td></tr> <tr> <td>G</td><td>01, 02, 03, 04, 05, 18, 20</td></tr> </table>	MSP Type	Patient Relationship Code	-----	-----	A	01, 02	B	01, 02, 03, 04, 05, 18, 20	G	01, 02, 03, 04, 05, 18, 20
MSP Type	Patient Relationship Code										
-----	-----										
A	01, 02										
B	01, 02, 03, 04, 05, 18, 20										
G	01, 02, 03, 04, 05, 18, 20										
<b>NEW PATIENT RELATIONSHIP</b>	<p><i>New patient relationship between policyholder and beneficiary.</i> <i>Description of code displays next to value</i> <i>Required field when ACTION CODE is PR.</i></p>										
AUXILIARY RECORD #	<p>Record number of MSP auxiliary occurrence in CWF (<i>required field</i>) <b>Note:</b> Part D contractors must enter '001' when aux number is unknown.</p>										
ORIGINATING CONTRATOR	<p>Contractor number of contractor that created original MSP occurrence at CWF (<i>required field</i>)</p>										
EFFECTIVE DATE	<p>Effective date of MSP coverage in MMDDCCYY format (<i>required field</i>)</p>										

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<b>CWF Assistance Request, CWF Auxiliary Record Data Page</b>	
<b>Field Name</b>	<b>Description</b>
<i>NEW EFFECTIVE DATE</i>	<i>New effective date of MSP coverage in MMDDCCYY format.</i>  <i>Required field when ACTION CODE is ED.</i>
TERMINATION DATE	Termination date of MSP coverage in MMDDCCYY format. Required when ACTION CODE is TD or CT.
REMOVE EXISTING TERMINATION DATE checkbox	Check to remove an existing termination date.
ACCRETION DATE	Accretion date of MSP coverage in MMDDCCYY format.
<b>Page Navigation</b>	<b>Description</b>
CONTINUE	Click [ <b>Continue</b> ] to go to Informant Information page.
CANCEL	Click [ <b>Cancel</b> ] to return to the Main Menu.



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### Informant Information Page

Enter information on the Informant Information page regarding the person who informed you of the change in MSP coverage.

After all relevant fields have been entered, click [**Continue**] to go to the Insurance Information page, or select a page link from the left side bar.

### CWF Assistance Request, Informant Information Page Description

CWF Assistance Request, Informant Information Page	
Field Name	Description
FIRST NAME	First name of person informing contractor of change in MSP coverage. <ul style="list-style-type: none"><li>• Required for all ACTION CODES when SOURCE Code is Check, Letter, or Phone.</li><li>• Required for all SOURCE Codes when Action Code is AI.</li></ul>
MIDDLE INITIAL	Middle initial of person informing contractor of change in MSP coverage.
LAST NAME	Last name of person informing contractor of change in MSP coverage. <ul style="list-style-type: none"><li>• Required for all ACTION CODES when SOURCE Code is Check, Letter, or Phone.</li><li>• Required for all SOURCE Codes when Action Code is AI.</li></ul>

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<b>CWF Assistance Request, Informant Information Page</b>	
<b>Field Name</b>	<b>Description</b>
ADDRESS	<p>Informant's street address.</p> <ul style="list-style-type: none"> <li>Required for all ACTION CODES when SOURCE Code is Check, Letter, or Phone.</li> <li>Required for all SOURCE Codes when Action Code is AI.</li> </ul>
CITY	<p>Informant's city.</p> <ul style="list-style-type: none"> <li>Required for all ACTION CODES when SOURCE Code is Check, Letter, or Phone.</li> <li>Required for all SOURCE Codes when Action Code is AI.</li> </ul>
STATE	<p>Informant's state.</p> <ul style="list-style-type: none"> <li>Required for all ACTION CODES when SOURCE Code is Check, Letter, or Phone.</li> <li>Required for all SOURCE Codes when Action Code is AI.</li> </ul>
ZIP	<p>Informant's ZIP code.</p> <ul style="list-style-type: none"> <li>Required for all ACTION CODES when SOURCE Code is Check, Letter, or Phone.</li> <li>Required for all SOURCE Codes when Action Code is AI.</li> </ul>
PHONE	Informant's telephone number
RELATIONSHIP	<p>One-character code indicating relationship of informant to beneficiary. Valid values are:</p> <p>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</p> <p><i>Required for:</i></p> <ul style="list-style-type: none"> <li>All ACTION CODES when SOURCE Code is Check, Letter, or Phone.</li> <li>Defaults to A when ACTION CODE is AI.</li> </ul>
<b>Page Navigation</b>	<b>Description</b>
CONTINUE	Click [ <b>Continue</b> ] to go to Insurance Information page.
CANCEL	Click [ <b>Cancel</b> ] to return to the Main Menu.

## Insurance Information Page

Enter information on the Insurance Information page about the insurance type associated with the MSP coverage.

The screenshot shows the 'CWF Assistance Request Insurance Information' page in the ECRS system. The page has a blue header with the CMS logo and the title 'Electronic Correspondence Referral System (ECRS)'. A left sidebar contains a menu with 'Insurance Information' highlighted. The main content area is a form with the following fields: Insurance Company Name, Address, City, State (dropdown), Zip (dropdown), Phone (text), Insurance Type (dropdown), New Insurance Type (dropdown), Policy Number, Group Number, Subscriber First Name, Subscriber Middle Initial, and Subscriber Last Name. At the bottom of the form are 'Continue' and 'Cancel' buttons. On the right side, there is a 'Quick Help' section with links to 'Help About This Page', 'Change Contractor', and 'Change Contractor'. Below this is a 'Contractor' section with fields for ID, Name, and Phone. Below that is a 'User' section with fields for ID, Name, and Phone. Below that is a 'Beneficiary' section with fields for HICN, SSN, Name, Address, City, State, Zip, Sex, and DOB. At the bottom right is a 'DCN' section with fields for ID, Origin Date, Status, and Reason.

Type data in all fields to update insurer information at CWF. Leave all fields blank to delete insurer information at CWF.

After all relevant fields have been entered, click [**Continue**] to go to the Employment Information page, or select a page link from the left side bar.

**Note:** If you leave the following fields blank, the system deletes the previous value: ADDRESS, CITY, STATE, ZIP, GROUP NUMBER, POLICY NUMBER, and SUBSCRIBER NAME.

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### CWF Assistance Request, Insurance Information Page Description

<i>CWF Assistance Request, Insurance Information Page</i>	
Field Name	Description
INSURANCE COMPANY NAME	<p>Name of insurance carrier for MSP coverage. <i>Required field</i> when ACTION CODE is II.</p> <p>If INSURANCE COMPANY NAME contains <b><u>any</u></b> of the following values it is an error:</p> <p>NO NONE N/A HCFA ATTORNE UNK MIS CMS NA UNKNOWN</p> <p>If INSURANCE COMPANY NAME contains <b><u>only one</u></b> of the following values it is an error:</p> <p>BC BS BX BCBX Medicare BLUE CROSS COB COBC Coordination of Benefits Contractor</p> <p><b>Note:</b> ECRS Web deletes all information entered in subsequent fields if this field is left blank and the Action Code is II.</p>
ADDRESS	First Line of insurance carrier's street address.
CITY	City associated with insurance carrier's street address.
STATE	State associated with insurance carrier's street address.
ZIP	Zip code associated with insurance carrier's street address.
PHONE	Phone Number of insurance carrier.

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<b>CWF Assistance Request, Insurance Information Page</b>	
<b>Field Name</b>	<b>Description</b>
INSURANCE TYPE	<p>One-character code for type of insurance. Valid values are:</p> <p>A Insurance or Indemnity (OTHER TYPES)</p> <p>B Group Health Organization (GHO)</p> <p>C Preferred Provider Organization (PPO)</p> <p>D Third Party Administrator arrangement under an Administrative Service Only (ASO) contract without stop loss from any entity (TPA/ASO)</p> <p>E Third Party Administrator arrangement with stop loss insurance issued from any entity (STOP LOSS TPA)</p> <p>F Self-Insured/Self-Administered (SELF-INSURED)</p> <p>G Collectively-Bargained Health and Welfare Fund (HEALTH/WELFAR)</p> <p>H Multiple Employer Health Plan with at least one employer who has more than 100 full- and/or part-time employees (EMPLOYER+100)</p> <p>I Multiple Employer Health Plan with at least one employer who has more than 20 full- and/or part-time employees (EMPLOYER+20)</p> <p>J Hospitalization Only Plan covering inpatient hospital services (HOSPITAL ONLY)</p> <p>K Medical Services Only Plan covering only non-inpatient medical services (MEDICAL ONLY)</p> <p>M Medicare Supplemental Plan, Medigap, Medicare Wraparound Plan or Medicare Carve Out Plan (SUPPLEMENTAL)</p> <p>R GHP Health Reimbursement Arrangement</p> <p>S GHP Health Savings Account</p> <p>Blank Unknown (UNKNOWN); defaults to A.</p> <p><i>Required field when</i></p> <ul style="list-style-type: none"> <li>ACTION CODE is AI (Attorney information should be entered on Informant Information page) or</li> <li>ACTION CODE is II and INSURANCE COMPANY NAME is entered.</li> </ul>
<i>NEW INSURANCE TYPE</i>	<p><i>Select a one-character code for the new type of insurance.</i></p> <p><i>Required field when ACTION CODE is IT.</i></p>
POLICY NUMBER	<p>Policy number of insurance coverage</p> <ul style="list-style-type: none"> <li><i>Required field</i> when ACTION CODE is AP and MSP TYPE is <u>NOT</u> D, E, L, or W.</li> <li><i>Required field</i> when INSURANCE COMPANY NAME is entered.</li> </ul> <p><b>Note:</b> If GROUP NUMBER is entered, POLICY NUMBER is not required.</p>

