

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-05 Medicare Secondary Payer	Centers for Medicare & Medicaid Services (CMS)
Transmittal 69	Date: May 15, 2009
	Change Request 6479

Subject: Update to the Electronic Correspondence Referral System (ECRS) User Guide v10.0 and Quick Reference Card v10.0

I. SUMMARY OF CHANGES: The changes update the ECRS User Guide, ECRS Part D Plan User Guide and the ECRS Quick Reference Card:

- Allow users to search by SSN when using Prescription Drug Coverage List.
- Update patient relationship descriptions.
- Add new workers compensation MSP type ýWý
- A logic change to correct a problem with the cents portion for the unsolicited check amount.
- Require a six digit numeric RX BIN.
- New Class Action Code for Asbestos.

Update information about the MSP Recovery Audit Contractors.

Update the COBC mailing address.

Clarify instructions to contractors on sending information to the COBC.

Clarify instructions to contractors regarding required personnel information that is needed by the COBC.

Correct MSP code to MSP type.

New / Revised Material

Effective Date: July 1, 2009

Implementation Date: July 6, 2009

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	Chapter / Section / Subsection / Title
	5/Table of Contents
R	5/10 Coordination With the Coordination of Benefits Contractor (COBC)
R	5/10.1 Contractor MSP Auxiliary File Update Responsibility
R	5/10.2/COBC Electronic Correspondence Referral System (ECRS)
R	5/10.2/ Attachment 1 - ECRS User Guide, Software Version 10.0
N	5/10.2/ Attachment 1A - ECRS Part D Plan User Guide, Software

	Version 10.0
R	5/10.2/ Attachment 2 ECRS Quick Reference Card Version 10.0
R	5/10.3 Providing Written Documents to the COBC

III. FUNDING:

SECTION A: For Fiscal Intermediaries and Carriers:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

SECTION B: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Business Requirements

Manual Instruction

**Unless otherwise specified, the effective date is the date of service.*

Medicare Secondary Payer (MSP) Manual

Chapter 5 - Contractor Prepayment Processing Requirements

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Attachment 2 - ECRS Quick Reference Card Version 10.0

10 - Coordination With the Coordination of Benefits Contractor (COBC)

(Rev.69, Issued: 05-15-09, Effective: 07-01-09, Implementation: 07-06-09)

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

On November 1, 1999, CMS awarded the COB Contract. The COBC consolidates activities that support the collection, management, and reporting of all other health insurance coverage of Medicare beneficiaries, as well as all insurance coverage obligated to pay primary to Medicare. In April 2000, the COBC implemented the first two phases of the contract, which included the Initial Enrollment Questionnaire and the IRS/SSA/CMS Data Match. On January 1, 2001, the COBC assumed responsibility for virtually all initial MSP development activities formerly performed by contractors. The COBC is charged with ensuring the accuracy and timeliness of updates to the Common Working File (CWF) MSP auxiliary file. The COBC does not process claims, nor handle any mistaken payment recoveries or claims specific inquiries (telephone or written). The COBC is responsible for developing to determine the existence or validity of MSP for Medicare beneficiaries. The COBC handles all MSP related inquiries, including those seeking general MSP information, but not those related to specific claims or recoveries. These inquiries (verbal and written) can come from any source, including but not limited to beneficiaries, attorneys/beneficiary representatives, employers, insurers, providers, suppliers and contractors.

The COBC is primarily an information gathering entity. The COBC is dependent upon various sources to collect this information. With limited exceptions (e.g., claim clarification with provider to avoid returning the claim to the provider (RTP), contractors are no longer responsible for initiating MSP development and making MSP determinations. *Following CMS' correspondence guidelines (found in Pub.100-09 chapter 2, §20.2); the Medicare contractors shall forward all information that they receive that might have MSP implications to the COBC. This requirement includes filling out all ECRS fields where the information is available. If the Medicare contractor does not have the information, and it is not a required field, the Medicare contractor shall leave the field blank.* Only with this timely and accurate information can the COBC evaluate all relevant information to make the correct MSP determination and appropriately update CWF for proper claims adjudication. Once the MSP record has been established on CWF by the COBC, contractors shall continue to be responsible for all MSP activities related to the identification and recovery of MSP-related debts.

There must be a very close working relationship between the COBC and the contractors. The COBC Customer Service number is 1-800-999-1118. This number is available for use from anywhere in the United States. The COBC Customer Service number is operational 8:00 a.m. to 8:00 p.m. eastern standard time, Monday through Friday except holidays. Contractors shall use this number for general inquiries only. Contractors shall give this number to callers (exclusive of beneficiaries) attempting to contact the COBC. Contractors shall also utilize this number to transfer calls to the COBC (exclusive of

beneficiaries). If the contractor is unable to transfer a Medicare beneficiary to the COBC, the contractor shall provide the 1-800-MEDICARE toll free number to the beneficiary. Contractor inquiries related to specific work activities shall contact their COB Consortium representative (See §10.2). *Medicare contractors shall provide the CMS with a list of names, private phone numbers, and fax numbers of each contractor's primary and backup MSP contact for the COBC's follow-up with the contractor as needed. This information shall be sent to Pat Gillespie at patricia.gillespie@cms.hhs.gov or other CMS CO designee. The CMS shall provide the above information to the COBC.*

The following provides a description of the activities that are included in initial MSP development and the necessary action(s) of contractors.

10.1 - Contractors MSP Auxiliary File Update Responsibility *(Rev.69, Issued: 05-15-09, Effective: 07-01-09, Implementation: 07-06-09)*

The capability to update the CWF MSP auxiliary file is, essentially, a function of only the COBC. Contractors do not have the capability to delete any MSP auxiliary file records, including those they have established. If they believe a record should be changed or deleted, they shall use the COBC Electronic Correspondence Referral System (ECRS) (discussed in §10.2.1).

Contractors retain the responsibility of adding termination dates to MSP auxiliary records already established on CWF with a "Y" validity indicator, where there is no discrepancy in the validity of the information contained on CWF. Contractors do not have the capability to alter an existing termination date.

There are only three instances in which the contractor shall retain the capability to update CWF. They are:

1 - The contractor receives a phone call or correspondence from an attorney or other beneficiary representative, beneficiary, third party payer, provider, another insurer's explanation of benefits or other source that establishes, exclusive of any further required development or investigation, that MSP no longer applies.

Examples of such contacts include a telephone call from a beneficiary to report retirement or cessation of group health insurance or a letter that contains acceptable information that personal injury protection benefits have been exhausted. The contractor shall post a termination date to the MSP auxiliary record using a "Y" validity indicator. *While Contractors should update CWF as soon as possible so that proper payments can be made; contractors shall update CWF within the lesser of:*

- Ten (10) calendar days from completion of the evaluation (*i.e. comparing the incoming information with the existing CWF MSP record and determining that there are no discrepancies between the incoming data and the existing CWF MSP record allowing for a termination date to be posted*), or

- *Forty-five (45)* calendar days of the mailroom date-stamped receipt/date of phone call, as applicable

EXAMPLE 1

Scenario

Mr. Doe is calling to report that his employer group health coverage has ended.

Contractor Action

The contractor shall check for a matching auxiliary record on CWF and terminate the record if no conflicting data are present. If the contractor cannot add a termination date, the contractor shall submit a CWF assistance request (See §10.2.1). The contractor shall not transfer the call to the COBC.

EXAMPLE 2

Scenario

Mrs. X is calling to report that she has retired.

Contractor Action

The contractor shall check for a matching auxiliary record on CWF and terminate the record if no conflicting data are present. If the contractor cannot add a termination date or if the date on CWF needs to be altered, the contractor shall submit a CWF assistance request (See §10.2.1). The contractor shall not transfer the call to the COBC.

EXAMPLE 3

Scenario

The contractor receives written correspondence that benefits are exhausted for an automobile case.

Contractor Action

- The contractor shall check for a matching auxiliary record on CWF. If the contractor is the lead, it shall terminate in accordance with existing guidelines (e.g., accounting of moneys spent). If the contractor cannot add a termination date or if the termination date on CWF needs to be altered, the contractor shall submit a CWF assistance request (See §10.2.1). The contractor shall not forward the correspondence to the COBC.

- If a contractor is not the lead on the case, it shall refer the correspondence to the lead contractor identified on the MSP record on the CWF. The contractor shall not forward the correspondence to the COBC.

EXAMPLE 4

Scenario

Union Hospital is calling to report that the group health plan MSP period contained on the CWF for beneficiary X should be terminated.

Contractor Action

The contractor shall check for matching auxiliary record on CWF and terminate if no conflict in evidence is presented. If the contractor cannot add a termination date or if the date on CWF needs to be altered, the contractor shall submit a CWF assistance request (See §10.2.1). The contractor shall not transfer the call to the COBC.

EXAMPLE 5

Scenario

The contractor receives information that a liability case is no longer being pursued.

Contractor Action

The lead contractor shall check for matching auxiliary record on CWF and forward a CWF assistance request to the COBC for deletion via ECRS (See §10.2.1). If the contractor is not the lead, the contractor shall forward the information to the lead contractor as indicated on the MSP record.

EXAMPLE 6

Scenario

The contractor receives information that a liability case has reached a settlement, judgment or award.

Contractor Action

Contractor shall enter actual date of settlement, judgment or award in the termination date field.

2 - The contractor receives a claim for secondary benefits and could, without further development (for example, the explanation of benefits from another insurer or third

party payer contains all necessary data), add an MSP occurrence and pay the secondary claim.

The contractor shall use a validity indicator of "I" to add any new MSP occurrences (only if no MSP record with the same MSP type already exists on CWF with an effective date within one hundred (100) days of the effective date of the incoming "I" record). The contractor shall update CWF within ten (10) calendar days from completion of the evaluation. It shall not submit a new record with a "Y" or any record with an "N" validity indicator.

3 - The contractor receives a claim for conditional payment, and the claim contains sufficient information to create an "I" record without further development.

The contractor shall add the MSP occurrence using an "I" validity indicator. The contractor shall update CWF within ten (10) calendar days from completion of the evaluation.

The contractor transmits "I" records to CWF via the current HUSP transaction. The CWF treats the "I" validity indicator the same as a "Y" validity indicator when contractors process claims. "I" records shall only be submitted to CWF if no MSP record with the same MSP type already exists on CWF with an effective date within one hundred (100) calendar days of the effective date of the incoming "I" record. "I" records submitted to CWF that fail these edit criteria shall be rejected with an SP 20 error code.

The COBC shall receive a trigger from the CWF when an "I" record is transmitted and applied. The COBC develops and confirms all "I" maintenance transactions established by the contractor. If the COBC has not received information to the contrary within one hundred (100) calendar days, the "I" validity indicator will be converted to a "Y". If the COBC develops and determines there is no MSP, the COBC will delete the "I" record.

An "I" record should never be established when the mandatory fields of information are not readily available to the contractor on its claim, associated attachment (e.g., other payer's explanation of benefits (EOB) paid) or unsolicited refund documentation. If the contractor has the actual date that Medicare became secondary payer or the date of the accident or incident, it shall use that as the MSP effective date. If that information is not available, the contractor shall use the Part A entitlement date as the MSP effective date. Contractors shall add termination dates when an "I" record is initially established, where applicable. A contractor shall not add a termination date to an already established "I" record.

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

- Health Insurance Claim Number;
- MSP *type*;

- Validity indicator;
- MSP effective date;
- Contractor identification number;
- Insurer name;
- Patient relationship; and
- Insurance type.

Chapter 6, §40.8, contains the CWF MSP utilization error codes, descriptions, and resolution for the contractor's use in correcting MSP utilization error codes.

10.2 - COBC Electronic Correspondence Referral System (ECRS) *(Rev.69, Issued: 05-15-09, Effective: 07-01-09, Implementation: 07-06-09)*

As of January 1, 2001, the COBC assumed responsibility for virtually all activities related to establishing MSP periods of coverage at CWF that result from initial MSP development activities. Since contractors receive a great deal of MSP information, a system was needed to transfer that information to the COBC for its evaluation to determine if MSP development is necessary. In addition, since the contractors' ability to send update transactions to CWF had been severely restricted, there was a need for a system to allow it to easily submit requests to the COBC to apply changes to existing MSP records at CWF. In order to meet these requirements, the COBC developed and maintains a mainframe Customer Information Control System (CICS) application. This application, the ECRS allows contractor MSP representatives and Regional Office MSP staff to fill out various online forms and electronically transmit information to the COBC.

The ECRS is operational from 8:00 a.m. to 8:00 p.m. (EST), excluding weekends and holidays. The contractors' data centers shall be notified during extended periods of ECRS downtime. Problems encountered by data centers during testing should be reported to GHI's Help Desk technical support staff at (212) 615-4357. E-mailed questions or issues should be forwarded to the COBC via Internet address at COB@ghimedicare.com.

Contractors shall not contact GHI's help desk for routine ECRS processing issues. They shall report connection problems or systems failures or crashes directly to GHI's technical support staff at (212) 615-4357. If contractors are unable to receive technical assistance from GHI's Help Desk, or the issue has not been resolved, please contact Alberta Smythe (COBC) at (646) 458-6694 or other COBC designee. If contractors are still unable to

obtain information or the issue continues to go unresolved, please contact Pat *Gillespie* (CMS) at (410) 786-8123 or other CMS CO designee.

Effective March 27, 2008, the CMS ceased operations of the Recovery Audit Contractors (RAC) Demonstration Project. The national Recovery Audit Contractors will not perform Medicare Secondary Payer audits.