## ECRS WEB USER GUIDE

<i>CWF Assistance Request, Insurance Information Page</i>	
Field Name	Description
GROUP NUMBER	<p>Group number of insurance coverage</p> <ul style="list-style-type: none"> <li>• <i>Required field</i> when ACTION CODE is AP and MSP TYPE is <u>NOT</u> D, E, L, or W.</li> <li>• <i>Required field</i> when ACTION CODE is CD and MSP TYPE <u>IS</u> D, E, L or W.</li> <li>• <i>Required field</i> when INSURANCE COMPANY NAME is entered.</li> </ul> <p><b>Note:</b> If POLICY NUMBER is entered, GROUP NUMBER is not required.</p>
SUBSCRIBER FIRST NAME	First name of individual covered by this insurance.
SUBSCRIBER MIDDLE INITIAL	Middle initial of individual covered by this insurance.
SUBSCRIBER LAST NAME	Last name of individual covered by this insurance.
Page Navigation	Description
CONTINUE	Click [ <b>Continue</b> ] to go to Employment Information page.
CANCEL	Click [ <b>Cancel</b> ] to return to the Main Menu.

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### Employment Information Page

Enter employment information associated with the MSP coverage on the Employment Information page.

After all relevant fields have been entered, click [**Continue**] to go to the Additional Information page, or select a page link from the left side bar.

#### CWF Assistance Request, Employment Information Page Description

CWF Assistance Request, Employment Information Page	
Field Name	Description
EMPLOYER NAME	Name of employer providing group health insurance under which beneficiary is covered. <i>Required field</i> when ACTION CODE is EA or EI.
ADDRESS	First line of employer's street address. <i>Required field</i> when ACTION CODE is EI.
ADDRESS 2	Second line of employer's street address. <i>Optional field.</i>
CITY	City associated with Employer's street address. <i>Required field</i> when ACTION CODE is EI.

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<b>CWF Assistance Request, Employment Information Page</b>	
<b>Field Name</b>	<b>Description</b>
STATE	State associated with Employer's street address. <i>Required field</i> when ACTION CODE is EI.
ZIP	Zip Code associated with Employer's street address. <i>Required field</i> when ACTION CODE is EI.
PHONE	Phone Number of Employer
EIN	Employer Identification Number
EMPLOYEE #	Employee number of policy holder
<b>Page Navigation</b>	<b>Description</b>
CONTINUE	Click [ <b>Continue</b> ] to go to Additional Information page.
CANCEL	Click [ <b>Cancel</b> ] to return to the Main Menu.



## ECRS WEB USER GUIDE

### Additional Information Page

Enter check and beneficiary information on this page. This information is used in conjunction with the action and source codes selected on the CWF Assistance Request, Action Requested page.

The screenshot displays the 'Electronic Correspondence Referral System (ECRS)' interface. The main title bar includes the CMS logo and the system name. The left sidebar contains a menu with options: Action Requested, CWF Auxiliary Record Information, Informant Information, Insurance Information, Employment Information, **Additional Information** (selected), Comments/Remarks, and Summary. The central form area is titled 'CWF Assistance Request Additional Information' and contains the following fields: Check Number (text), Check Date (calendar), Check Amount (text), Pre-paid Health Plan Date (calendar), Social Security Number (text with dashes), and Diagnosis Codes (multiple text boxes). At the bottom of the form are 'Continue' and 'Cancel' buttons. The right sidebar features a 'Quick Help' section with links to 'Main About This Page', 'Change Contractor', and 'Change Contractor'. Below this is a 'Contractor' section with fields for ID and Name. The 'User' section includes fields for ID, Name, and Phone. The 'Beneficiary' section includes fields for HICN, SSN, Name (FIRST LAST), Address, City, State, Zip, Sex, DOB, and DCN. The bottom of the sidebar shows the user's current status: 'Status: NW - New, not yet read by COB' and 'Reason: 01 - Not yet read by COB, used with NW status'.

After all relevant fields have been entered, click [**Continue**] to go to the Comments/Remarks page, or select a page link from the left side bar.

### CWF Assistance Request, Additional Information Page Description

CWF Assistance Request, Additional Information Page	
Field Name	Description
CHECK NUMBER	Number of check received. <i>Required field</i> if SOURCE is CHEK.
CHECK DATE	Date of check received. <i>Required field</i> if SOURCE is CHEK. You cannot future-date this field.
CHECK AMOUNT	Amount of check received. <i>Required field</i> if SOURCE is CHEK.
PRE-PAID HEALTH PLAN DATE	Pre-paid Health Plan date in MMDDCCYY <i>Required field</i> if ACTION CODE is PH.

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<b><i>CWF Assistance Request, Additional Information Page</i></b>	
<b>Field Name</b>	<b>Description</b>
SOCIAL SECURITY NUMBER	Corrected Social Security Number when HICN and SSN do not match CWF. <i>Required field</i> if ACTION CODE is MX
DIAGNOSIS CODES	Five-digit diagnosis code that applies to this MSP occurrence. Enter up to five diagnosis codes. <ul style="list-style-type: none"><li>• Required when DIAGNOSIS CODE when ACTION CODE is DX.</li><li>• Required when the MSP TYPE is D, E, or L.</li></ul>
<b>Page Navigation</b>	<b>Description</b>
CONTINUE	Click [ <b>Continue</b> ] to go to Comments/Remarks page.
CANCEL	Click [ <b>Cancel</b> ] to return to the Main Menu.

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### Comments and Remarks Page

Enter comments on the Comments and Remarks page. All comments entered are viewable by the COB Contractor. Refer to Appendix *F* for the complete list of Remark Codes.

**Note:** Remarks are only displayed on the Comments and Remarks page when the ACTION code is AR.

The screenshot displays the 'Comments and Remarks' page within the ECRS system. The interface includes a top navigation bar, a left-hand menu, a central form area, and a right-hand sidebar. The central form area is divided into 'Comments' and 'Remarks' sections. The 'Comments' section has a text input field with a character limit warning. The 'Remarks' section features three dropdown menus for selecting remark codes. The right sidebar provides user and beneficiary details, including identification numbers, contact information, and status indicators.

#### CWF Assistance Request, Comments and Remarks Page Description

CWF Assistance Request, Comments and Remarks Page	
Field Name	Description
COMMENTS	<p>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.</p> <p><b>Note:</b> The COB contractor reviews these comments unless the request involves an automated action type (action codes AR, DO, PH, and TD). In these cases, when automated action types are submitted individually and processed successfully, the comments entered are not reviewed.</p>
REMARKS	<p>Enter at least one Remark code, explaining the reason for the transaction. Enter up to three remark codes. See Appendix <i>F</i> for more information.</p> <p><i>Required field</i> when ACTION CODE is AR.</p>

## ECRS WEB USER GUIDE

<i>CWF Assistance Request, Comments and Remarks Page</i>	
Field Name	Description
Page Navigation	Description
CONTINUE	Click [ <b>Continue</b> ] to go to the Summary page.
CANCEL	Click [ <b>Cancel</b> ] to return to the Main Menu.

Comments entered for the COB contractor should provide explanation and additional information for the action code selected, such as the examples displayed in the following table:

Action Code	Comment
DO	PLEASE DELETE CASE CLOSED IN REMAS
II	VERIFY INS TYPE...WE RECEIVED A PAYING EOB FOR NON HOSPITAL SERVICES...
TD	PLEASE TERM RECORD
CT	PER EMPLOYER BENE RETIRED 9/1/09. PLEASE UPDATE TERM DATE.

After all relevant fields have been entered, click [**Continue**] to go to the Summary page, or select a page link from the left side bar.

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### Summary Page

The Summary page displays a summary of all information entered for the assistance request before submission.

After typing/selecting data in all relevant fields on the previous CWF Assistance Request pages, review the Summary page and click [**Submit**]. The system displays the Submit Confirmation page. At this point the assistance request is submitted and you can print the confirmation page.

The screenshot shows the 'CWF Assistance Request Summary' page within the 'Electronic Correspondence Referral System (ECRS)'. The page has a blue header with the CMS logo and navigation links. A left sidebar contains a menu with options like 'Action Requested', 'CWF Auxiliary Record Data', and 'Summary' (which is highlighted). The main content area is divided into three sections: 'Action Requested', 'CWF Auxiliary Record Data', and 'Informant Information'. Each section contains various fields with data entered, such as DCN, HICN, Activity Code, Action Codes, Source, MSP Type, Effective Date, Auxiliary Record Number, Termination Date, Originating Contractor, Patient Relationship, Name, Address, City, State, Zip, and Phone. A right sidebar contains a 'Quick Help' section with links like 'Help About This Page', 'Change Contractor', and 'Contractor'.

### CWF Assistance Request, Summary Page Description

CWF Assistance Request Summary Page	
For information about this section...	See this page...
ACTION REQUESTED	18
CWF AUXILIARY RECORD DATA	23

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<b><i>CWF Assistance Request Summary Page</i></b>	
<b>For information about this section...</b>	<b>See this page...</b>
INFORMANT INFORMATION	27
INSURANCE INFORMATION	30
EMPLOYMENT INFORMATION	33
DIAGNOSIS CODES	35
CHECK INFORMATION	35
ADDITIONAL INFORMATION	35
COMMENTS/REMARKS	37
<b>Page Navigation</b>	<b>Description</b>
SUBMIT	Click [ <b>Submit</b> ] to go to the Summary Confirmation Page.
CANCEL	Click [ <b>Cancel</b> ] to return to the Main Menu.

## Viewing, Updating, and Deleting CWF Assistance Request Transactions

Follow the steps below to search for and display a list of CWF Assistance Request transactions.

**Note:** You can only update or delete CWF assistance request transactions in NW status. Any user with the same contractor number can update or delete a transaction in NW status. However, if the COB system has started processing the information you cannot request an update or delete.

From the Main Menu page, click [**CWF Assistance Request**] under Search for Requests or Inquiries. The CWF Assistance Request Search page displays, as shown in the example below.

### CWF Assistance Request, Search Page Description

CWF Assistance Request, Search Page Criteria		
Field Name	Description	
CONTRACTOR #	If you are a...	
	Medicare contractor	Pre-filled with the Contractor Number entered during Contractor Sign In. ( <i>protected field</i> )
	Region Office or CMS user	Pre-filled with the CMS ID/RO Number entered during Contractor Sign In.  This field is updateable with any Medicare Contractor Number, but only the CMS ID/RO Number entered during Contractor Sign-In can be used.
HICN	Enter a Health Insurance Claim Number to search by.  <b>Note:</b> If searching by HICN, do not enter an SSN or DCN.	

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<b>CWF Assistance Request, Search Page Criteria</b>	
<b>Field Name</b>	<b>Description</b>
SSN	Enter a Social Security Number to search by.  <b>Note:</b> If searching by SSN, do not enter a HICN or DCN.
STATUS	Enter a Status code to search by. To view all in-process CWF Assistance Request transactions, select <b>IP</b> in the STATUS field.
REASON	Select a Reason code to search by. (See Appendix <b>E</b> for the complete list of codes.)
USER ID	Enter a User ID to search by.
ORIGIN DATE FROM	Enter a starting date to search by 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.
ORIGIN DATE TO	Enter an ending date to search by.  <b>Note:</b> The dates in the ORIGIN DATE FROM and TO fields default to the date 31 calendar days prior to the current date and the current date but can be changed to any calendar day range, as long as it is not more than 31 days.
DCN	Enter a Document Control Number to search by.  <b>Note:</b> If searching by DCN, do not enter a HICN or SSN.
<b>Navigation</b>	<b>Description</b>
SUBMIT	Click [ <b>Submit</b> ] to display search results.
RESET	Click [ <b>Reset</b> ] to clear search results.
Transaction Summary	Click [ <b>HICN</b> ] link to view the Summary page.
Delete	Click [ <b>X</b> ] to mark a transaction for deletion.
CANCEL	Click [ <b>Cancel</b> ] to return to the Main Menu.



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### View Transactions

1. Type search criteria in the appropriate fields and click **[Submit]**.

**Notes:**

- To create a list of all CWF Assistance Requests for a specific HICN, type the HICN in the search criteria and leave the CONTRACTOR NUMBER field blank.
  - When searching by Origin Date, User ID, Status, and/or Reason, you must also enter a DCN, HICN, SSN or Contractor Number.
2. The system displays a list of CWF Assistance Requests, as shown in the example below.

Delete	HICN	Contractor	DCN	Status	Reason	Origin Date	Last Update	User ID
	#####A	00131	#####	Completed		01/01/2010	01/05/2010	AAAAAAA
X	#####A	00131	#####	New		05/01/2010	05/01/2010	AAAAAAA

CWF Assistance Request, Search Page Listing	
Field Name	Field Name
HICN	Health Insurance Claim Number for CWF Assistance Request transaction. <i>(protected field)</i>
CONTRACTOR	Contractor number. <i>(protected field)</i>
DCN	Document Control Number assigned to CWF Assistance Request transaction by Medicare contractor. <i>(protected field)</i>
STATUS	Status of CWF Assistance Request transaction. <i>(protected field)</i>
REASON	Reason of CWF Assistance Request transaction. <i>(protected field)</i>
ORIGIN DATE	Originating date in MM-DD-CCYY format. <i>(protected field)</i>
LAST 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>
Navigation	Description
Transaction Summary	Click [ <b>HICN</b> ] link to view the Summary page.
DELETE	Click [ <b>X</b> ] to mark a transaction for deletion.

3. There are 20 items per page; use the First/Prev and Next/Last navigation at the top of the list to view other

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transactions on other pages.

4. Change or delete search criteria to initiate a new search.

### Update Transactions

To update information on a CWF Assistance Request transaction, click the **[HICN]** link for the transaction and the system displays the Summary page for the selected transaction, along with page links to the information, to allow for updates.

The screenshot shows the 'CWF Assistance Request Summary' page within the 'Electronic Correspondence Referral System (ECRS)'. The page is divided into several sections: 'Action Requested', 'Auxiliary Record Information', 'Informant Information', and 'Insurance Information'. The 'Action Requested' section includes fields for DCN, HICN, Activity Code (C - Claims (Pre-Payment)), Action Codes (AI - Change Attorney Information), and Source (SCLM - Claim submitted to Medicare contractor for alternate payments). The 'Auxiliary Record Information' section includes MSP Type (L - Liability), Effective Date (04/03/2003), Auxiliary Record Number (001), Termination Date, Originating Contractor (00010), Patient Relationship (01 - Patient is policy holder), and Accretion Date. The 'Informant Information' section includes Name (FIRST LAST), Relationship (A - Attorney Representing Beneficiary), Address (AAAAAAAAAAAA), City, State, Zip (AAAAAAAAAAAA), and Phone (###-###-####). The 'Insurance Information' section is partially visible at the bottom. A 'Print this page' link is located in the top right corner of the summary area.

### CWF Assistance Request, Summary Page Description

CWF Assistance Request, Summary Page	
For information about this section...	See this page...
ACTION REQUESTED	18
CWF AUXILIARY RECORD DATA	23
INFORMANT INFORMATION	27
INSURANCE INFORMATION	30

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<b>CWF Assistance Request, Summary Page</b>	
<b>For information about this section...</b>	<b>See this page...</b>
EMPLOYMENT INFORMATION	33
DIAGNOSIS CODES	35
CHECK INFORMATION	35
ADDITIONAL INFORMATION	35
COMMENTS/REMARKS	37
COB RESPONSE INFORMATION	Displays for records that are not in NW status. See below for more information.
<b>Field Name</b>	<b>Description</b>
COB COMMENTS	Free-form text field, where the COB contractor's comments on the Medicare contractor or the last comment added in CARS appear.
USER ID	User ID of person who entered the COB contractor comment.
DEVELOPMENT RESPONSE INDICATOR	Development response indicator. Values are: A Attorney B Beneficiary E Employer I Insurer P Provider R Beneficiary Representative N No Response
DEVELOPED TO (INITIAL)	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)
DEVELOPED TO (SUBSEQUENT)	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)
<b>Page Navigation</b>	<b>Description</b>

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<i>CWF Assistance Request, Summary Page</i>	
For information about this section...	See this page...
RETURN	Click [ <b>Return</b> ] to return to CWF Assistance Request Search Page Listing without making any updates to the transaction.  Displays for records in all statuses except NW.
SUBMIT	Click [ <b>Submit</b> ] to save updates.  Displays for records in NW status.
CANCEL	Click [ <b>Cancel</b> ] to return to the Search Page Listing without making any updates to the transaction.  Displays for records in NW status.

To leave the Summary page without making any changes, click [**Cancel**] or [**Return**] to return to the Search Page Listing. If you do need to update the transaction, access the appropriate page and navigate back to the Summary page. After you have made all updates, click [**Submit**] to confirm updates, or [**Cancel**] to return to the CWF Assistance Request Search Page Listing.

### Delete Transactions

To mark a CWF Assistance Request transaction for deletion, click the [**X**] link next to the HICN and when presented with the Confirmation page, confirm by clicking [**Continue**], or decline by clicking [**Cancel**].