Attachment 1 - ECRS User Guide, Software Version 10.0
(Rev.69, Issued: 05-15-09, Effective: 07-01-09, Implementation: 07-06-09)

To view Attachment 1, click here: [Attachment 1](#), ECRS User Guide, Software Version 10.0, *User Guide v10.0*

Attachment 1a - ECRS Part D User Guide, Software Version 10.0

To view Attachment 1a, click here: [Attachment 1a](#), ECRS Part D User Guide, Software Version 10.0

Below are the enhancements and fixes that have been applied to ECRS User Guide, Software Version 9.0.

ENHANCEMENTS:

The following enhancements are included as part of software version 10.0 and both User Guides, Software Version 10.0:

- 1) Allows users to search by SSN when using Prescription Drug Coverage List (Option 13). Searches combining the use of DCN and SSN or HICN and SSN are not allowed. Searches on User ID, Status, Reason, Origin Date From, and/or Origin Date Through must be combined with a DCN, SSN, HICN, or Contractor Number.*
- 2) Update patient relationship descriptions to be consistent with OB05 and the IEQ forms on the ECRS CWF Assistance Request Detail Page 1 of 2 and ECRS MSP Inquiry Detail Page 1 of 2. Code value of "4" will display Natural Child and code value of "20" will display Domestic Partner.*
- 3) Add new workers comp. MSP type "W" value to be used on the ECRS CWF Assistance Request Page 1 of 2, ECRS MSP Inquiry Detail Page 1 of 2, and Prescription Drug Coverage Detail Page 2 of 2. This code will denote Workers' Compensation Medicare Set-aside.*

- 4) *A logic change to correct a problem with the cents portion for the unsolicited check amount being dropped on the ECRS MSP Inquiry Detail Page 1 of 2. No user guide changes are necessary.*
- 5) *As per the OIG audit, a change is needed to require a six digit numeric RX BIN to be entered for when prescription drug coverage type = 'U' (network drug) on the Prescription Drug Coverage Detail Page 2 of 2. The valid values for the RX BIN are 000001 – 999999. This will make it consistent with the batch submission edits.*
- 6) *CMS would like to add a new Class Action Code for Asbestos. They also indicated that the field should not be called Class Action code any longer but CMS Grouping Code. The value of Asbestos will be “11” with a description Asbestos Exposure. This will apply to the ECRS MSP Inquiry Detail Screen Page 1 of 2.*

Attachment 2 - ECRS Quick Reference Card Version 10.0
(Rev.69, Issued: 05-15-09, Effective: 07-01-09, Implementation: 07-06-09)

To view Attachment 2, click here: [Attachment 2](#), ECRS User Guide Quick Reference Card v10.0.

10.3 - Providing Written Documents to the COBC
(Rev.69, Issued: 05-15-09, Effective: 07-01-09, Implementation: 07-06-09)

Contractors do not routinely submit paper documentation to the COBC. However, if requested by the COBC, they shall submit written supporting documentation via fax to the COBC within five (5) business days of their receipt of the request. The COBC shall contact the contractor via phone for fax request. The COBC fax number is (646) 458-6762.

There are limited situations where the contractor should mail paper documents to the COBC. Contractors shall forward to the COBC, within forty-five (45) business days of their mailroom date-stamped receipt, any development form originally sent from the COBC that the contractor inadvertently received. In those situations, where the contractor is permitted to mail paper documents to the COBC, it uses the following address:

MEDICARE - Coordination of Benefits Contractor
MSP Claims Investigation Project
P.O. Box 33847
Detroit, MI 48232

Electronic Correspondence Referral System (ECRS) User Guide

**Software Version 10.0
User Guide Version 10.0**

Rev. 2009-25/March

GHI-DI-501.10.0

Confidentiality and Disclosure of Information

Section 1106 (a) of the Social Security Act as it applies to the Centers for Medicare & Medicaid Services (CMS) - (42 CFR Chapter IV Part 401 §§ 401.101 to 401.152) prohibits disclosure of any information obtained at any time by officers and employees of Medicare Intermediaries, **Carriers, or Medicare Contractors** in the course of carrying out agreements under Sections 1816 and 1842 of the Social Security Act, and any other information subject to Section 1106 (a) of the Social Security Act.

Section 1106 (a) of the Act provides in pertinent part that “Any person who shall violate any provision of this section shall be deemed guilty of a misdemeanor and, upon conviction thereof, shall be punished by a fine not exceeding \$1,000, or by imprisonment not exceeding one year, or both.” Additional and more severe penalties are provided under Title XVIII (Medicare) USC Section 285 (unauthorized taking or using of papers relating to claims) and under Section 1877 of Title XVIII of the Act (relating to fraud, kickbacks, bribes, etc., under Medicare).

These provisions refer to any information obtained by an employee in the course of their performance of duties and/or investigations (for example, beneficiary diagnosis, pattern of practice of physicians, etc.).

The Electronic Correspondence Referral System (ECRS) contains IRS tax data. * Any unauthorized inspection or disclosure of IRS return information in violation of any provision of Section 6103 may bring damages as described in IRC Sections 7431 and 7213, which include, but are not limited to, a fine of any amount not exceeding \$5,000 or imprisonment.

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

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Chapter 1: Introduction

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

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About this Guide

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

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

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

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

User Guide Conventions

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

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

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

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

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

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

What is ECRS?

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

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

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

ECRS uses action codes to determine what information should be updated on the MSP auxiliary occurrence at CWF or what type of special processing should be performed on an MSP inquiry record. For example, if you type action code EI in the ACTION(S) field, only the information you type in the employer fields (employer name, street, city, ZIP code, EIN, and employee number) will be updated on the MSP auxiliary occurrence at CWF.

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

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

Basic Functions

Logging On

1. Log into a local Medicare CICS region.
2. Type ECRS and press [Enter]. The system displays the ECRS splash screen, as shown in the example below.

```

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

          VERSION 10.0

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

          PRESS <ENTER> TO CONTINUE

```

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

```

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

          CMS RO NUMBER: _____ ACCESS CODE: _____

          CONTRACTOR NUMBER: _____ ACCESS CODE: _____

          REPRESENTATIVE: _____
          PHONE: _____ - _____ - _____

          COB CONTRACTOR BULLETIN BOARD

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

          PF12=EXIT

```

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

If you are a...	Follow these steps:
Medicare contractor	<ol style="list-style-type: none"> 1. Type your contractor number (unique five-digit number assigned by CMS) in the CONTRACTOR NUMBER field. 2. Type your access code (five-character authorization code assigned by the COB contractor) in the ACCESS CODE field. 3. Type the name of the contractor representative in the REPRESENTATIVE field. 4. Type the contractor representative's telephone number in the PHONE field.
CMS user	<ol style="list-style-type: none"> 1. Type your CMS ID number in the CMS RO NUMBER field. 2. Type your access code in the ACCESS CODE field.

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

```

          COB ELECTRONIC CORRESPONDENCE REFERRAL SYSTEM (ECRS)          MM/DD/YY
CONTRACTOR NUMBER: _____
USER ID: _____ STATUS: __ REASON: __ HICN: _____ DCN: _____
SEARCH ORIGIN DATE FROM: _____ THROUGH: _____ SSN: _____

SELECTION  __
          01 CWF ASSISTANCE REQUEST DETAIL
          02 CWF ASSISTANCE REQUEST LIST
          03 DOCUMENT COPIES
          04 MSP INQUIRY DETAIL
          05 MSP INQUIRY LIST
          06 LEAD CONTRACTOR ASSIGNMENT
          07 DEVELOPING CONTRACTOR NOTIFICATION
          08 MSP CHANGED RECORD NOTIFICATION
          09 WORKERS COMP SET ASIDE DETAIL
          10 WORKERS COMP SET ASIDE LIST
          11 WORKLOAD TRACKING SCREEN
          12 PRESCRIPTION DRUG COVERAGE DETAIL
          13 PRESCRIPTION DRUG COVERAGE LIST

          F3=RETURN F2=EXIT
    
```

You now have the ability to access information in ECRS.

Logging Off

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

Transportation

COB ECRS Login Screen	
PF Key	Function
12	Exit ECRS

COB ECRS Main Menu Screen Description

```

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

CONTRACTOR NUMBER: _____

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

SEARCH ORIGIN DATE FROM: _____ THROUGH: _____ SSN: _____

SELECTION  __

          01 CWF ASSISTANCE REQUEST DETAIL
          02 CWF ASSISTANCE REQUEST LIST
          03 DOCUMENT COPIES
          04 MSP INQUIRY DETAIL
          05 MSP INQUIRY LIST
          06 LEAD CONTRACTOR ASSIGNMENT
          07 DEVELOPING CONTRACTOR NOTIFICATION
          08 MSP CHANGED RECORD NOTIFICATION
          09 WORKERS COMP SET ASIDE DETAIL
          10 WORKERS COMP SET ASIDE LIST
          11 WORKLOAD TRACKING SCREEN
          12 PRESCRIPTION DRUG COVERAGE DETAIL
          13 PRESCRIPTION DRUG COVERAGE LIST

          F3=RETURN F12=EXIT
    
```

COB ECRS Main Menu Screen	
Field Name	Description
CONTRACTOR NUMBER	Type your Medicare or RO contractor number (for options 02, 05, and 06) to view CWF assistance request transactions, MSP inquiries, and lead contractor assignments for your site or Regional Office. If you want to view all records for a specific beneficiary for options 02, 05, and 06, type the HICN in the HICN field and space out the contractor number. Otherwise, type a CMS-issued Medicare contractor number (for options 07 and 08) to view developing contractor and MSP changed record notifications for the specified Medicare contractor.
USER ID	User ID of operator, automatically entered by system. Use this field with options 02 and 05 to find specific ECRS transactions. You can combine this field with STATUS, REASON, and/or SEARCH ORIGIN DATE FROM and THROUGH dates to further refine a search.

COB ECRS Main Menu Screen	
Field Name	Description
STATUS	Status code of record. Use this field with options 02 and 05 to find specific ECRS transactions. You can combine this field with USER ID, REASON, and/or SEARCH ORIGIN DATE FROM and THROUGH dates to further refine a search.
REASON	Reason code of record. Use this field with options 02 and 05 to find specific ECRS transactions. You can combine this field with USER ID, STATUS, and/or SEARCH ORIGIN DATE FROM and THROUGH dates to further refine a search.
HICN	Health Insurance Claim Number. Searches for all ECRS transactions related to a specific beneficiary. Use in conjunction with SEARCH ORIGIN DATE FROM and THROUGH dates to further refine a search. To view all CWF Assistance Requests, MSP Inquiries, and Lead Contractor Assignments, space out the contractor number when using this search function.
DCN	Document Control Number assigned by Medicare contractor or CMS RO. Use this field with options 02 and 05 to find specific ECRS transactions. You can combine this field with SEARCH ORIGIN DATE FROM and THROUGH dates to further refine a search.
SEARCH ORIGIN DATE FROM	Starting date of date range. Lists transactions originating after this date for CWF assistance requests, MSP inquiries, Lead Contractor, and Developing Contractor screens. Use this field in conjunction with any other selection criteria fields to further refine a search. Defaults to 30 days prior to current date.
THROUGH	Ending date of date range. Lists transactions originating before this date for CWF assistance requests, MSP inquiries, Lead Contractor, and Developing Contractor screens. Use this field in conjunction with any other selection criteria fields to further refine a search. Defaults to current date.
SSN	Social Security Number for all ECRS transactions related to a specific beneficiary. Use in conjunction with SEARCH ORIGIN DATE FROM and THROUGH dates to further refine a search. To view all CWF Assistance Requests, MSP Inquiries, and Lead Contractor Assignments, space out the contractor number when using this search function.

COB ECRS Main Menu Screen											
Field Name	Description										
SELECTION	<p>Selection field. Options are:</p> <ul style="list-style-type: none"> 01 CWF Assistance Request Detail 02 CWF Assistance Request List 03 Document Copies 04 MSP Inquiry Detail 05 MSP Inquiry List 06 Lead Contractor Assignment 07 Developing Contractor Notification 08 MSP Changed Record Notification 09 Workers Comp Set Aside Detail 10 Workers Comp Set Aside List (for designated CMS users only) 11 Workload Tracking Screen 12 Prescription Drug Coverage Detail 13 Prescription Drug Coverage List <p>Note: Use the chart below to determine valid search criteria for the various selection options.</p> <table border="1"> <thead> <tr> <th>Selection Option</th> <th>Valid Search Criteria</th> </tr> </thead> <tbody> <tr> <td>02, 05</td> <td>Contractor Number, HICN, User ID, Status, Reason, DCN, Origin Date From, and Through in any combination except you cannot combine DCN and HICN searches. In addition, you must combine searches on Origin Date From and/or Through, User ID, Status, and Reason with a DCN, HICN or Contractor Number search.</td> </tr> <tr> <td>06, 07, 08</td> <td>HICN or Contractor Number with or without Origin Date From and Through</td> </tr> <tr> <td>10</td> <td>SSN, HICN, Reason, Status, Origin Date From, and Through</td> </tr> <tr> <td>13</td> <td>User ID, Status, Reason, DCN, Date From, Through, Contractor Number, HICN, SSN</td> </tr> </tbody> </table>	Selection Option	Valid Search Criteria	02, 05	Contractor Number, HICN, User ID, Status, Reason, DCN, Origin Date From, and Through in any combination except you cannot combine DCN and HICN searches. In addition, you must combine searches on Origin Date From and/or Through, User ID, Status, and Reason with a DCN, HICN or Contractor Number search.	06, 07, 08	HICN or Contractor Number with or without Origin Date From and Through	10	SSN, HICN, Reason, Status, Origin Date From, and Through	13	User ID, Status, Reason, DCN, Date From, Through, Contractor Number, HICN, SSN
Selection Option	Valid Search Criteria										
02, 05	Contractor Number, HICN, User ID, Status, Reason, DCN, Origin Date From, and Through in any combination except you cannot combine DCN and HICN searches. In addition, you must combine searches on Origin Date From and/or Through, User ID, Status, and Reason with a DCN, HICN or Contractor Number search.										
06, 07, 08	HICN or Contractor Number with or without Origin Date From and Through										
10	SSN, HICN, Reason, Status, Origin Date From, and Through										
13	User ID, Status, Reason, DCN, Date From, Through, Contractor Number, HICN, SSN										