To exit the CWF Assistance Request Search page, click [**Home**] to return to the Main Menu. The system does not retain search criteria.

## Chapter 3: MSP Inquiry Transactions

This chapter provides you with step-by-step instructions to perform an MSP Inquiry transaction. Examples and explanations are provided for each page in ECRS.

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 MSP inquiry transaction process if you are lost. If you are an experienced user, you can use the chapter as a quick reference for a web page that you use infrequently.

The pages in this chapter are representative of the actual pages that you see within ECRS Web. The data will not be the same; the web page 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...
Adding MSP Inquiry Transactions	48
Retrieving Beneficiary Information for MSP Inquiries	48
Viewing, Updating, and Deleting MSP Inquiry Transactions	75

Use the chart below or the *Table of Contents* to locate the web pages in this chapter. Web pages are listed in the order they appear on the Main Menu page.

For information about this web page...	See this page...
<b>Create Requests or Inquiries</b>	
<b>MSP INQUIRY</b>	
Action Requested	52
MSP Information	55
Informant Information	58
Insurance Information	62
Employment Information	65
Additional Information	67
Prescription Coverage	70
Summary	73
<b>Search for Requests or Inquiries</b>	

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For information about this web page...	See this page...
MSP Inquiries	75

### Adding an MSP Inquiry Transaction

Use the [**MSP Inquiry**] link under Create Requests or Inquiries on the Main Menu, to add MSP Inquiry transactions for possible MSP situations not yet documented at CWF.

To enter CWF Assistance Request transactions for changes to existing CWF MSP auxiliary occurrences, use the CWF Assistance Request Detail transaction (see page 12).

### Retrieving Beneficiary Information

Beneficiary Information is automatically retrieved when HICN and other required data is entered and saved on the first page of the MSP Inquiry (Action Requested). The information is displayed on the right side bar, and carried forward on the MSP Inquiry transaction.

### Common MSP Sources

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)

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### Action Requested Page

From the Main Menu page, click **[MSP Inquiry]** under Create Requests or Inquiries. The system displays the Action Requested page, the first page of the MSP Inquiry, as shown in the example below. The information entered on this page determines required information on subsequent pages.

### Navigation Links

The following links display on each page of the MSP Inquiry Transaction:

<b>MSP Inquiry</b>	
<b>Location</b>	<b>Description</b>
<b>Heading Bar Navigation</b>	
HOME	Click [ <b>Home</b> ] to return to Main Menu page.
CMS	Click [ <b>CMS</b> ] to link to CMS website www.cms.gov.
HELP	Click [ <b>Help</b> ] to display information about ECRS menu options.
SIGN OUT	Click [ <b>Sign Out</b> ] to leave the ECRS application.
<b>Left Side Bar Navigation</b>	
ACTION REQUESTED	Click [ <b>Action Requested</b> ] to return to Action Requested page.
MSP INFORMATION	Click [ <b>MSP Information</b> ] to go to MSP Information page.
INFORMANT INFORMATION	Click [ <b>Informant Information</b> ] to go to Informant Information page.

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<b>MSP Inquiry</b>	
<b>Location</b>	<b>Description</b>
INSURANCE INFORMATION	Click [ <b>Insurance Information</b> ] to go to Insurance Information page.
EMPLOYMENT INFORMATION	Click [ <b>Employment Information</b> ] to go to Employment Information page.
ADDITIONAL INFORMATION	Click [ <b>Additional Information</b> ] to go to Additional Information page.
PRESCRIPTION COVERAGE	Click [ <b>Prescription Coverage</b> ] to go to Prescription Coverage page.
SUMMARY	Click [ <b>Summary</b> ] to go to Summary page.
<b>Right Side Bar Navigation</b>	
QUICK HELP	Click [ <b>Help About This Page</b> ] to display helpful information for completing the page.
CHANGE CONTRACTOR	Click [ <b>Change Contractor</b> ] to change the contractor number and access code on the Contractor Sign In page.  <b>Note:</b> You will lose all data for the current contractor
<b>Note:</b> The system carries the following data forward to other pages, eliminating the need to re-enter it.	
<b>Contractor</b>	<b>Description</b>
ID	Contractor Number or CMS ID entered on Contractor Sign In page. <i>(protected field)</i>
NAME	Name of Contractor associated with the Contractor Number, or Regional Office associated with the CMS ID. <i>(protected field)</i>
<b>User</b>	<b>Description</b>
ID	User ID of person logged in. <i>(protected field)</i>
NAME	Name of person associated with User ID. <i>(protected field)</i>
PHONE	Phone number associated with the User ID. <i>(protected field)</i>
<b>Beneficiary</b>	<b>Description</b>
<b>Note:</b> Beneficiary and DCN Information will be retrieved from the system using the HICN entered on Action Requested page.	
HICN	Health Insurance Claim Number of beneficiary. <i>(protected field)</i>
SSN	Social Security Number of beneficiary. <i>(protected field)</i>
NAME	Name of beneficiary. <i>(protected field)</i>
ADDRESS	Street address of beneficiary. <i>(protected field)</i>



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<b>MSP Inquiry</b>	
<b>Location</b>	<b>Description</b>
CITY, STATE	City and State associated with street address of beneficiary. <i>(protected field)</i>
ZIP	Zip code associated with street address of beneficiary. <i>(protected field)</i>
SEX	Sex of the beneficiary. <i>(protected field)</i>
DOB	Date of Birth of the beneficiary. <i>(protected field)</i>
<b>DCN</b>	<b>Description</b>
ID	Document Control Number assigned by contractor to correspondence and/or paperwork associated with transaction. <i>(protected field)</i>
ORIGIN DATE	Date CWF Assistance Request transaction was submitted. <i>(protected field)</i>
STATUS	<p>Two-character code explaining where CWF Assistance Request transaction is in the COB system process <i>(protected field)</i></p> <p>CM      Completed  DE      Delete (do not process) ECRS CWF Assistance Request  HD      Hold, individual not yet a Medicare beneficiary  IP      In process, being edited by COB  NW                  New, not yet read by COB</p> <p><b>Note:</b> STATUS will always be NW until the transaction is processed.</p>
REASON	<p>Two-character code explaining why the MSP Inquiry is in a particular status. (See Appendix <b>E</b> for the complete list of codes.) <i>(protected field)</i></p> <p><b>Note:</b> REASON will always be 01 until the transaction is processed.</p>

1. Enter data in all required fields on the Action Requested page then click [**Continue**]. The required fields on this web page are noted with a red asterisk “\*” and are as follows:

- DCN
- HICN
- ACTIVITY CODE
- SOURCE

**Note:** If Beneficiary Information is not found for the HICN you have entered you will receive a warning message, but will still be able to continue with the MSP Inquiry.

2. After all relevant fields have been entered, click [**Continue**] to go to the MSP Information page, or select a page link from the left side bar.
3. To exit the MSP Inquiry Detail pages, click [**Home**] to return to the Main Menu or [**Sign Out**] to exit the application.

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### MSP Inquiry, Action Requested Page Description

<b>MSP Inquiry, Action Requested Page</b>	
<b>Field Name</b>	<b>Description</b>
DCN	<p>Document Control Number assigned by contractor to correspondence and/or paperwork associated with transaction (<i>required field</i>)</p> <p>The system auto-generates the DCN, but it can be changed.</p>
HICN	<p>Health Insurance Claim Number of the beneficiary (<i>required field</i>). Enter the HICN without dashes, spaces, or other special characters.</p> <p><b>Note:</b> The system looks up the HICN to ensure the most current HICN has been entered. If the most current HICN has not been entered the system replaces it with the most current HICN.</p>
ACTIVITY CODE	<p>Activity of contractor (<i>required field</i>). Valid values are:</p> <ul style="list-style-type: none"> <li>C Claims (Pre-Payment)</li> <li>D Debt Collection/Referral</li> <li>G Group Health Plan</li> <li>I General Inquires</li> <li>N Liability, No Fault, Workers' Compensation, and Federal Tort Claim Act</li> </ul>
ACTION	<p>Action code indicating type of special processing to perform on MSP Inquiry record.</p> <p><b>Note:</b> You can use CA and CL together. You cannot combine any other action codes.</p> <p>Valid values are:</p> <ul style="list-style-type: none"> <li>CA Class Action Suit <b>Note:</b> This action code assigns the designated lead contractor according to the type of class action suit. The system does not send the beneficiary an MSP confirmation letter.</li> <li>CL Closed or Settled Case <b>Note:</b> This action code is only valid for closed and settled cases. This action code suppresses lead contractor assignment. The system does not send the beneficiary an MSP confirmation letter.</li> <li>DE Develop to the Employer <b>Note:</b> This action code sends a development letter to the employer.</li> <li>DI Develop to the Insurer <b>Note:</b> This action code sends a development letter to the insurer.</li> </ul>

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<b>MSP Inquiry, Action Requested Page</b>	
<b>Field Name</b>	<b>Description</b>
SOURCE	Four-character code identifying source of the MSP Inquiry information ( <i>required field</i> ). Valid values are:  CHEK     Unsolicited check LTTR     Letter PHON     Phone call SCLM     Claim submitted to Medicare contractor for secondary payment SRVY     Survey
<b>Page Navigation</b>	<b>Description</b>
CONTINUE	Required fields must be typed/selected before clicking [ <b>Continue</b> ].  Click [ <b>Continue</b> ] to go to the MSP Information page.
CANCEL	Click [ <b>Cancel</b> ] to return to the Main Menu.

## MSP Information Page

Enter information associated with the MSP coverage on this page.

The screenshot displays the 'MSP Inquiry' page within the 'Electronic Correspondence Referral System (ECRS)'. The interface features a blue header with the CMS logo and system name. A navigation bar at the top includes links for Home, CMS, Help, Contact, About, and Sign out. On the left, a sidebar lists 'Action Requested' categories, with 'MSP Information' currently selected. The main content area is titled 'MSP Inquiry' and contains a form for entering MSP details. The form includes dropdown menus for 'MSP Type', 'Patient Relationship', and 'CMS Grouping Code', as well as text input fields for 'Effective Date', 'Termination Date', 'Dialysis Train Date', 'Black Lung Effective Date', and 'Send to CWF'. Radio buttons are used for 'Black Lung Benefits' (Yes/No) and 'Send to CWF' (Yes/No). At the bottom of the form are 'Continue' and 'Cancel' buttons. To the right of the form, a 'Quick Help' sidebar provides links for 'Help About This Page' and 'Change Contractor', along with sections for 'Contractor', 'User', 'Beneficiary', and 'DCN' information, each with corresponding input fields and status indicators.

After all relevant fields have been entered, click [**Continue**] to go to the Informant Information page, or select a page link from the left side bar.

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### MSP Inquiry, MSP Information Page Description

<i><b>MSP Inquiry, MSP Information Page</b></i>	
<b>Field Name</b>	<b>Description</b>
MSP TYPE	<p>One-character code identifying type of MSP coverage. Valid values are:</p> <p>A    Working Aged B    ESRD D    Automobile Insurance, No Fault E    Workers' Compensation F    Federal (Public) G    Disabled L    Liability</p> <p><i>Required field:</i></p> <ul style="list-style-type: none"><li>• For all MSP Inquiry transactions, unless Record Type is Supplemental. (Do not select an MSP TYPE when PRESCRIPTION COVERAGE RECORD TYPE will be Supplemental.)</li><li>• When Source Code is Phone.</li><li>• When Action Code is CA or CL. (MSP Type must be D, E, or L when Action Code is CL.)</li></ul>

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<b>MSP Inquiry, MSP Information Page</b>									
<b>Field Name</b>	<b>Description</b>								
PATIENT RELATIONSHIP	<p>Patient relationship between policyholder and beneficiary.</p> <p><i>Required field</i> when:</p> <ul style="list-style-type: none"> <li>• ACTION CODE is Blank and MSP TYPE is F</li> <li>• ACTION CODE is CA and MSP TYPE is L</li> <li>• ACTION CODE is CL and MSP TYPE is D, E, or L</li> </ul> <p>Valid values are:</p> <p>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)</p> <p><b>Note:</b> For the following MSP Types, the patient relationship codes listed are the only values that can be used.</p> <table> <tr> <th><u>MSP Type</u></th><th><u>Patient Relationship Code</u></th></tr> <tr> <td>A</td><td>01, 02</td></tr> <tr> <td>B</td><td>01, 02, 03, 04, 05, 18, 20</td></tr> <tr> <td>G</td><td>01, 02, 03, 04, 05, 18, 20</td></tr> </table>	<u>MSP Type</u>	<u>Patient Relationship Code</u>	A	01, 02	B	01, 02, 03, 04, 05, 18, 20	G	01, 02, 03, 04, 05, 18, 20
<u>MSP Type</u>	<u>Patient Relationship Code</u>								
A	01, 02								
B	01, 02, 03, 04, 05, 18, 20								
G	01, 02, 03, 04, 05, 18, 20								
EFFECTIVE DATE	<p>Effective date of MSP coverage.</p> <p><i>Required field</i> when:</p> <ul style="list-style-type: none"> <li>• ACTION CODE is CA and MSP TYPE is L</li> <li>• ACTION CODE is CL and MSP TYPE is D, E, or L</li> </ul> <p><b>Note:</b> EFFECTIVE DATE cannot be the same as TERMINATION DATE.</p>								

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<b>MSP Inquiry, MSP Information Page</b>																													
<b>Field Name</b>	<b>Description</b>																												
TERMINATION DATE	<p>Termination date of MSP coverage. TERMINATION DATE can be all zeroes for open ended coverage.</p> <p><i>Required field</i> when ACTION CODE is CL and MSP TYPE is D, E, or L.</p> <p><b>Note:</b> TERMINATION DATE cannot be the same as EFFECTIVE DATE.</p>																												
CMS GROUPING CODE	<p>CMS Grouping Code.</p> <p><i>Required field</i> when ACTION CODE is CA and MSP TYPE is L.</p> <p>Valid values are:</p> <table> <tr><td>01</td><td>Gel Implants (TrailBlazers, 00400)</td></tr> <tr><td>02</td><td>Gel Implants (Alabama, 00010)</td></tr> <tr><td>03</td><td>Bone Screw Recoveries (United Government Services, 00454)</td></tr> <tr><td>04</td><td>Diet Drug Recoveries (Cahaba BCBS Alabama, 00010)</td></tr> <tr><td>05</td><td>Sulzer Inter-Op Acetabular Shells for Hip Implant Recoveries (Chisholm Administrative Services, 00340)</td></tr> <tr><td>06</td><td>Sulzer Orthopedic and Defective Knee Replacement Recoveries (Chisholm Administrative Services, 00340)</td></tr> <tr><td>07</td><td>Baycol Litigation</td></tr> <tr><td>08</td><td>Dexatrim (90000)</td></tr> <tr><td>09</td><td>Rhode Island Receivership Recoveries (00180)</td></tr> <tr><td>10</td><td>Propulsid (00010)</td></tr> <tr><td>11</td><td>Asbestos Exposure</td></tr> <tr><td>12</td><td>Garretson Asbestos Cases</td></tr> <tr><td>13</td><td>Fleet Phosphate</td></tr> <tr><td>14</td><td>Accutane</td></tr> </table>	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	12	Garretson Asbestos Cases	13	Fleet Phosphate	14	Accutane
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11	Asbestos Exposure																												
12	Garretson Asbestos Cases																												
13	Fleet Phosphate																												
14	Accutane																												
DIALYSIS TRAIN DATE	Date beneficiary received self-dialysis training.																												
BLACK LUNG BENEFITS	Yes or No field indicating whether beneficiary receives benefits under the Black Lung Program.																												
BLACK LUNG EFFECTIVE DATE	<p>Date beneficiary began receiving benefits under the Black Lung Program.</p> <p>This field is only enabled when BLACK LUNG BENEFITS is Yes.</p>																												
SEND TO CWF	<p>Indicates whether to send MSP inquiry to CWF. Select Yes or No.</p> <p><b>Note:</b> SEND TO CWF defaults to No unless ACTION CODE is blank and MSP TYPE is blank or F.</p>																												
<b>Page Navigation</b>	<b>Description</b>																												
CONTINUE	Click [ <b>Continue</b> ] to go to the Informant Information page.																												
CANCEL	Click [ <b>Cancel</b> ] to return to the Main Menu.																												

## Informant Information Page

On this page, enter information about the person who informed you of the change in MSP coverage.

The screenshot displays the 'Informant Information' page within the ECRS system. The interface includes a top navigation bar with the CMS logo and 'Electronic Correspondence Referral System (ECRS)'. A left sidebar menu lists various sections, with 'Informant Information' currently selected. The main content area, titled 'MSP Inquiry', contains the 'Informant Information' form. This form includes input fields for First Name, Middle Initial, Last Name, Address, City, State (a dropdown menu), Zip, Phone (with area code and number fields), and Relationship (a dropdown menu). 'Continue' and 'Cancel' buttons are positioned below the form. On the right side, there is a 'Quick Help' section with links like 'Help About This Page' and 'Change Contractor', and a 'Contractor' section displaying fields for ID, Name, and Phone.

After all relevant fields have been entered, click [**Continue**] to go to the Insurance Information page, or select a page link from the left side bar.

### MSP Inquiry, Informant Information Page Description

MSP Inquiry, Informant Information Page	
Field Name	Description
FIRST NAME	First name of person informing contractor of change in MSP coverage. <i>Required field</i> when: <ul style="list-style-type: none"> <li>SOURCE is CHEK, LTTR or PHON.</li> <li>ACTION CODE is CA or CL, unless Insurance Company Address will be entered.</li> </ul>
MIDDLE INITIAL	Middle initial of person informing contractor of change in MSP coverage.