Transportation

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

Notes:

Chapter 2: Task and Screen Reference

Introduction

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

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

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

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

For information about this task...	See this page...
Viewing the List of CWF Assistance Request Transactions	2-3
Adding, Viewing, and Updating CWF Assistance Request Transactions	2-6
Screen Scraping Beneficiary Information for CWF Assistance Requests	2-19
Deleting a CWF Assistance Request Transaction	2-24
Viewing the List of MSP Inquiry Transactions	2-25
Adding, Viewing, and Updating MSP Inquiry Transactions	2-28
Screen Scraping Beneficiary Information for MSP Inquiries	2-44
Deleting an MSP Inquiry Transaction	2-46
Searching for ECRS Codes	2-47
Reviewing Your Contractor Site Workload (for Medicare Contractors)	2-49
Viewing the Prescription Drug Coverage Inquiry List	2-49
Adding, Viewing, and Updating Prescription Drug Coverage (PDC) Inquiry Transactions	2-52
Deleting a Prescription Drug Coverage Transaction	2-63
Searching for ECRS Prescription Drug Coverage Codes	2-64
Reviewing Contractor Workloads (for CMS Users)	2-69
Viewing the List of Workers' Compensation Set-Aside Trust Cases	2-72

For information about this task...	See this page...
Viewing, and Updating Workers' Compensation Set-Aside Trust Cases	2-75
Deleting Workers' Compensation Set-Aside Trust Cases	2-85
Requesting Document Copies	2-93
Viewing Lead Contractor Assignments	2-96
Viewing Developing Contractors for a Case	2-100
Viewing Notifications for Cases with Developing Contractors	2-102
Viewing Notifications of Changed MSP Records	2-105

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

For information about this screen...	See this page...
ECRS CWF Assistance Request Detail Screen, Page 1 of 2	2-9
ECRS CWF Assistance Request Detail Screen, Page 2 of 2	2-16
ECRS CWF Assistance Request List Screen	2-4
HIMR MSP Data Screen	2-21
ECRS Document Copies Request Screen	2-94
ECRS MSP Inquiry Detail Screen, Page 1 of 2	2-32
ECRS MSP Inquiry Detail Screen, Page 2 of 2	2-40
ECRS MSP Inquiry List Screen	2-26
ECRS Code Selection Screen	2-48
ECRS Prescription Drug Coverage (PDC) Inquiry List	2-50
ECRS Prescription Drug Coverage (PDC) Detail Screen, Page 1 of 2	2-55
ECRS Prescription Drug Coverage (PDC) Detail Screen, Page 2 of 2	2-59
ECRS MSP Lead Contractor Assignment Screen	2-97
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ECRS MSP Changed Record Notification Screen	2-106
ECRS Workers' Compensation Set-Aside Detail Screen, Page 1 of 2	2-77
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ECRS Workers' Compensation Set-Aside Inquiry Screen, Page 1 of 2	2-86
ECRS Workers' Compensation Set-Aside Inquiry Screen, Page 2 of 2	2-90
ECRS Workers' Compensation Set-Aside List Screen	2-73
ECRS Workload Tracking Screen (for Medicare Contractors)	2-66
ECRS Workload Tracking Screen (for CMS Users)	2-70

Viewing the List of CWF Assistance Request Transactions

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

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

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

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

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

3. Change or delete the search criteria to initiate a new search. Perform searches using combinations of the following criteria: User ID, Status, Reason, Origin Date From, Through, Contractor Number, HICN, or DCN. You cannot combine DCN and HICN searches. In addition, you must combine searches on Origin Date From and/or Through, User ID, Status, and Reason with a DCN, HICN or Contractor Number search.

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

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

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

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

5. If you want to view detailed information for a CWF assistance request transaction, type **S** in the SEL field next to the transaction for which you want to view detailed information. Press [Enter]. The system displays the first page of the ECRS CWF Assistance Request Detail screen for the selected transaction.
6. If you want to exit the ECRS CWF Assistance Request List screen, press [PF2] to return to the ECRS main menu without retaining current search criteria, [PF3] to return to the ECRS main menu while retaining current search criteria, or [PF12] to exit ECRS.

ECRS CWF Assistance Request List Screen Description

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

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

Transportation

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

Adding, Viewing, and Updating CWF Assistance Request Transactions

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

Note: Use these screens to add assistance request transactions for *changes to existing CWF MSP auxiliary occurrences*. If you want to submit an inquiry to the COB contractor about a *possible MSP situation not yet documented at CWF*, use the ECRS MSP Inquiry Detail screens (see page 2-28).

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

- Adding remark codes (AR)
- Making changes to:
 - attorney information (AI)
 - diagnosis codes (DX)
 - effective date (ED)
 - employer information and size (EI and ES)
 - insurer information (II)
 - insurance type (IT), MSP type (MT)
 - patient relationship (PR)
 - pre-paid health plan date (PH)
 - termination date (TD)
- Developing to an employer (DE), an insurer (DI), or an attorney (DA)
- Developing for termination date (DT), effective date (EF), or diagnosis codes (DD)
- Adding a duplicate no-fault record (NR)
- Requesting deletion of a CWF MSP auxiliary occurrence (DO)
- Updating a record for a vow of poverty (VP)
- Adding a duplicate liability record (LR)
- Making documentation requests for generation of right of recovery letters (RR)
- Changing venue for lead contractor assignment (CV)
- Redeveloping a deleted CWF record (DR)
- Changing termination date (CT)

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

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

ECRS CWF ASSISTANCE REQUEST DETAIL		PAGE 1 OF 2
CNTR NBR.	99999	PHONE: ___-___-___
CNTR REP.:	_____	USER ID XXXXXXXX
ACTION(S):	___-___-___	ORIG DT: 99-99-9999
ACTIVITY CODE:	___	STATUS XX XXXXXXXXXXXXXXXX
BENE HICN:	_____	DCN: _____
BENE NAME:	_____	REASON XX XXXXXXXXXXXXXXXX
MSP TYPE:	___ XXXXXXXXXXXXXXXX	ACTIVITY CODE: ___
ORIG CNTR:	_____	DVLP TO: ___
BENE STRT:	_____	RSP: ___
CITY:	_____	SOURCE: ___ XXXXXXXXXXXXXXXX
CHECK DATE:	_____	BENE SSN: ___-___-___
INFMT NAME:	_____	DOB: _____
STREET:	_____	SEX: ___
CITY:	_____	PAT REL: ___ XXXXXXXXXXXXXXXX
EMPLR NAME:	_____	EFF DT: _____
STREET:	_____	AUX REC: _____
CITY:	_____	ACCR DT: _____
STREET:	_____	ORIG CNTR: _____
CITY:	_____	CHANGE LEAD TO: _____
STREET:	_____	SEND VENUE LETTER? Y/N ___
CITY:	_____	ST: ___ ZIP: _____
STREET:	_____	PHONE: ___-___-___
CITY:	_____	CHECK AMOUNT: \$____,____,____.
STREET:	_____	CHECK NO: _____
CITY:	_____	PHONE: ___-___-___
STREET:	_____	ST: ___ ZIP: _____
CITY:	_____	INFMT REL: ___ XXXXXXXXXXXXXXXX
STREET:	_____	EMPLR EIN: _____
CITY:	_____	PHONE: ___-___-___
STREET:	_____	EMPLOYEE NO: _____
CITY:	_____	

F2=MENU F3=RETURN F6=COB/HIMR F8=FWD F9=CODES F12=EXIT

2. Type data in all of the required fields on the ECRS CWF Assistance Request Detail, Page 1 of 2 screen. The required fields on this screen are:
 - ACTION(S)
 - DCN
 - ACTIVITY CODE
 - SOURCE
 - BENE HICN
 - NAME
 - PAT REL
 - MSP TYPE
 - EFF DT
 - AUX REC
 - ORIG CNTR (except when ACTION(S) = CV)
 - CHECK DATE, CHECK AMOUNT, CHECK NO (if SOURCE = CHEK)
 - INFMT NAME, STREET, CITY, ST, ZIP, INFMT REL (if SOURCE = CHEK or LTTR)

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

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

For information on selecting ECRS codes, see page 2-47.

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

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

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

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

COB: (OPERID) _____		

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

5. Type data in the INS TYPE field, the only required field on the ECRS CWF Assistance Request Detail, Page 2 of 2 screen.
6. Type data in the fields as required by the action code(s) requested and typed in the ACTION(S) field on the ECRS CWF Assistance Request Detail, Page 1 of 2 screen. The table below lists action codes and corresponding required fields not mentioned above.

Action Code	Required Fields
II	<p>INSURER NAME</p> <p>If you leave the following fields blank, the system overwrites the previous value: STREET, CITY, ST, ZIP, GROUP NO, POLICY NO, INSURED NAME, INS REL.</p> <p>Note: Type data in <i>all</i> fields to update insurer information at CWF. Leave <i>all</i> fields blank to delete insurer information at CWF.</p>
PH	PHP DATE (Pre-paid Health Plan date)
DX	DIAG (diagnosis codes) Enter at least one, but up to five.

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

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

```

ECRS CWF ASSISTANCE REQUEST DETAIL                                PAGE 1 OF 2
CNTR NBR.  99999  PHONE:  ___-___-___  USER ID  XXXXXXXX  ORIG DT:  99-99-9999
CNTR REP.:  _____  STATUS  XX  XXXXXXXXXXXXXXXX
ACTION(S):  ___  ___  ___  DCN:  _____  REASON  XX  XXXXXXXXXXXXXXXX
ACTIVITY CODE:  _  DVLP TO:  _  RSP:  _  SOURCE:  _____  XXXXXXXXXXXXXXXX
BENE HICN:  _____  SSN:  ___-___-___  DOB:  _____  SEX:  _
NAME:  _____  PAT REL:  ___  XXXXXXXXXXXXXXXX
MSP TYPE:  _  XXXXXXXXXXXXXXXX  EFF DT:  _____  TERM DT:  _____
AUX REC:  _____  ACCR DT:  _____
ORIG CNTR:  _____  CHANGE LEAD TO:  _____  SEND VENUE LETTER?  Y/N  _
BENE STRT:  _____
CITY:  _____  ST:  ___  ZIP:  _____-___  PHONE:  ___-___-___

CHECK DATE:  _____  CHECK AMOUNT:  $____,____,____.____  CHECK NO:  _____
INFMT NAME:  _____  PHONE:  ___-___-___
STREET:  _____
CITY:  _____  ST:  ___  ZIP:  _____-___  INFMT REL:  ___  XXXXXXXXXXXXXXX

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

F2=MENU F3=RETURN F6=COB/HIMR F8=FWD F9=CODES F12=EXIT
    
```

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

ECSR CWF Assistance Request Detail Screen, Page 1 of 2	
Field Name	Description
ACTION(S)	<p>Two-character code defining action to take on CWF Auxiliary record (<i>required field</i>). Valid values are:</p> <p>AI Change attorney information AR Add CWF remark code (See Appendix B for a list of remark codes) CT Change the termination date CV Change venue (Permissible for Workers' Compensation only.) DA Develop to the attorney DD Develop for the diagnosis code DE Develop to employer or develop for employer information DI Develop to insurer or develop for insurer information DO Mark occurrence for deletion DR Investigate/redevelop closed or deleted record DT Develop for termination date DX Change diagnosis codes EA Change employer address ED Change effective date EF Develop for the effective date EI Change employer information ES Employer size below minimum (20 for working aged, 100 for disability) II Change insurer information IT Change insurer type LR Add duplicate liability record MT Change MSP type MX SSN/HICN mismatch NR Add duplicate no-fault record PH Add PHP date PR Change patient relationship RR Generate right of recovery lead contractor letter TD Terminate open EGHP record with date less than six months prior to date of accretion VP Beneficiary has taken a vow of poverty</p> <p>Enter up to four action codes unless CWF assistance request is to change venue (CV), delete occurrence (DO), redevelop a deleted CWF record (DR), request a right of recovery lead contractor letter (RR), or note a vow of poverty (VP). You cannot combine these five action codes with any other action codes.</p>
DCN	Document Control Number assigned by contractor to correspondence and/or paperwork associated with transaction (<i>required field</i>)

ECRS CWF Assistance Request Detail Screen, Page 1 of 2	
Field Name	Description
REASON	<p>Two-character code explaining why the CWF assistance request is in a particular status (<i>protected field</i>). Description of reason code displays next to value. Valid values are:</p> <ul style="list-style-type: none"> 01 Not yet read by COB, used with NW status 02 Being processed by COB, used with IP status 03 Under development by COB, used with IP status 04 Update sent to CWF, used with IP status 05 Error received from CWF, being resolved by COB contractor, used with IP status 07 Auditor follow-up development in progress, used with IP status 10 Not processing 11 Not yet eligible for Medicare, used with HD status 14 Duplicate request, development already in progress, used with HD status 15 Prescription Drug Information sent to MBD 50 Posted to CWF, response received with no errors, used with CM status 51 No changes (additions, modifications, or deletions) made to CWF, used with CM status 52 Returned–rejected by CWF, used with CM status 53 Returned–duplicate ECRS request, used with CM status 54 100 or more threshold met 55 20 or more threshold met 56 OBRA does not apply, no update 57 Record already updated 58 Non-compliant GHP 59 Employer verified existing record, no update 60 Invalid HICN 61 No Part A entitlement 62 Closed, no response to development 63 Development complete, no MSP 64 Letter sent 65 Deceased, used with CM status 66 ESRD/DIB conflict 67 No response from CWF 68 Closed for Self-Report (More current information was received by the COB contractor in the form of a self-report. You will be notified of any changes in record status on the ECRS Changed Record Notification screen.) 69 Developed to GHP, no response 70 Developed to non-EGHP, no response 71 Developed to beneficiary, no response 72 Developed to informant, no response 73 Medicare beneficiary retired 74 Spouse retired 75 GHP lifetime of yearly benefits past maximum amount 76 No coverage with insurance company 77 Medicare Supplemental Plan 78 Employer has less than 20 employees 79 Per employer, Medicare beneficiary is not covered under spouse’s GHP