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<b>MSP Inquiry, Informant Information Page</b>	
<b>Field Name</b>	<b>Description</b>
LAST NAME	<p>Last name of person informing contractor of change in MSP coverage.  <i>Required field when</i></p> <ul style="list-style-type: none"> <li>• SOURCE is CHEK, LTTR or PHON.</li> <li>• ACTION CODE is CA or CL, unless Insurance Company Address will be entered.</li> </ul>
ADDRESS	<p>Informant's street address.  <i>Required field when:</i></p> <ul style="list-style-type: none"> <li>• SOURCE is CHEK, LTTR or PHON.</li> <li>• ACTION CODE is CA or CL, unless Insurance Company Address will be entered.</li> </ul>
CITY	<p>Informant's city.  <i>Required field when:</i></p> <p>SOURCE is CHEK, LTTR or PHON.            ACTION CODE is CA or CL, unless Insurance Company City will be entered.</p>
STATE	<p>Informant's state.  <i>Required field when:</i></p> <p>SOURCE is CHEK, LTTR or PHON.            ACTION CODE is CA or CL, unless Insurance Company State will be entered.</p>
ZIP	<p>Informant's ZIP code.  <i>Required field when:</i></p> <ul style="list-style-type: none"> <li>• SOURCE is CHEK, LTTR or PHON.</li> <li>• ACTION CODE is CA or CL, unless Insurance Company Zip will be entered.</li> </ul>
PHONE	Informant's telephone number.

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<i>MSP Inquiry, Informant Information Page</i>	
Field Name	Description
RELATIONSHIP	<p>One-character code indicating relationship of informant to beneficiary. Valid values are:</p> <p>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</p> <p><b>Notes:</b></p> <ul style="list-style-type: none"> <li>• <i>Required field</i> when SOURCE is CHEK , LTTR or PHON.</li> <li>• Must be A if ACTION CODE is CA or CL and informant information is entered.</li> </ul>
Page Navigation	Description
CONTINUE	Click [ <b>Continue</b> ] to go to the Insurance Information page.
CANCEL	Click [ <b>Cancel</b> ] to return to the Main Menu.

## Insurance Information Page

Enter information about the type of insurance associated with the MSP coverage on this page.

The screenshot displays the 'Insurance Information' page within the ECRS web application. The page is titled 'MSP Inquiry' and features a sidebar on the left with navigation links: 'Action Requested', 'MSP Information', 'Informant Information', 'Insurance Information' (highlighted), 'Employment Information', 'Additional Information', 'Prescription Coverage', and 'Summary'. The main content area contains the 'Insurance Information' form, which includes fields for 'Insurance Company Name', 'Address Line 1', 'Address Line 2', 'City, State, Zip' (with a dropdown for state), 'Phone', 'Insurance Type' (with a dropdown), 'Policy Number', 'Group Number', 'Subscriber First Name', 'Subscriber Middle Initial', 'Subscriber Last Name', and 'Subscriber SSN'. At the bottom of the form are 'Continue' and 'Cancel' buttons. On the right side, there is a 'Quick Help' section with links to 'Help About This Page', 'Change Contractor', and 'Change Contractor'. Below this is a 'Contractor' section with fields for 'ID', 'Name', and 'Address'. Further down is a 'User' section with fields for 'ID', 'Name', 'Phone', and 'Address'. At the bottom right is a 'Beneficiary' section with fields for 'HICN', 'SSN', 'Name', 'Address', 'City, State', 'Zip', 'Sex', 'DOB', and 'DCN'. The page also includes a 'Home' link and a 'CMS' logo in the top left, and a 'Help', 'Contact', 'About', and 'Sign out' menu in the top right.

After all relevant fields have been entered, click [**Continue**] to go to the Employment Information page, or select a page link from the left side bar.

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### MSP Inquiry, Insurance Information Page Description

<i>MSP Inquiry, Insurance Information Page</i>	
Field Name	Description
INSURANCE COMPANY NAME	<p>Name of insurance carrier for MSP coverage. <i>Required field unless</i> ACTION CODE is blank or DE.</p> <p><b>Note:</b> If INSURANCE COMPANY NAME contains <u>any</u> of the values it is an error:</p> <p>NO NONE N/A HCFA ATTORNEY UNK MISC CMS NA UNKNOWN</p> <p>If INSURANCE COMPANY NAME contains <u>only one</u> of the following values it is an error:</p> <p>BC BS BX BCBX Medicare BLUE CROSS COB COBC COORDINATION OF BENEFITS CONTRACTOR</p>
ADDRESS LINE 1	<p>First Line of insurance carrier's street address.</p> <p><i>Required field</i> when:</p> <ul style="list-style-type: none"> <li>INSURANCE COMPANY NAME is entered</li> <li>ACTION CODE is DI</li> <li>ACTION CODE is CA or CL, unless Informant Name and Address were entered.</li> </ul>
ADDRESS LINE 2	Second Line of insurance carrier's street address.

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<b><i>MSP Inquiry, Insurance Information Page</i></b>	
<b>Field Name</b>	<b>Description</b>
CITY	City associated with insurance carrier's street address. <i>Required field</i> when: <ul style="list-style-type: none"><li>• INSURANCE COMPANY NAME is entered</li><li>• ACTION CODE is DI</li><li>• ACTION CODE is CA or CL, unless Informant City was entered.</li></ul>
STATE	State associated with insurance carrier's street address. <i>Required field</i> when: <ul style="list-style-type: none"><li>• INSURANCE COMPANY NAME is entered</li><li>• ACTION CODE is DI</li><li>• ACTION CODE is CA or CL, unless Informant State was entered.</li></ul>
ZIP	Zip code associated with insurance carrier's street address. <i>Required field</i> when: <ul style="list-style-type: none"><li>• INSURANCE COMPANY NAME is entered</li><li>• ACTION CODE is DI</li><li>• ACTION CODE is CA or CL, unless Informant Zip was entered.</li></ul>
PHONE	Phone Number of insurance carrier.

## ECS WEB USER GUIDE

<b>MSP Inquiry, Insurance Information Page</b>	
<b>Field Name</b>	<b>Description</b>
INSURANCE TYPE	<p>One-character code for type of insurance. (<i>Required field</i>)</p> <p>Valid values are:</p> <p>A Insurance or Indemnity (OTHER TYPES)</p> <p>B Group Health Organization (GHO)</p> <p>C Preferred Provider Organization (PPO)</p> <p>D Third Party Administrator arrangement under an Administrative Service Only (ASO) contract without stop loss from any entity (TPA/ASO)</p> <p>E Third Party Administrator arrangement with stop loss insurance issued from any entity (STOP LOSS TPA)</p> <p>F Self-Insured/Self-Administered (SELF-INSURED)</p> <p>G Collectively-Bargained Health and Welfare Fund (HEALTH/WELFARE)</p> <p>H Multiple Employer Health Plan with at least one employer who has more than 100 full- and/or part-time employees (EMPLOYER+100)</p> <p>I Multiple Employer Health Plan with at least one employer who has more than 20 full- and/or part-time employees (EMPLOYER+20)</p> <p>J Hospitalization Only Plan covering inpatient hospital services (HOSPITAL ONLY)</p> <p>K Medical Services Only Plan covering only non-inpatient medical services (MEDICAL ONLY)</p> <p>M Medicare Supplemental Plan, Medigap, Medicare Wraparound Plan or Medicare Carve Out Plan (SUPPLEMENTAL)</p> <p>R GHP Health Reimbursement Arrangement</p> <p>S GHP Health Savings Account</p> <p>Blank Unknown (UNKNOWN); defaults to A.</p>
POLICY NUMBER	<p>Policy number of insurance coverage.</p> <p>If you enter a POLICY NUMBER, you do not have to enter a GROUP NUMBER.</p>
GROUP NUMBER	<p>Group number of insurance coverage.</p> <p>If you enter a GROUP NUMBER, you do not have to enter a POLICY NUMBER.</p>
SUBSCRIBER FIRST NAME	First name of individual covered by this insurance.
SUBSCRIBER MIDDLE INITIAL	Middle initial of individual covered by this insurance.
SUBSCRIBER LAST NAME	Last name of individual covered by this insurance.
SUBSCRIBER SSN	Social Security Number of individual covered by this insurance.
<b>Page Navigation</b>	<b>Description</b>
CONTINUE	Click [ <b>Continue</b> ] to go to Employment Information page.

## ECRS WEB USER GUIDE

<i>MSP Inquiry, Insurance Information Page</i>	
Field Name	Description
CANCEL	Click [ <b>Cancel</b> ] to return to the Main Menu.

## Employment Information Page

Enter employment information associated with the MSP coverage on this page.

The screenshot displays the 'MSP Inquiry' page within the 'Electronic Correspondence Referral System (ECRS)'. The left sidebar contains a menu with options: Action Requested, MSP Information, Informant Information, Insurance Information, **Employment Information** (selected), Additional Information, Prescription Coverage, and Summary. The main content area is titled 'Employment Information' and features the following fields: Employer Name, Address, Address 2, City, State, Zip (with a dropdown for State), Phone (formatted as ( ) - ), EIN, and Employee #. Below these fields are 'Continue' and 'Cancel' buttons. The right sidebar includes a 'Quick Help' section with links like 'Help About This Page' and 'Change Contractor', and a 'User' section with fields for ID, Name, and Phone. At the bottom, there is a 'Beneficiary' section with fields for HICN, SSN, Name, Address, City, State, Zip, Sex, DOB, and DCN.