ECRS CWF Assistance Request Detail Screen, Page 1 of 2	
Field Name	Description
REASON (continued)	Two-character code explaining why the CWF assistance request is in a particular status (<i>protected field</i>). Description of reason code displays next to value. Valid values (continued from previous page) are: 80 Employer has less than 100 employees 81 Medicare is primary due to ESRD coordination period 82 Per insurance, seasonal employee and not eligible for the month 83 Incoming request conflicts with information on file 84 Insufficient information to update CWF 85 Venue changed 86 Unable to verify address, used with CM status 88 No update, not lead contractor 91 Duplicate Investigation in Process 92 Change of Venue not allowed after 90 days
ACTIVITY CODE	Activity of contractor (<i>required field</i>). Valid values are: C Claims (Pre-Payment) (22001) D Debt Collection/Referral (42021) G Group Health Plan (42003) I General Inquires (42004) N Liability, No Fault, Workers' Compensation, and Federal Tort Claim Act (42002)
DVLP TO	Development source code indicating where development letter was sent. Valid values are: A Attorney B Beneficiary C Contractor (CWF Requests only) E Employer I Insurer P Provider R Beneficiary Representative (other than attorney)
RSP	Development response indicator. System displays a Y if a response was received from the development.
SOURCE	Four-character code identifying source of CWF assistance request information (<i>required field</i>). Description of source code displays next to value. Valid values are: CHEK Unsolicited check LTTR Letter PHON Phone call SCLM Claim submitted to Medicare contractor for secondary payment CLAM Claim SRVY Survey
BENE HICN	Health Insurance Claim Number of beneficiary (<i>required field</i>). Type HICN without dashes, spaces, or other special characters.
SSN	Social Security Number of beneficiary
DOB	Beneficiary's date of birth

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

ECRS CWF Assistance Request Detail Screen, Page 1 of 2	
Field Name	Description
ORIG CNTR	Contractor number of contractor that created original MSP occurrence at CWF (<i>required field</i> except when ACTION(S) = CV)
CHANGE LEAD TO	New lead contractor number. <i>Required field</i> if value in ACTION(S) field = CV. Only the original lead contractor or a CMS RO user has the capability to make a lead contractor reassignment request. Note: The system allows one change of venue per beneficiary. If you try to request a second or subsequent change of venue, the system displays an error message and does not process your request. In this case, contact your COB consortia representative.
SEND VENUE LETTER? Y/N	Indicates whether to send Change of Venue letter informing of lead contractor change to original recipients of Right of Recovery letter. <i>Required field</i> if value in ACTION(S) field = CV. Valid values are: Y Yes, send Change of Venue letter N No, do not send Change of Venue letter
BENE STRT	First and second lines of beneficiary's street address
CITY	Beneficiary's city
ST	Beneficiary's state
ZIP	Beneficiary's ZIP code
PHONE	Beneficiary's telephone number
CHECK DATE	Date of check received. <i>Required field</i> if value in SOURCE field = CHEK. You cannot future-date this field.
CHECK AMOUNT	Amount of check received. <i>Required field</i> if value in SOURCE field = CHEK.
CHECK NO	Number of check received. <i>Required field</i> if value in SOURCE field = CHEK.
INFMT NAME	Name of person (in first name/middle initial/last name format) informing contractor of change in MSP coverage. First and last names are <i>required fields</i> when SOURCE is CHEK or LTTR.
PHONE	Informant's telephone number
STREET	First and second lines of informant's street address. First address line is a <i>required field</i> when SOURCE is CHEK or LTTR.
CITY	Informant's city. <i>Required field</i> when SOURCE is CHEK or LTTR.
ST	Informant's state. <i>Required field</i> when SOURCE is CHEK or LTTR.
ZIP	Informant's ZIP code. <i>Required field</i> when SOURCE is CHEK or LTTR.

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

Transportation

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

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

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

COB: (OPERID) _____		

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

ECRS CWF Assistance Request Detail Screen, Page 2 of 2	
Field Name	Description
CNTR NBR.	Medicare Contractors: Contractor number entered on login screen (<i>protected field</i>) CMS Users: RO contractor number entered on main menu screen (<i>protected field</i>)
BENE	Name of beneficiary in first name/middle initial/last name format (<i>protected field</i>)
HICN	Health Insurance Claim Number for beneficiary (<i>protected field</i>)
DCN	Document Control Number assigned by contractor to correspondence and/or paperwork associated with this transaction (<i>protected field</i>)
INSURER NAME*	Name of insurance carrier for MSP coverage (<i>required field</i> for II action code)

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

ECRS CWF Assistance Request Detail Screen, Page 2 of 2	
Field Name	Description
INS TYPE	One-character code for type of insurance. Valid values are: A Insurance or Indemnity (OTHER TYPES) B Group Health Organization (GHO) C Preferred Provider Organization (PPO) D Third Party Administrator arrangement under an Administrative Service Only (ASO) contract without stop loss from any entity (TPA/ASO) E Third Party Administrator arrangement with stop loss insurance issued from any entity (STOP LOSS TPA) F Self-Insured/Self-Administered (SELF-INSURED) G Collectively-Bargained Health and Welfare Fund (HEALTH/WELFAR) H Multiple Employer Health Plan with at least one employer who has more than 100 full- and/or part-time employees (EMPLOYER+100) I Multiple Employer Health Plan with at least one employer who has more than 20 full- and/or part-time employees (EMPLOYER+20) J Hospitalization Only Plan covering inpatient hospital services (HOSPITAL ONLY) K Medical Services Only Plan covering only non-inpatient medical services (MEDICAL ONLY) M Medicare Supplemental Plan, Medigap, Medicare Wraparound Plan or Medicare Carve Out Plan (SUPPLEMENTAL) Blank Unknown (UNKNOWN); defaults to A.
STREET	First and second lines of insurer's street address
PHONE	Insurer's phone number
CITY	Insurer's city
ST	Insurer's state
ZIP	Insurer's ZIP code
GROUP NO	Group number of insurance coverage
POLICY NO	Policy number of insurance coverage
POLICY HOLDER/SUBSCRIBER NAME	Name of individual covered by this insurance in first name/middle initial/last name format
PHP DATE	Pre-paid Health Plan date in MMDDCCYY
REMARKS	Two-character CWF remark code explaining reason for transaction. You may enter up to three remark codes. See Appendix B for a list of remark codes.
DIAG	Five-digit diagnosis code that applies to this MSP occurrence. Enter up to five diagnosis codes.

ECRS CWF Assistance Request Detail Screen, Page 2 of 2	
Field Name	Description
<i>COMMENTS</i>	
CNTR	Identification number of updating operator (OPERID) precedes a free-form text field, where Medicare contractors type data to send notes to the COB contractor. <i>Protected field</i> when COB contractor adds a comment. Note: The COB contractor reviews these comments unless the request involves an automated action type (action codes DO, PH, RR, and TD). In these cases, when automated action types are submitted individually and processed successfully, the comments entered are not reviewed.
COB	Identification number of updating operator (OPERID) precedes a free-form text field, where the COB contractor's comments on the Medicare contractor or the last comment added in CARS appear. <i>Protected field</i> when Medicare contractor adds a comment.

Transportation

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

Screen Scraping Beneficiary Information for CWF Assistance Requests

Screen scraping allows you to retrieve beneficiary information from the COB database and the HIMR BENA and MSPD screens at each host site. The system then carries that information forward to the ECRS CWF Assistance Request Detail screens and fills in the associated fields with the appropriate information.

Follow the steps below to screen scrape beneficiary information for a CWF assistance request.

1. From the first page of the ECRS CWF Assistance Request Detail screen, type a HICN in the BENE HICN field and press [PF6]. The system searches the COB database and HIMR. When the system retrieves MSP data from HIMR, it displays the HIMR MSP Data screen, as shown in the example below.

HIMR MSP DATA											
HIC	XXXXXXXXXX							DOB	MM/DD/CCYY	SEX	X
CORR	XXXXXXXXXX	NAME	XXXXXXXX.XXXXXXXXXXX					DOD		SOURCE	X
SL	REC	MSP	EFF DTE	TRM DTE	VAL DEL	IND	ORIG	UPDT	CONTRACTOR DOA		
-	001	X	MM/DD/CCYY	MM/DD/CCYY	X		XXXXX	XXXXX	MM/DD/CCYY		
-	002	X	MM/DD/CCYY	MM/DD/CCYY	X		XXXXX	XXXXX	MM/DD/CCYY		

TYPE G IN THE SELECT FIELD TO RETRIEVE THE DESIRED RECORD

F3=RETURN

- 2.

If you want to...	Follow these steps:
“Grab” a beneficiary’s data and carry it back to the ECRS CWF Assistance Request Detail screens	Type G in the SL field next to that record, and then press [Enter].
Return to the ECRS CWF Assistance Request Detail screen without “grabbing” data	Press [PF3].

The system returns to the first page of the ECRS CWF Assistance Request Detail screen.

3.

If you...	Follow these steps:
Want to use this imported information	<ol style="list-style-type: none"> 1. Change information in any of the highlighted fields by typing the correct information over the imported information. 2. Press [PF8] to display the second page of the screen. Press [PF7] if you need to display the first page of the screen again. 3. After you complete both pages of the screen, press [PF5] on the second page to update the database.
Want to use this beneficiary, but you want to “grab” a different MSP record for the beneficiary	Press [PF6] again. The system displays the HIMR MSP Data screen.
Do not want to use this imported information, but want to look up a new beneficiary	<ol style="list-style-type: none"> 1. Type the new beneficiary’s HICN in the BENE HICN field on the first page. 2. Press [PF6] on the first page to overlay applicable fields with information from the new beneficiary’s record.

HIMR MSP Data Screen Description

```

HIMR MSP DATA

HIC  XXXXXXXXXXXX          DOB MM/DD/CCYY  SEX X
CORR XXXXXXXXXXXX        NAME XXXXXXXX.XXXXXXXXXXXXXX  DOD          SOURCE X

          VAL DEL  ORIG  UPDT
SL REC  MSP  EFF DTE  TRM DTE  IND  CONTRACTOR  DOA
-  001   X  MM/DD/CCYY  MM/DD/CCYY  X   XXXXX  XXXXX  MM/DD/CCYY
-  002   X  MM/DD/CCYY  MM/DD/CCYY  X   XXXXX  XXXXX  MM/DD/CCYY

TYPE G IN THE SELECT FIELD TO RETRIEVE THE DESIRED RECORD
F3=RETURN
    
```

HIMR MSP Data Screen	
Field Name	Description
HIC	Beneficiary’s HICN (<i>protected field</i>)
DOB	Beneficiary’s Date of Birth in MMDDCCYY format (<i>protected field</i>)

HIMR MSP Data Screen	
Field Name	Description
SEX	Beneficiary's sex (<i>protected field</i>). Valid values are: F Female M Male
CORR	Corrected HICN (<i>protected field</i>)
NAME	Beneficiary's first name (up to seven characters) and last name (up to 11 characters), separated by a period (<i>protected field</i>)
DOD	Date of death (<i>protected field</i>)
SOURCE	Source code (<i>protected field</i>). Valid values are CMS-defined values received from HIMR.
SL	Selection field. Type G in the appropriate selection field and press [Enter] to "grab" a beneficiary's data and carry it forward to the ECRS CWF Assistance Request Detail screens.
REC	Sequence number of record (<i>protected field</i>)
MSP	One-character code identifying type of MSP coverage (<i>protected field</i>). Valid values are: A Working Aged B ESRD C Conditional Payment D Automobile Insurance, No Fault E Workers' Compensation F Federal (Public Health) G Disabled H Black Lung I Veterans L Liability W Workers' Compensation Medicare Set-Aside
EFF DTE	Effective date of MSP coverage in MM/DD/CCYY format (<i>protected field</i>)
TRM DTE	Termination date of MSP coverage in MM/DD/CCYY format (<i>protected field</i>)
VAL DEL IND	Validity indicator (<i>protected field</i>). The system only displays records with validity indicator Y on this screen.
ORIG CONTRACTOR	Originating contractor number (<i>protected field</i>)
UPDT CONTRACTOR	Contractor number of contractor who last updated correspondence item (<i>protected field</i>)
DOA	Date of accretion in MM/DD/CCYY format (<i>protected field</i>)

Transportation

HIMR MSP Data Screen	
PF Key	Function

HIMR MSP Data Screen	
PF Key	Function
03	Return to previous level

Deleting a CWF Assistance Request Transaction

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

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

```

                                ECRS CWF ASSISTANCE REQUEST LIST
USER ID: _____ STATUS: ___ REASON: ___
ORIGIN DATE FROM: _____ THROUGH: _____ CNTR NBR: _____ HICN: _____
DCN: _____

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

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

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

```

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

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

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

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

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

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

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

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

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

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

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

ECRS MSP Inquiry List Screen Description

<i>ECRS MSP Inquiry List Screen</i>	
Field Name	Description
USER ID	User ID entered as search criteria, if applicable. This field is updateable; enter a different User ID to perform additional searches.
STATUS	Status code entered as search criteria, if applicable. This field is updateable; enter a different status code to perform additional searches. To view all in-process MSP inquiry transactions, type IP in the STATUS field and press [Enter].
REASON	Reason code entered as search criteria, if applicable. This field is updateable; enter a different reason code to perform additional searches.
ORIGIN DATE FROM	Starting date of date range entered as search criteria, if applicable. This field is updateable; enter a different From date in MMDDCCYY format to perform additional searches.
THROUGH	Ending date of date range entered as search criteria, if applicable. This field is updateable; enter a different Through date in MMDDCCYY format to perform additional searches.
CNTR NBR	Type a CMS-issued Medicare contractor number or your RO contractor number to view MSP inquiry transactions for a specific contractor or your Regional Office.
HICN	Health Insurance Claim Number entered as search criteria, if applicable. This field is updateable; enter a different HICN to perform additional searches.
DCN	Medicare contractor-assigned Document Control Number entered as search criteria, if applicable. This field is updateable; enter a different DCN to perform additional searches.