After all relevant fields have been entered, click [**Continue**] to go to the Additional Information page, or select a page link from the left side bar.

## MSP Inquiry, Employment Information Page Description

<i>MSP Inquiry, Employment Information Page</i>	
Field Name	Description

## ECRS WEB USER GUIDE

<b>MSP Inquiry, Employment Information Page</b>	
<b>Field Name</b>	<b>Description</b>
EMPLOYER NAME	Name of employer providing group health insurance under which beneficiary is covered. <i>Required field</i> when: <ul style="list-style-type: none"> <li>• ACTION CODE is DE</li> <li>• MSP TYPE is F and SEND TO CWF is Yes</li> </ul>
ADDRESS	First line of employer's street address. <i>Required field</i> when: <ul style="list-style-type: none"> <li>• ACTION CODE is DE</li> <li>• MSP TYPE is F and SEND TO CWF is Yes</li> </ul>
ADDRESS 2	Second line of employer's street address. <i>Optional field.</i>
CITY	City associated with Employer's street address. <i>Required field</i> when: <ul style="list-style-type: none"> <li>• ACTION CODE is DE</li> <li>• MSP TYPE is F and SEND TO CWF is Yes</li> </ul>
STATE	State associated with Employer's street address. <i>Required field</i> when: <ul style="list-style-type: none"> <li>• ACTION CODE is DE</li> <li>• MSP TYPE is F and SEND TO CWF is Yes</li> </ul>
ZIP	Zip Code associated with Employer's street address. <i>Required field</i> when: <ul style="list-style-type: none"> <li>• ACTION CODE is DE</li> <li>• MSP TYPE is F and SEND TO CWF is Yes</li> </ul>
PHONE	Phone Number of Employer.
EIN	Employer Identification Number.
EMPLOYEE #	Employee number of policy holder.
<b>Page Navigation</b>	<b>Description</b>
CONTINUE	Click [ <b>Continue</b> ] to go to Additional Information page.
CANCEL	Click [ <b>Cancel</b> ] to return to the Main Menu.



## ECRS WEB USER GUIDE

### Additional Information Page

Enter check and beneficiary information on this page. This information is used in conjunction with the action and source codes selected on the MSP Inquiry, Action Requested page.

The screenshot displays the 'MSP Inquiry Additional Information' page within the Electronic Correspondence Referral System (ECRS). The interface features a CMS logo at the top left and a navigation bar with links for Home, CMS, and About. A sidebar on the left contains a menu with options: Action Requested, MSP Information, Informant Information, Insurance Information, Employment Information, Additional Information (highlighted), Prescription Coverage, and Summary. The main content area is titled 'MSP Inquiry Additional Information' and contains several input fields: Check Number, Check Date, Check Amount, Diagnosis Codes (multiple), Illness/Injury Date, and Beneficiary Representative Information (including Type, Name, Address, City, and State/Zip). A 'Continue' button is located at the bottom left of the main form area. On the right side, there is a 'Quick Help' section with links for 'Help About This Page' and 'Change Contractor', followed by sections for Contractor, User, and Beneficiary information, each with associated ID, Name, and Address fields. A 'COB' (Coverage by Other) status section is also present at the bottom right.

After all relevant fields have been entered, click [**Continue**] to go to the Prescription Coverage page, or select a page link from the left side bar.

### MSP Inquiry, Additional Information Page Description

MSP Inquiry, Additional Information Page	
Field Name	Description
CHECK NUMBER	Number of check received. <i>Required field</i> if SOURCE is CHEK.
CHECK DATE	Date of check received. <i>Required field</i> if SOURCE is CHEK. <b>Note:</b> You cannot future-date this field.
CHECK AMOUNT	Amount of check received. <i>Required field</i> if SOURCE is CHEK.
DIAGNOSIS CODES	Five-digit diagnosis code that applies to this MSP occurrence. Enter up to five diagnosis codes. <b>Note:</b> Enter at least one DIAGNOSIS CODE when ACTION CODE is CA or CL.

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<b><i>MSP Inquiry, Additional Information Page</i></b>	
<b>Field Name</b>	<b>Description</b>
ILLNESS/INJURY DATE	Date the illness or injury occurred.
<b>Beneficiary Representative Information</b>	
TYPE	One-character code indicating type of relationship between beneficiary and his/her representative.  Valid values are: A     Attorney R     Bene Rep (individual not acting as attorney)
NAME	Name of individual representing a beneficiary's medical affairs or estate. Type name in first name/middle initial/last name format.
ADDRESS	Beneficiary representative's street.
CITY	Beneficiary representative's city.
STATE	Beneficiary representative's state.
ZIP	Beneficiary representative's zip code.
<b>Page Navigation</b>	<b>Description</b>
CONTINUE	Click [ <b>Continue</b> ] to go to the Prescription Coverage page.
CANCEL	Click [ <b>Cancel</b> ] to return to the Main Menu.

## Prescription Coverage Information Page

On this page, enter Prescription Coverage information associated with the MSP Inquiry Part D coverage.

After all relevant fields have been entered, click [**Continue**] to go to the Summary page, or select a page link from the left side bar.

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### MSP Inquiry, Prescription Coverage Information Page Description

<b><i>MSP Inquiry, Prescription Coverage Page</i></b>	
<b>Field Name</b>	<b>Description</b>
INSURANCE COMPANY NAME	Name of insurance carrier for MSP coverage.
ADDRESS LINE 1	First Line of insurance carrier's street address. <i>Required field</i> when NAME and ADDRESS were entered.
ADDRESS LINE 2	Second Line of insurance carrier's street address.
CITY	City associated with insurance carrier's street address.
STATE	State associated with insurance carrier's street address.
ZIP	Zip code associated with insurance carrier's street address.
PHONE	Phone Number of insurance carrier.
POLICY NUMBER	Policy number of insurance coverage.
EFFECTIVE DATE	Effective date of MSP coverage. <b>Note:</b> EFFECTIVE DATE cannot be the same as TERMINATION DATE.
TERMINATION DATE	Termination date of MSP coverage. TERMINATION DATE can be all zeroes for open ended coverage. <b>Note:</b> TERMINATION DATE cannot be the same as EFFECTIVE DATE.
RECORD TYPE	Prescription Coverage Record Type. Valid values are: PRI        Primary SUP        Supplemental  <b>Note:</b> RECORD TYPE must be SUP when SUPPLEMENTAL TYPE is L.

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<b>MSP Inquiry, Prescription Coverage Page</b>	
<b>Field Name</b>	<b>Description</b>
COVERAGE TYPE	<p>Prescription Coverage type of insurance. Valid values are:</p> <p>U      Drug Network</p> <p>V      Drug Non-network</p> <p>Z      Health account (such as a flexible spending account provided by other party to pay prescription drug costs or premiums)</p> <p><i>Required field</i> when any of the following fields are entered:</p> <ul style="list-style-type: none"> <li>• Policy Number</li> <li>• Record Type</li> <li>• BIN</li> <li>• PCN</li> <li>• Group</li> <li>• ID</li> <li>• Supplemental Type</li> <li>• Person Code</li> </ul>
BIN	<p>Prescription Drug BIN number. Must be six numeric characters.</p> <p><i>Required field</i> when COVERAGE TYPE is U.</p>
	<p>Prescription Drug PCN number. Must not contain special characters.</p> <p><i>Required field</i> when COVERAGE TYPE is U.</p>
GROUP	<p>Prescription Drug group number. Must not contain special characters.</p> <p><i>Required field</i> when COVERAGE TYPE is U.</p>
ID	<p>Prescription Drug ID number. Must not contain special characters.</p> <p><i>Required field</i> when COVERAGE TYPE is U.</p>

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<b>MSP Inquiry, Prescription Coverage Page</b>	
<b>Field Name</b>	<b>Description</b>
SUPPLEMENTAL TYPE	<p>Prescription Drug policy type. Valid values are:</p> <p>L Supplemental</p> <p>M Medigap</p> <p>N Non-qualified State Program</p> <p>O Other</p> <p>P PAP</p> <p>Q Qualified State Program</p> <p>R Charity</p> <p>S ADAP</p> <p>T Federal Government Programs</p> <p>1 Medicaid</p> <p>2 Tricare</p> <p>3 Major Medical</p> <p><b>Note:</b> Must be L when RECORD TYPE is Supplemental</p>
PERSON CODE	<p>Person Code. Plan specific (relationship assigned plan administrator at the plan level. <i>Required field</i> when RECORD TYPE is Supplemental. Valid values are:</p> <p>001 Self</p> <p>002 Spouse</p> <p>003 Other</p>
<b>Page Navigation</b>	<b>Description</b>
CONTINUE	Click [ <b>Continue</b> ] to go to the Summary page.
CANCEL	Click [ <b>Cancel</b> ] to return to the Main Menu.