ECRS MSP Inquiry List Screen	
Field Name	Description
SEL	Selection field. Type S in this field and press [Enter] to transport to the ECRS MSP Inquiry Detail screen. Type R in this field and press [Enter] to transport to the ECRS CWF Assistance Request Detail screen. Type D in this field and press [PF5] to mark a new (status NW) MSP inquiry transaction for deletion.
HICN	Health Insurance Claim Number for MSP inquiry transaction (<i>protected field</i>)
CNTR	Contractor number (<i>protected field</i>)
DCN	Document Control Number assigned to MSP inquiry transaction by Medicare contractor (<i>protected field</i>)
ST	Status of MSP inquiry transaction (<i>protected field</i>). For a list of valid status values, see page 2-32.
RS	Reason of MSP inquiry transaction (<i>protected field</i>). For a list of valid reason values, see page 2-34.
ORGIN DT	Originating date in MM-DD-CCYY format (<i>protected field</i>)
LST UPDATE	Date MSP inquiry transaction was last changed in MMDDCCYY format (<i>protected field</i>)
USER ID	User ID of operator who entered MSP inquiry transaction (<i>protected field</i>)

Transportation

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

Adding, Viewing, and Updating MSP Inquiry Transactions

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

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

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

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

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

1. From the COB ECRS main menu screen, type **04** in the SELECTION field and press [Enter]. The system displays the first page of the ECRS MSP Inquiry Detail screen, as shown in the example below.

ECRS MSP INQUIRY DETAIL		PAGE 1 OF 2
CNTR NBR. 99999	PHONE: ___ - ___ - ___	USER ID XXXXXXXX ORIG DT: 99-99-9999
CNTR REP.:	_____	STATUS XX XXXXXXXXXXXXXXXX
ACTION(S):	___ ___ ___ DCN: _____	REASON XX XXXXXXXXXXXXXXXX
ACTIVITY CODE: _ 1.DVLP TO: _ 2.DVLP TO: _ RSP: _	SOURCE: _____	XXXXXXXXXXXXXXXXXX
BENE HICN: _____	SSN: ___ - ___ - ___	DOB: _____ SEX: _
NAME: _____	_____	PAT REL: ___ XXXXXXXXXXXXXXXX
MSP TYPE: _ XXXXXXXXXXXXXXXX	EFF DT: _____	TERM DT: _____
SEND TO CWF? (Y/N) _	GROUPING CODE _	
BENE STRT: _____	_____	
CITY: _____	ST: ___ ZIP: _____ - _____	PHONE: ___ - ___ - ___
CHECK DATE: _____	CHECK AMOUNT: \$____,____,____.	CHECK NO: _____
INFMT NAME: _____	_____	PHONE: ___ - ___ - ___
STREET: _____	_____	
CITY: _____	ST: ___ ZIP: _____ - _____	INFMT REL: ___ XXXXXXXXXXXXXXXX
EMPLR NAME: _____	_____	EIN: _____
STREET: _____	_____	PHONE: ___ - ___ - ___
CITY: _____	ST: ___ ZIP: _____ - _____	EMPLOYEE NO: _____
F2=MENU F3=RETURN F6=COB/HIMR F8=FWD F9=CODES F12=EXIT		

For information on screen scraping beneficiary information for MSP inquiries, see page 2-44.

For information on selecting ECRS codes, see page 2-47.

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

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

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

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

* INSURER NAME and INS TYPE are always required fields.

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

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

Action Code Compatibility

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

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

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

SOURCE Code	Required Fields
CHEK	DCN, SOURCE, BENE HICN, NAME, CHECK DATE, CHECK AMOUNT, CHECK NO, INFMT NAME, ADDR, CITY, ST, ZIP, INFMT REL or DCN, SOURCE, SSN, NAME, BENE STRT, CITY, ST, ZIP, CHECK DATE, CHECK AMOUNT, CHECK NO, INFMT NAME, ADDR, CITY, ST, ZIP, INFMT REL
LTTR	DCN, SOURCE, BENE HICN, NAME, INFMT NAME, ADDR, CITY, ST, ZIP, INFMT REL or DCN, SOURCE, SSN, NAME, BENE STRT, CITY, ST, ZIP, INFMT NAME, ADDR, CITY, ST, ZIP, INFMT REL

* INSURER NAME and INS TYPE are always required fields.

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

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

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

```

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

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

SEND TO CWF? (Y/N) _ PRESCRIPTION DRUG COVERAGE? (Y/N) _
DIALYSIS TRAIN DT: _____ BLACK LUNG BENEFITS: _ EFF DT: _____

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

- Type data in the appropriate fields.
- If you typed action code(s) in the ACTION(S) field on the ECRS MSP Inquiry Detail, Page 1 of 2 screen, you must type data in the fields required on this screen by those action code(s). See the table on page 2-29 for a list of applicable action codes, related special processing, and corresponding required fields on this screen and the previous screen.
- After typing data in all of the appropriate fields, press [PF5]. The system adds or updates the MSP inquiry transaction, then displays the message, "TRANSACTION COMPLETED SUCCESSFULLY."
- If you want to return to the ECRS MSP Inquiry Detail, Page 1 of 2 screen, press [PF7].
 If you want to exit the ECRS MSP Inquiry Detail screens, press [PF2] to return to the ECRS main menu or [PF12] to exit ECRS.

ECRS MSP Inquiry Detail, Page 1 of 2 Screen Description

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

BENE STRT:
CITY:  ST:  ZIP:  -  PHONE:  - - -
SUBSCBR:
CHECK DATE:  CHECK AMOUNT: $ , , .  CHECK NO:
INFMT NAME:  PHONE:  - - -
STREET:
CITY:  ST:  ZIP:  -  INFMT REL:  XXXXXXXXXXXX

EMPLR NAME:  EIN:
STREET:  PHONE:  - - -
CITY:  ST:  ZIP:  -  EMPLOYEE NO:

F2=MENU F3=RETURN F6=COB/HIMR F8=FWD F9=CODES F12=EXIT
    
```

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

ECRS MSP Inquiry Detail Screen, Page 1 of 2	
Field Name	Description
ACTION(S)	<p>Action code indicating type of special processing to perform on MSP Inquiry record. Valid values are:</p> <p>CA Class Action Suit CL Closed or Settled Case DE Develop to the Employer DI Develop to the Insurer SC Suppress Confirmation Letter SL Suppress Lead Contractor Assignment SR Suppress Right of Recovery Letters</p>
DCN	<p>Document Control Number assigned by contractor to correspondence and/or paperwork associated with transaction (<i>required field</i>)</p>
REASON	<p>Two-character code explaining why the MSP inquiry is in a particular status (<i>protected field</i>). Description of reason code displays next to value. Valid values are:</p> <p>01 Not yet read by COB, used with NW status 02 Being processed by COB, used with IP status 03 Under development by COB, used with IP status 04 Update sent to CWF, used with IP status 05 Error received from CWF, being resolved by COB contractor, used with IP status 07 Auditor follow-up development in progress, used with IP status 10 Not processing 11 Not yet eligible for Medicare, used with HD status 14 Duplicate request, development already in process, used with HD status 15 Prescription Drug Information sent to MBD 45 Insufficient information to process, used with HD status (RAC only) 46 RAC did not update hold records, used with DE status (RAC only) 50 Posted to CWF, response received with no errors, used with CM status 51 No changes (additions, modifications, or deletions) made to CWF, used with CM status 52 Returned–rejected by CWF, used with CM status 53 Returned–duplicate ECRS request, used with CM status 54 100 or more threshold met 55 20 or more threshold met 56 OBRA does not apply, no update 57 Record already updated 58 Non-compliant GHP 59 Employer verified existing record, no update 60 Invalid HICN 61 No Part A entitlement 62 Closed, no response to development 63 Development complete, no MSP 64 Letter sent 65 Deceased, used with CM status 66 ESRD/DIB conflict 67 No response from CWF</p>

ECRS MSP Inquiry Detail Screen, Page 1 of 2	
Field Name	Description
REASON (continued)	<p>Two-character code explaining why the MSP inquiry is in a particular status (<i>protected field</i>). Description of reason code displays next to value. Valid values (continued from page 2-33) are:</p> <p>68 Closed for Self-Report (More current information was received by the COB contractor in the form of a self-report. You will be notified of any changes in record status on the ECRS Changed Record Notification screen.)</p> <p>69 Developed to GHP, no response</p> <p>70 Developed to non-EGHP, no response</p> <p>71 Developed to beneficiary, no response</p> <p>72 Developed to informant, no response</p> <p>73 Medicare beneficiary retired</p> <p>74 Spouse retired</p> <p>75 GHP lifetime of yearly benefits past maximum amount</p> <p>76 No coverage with insurance company</p> <p>77 Medicare Supplemental Plan</p> <p>78 Employer has less than 20 employees</p> <p>79 Per employer, Medicare beneficiary is not covered under spouse's GHP</p> <p>80 Employer has less than 100 employees</p> <p>81 Medicare is primary due to ESRD coordination period</p> <p>82 Per insurance, seasonal employee and not eligible for the month</p> <p>83 Incoming request conflicts with information on file</p> <p>84 Insufficient information to update CWF</p> <p>85 Venue changed</p> <p>87 MSP record exists, used with CM status (check HIMR or resubmit as assistance request)</p> <p>88 No update, not lead contractor</p> <p>91 Duplicate investigation in process</p> <p>92 Change of Venue not allowed after 90 days.</p>
ACTIVITY CODE	<p>Activity of contractor (<i>required field</i>). Valid values are:</p> <p>C Claims (Pre-Payment) (22001)</p> <p>D Debt Collection/Referral (42021)</p> <p>G Group Health Plan (42003)</p> <p>I General Inquires (42004)</p> <p>N Liability, No Fault, Workers' Compensation, and Federal Tort Claim Act (42002)</p>
1. DVLP TO	<p>Development source code indicating where initial development letter was sent. Valid values are:</p> <p>A Attorney</p> <p>B Beneficiary</p> <p>E Employer</p> <p>I Insurer</p> <p>P Provider</p> <p>R Beneficiary Representative (other than attorney)</p>

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

ECRS MSP Inquiry Detail Screen, Page 1 of 2	
Field Name	Description
PAT REL	<p>Patient relationship between policyholder and beneficiary. Description of code displays next to value. Valid values are:</p> <ul style="list-style-type: none"> 01 Patient is policy holder 02 Spouse 03 Natural child, insured has financial responsibility 04 Natural child, insured does not have financial responsibility 05 Stepchild 06 Foster child 07 Ward of the Court 08 Employee 09 Unknown 10 Handicapped dependent 11 Organ donor 12 Cadaver donor 13 Grandchild 14 Niece/nephew 15 Injured plaintiff 16 Sponsored dependent 17 Minor dependent of a minor dependent 18 Parent 19 Grandparent dependent 20 Domestic partner (Effective April, 2004.)
MSP TYPE	<p>One-character code identifying type of MSP coverage. Description of code displays next to value. Valid values are:</p> <ul style="list-style-type: none"> A Working Aged B ESRD C Conditional Payment D Automobile Insurance, No Fault E Workers' Compensation F Federal (Public Health) G Disabled H Black Lung I Veterans L Liability W Workers' Compensation Medicare Set-aside
EFF DT	Effective date of MSP coverage in MMDDCCYY format, cannot equal termination date
TERM DT	Termination date of MSP coverage in MMDDCCYY format, cannot equal effective date

ECRS MSP Inquiry Detail Screen, Page 1 of 2	
Field Name	Description
SEND TO CWF? (Y/N)	<p>Indicates whether to send MSP inquiry to CWF. Valid values are:</p> <p>Y Send to CWF (default unless ACTION(S) field = DE or DI or INFMT REL field = D, in which case default is N and this is a <i>protected field</i>)</p> <p>N Do not send to CWF</p> <p><i>For EGHP MSP Types:</i> In addition to the minimum HUSP fields, the EMPLR NAME, STREET, CITY, ST, and ZIP fields are required or the system will set this switch to N and develop the record.</p> <p><i>For Non-EGHP MSP Types:</i> In addition to the minimum HUSP fields, the ATTORNEY or INSURER NAME, STREET, CITY, ST, ZIP, DIAG, and ILLNESS/INJURY DT fields are required or the system will set this switch to N and develop the record.</p>
CMS GROUPING CODE	<p>CMS Grouping Code. Code entered determines lead contractor assignment. Valid values are:</p> <p>01 Gel Implants (TrailBlazers, 00400)</p> <p>02 Gel Implants (Alabama, 00010)</p> <p>03 Bone Screw Recoveries (United Government Services, 00454)</p> <p>04 Diet Drug Recoveries (Cahaba BCBS Alabama, 00010)</p> <p>05 Sulzer Inter-Op Acetabular Shells for Hip Implant Recoveries (Chisholm Administrative Services, 00340)</p> <p>06 Sulzer Orthopedic and Defective Knee Replacement Recoveries (Chisholm Administrative Services, 00340)</p> <p>07 Baycol Litigation</p> <p>08 Dexatrim (90000)</p> <p>09 Rhode Island Receivership Recoveries (00180)</p> <p>10 Propulsid (00010)</p> <p>11 Asbestos Exposure</p>
BENE STRT	First and second lines of beneficiary's street address
CITY	Beneficiary's city
ST	Beneficiary's state
ZIP	Beneficiary's ZIP code
PHONE	Beneficiary's telephone number
CHECK DATE	Date of check received (for development letter to provider). <i>Required field</i> if value in SOURCE field = CHEK. You cannot future-date this field.
CHECK AMOUNT	Amount of check received (for development letter to provider). <i>Required field</i> if value in SOURCE field = CHEK.