## ECRS WEB USER GUIDE

### Summary Page

The Summary page displays a summary of all information entered for the MSP inquiry before submission.

After typing/selecting data in all relevant fields on the previous MSP Inquiry pages, review the Summary page and click **[Submit]**. The system displays the Submit Confirmation page. At this point the MSP inquiry is submitted and you can print the confirmation page.

### MSP Inquiry, Summary Page Description

MSP Inquiry, Summary Page	
For information about this section...	See this page...
ACTION REQUESTED	52
MSP INFORMATION	55
INFORMANT INFORMATION	58
INSURANCE INFORMATION	62
EMPLOYMENT INFORMATION	65
CHECK INFORMATION	67

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<i>MSP Inquiry, Summary Page</i>	
For information about this section...	See this page...
BENEFICIARY REPRESENTATIVE INFORMATION	67
DIAGNOSIS CODES	67
PRESCRIPTION COVERAGE INFORMATION	70
Page Navigation	Description
SUBMIT	Click [ <b>Submit</b> ] to go to Submit Confirmation page.
CANCEL	Click [ <b>Cancel</b> ] to return to the Main Menu.



## Viewing, Updating, and Deleting MSP Inquiry Transactions

Follow the steps below to search for and display a list of MSP Inquiry transactions.

**Note:** You can only update or delete MSP Inquiry transactions in NW status. Any user with the same contractor number can update or delete a transaction in NW status. However, if the COB system has started processing the information you cannot request an update or delete.

From the Main Menu page, click **[MSP Inquiries]** under Search for Requests or Inquiries. The MSP Inquiry Search page displays, as shown in the example below.

### MSP Inquiry, Search Page Description

MSP Inquiry, Search Page Criteria		
Field Name	Description	
CONTRACTOR #	If you are a...	
	Medicare contractor	Pre-filled with the Contractor Number entered during Contractor Sign In. <i>(protected field)</i>
	Region Office or CMS user	Pre-filled with the CMS ID/RO Number entered during Contractor Sign In.  This field is updateable with any Medicare Contractor Number, but only the CMS ID/RO Number entered during Contractor Sign-In can be used.
HICN	Enter a Health Insurance Claim Number to search by. <b>Note:</b> If searching by HICN, do not enter an SSN or DCN.	

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<b>MSP Inquiry, Search Page Criteria</b>	
<b>Field Name</b>	<b>Description</b>
SSN	Enter a Social Security Number to search by. <b>Note:</b> If searching by SSN, do not enter a HICN or DCN.
STATUS	Enter a Status code to search by. To view all in-process MSP Inquiry transactions, select IP in the STATUS field.
REASON	Select a Reason code to search by. (See Appendix <i>E</i> for the complete list of codes.)
USER ID	Enter a User ID to search by.
ORIGIN DATE FROM	Enter a starting date to search by 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.
ORIGIN DATE TO	Enter an ending date to search by.  <b>Note:</b> The dates in the ORIGIN DATE FROM and TO fields default to the date 31 calendar days prior to the current date and the current date but can be changed to any calendar day range, as long as it is not more than 31 days.
DCN	Enter a Document Control Number to search by. <b>Note:</b> If searching by DCN, do not enter a HICN or SSN.
<b>MSP Inquiry, Search Page Listing</b>	
<b>Field Name</b>	<b>Field Name</b>
HICN	Health Insurance Claim Number for MSP Inquiry transaction. ( <i>protected field</i> )
CONTRACTOR	Contractor number. ( <i>protected field</i> )
DCN	Document Control Number assigned to MSP Inquiry transaction by Medicare contractor. ( <i>protected field</i> )
STATUS	Status of MSP Inquiry transaction. ( <i>protected field</i> )
REASON	Reason for the MSP Inquiry transaction. ( <i>protected field</i> )
ORIGIN DATE	Originating date in MM-DD-CCYY format. ( <i>protected field</i> )
LAST 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> )
<b>Navigation</b>	<b>Description</b>

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<i>MSP Inquiry, Search Page Criteria</i>	
Field Name	Description
SUBMIT	Click [ <b>Submit</b> ] to display search results.
RESET	Click [ <b>Reset</b> ] to clear search results.
CANCEL	Click [ <b>Cancel</b> ] to return to the Main Menu.
Delete	Click [ <b>X</b> ] to mark a transaction for deletion.
Transaction Summary	Click [ <b>HICN</b> ] link to view the Summary page.

### View Transactions

1. Type search criteria in the appropriate fields and click [**Submit**].

#### Notes:

- To create a list of all MSP Inquiries for a specific HICN, type the HICN in the search criteria and leave the CONTRACTOR NUMBER field blank.
- When searching by Origin Date, User ID, Status, and/or Reason, you must also enter a DCN, HICN, SSN or Contractor Number.

2. The system displays a list of MSP Inquiries, as shown in the example below.

Delete	HICN	Contractor	DCN	Status	Reason	Origin Date	Last Update	User ID
	<a href="#">#####A</a>	00131	#####	Completed		01/01/2010	01/05/2010	AAAAAAA
X	<a href="#">#####A</a>	00131	#####	New		05/01/2010	05/01/2010	AAAAAAA

3. There are 20 items per page; use the First/Prev and Next/Last navigation at the top of the list to view other transactions on other pages.
4. Change or delete search criteria to initiate a new search.

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### Update Transactions

To update information on a MSP Inquiry transaction, click the [**HICN**] link for the transaction and the system displays the Summary page for the selected transaction, along with page links to the information, to allow for updates.

The screenshot shows the 'MSP Inquiry Summary' page within the 'Electronic Correspondence Referral System (ECRS)'. The page has a blue header with the CMS logo and navigation links (Home, CMS, Help, Contact, About, Sign out). The main content area is titled 'MSP Inquiry' and contains two primary sections: 'Action Requested' and 'MSP Information'. The 'Action Requested' section displays fields for DCN, HICN, Activity Code (I-General Inquiries), Action Codes (DI-Develop To the Insurer), and Source (SCLM-Claim submitted to Medicare Contractor for alternate payment). The 'MSP Information' section displays fields for MSP Type (A-Working Aged), Effective Date (01/01/2008), Patient Relationship (02-Spouse), Termination Date (04/30/2010), CMS Grouping Code (Gel Implants (Trailblazers, 00400)), Dialysis Train Date (02/01/2010), Black Lung Benefits (Yes), Black Lung Effective Date (01/01/2008), and Send to CWF (Yes). A 'Print Summary' link is located at the top right of the 'MSP Information' section. On the right side of the page, there is a sidebar with a 'Quick Help' section containing links like 'Help About This Page', 'Change Contractor', and 'Change Contractor'. Below this are sections for 'Contractor', 'User', and 'Beneficiary', each displaying fields for ID, Name, and Address, with some fields masked with asterisks.

### MSP Inquiry, Summary Page Description

MSP Inquiry, Summary Page	
For information about this section...	See this page...
ACTION REQUESTED	52
MSP INFORMATION	55
INFORMANT INFORMATION	58
INSURANCE INFORMATION	62
EMPLOYMENT INFORMATION	65
CHECK INFORMATION	67
BENEFICIARY REPRESENTATIVE INFORMATION	67
DIAGNOSIS CODES	67


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<i>MSP Inquiry, Summary Page</i>	
For information about this section...	See this page...
PRESCRIPTION COVERAGE INFORMATION	70
DEVELOPED TO	Displays for records that are not in NW status. See below for more information.
Field Name	Description
INITIAL	Development Source, indicating where initial development letter was sent. Valid values are: Attorney Beneficiary Employer Insurer Provider Beneficiary Representative (other than attorney)
SUBSEQUENT	Development Source, indicating where subsequent development letter was sent. Valid values are: Attorney Beneficiary Employer Insurer Provider Beneficiary Representative (other than attorney)
Page Navigation	Description
RETURN	Click [ <b>Return</b> ] to return to CWF Assistance Request Search Page Listing without making any updates to the transaction. Displays for records in all statuses except NW.
SUBMIT	Click [ <b>Submit</b> ] to save updates. Displays for records in NW status.
CANCEL	Click [ <b>Cancel</b> ] to return to the Search Page Listing without making any updates to the transaction. Displays for records in NW status.

To leave the Summary page without making any changes, click [**Cancel**] or [**Return**] to return to the Search Page Listing. If you do need to update the transaction, access the appropriate page and navigate back to the Summary page. After you have made all updates, click [**Submit**] to confirm updates, or click [**Cancel**] to return to the MSP Inquiry Search Page Listing.

## ECRS WEB USER GUIDE

### Delete Transactions

To mark a MSP Inquiry transaction for deletion, click the [] link next to the HICN and when presented with the Confirmation page, confirm by clicking [**Continue**], or decline by clicking [**Cancel**].

To exit the MSP Inquiry Search page, click [**Home**] to return to the Main Menu. The system does not retain search criteria.