E CRS MSP Inquiry Detail Screen, Page 1 of 2	
Field Name	Description
CHECK NO	Number of check received (for development letter to provider). <i>Required field</i> if value in SOURCE field = CHEK.
INFMT NAME*	Name of person (in first name/middle initial/last name format) informing contractor of change in MSP coverage. <i>Required field</i> if value in SOURCE field = CHEK, LTTR, or PHON.
PHONE	Informant's telephone number
ADDR*	First and second lines of informant's street address. <i>Required field</i> if value in SOURCE field = CHEK, LTTR, or PHON.
CITY*	Informant's city. <i>Required field</i> if value in SOURCE field = CHEK, LTTR, or PHON.
ST	Informant's state. <i>Required field</i> if value in SOURCE field = CHEK, LTTR, or PHON.
ZIP	Informant's ZIP code. <i>Required field</i> if value in SOURCE field = CHEK, LTTR, or PHON.
INFMT REL	One-character code indicating relationship of informant to beneficiary. Description of code displays next to value. <i>Required field</i> if value in SOURCE field = CHEK, LTTR, or PHON. Valid values are: A Attorney representing beneficiary B Beneficiary C Child D Defendant's attorney E Employer F Father I Insurer M Mother N Non-relative O Other relative P Provider R Beneficiary representative (other than attorney) S Spouse U Unknown
EMPLR NAME*	Name of employer providing group health insurance under which beneficiary is covered
EIN	Employer Identification Number

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

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

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

Transportation

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

ECRS MSP Inquiry Detail, Page 2 of 2 Screen Description

ECRS MSP INQUIRY DETAIL		PAGE 2 OF 2
CNTR NBR. 99999	BENE XXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXX	
HICN XXXXXXXXXXXXX	DCN XXXXXXXXXXXXXXXX	
INSURER NAME: _____	INS TYPE: _ XXXXXXXXXXXXXXXX	
STREET: _____	PHONE: ____-____-____	
CITY: _____ ST: __ ZIP: _____ - _____		
GROUP NO: _____	POLICY NO: _____	
POLICY HOLDER/SUBSCRIBER NAME: _____		
	SUBSCRIBER SSN: __ - __ - ____	
	DIAG: _____	
ILLNESS/INJURY DT: _____	DESC: _____	
BENE REP NAME: _____	STRT: _____	
CITY: _____ ST: __ ZIP: _____ - _____	REP TYPE: _ XXXXXXXXXXXXXXXX	
SEND TO CWF? (Y/N) _	PRESCRIPTION DRUG COVERAGE? (Y/N) _	
DIALYSIS TRAIN DT: _____	BLACK LUNG BENEFITS: _ EFF DT: _____	
F2=MENU F3=RETURN F5=UPDATE F7=BWD F9=CODES F12=EXIT		

ECRS MSP Inquiry Detail Screen, Page 2 of 2	
Field Name	Description
CNTR NBR.	Medicare Contractors: Contractor number entered on login screen (<i>protected field</i>) CMS Users: RO contractor number entered on main menu screen (<i>protected field</i>)
BENE	Name of beneficiary in first name/middle initial/last name format (<i>protected field</i>)
HICN	Health Insurance Claim Number for beneficiary (<i>protected field</i>)
DCN	Document Control Number assigned by contractor to correspondence and/or paperwork associated with this transaction (<i>protected field</i>)
INSURER NAME*	Name of insurance carrier for MSP coverage. Insurer name cannot contain a space in position two.

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

ECRS MSP Inquiry Detail Screen, Page 2 of 2	
Field Name	Description
INS TYPE	<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>Blank Unknown (UNKNOWN); defaults to A.</p>
STREET*	First and second lines of insurer's street address
PHONE	Insurer's phone number
CITY*	Insurer's city
ST	Insurer's state
ZIP	Insurer's ZIP code
GROUP NO	Group number of insurance coverage
POLICY NO	Policy number of insurance coverage
POLICY HOLDER/SUBSCRIBER NAME	Name of individual covered by this insurance in first name/middle initial/last name format
SUBSCRIBER SSN	Social Security Number of the policy holder/subscriber.
REP TYPE	<p>One-character code indicating type of relationship between beneficiary and his/her representative. Description of code displays next to value. Valid values are:</p> <p>A Attorney</p> <p>R Bene Rep (individual not acting as attorney)</p>

ECRS MSP Inquiry Detail Screen, Page 2 of 2	
Field Name	Description
SEND TO CWF? (Y/N)	Indicates whether to send MSP inquiry to CWF. Valid values are: Y Send to CWF (default unless ACTION(S) field = DE or DI or INFMT REL field = D, in which case default is N and this is a <i>protected field</i>) N Do not send to CWF <i>For EGHP MSP Types:</i> In addition to the minimum HUSP fields, the EMPLR NAME, STREET, CITY, ST, and ZIP fields are required or the system will set this switch to N and develop the record. <i>For Non-EGHP MSP Types:</i> In addition to the minimum HUSP fields, the ATTORNEY or INSURER NAME, STREET, CITY, ST, ZIP, DIAG, and ILLNESS/INJURY DT fields are required or the system will set this switch to N and develop the record.
PRESCRIPTION DRUG COVERAGE?	Y Yes N No
DIAG	Five-digit diagnosis code that applies to this MSP occurrence. Enter up to five diagnosis codes.
ILLNESS/INJURY DT	Date illness or injury occurred for workers' compensation, automobile, or liability coverage (in MMDDCCYY format)
DESC	Brief description of accident or illness for workers' compensation, automobile, or liability coverage
BENE REP NAME*	Name of individual representing a beneficiary's medical affairs or estate. Representation may be applicable in a workers' compensation, automobile, or liability insurance case. Type name in first name/middle initial/last name format.
STRT*	Beneficiary representative's street
CITY*	Beneficiary representative's city
ST	Beneficiary representative's state
ZIP	Beneficiary representative's ZIP code
DIALYSIS TRAIN DT	Date beneficiary received self-dialysis training (in MMDDCCYY format)
BLACK LUNG BENEFITS	One-character code indicating whether beneficiary receives benefits under the Black Lung Program. Valid values are: N No Y Yes
EFF DT	Date beneficiary began receiving benefits under the Black Lung Program in MMDDCCYY format. This field is only valid when BLACK LUNG BENEFITS field value is Y.

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

Transportation

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

Screen Scraping Beneficiary Information for MSP Inquiries

Screen scraping allows you to retrieve beneficiary information from the COB database or the HIMR BENA screens at each host site. The system then carries that information forward to the first page of the ECSR MSP Inquiry Detail screens and fills in the associated fields with the appropriate information.

Follow the steps below to screen scrape beneficiary information for an MSP inquiry.

1. From the first page of the ECSR MSP Inquiry Detail screen, type a HICN in the BENE HICN field and press [PF6].

The system first searches the COB database. If the system finds beneficiary information related to that HICN there, it automatically fills the appropriate fields on the first page of the ECSR MSP Inquiry screen with the applicable information.

If the system does not find the HICN on the COB database, it then searches the HIMR BENA screens at each host site. When the system retrieves MSP data from HIMR, automatically fills the appropriate fields on the first page of the ECSR MSP Inquiry screen with the applicable information.

The system highlights the fields where information was imported from the COB database or CWF, as shown in the example below.

```

                                ECSR MSP INQUIRY DETAIL                                PAGE 1 OF 2
CNTR NBR.  99999  PHONE:  ___ - ___ - ___  USER ID  XXXXXXXX  ORIG DT: 99-99-9999
CNTR REP.:  _____  STATUS  XX  XXXXXXXXXXXXXXXX
ACTION(S):  _____  DCN:  _____  REASON  XX  XXXXXXXXXXXXXXXX
ACTIVITY CODE:  _ 1.DVLP TO:  _ 2.DVLP TO:  _ RSP:  _  SOURCE:  _____  XXXXXXXXXXXXXXXX
BENE HICN:  XXXXXXXXXXXXX  SSN:  XXX - XX - XXXX  DOB:  MMDDCCYY  SEX:  X
NAME:  XXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX PAT REL:  _  XXXXXXXXXXXXXXXX
MSP TYPE:  _  XXXXXXXXXXXXXXXX  EFF DT:  _____  TERM DT:  _____
SEND TO CWF? (Y/N)  _  GROUPING CODE  _

BENE STRT:  XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX
CITY:  XXXXXXXXXXXXXXXX  ST:  XX  ZIP:  XXXXX - XXXX  PHONE:  XXX - XXX - XXXX

CHECK DATE:  _____  CHECK AMOUNT:  $____,____,____.____  CHECK NO:  _____
INFMT NAME:  _____  PHONE:  ___ - ___ - ___
ADDR:  _____
CITY:  _____  ST:  ___  ZIP:  _____ - _____  INFMT REL:  _  XXXXXXXXXXXXX

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

F2=MENU F3=RETURN F6=COB/HIMR F8=FWD F9=CODES F12=EXIT
  
```

Note: The second page of the ECSR MSP Inquiry Detail screen contains no imported information from the COB database or CWF.

2.

If you...	Follow these steps:
Want to use this imported information	<ol style="list-style-type: none"> 1. Change information in any of the highlighted fields by typing the correct information over the imported information. 2. Press [PF8] to display the second page of the screen. Press [PF7] if you need to display the first page of the screen again. 3. After you complete both pages of the screen, press [PF5] on the second page to update the database.
Do not want to use this imported information, but want to look up a new beneficiary	<ol style="list-style-type: none"> 1. Type the new beneficiary's HICN in the BENE HICN field on the first page. 2. Press [PF6] on the first page to overlay applicable fields with information from the new beneficiary's record.

Deleting an MSP Inquiry Transaction

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

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

```

ECRS MSP INQUIRY LIST
USER ID: _____ STATUS: ___ REASON: ___
ORIGIN DATE FROM: _____ THROUGH: _____ CNTR NBR: _____ HICN: _____
DCN: _____

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

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

```

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

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

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

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

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

Note: For the ECRS MSP Inquiry List Screen Description, see page 2-26.

ECRS Code Selection Screen Description

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

Transportation

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

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

The dates in the Origin Date From and Through fields default to the dates entered in the Search Origin Date fields on the COB ECRS main menu screen. If you did not enter dates in those fields on the COB ECRS main menu screen, the fields on this screen default to the date 30 days prior to the current date and the current date.

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

Note: If SSN search is performed, the HICN field displayed on the detail line after the column labeled "S" will be changed to SSN and the Social Security Number will be displayed on the detail line(s) below it.

- Press [PF7] to scroll backward or [PF8] to scroll forward through the list of inquiry transactions.
- If you want to view detailed information, type **S** in the SEL field next to the transaction you want to view. Press [Enter]. The system displays the first page of the ECRS PDC Detail screen for the selected transaction.
- To exit the ECRS Prescription Drug Coverage Inquiries List screen, press
 - [PF2] to return to the ECRS main menu without retaining current search criteria
 - [PF3] to return to the ECRS main menu while retaining current search criteria
 - [PF12] to exit ECRS

ECRS Prescription Drug Coverage (PDC) Inquiry List Screen Description

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

ECRS Prescription Drug Coverage (PDC) Inquiry List Screen	
Field Name	Description
THROUGH	Enter an Ending date of date range as search criteria, if applicable. Enter a different Through date in MMDDCCYY format to perform additional searches.
CNTR NBR	Type a CMS-issued Medicare contractor number or your RO contractor number to view PDC inquiry transactions for a specific contractor or your Regional Office.
HICN	Enter a Health Insurance Claim Number as search criteria, if applicable. Enter a different HICN to perform additional searches.
SEL	Selection field Type S in this field and press [Enter] to transport to the ECRS PDC Detail screen. Type D in this field and press [PF5] to mark a PDC inquiry transaction for deletion.
HICN	Health Insurance Claim Number for PDC inquiry transaction (<i>protected field</i>)
CNTR	Contractor number (<i>protected field</i>)
DCN	Document Control Number assigned to the PDC inquiry transaction by Medicare contractor (<i>protected field</i>)
ST	Status of the PDC inquiry transaction (<i>protected field</i>). For a list of valid status values, see page 2-32.
RS	Reason of MSP inquiry transaction (<i>protected field</i>). For a list of valid reason values, see page 2-34.
ORGIN DT	Originating date in MM-DD-CCYY format (<i>protected field</i>)
LST UPDATE	Date the PDC inquiry transaction was last changed in MMDDCCYY format (<i>protected field</i>)
USER ID	User ID of operator who entered the PDC inquiry transaction (<i>protected field</i>)

Transportation

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

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

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

There are two methods of accessing the Detail screen:

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

Tracking

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

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

NW01	Not yet read by COB
DE01	Deleted by Medicare Contractor
CM15	Update Sent to MBD
CM53	Duplicate ECRS Request
CM60	Invalid HICN
CM92	Change of Venue not allowed after 90 days

Note: CM92 refers to a request to change the lead contractor more than 90 days after the initial assignment; this request will be rejected.

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

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

The system displays the second page of the ECRS PDC Detail screen, as shown on page 2-54. Continue with the instructions on that page.

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

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

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

```

ECRS PRESCRIPTION DRUG COVERAGE DETAIL                PAGE 1 OF 2
CNTR NBR. 99999  PHONE:  ___ - ___ - ___  USER ID XXXXXXXX ORIG DT: 99-99-9999
CNTR REP.: _____  STATUS XX  XXXXXXXXXXXXXXXX
                    DCN: _____  REASON XX  XXXXXXXXXXXXXXXX
          1.DVLP TO:  _ 2.DVLP TO:  _ RSP:  _  SOURCE: _____ XXXXXXXXXXXXXXXX
BENE HICN: _____  SSN:  ___ - ___ - ___  DOB: _____  SEX:  _
NAME: _____  PAT REL:  _ XXXXXXXXXXXXXXXX
SEND TO MBD? (Y/N)  _

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

CHECK DATE: _____  CHECK AMOUNT: $____,____,____.____  CHECK NO: _____
INFMT NAME: _____  PHONE:  ___ - ___ - ___
STREET: _____
CITY: _____  ST:  _  ZIP:  ___ - ___  INFMT REL:  _ XXXXXXXXXXXX

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

F2=MENU F3=RETURN F8=FWD F9=CODES F12=EXIT
    
```

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

- CHEK - Unsolicited Check
- LTTR - Letter
- PHON - Phone
- SCLM - Medicare Secondary Claim Payment
- CLAM - Claim
- SRVY - Survey

3. Type data in the fields required by the code typed in the SOURCE field. The table below lists codes and corresponding required fields.

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

SOURCE Code	Required Fields
CHEK SCLM	DCN, SOURCE, BENE HICN, NAME
LTTR CLAM	or
PHON SRVY	DCN, SOURCE, SSN, NAME, BENE STRT, CITY, ST, ZIP

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

ECRS PDC Detail screen, Page 2 of 2

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

```

                                ECRS PRESCRIPTION DRUG COVERAGE DETAIL                                PAGE 2 OF 2
CNTR NBR. 99999  PHONE 999-999-9999  USER ID XXXXXXXX  ORIG DT: 99-99-9999
CNTR REP. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
BENE NAME XXXXXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXXXXXX  PATIENT REL _ XXXXXX
HICN XXXXXXXXXXXXX  DCN XXXXXXXXXXXXXXXXXXXX  SSN: 999-99-9999
INFMT NAME XXXXXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXXXXXX
EMPLR NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PERSON CODE:  __ XXXXX
SUP TYPE:  _ XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
MSP TYPE:  _ XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
TYPE:  _ XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
REC TYPE:  _ XXXXXXXXXXXXXXX
INSURER NAME: _____
ADDR1: _____
CITY: _____ ST:  __ ZIP:  ____ - ____
EFF DATE: _____ TERM DATE: _____
POLICY NO: _____
RX BIN: _____ RX PCN: _____
RX GROUP: _____ RX ID: _____
RX PHONE: _____

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

```

- Type data in the appropriate fields.

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

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

```

                                ECRS PRESCRIPTION DRUG COVERAGE DETAIL                                PAGE 2 OF 2
CNTR NBR. 99999  PHONE 999-999-9999  USER ID XXXXXXXX  ORIG DT: 99-99-9999
CNTR REP. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
BENE NAME XXXXXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXXXXXX  PATIENT REL _ XXXXXX
HICN XXXXXXXXXXXXX  DCN XXXXXXXXXXXXXXXXXXXX  SSN: 999-99-9999
INFMT NAME XXXXXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXXXXXX
EMPLR NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PERSON CODE:  __ XXXXX
SUP TYPE:  _ XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
MSP TYPE:  _ XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
TYPE:  _ XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
REC TYPE:  _ XXXXXXXXXXXXXXX
INSURER NAME: _____
ADDR1: _____
CITY: _____ ST:  __ ZIP:  ____ - ____
EFF DATE: _____ TERM DATE: _____
POLICY NO: _____
RX BIN: _____ RX PCN: _____
RX GROUP: _____ RX ID: _____
RX PHONE: _____

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

```

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

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

```

          ECRS PRESCRIPTION DRUG COVERAGE DETAIL                PAGE 1 OF 2
CNTR NBR.  99999  PHONE:  ___ - ___ - ___  USER ID XXXXXXXX ORIG DT: 99-99-9999
CNTR REP.:  _____  STATUS  XX  XXXXXXXXXXXXXXXX
          DCN: _____  REASON  XX  XXXXXXXXXXXXXXXX
          1.DVLP TO:  _ 2.DVLP TO:  _ RSP:  _  SOURCE:  ___ XXXXXXXXXXXXXXXX
BENE HICN:  _____  SSN:  ___ - ___ - ___  DOB: _____  SEX:  _
NAME: _____  PAT REL:  ___ XXXXXXXXXXXXXXXX
SEND TO MBD? (Y/N)  _

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

CHECK DATE:  _____  CHECK AMOUNT: $____,____,____.____  CHECK NO: _____
INFMT NAME:  _____  PHONE:  ___ - ___ - ___
STREET: _____
CITY: _____  ST:  ___  ZIP:  _____ - _____  INFMT REL:  ___ XXXXXXXXXXXXXXX

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

          F2=MENU F3=RETURN F8=FWD F9=CODES F12=EXIT
    
```

ECRS Prescription Drug Coverage Detail (PDC) Screen, Page 1 of 2	
Field Name	Description
CNTR NBR	Contractor number entered on login screen (<i>protected field</i>).
PHONE	Phone number of contractor representative (<i>not required field</i>).
USER ID	User ID of operator who entered the Supplemental Prescription Drug inquiry transaction (<i>protected field</i>).
ORIG DT	Originating date in MM-DD-CCYY format (<i>protected field</i>).
CNTR REP.	Name of contractor representative to contact for further information or clarification regarding Supplemental Prescription Drug Coverage inquiry (<i>not required field</i>).
DCN	Document Control Number assigned by contractor to correspondence and/or paperwork associated with transaction (<i>required field</i>).
1. DVLP TO	Development source code indicating where initial development letter was sent (<i>not required field</i>). Valid values are: <div style="margin-left: 40px;"> A Attorney B Beneficiary E Employer I Insurer P Provider R Beneficiary Representative (other than attorney) </div>

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

ECRS Prescription Drug Coverage Detail (PDC) Screen, Page 1 of 2	
Field Name	Description
ZIP	Beneficiary's ZIP (<i>not required field</i>).
PHONE	Beneficiary's phone number (<i>not required field</i>).
PATIENT REL	Patient relationship between policyholder and beneficiary (<i>required field</i>). Description of code displays next to value. Valid values are: 01 Patient is policy holder 02 Spouse 03 Child 04 Other
SEND TO MBD? (Y/N)	Indicates whether to send MSP inquiry to MBD (<i>required field</i>). Valid values are: Y Send to MBD (default) N Do not send to MBD
INFMT NAME *	Name of person (in first name/middle initial/last name format) informing contractor of change in MSP coverage. (<i>not required field</i>).
INFMT REL	One-character code indicating relationship of informant to beneficiary (<i>required field</i>). Description of code displays next to value. Valid values are: A Attorney representing beneficiary B Beneficiary C Child D Defendant's attorney E Employer F Father I Insurer M Mother N Non-relative O Other relative P Provider R Beneficiary representative (other than attorney) S Spouse U Unknown W Pharmacy
ADDR*	First and second lines of informant's street address. (<i>not required field</i>)
CITY*	Informant's city. (<i>not required field</i>)

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

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

Transportation

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

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

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

```

ECRS PRESCRIPTION DRUG COVERAGE DETAIL                                PAGE 2 OF 2
CNTR NBR. 99999  PHONE  999-999-9999  USER ID XXXXXXXX  ORIG DT: 99-99-9999
CNTR REP. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
BENE NAME XXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXXXXXX  PATIENT REL _ XXXXXX
HICN XXXXXXXXXXXXXXX  DCN XXXXXXXXXXXXXXX  SSN: 999-99-9999
INFMT NAME XXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXXXXXX
EMPLR NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PERSON CODE:  _  XXXXX
SUP TYPE:  _  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
MSP TYPE:  _  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
TYPE:  _  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
REC TYPE:  _  XXXXXXXXXXXXXXX
INSURER NAME:  _____
ADDR1:  _____
CITY:  _____  ST:  _  ZIP:  _____ - _____
EFF DATE:  _____  TERM DATE:  _____
POLICY NO:  _____
RX BIN:  _____  RX PCN:  _____
RX GROUP:  _____  RX ID:  _____
RX PHONE:  _____

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

Prescription Drug Coverage (PDC) Detail Screen Page 2 of 2	
Field Name	Description
CNTR NBR.	Contractor number entered on login screen (<i>protected field</i>).
PHONE	Phone number of contractor representative entered on the MSP Inquiry Detail Screen page 1 of 1.
USER ID	User ID of operator who entered MSP inquiry transaction (<i>protected field</i>).
ORIG DT	Originating date in MM-DD-CCYY format (<i>protected field</i>).
CNTR REP.	Name of contractor representative to contact for further information or clarification regarding MSP inquiry entered on the MSP Inquiry Detail Screen page 1 of 1.
BENE NAME	Name of beneficiary in first name/middle initial/last name format entered on the MSP Inquiry Detail Screen page 1 of 1 (<i>protected field</i>).
HICN	Health Insurance Claim Number of beneficiary entered on the MSP Inquiry Detail Screen page 1 of 1 (<i>protected field</i>).
DCN	Document Control Number entered on the MSP Inquiry Detail Screen page 1 of 1 (<i>protected field</i>) assigned by contractor to correspondence and/or paperwork associated with transaction.
SSN	Social Security Number of beneficiary entered on the MSP Inquiry Detail Screen page 1 of 1 (<i>protected field</i>).
INFMT NAME	Name of person (in first name/middle initial/last name format) informing contractor of change in MSP coverage (<i>protected field</i>).

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

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

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

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

Transportation

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

ECRS Code Selection Screen Description

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

Transportation

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

Reviewing Your Contractor Site Workload (for Medicare Contractors)

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

Follow the steps below to review the workload for your contractor site.

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

ECRS WORKLOAD TRACKING SCREEN							
FROM: MMDDCCYY THROUGH: MMDDCCYY							
CONTRACTOR NUMBER: XXXXX							
ACT CODE	ACT NUM	CWF ASST REQ	REJECTS	MSP INQUIRY	REJECTS	GROSS TOTAL	NET TOTAL
-	_____	000,000	0,000	000,000	0,000	0,000,000	0,000,000
-	_____	000,000	0,000	000,000	0,000	0,000,000	0,000,000
-	_____	000,000	0,000	000,000	0,000	0,000,000	0,000,000
-	_____	000,000	0,000	000,000	0,000	0,000,000	0,000,000
-	_____	000,000	0,000	000,000	0,000	0,000,000	0,000,000
GRAND TOTAL		0,000,000	00,000	0,000,000	00,000	0,000,000	0,000,000

F2=MENU F3=RETURN 12=EXIT

2. If you want to exit the ECRS Workload Tracking screen, press [PF2] to return to the ECRS main menu, [PF3] to return to the previous level, or [PF12] to exit ECRS.

ECRS Workload Tracking Screen Description (for Medicare Contractors)

<i>ECRS Workload Tracking Screen (for Medicare Contractors)</i>	
Field Name	Description
FROM	Start date of reporting period. Defaults to first day of previous month. Type another date in this field to change the start of the reporting period.
THROUGH	End date of reporting period. Defaults to last day of previous month. Type another date in this field to change the end of the reporting period.
CONTRACTOR NUMBER	Contractor number of contractor currently logged onto ECRS (<i>protected field</i>)

ECRS Workload Tracking Screen (for Medicare Contractors)	
Field Name	Description
ACT CODE	Activity code (<i>protected field</i>). Valid values are: C Claims (Pre-Payment) (22001) D Debt Collection/Referral (42021) G Group Health Plan (42003) I General Inquires (42004) N Liability, No Fault, Workers' Compensation, and Federal Tort Claim Act (42002)
ACT NUM	Corresponding account number for each activity code. Valid values are: 22001 Claims (Pre-Payment) 42002 Liability, No Fault, Workers' Compensation, and Federal Tort Claim Act 42003 Group Health Plan 42004 General Inquires 42021 Debt Collection/Referral
CWF ASST REQ	Number of CWF assistance requests submitted by contractor for each activity code (<i>protected field</i>)
REJECTS	Number of duplicate CWF assistance requests submitted by contractor for each activity code (CM53) (<i>protected field</i>)
MSP INQUIRY	Number of MSP inquires submitted by contractor for each activity code (<i>protected field</i>)
REJECTS	Number of duplicate MSP inquires submitted by contractor for each activity code (CM53), combined with number of MSP inquires submitted by contractor that should have been a CWF assistance request (CM87) (<i>protected field</i>)
GROSS TOTAL	Total number of CWF assistance requests and MSP inquires submitted by contractor for each activity code, including duplicates (<i>protected field</i>)
NET TOTAL	Total number of CWF assistance requests and MSP inquires submitted by contractor for each activity code, excluding duplicates (<i>protected field</i>)
GRAND TOTAL	Six grand totals consist of the following: <ul style="list-style-type: none"> • Grand total of CWF assistance requests submitted by contractor for all activity codes • Grand total of all duplicate/rejected CWF assistance requests submitted by contractor for all activity codes • Grand total of all MSP inquiries submitted by contractor for all activity codes • Grand total of all duplicate/rejected MSP inquiries submitted by contractor for all activity codes • Grand total of Net Totals for CWF assistance requests and MSP inquiries submitted by the contractor for all activity codes, including duplicates • Grand total of Gross Totals for CWF assistance requests and MSP inquiries submitted by contractor for all activity codes, excluding duplicates

Transportation

<i>ECRS Workload Tracking Screen (for Medicare Contractors)</i>	
PF Key	Function
02	Return to ECRS main menu
03	Return to previous level
12	Exit ECRS

Reviewing Contractor Workloads (for CMS Users)

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

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

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

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

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

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

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

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

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

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

ECRS Workload Tracking Screen Description (for CMS Users)

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

ECRS Workload Tracking Screen (for CMS Users)	
Field Name	Description
NAT TTL	<p>Six national totals consist of the following:</p> <ul style="list-style-type: none"> • National total of CWF assistance requests submitted by all contractors for all activity codes selected • National total of all duplicate/rejected CWF assistance requests submitted by all contractors for all activity codes selected • National total of all MSP inquiries submitted by all contractors for all activity codes selected • National total of all duplicate/rejected MSP inquiries submitted by all contractors for all activity codes selected • National total of Net Totals for CWF assistance requests and MSP inquiries submitted by all contractors for all activity codes, including duplicates • National total of Gross Totals for CWF assistance requests and MSP inquiries submitted by all contractors for all activity codes, excluding duplicates

Transportation

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

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

ECRS Workers' Comp Set-Aside List Screen Description

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

ECRS Workers' Comp Set-Aside List Screen	
Field Name	Description
RS	Reason for status (<i>protected field</i>). Valid values are: 01 Not yet read by COB 04 Sent to CWF 06 At EDB 11 Not yet eligible for Medicare 12 Needs diagnosis, used with HD status 13 Future-dated workers' compensation case, used with HD status 14 Duplicate request, development already in progress, used with HD status 50 Record applied at CWF with no errors 65 Deceased 67 No response from CWF
DCN	Document Control Number entered by Regional Office (<i>protected field</i>)
ORIGIN DATE	Date workers' compensation set-aside trust case was entered in MM-DD-CCYY format (<i>protected field</i>)
LST UPDATE	Date workers' compensation set-aside trust case was last changed in MMDDCCYY format (<i>protected field</i>)
USER ID	User ID of operator who last updated workers' compensation set-aside trust case (<i>protected field</i>)

Transportation

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

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

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

Use the ECRS Workers' Compensation Set-Aside screens to view and update a workers' compensation set-aside trust case. You can only update a case if you work in the Regional Office that entered it, and the case status is HD (hold). On or about May 3, 2004 (subject to change), all new Workers' Compensation Set Aside cases will be added through the new Workers Compensation Set Aside Case Control System (WCCCS). If the COB system has started processing the information, you cannot update the case.

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

Prior to May 3, 2004

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

```

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

IN PROCESS: _ FINAL: _ APPROVED: _ DENIED: _
DATE OF LOSS: _____ EFFECTIVE (SETTLEMENT DATE): _____

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

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

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

DEFENDANT ATTY? Y/N: _
DIAG: _____

DESCRIPTION: _____
_____
_____

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

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

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

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

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

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

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

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

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

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

IN PROCESS: _ FINAL: _ APPROVED: _ DENIED: _
DATE OF LOSS: _____ EFFECTIVE (SETTLEMENT DATE): _____

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

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

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

DEFENDANT ATTY? Y/N: _
DIAG: _____

DESCRIPTION: _____
_____
_____

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

ECRS Workers' Compensation Set-Aside Inquiry Screen, Page 1 of 2	
Field Name	Description
RO NUMBER	Regional Office contractor number (<i>protected field</i>)
STATUS	Status of request (<i>protected field</i>). Valid values are: HD Hold, individual is not yet a Medicare beneficiary or the record is "in process" and a final determination has not been made on the case IP In process, record is being processed by COB CM Completed, applied response received from CWF or date of death entered on HD record Note: You can update or delete requests when they are in NW (new) or HD (hold) status. After the record has been sent to CWF (status code IP, reason code 04), you cannot make further changes on the ECRS Workers' Compensation Set-Aside Detail screens. When COB receives an applied response from CWF, the system updates the record to status code CM (completed), reason code 50 (record applied to CWF without errors). Once a CM50 is applied to the record, you will need to request changes through a CWF assistance request.
USER ID	Identification number of user currently logged on system (<i>protected field</i>)

ECRS Workers' Compensation Set-Aside Inquiry Screen, Page 1 of 2	
Field Name	Description
REASON	Reason for status (<i>protected field</i>). Valid values are: 04 Sent to CWF (used with status IP) 06 Query sent to EDB for beneficiary information (used with status IP) 11 Not yet eligible for Medicare (used with status HD) 50 Record applied at CWF with no errors (used with status CM) 65 Deceased (used with status CM) 67 No response from CWF
ORIGIN DATE	Date workers' compensation set-aside trust case was added by Regional Office (<i>protected field</i>)
UPDATE DATE	Date workers' compensation set-aside trust case was updated by Regional Office (<i>protected field</i>)
IN PROCESS	Indicates the workers' compensation set-aside arrangement has not been finalized. The system builds a regular workers' compensation record at CWF with the effective date equal to the date of loss or the date of Medicare entitlement. After entering, in-process records have a status of HD and a reason code of 50. You can update records that have the IN PROCESS indicator marked.
FINAL	Indicates the workers' compensation set-aside arrangement has been finalized. If the set-aside arrangement was approved, the system sends a workers' compensation set-aside record to CWF. If the DATE OF LOSS is less than the SETTLEMENT DATE, the system sends a regular workers' compensation record to CWF with the effective date equal to the date of loss or the date of Medicare entitlement and the termination date one day prior to the settlement date. The date of loss cannot be equal to or less than the settlement date. Records with this indicator marked require the marking of either the APPROVED or DENIED indicators. Records with the FINAL and APPROVED indicators marked require information in the EFFECTIVE (SETTLEMENT DATE) and ADMINISTRATOR fields. If the settlement arrangement was denied, the system sends a regular workers' compensation record to CWF with WCSA DENIED in the GROUP NAME field. You cannot update records that have the FINAL indicator marked.
APPROVED	Indicates the workers' compensation set-aside arrangement has been approved. <i>Required field</i> if the FINAL indicator is marked and the DENIED field is blank. An indicator in this field <i>requires</i> information in the EFFECTIVE (SETTLEMENT DATE) and ADMINISTRATOR fields.
DENIED	Indicates the workers' compensation set-aside arrangement was denied. <i>Required field</i> if the FINAL indicator is marked and the APPROVED field is blank.
DATE OF LOSS	Start date of illness or injury in MMDDCCYY format (<i>required field</i>). You cannot future-date this field.
EFFECTIVE (SETTLEMENT DATE)	Start date of set-aside arrangement (equal to settlement date) in MMDDCCYY format. <i>Required field</i> if FINAL and APPROVED fields are marked.

ECRS Workers' Compensation Set-Aside Inquiry Screen, Page 1 of 2	
Field Name	Description
NAME	Name of injured individual in first name/middle initial/last name format (<i>required field</i>)
DOB	Injured individual's date of birth (<i>required field</i>)
SEX	Sex of beneficiary (<i>required field</i>). Valid values are: M Male F Female U Unknown
STATE	Abbreviation of state in which injured individual resides (<i>required field</i>)
LEAD CONTRACTOR	Field is blank upon initial entry. The Regional Office can add the lead contractor number or let the system use the beneficiary state code logic to fill in the lead contractor number when the request is entered. The Regional Office can override this field when the status code of the request is NW (new) or HD (held).
MEDICARE BENE?	Allows Regional Office to indicate whether injured individual has Medicare coverage (<i>required field</i>). Valid values are: Y Yes N No
DOD	Date of death. You can only enter a date in this field when updating a case. After you enter the date of death, the system updates the case with status code CM (complete), reason code 65 (deceased).
SSN	Social Security Number of injured individual. <i>Required field</i> if MEDICARE BENE? field contains a value of N.
HICN	Health Insurance Claim Number of injured individual. Type HICN without dashes, spaces, or other special characters. <i>Required field</i> if MEDICARE BENE? field contains a value of Y.
DCN	CMS Regional Office Document Control Number Note: Each submitted transaction should have a unique DCN.
ADMINISTRATOR	Name of arrangement administrator. At CWF, the system adds arrangement administrator information to the insurer fields and annotates it with TAD. Required field if FINAL and APPROVED fields are marked.
AMOUNT	Monetary amount of arrangement settlement
STREET	Arrangement administrator's street address
CITY	Arrangement administrator's city
ST	Arrangement administrator's state abbreviation
ZIP	Arrangement administrator's ZIP code
PHONE	Arrangement administrator's telephone number
ATTORNEY	Name of attorney (<i>required field</i>). At CWF, the system adds attorney information to the employer fields.
STREET	Attorney's street address (<i>required field</i>)
CITY	Attorney's city (<i>required field</i>)

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

Transportation

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

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

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

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

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

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

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

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

ECRS Workers' Compensation Set-Aside Detail Screen, Page 2 of 2	
Field Name	Description
NAME	Name of injured individual in first name/middle initial/last name format (<i>protected field</i>)
DOB	Injured individual's date of birth (<i>protected field</i>)
SEX	Sex of beneficiary (<i>protected field</i>). Valid values are: M Male F Female U Unknown
STATE	Abbreviation of state in which injured individual resides (<i>protected field</i>)
LEAD CONTRACTOR	Lead contractor number (<i>protected field</i>)
MEDICARE BENE?	Allows Regional Office to indicate whether injured individual has Medicare coverage (<i>protected field</i>). Valid values are: Y Yes N No
DOD	Date of death (<i>protected field</i>)
SSN	Social Security Number of injured individual (<i>protected field</i>)
HICN	Health Insurance Claim Number of injured individual (<i>protected field</i>)
DCN	CMS Regional Office Document Control Number (<i>protected field</i>)
INSURER NAME	Name of insurer Note: In the absence of trust administrator information, the system posts insurer information to CWF. If both trust administrator and insurer information exist, the trust administrator information takes precedence.
INS TYPE	Type of insurance. Valid values are: A Insurance or Indemnity (OTHER TYPES) B Group Health Organization (GHO) C Preferred Provider Organization (PPO) D Third Party Administrator arrangement under an Administrative Service Only (ASO) contract without stop loss from any entity (TPA/ASO) E Third Party Administrator arrangement with stop loss insurance issued from any entity (STOP LOSS TPA) F Self-Insured/Self-Administered (SELF-INSURED) G Collectively-Bargained Health and Welfare Fund (HEALTH/WELFAR) H Multiple Employer Health Plan with at least one employer who has more than 100 full- and/or part-time employees (EMPLOYER+100) I Multiple Employer Health Plan with at least one employer who has more than 20 full- and/or part-time employees (EMPLOYER+20) J Hospitalization Only Plan covering inpatient hospital services (HOSPITAL ONLY)

ECRS Workers' Compensation Set-Aside Detail Screen, Page 2 of 2	
Field Name	Description
INS TYPE (continued)	Type of insurance. Valid values (continued from previous page) are: K Medical Services Only Plan covering only non-inpatient medical services (MEDICAL ONLY) M Medicare Supplemental Plan, Medigap, Medicare Wraparound Plan or Medicare Carve Out Plan (SUPPLEMENTAL) Blank Unknown (UNKNOWN); defaults to A.
STREET	Insurer's street address
CITY	Insurer's city
ST	Insurer's state abbreviation
ZIP	Insurer's ZIP code
GROUP NO	Stores date of loss or date of injury at CWF Note: If the date in this field is prior to the entitlement date, it indicates the actual date of loss in MM/DD/CCYY format.
POLICY NO	Indicates "set-aside trust" at CWF
INSURED NAME	Name of insured
INS REL	Relationship of insured to injured individual. Valid values are: B Beneficiary C Child E Employer F Father M Mother N Non-relative O Other relative S Spouse U Unknown
EMPLOYER	Employer's name
STREET	Employer's street address
CITY	Employer's city
ST	Employer's state abbreviation
ZIP	Employer's ZIP code
PHONE	Employer's phone number

Transportation

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

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

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

The WCCCS updates ECRS when:

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

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

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          ECRS WORKERS COMPENSATION SET-ASIDE INQUIRY      PAGE 1 OF 2
REVIEWING RO/WCC NUMBER: XXX                               STATUS: XX XXXXXXXX
APPROVING/DENYING RO NUMBER: XXX                           REASON: XX
XXXXXXXXXX
CASE CONTROL NUMBER: XXXXXXXXXX  ORIG DATE: 99-99-9999  UPDATE DATE: 99-99-9999

IN PROCESS: _  FINAL: _  APPROVED: _  DENIED: _

NAME: _____  DOB: _____  SEX: _
STATE: __  LEAD CONTRACTOR: _____  MEDICARE BENE? Y/N: _  DOD: _____
SSN: _____  HICN: _____  DCN: _____
DIAG: _____  DATE OF LOSS: _____
TOTAL SETTLEMENT: $9999999.99  MEDICARE SET-ASIDE AMT: $9999999.99

          LUMP SUM AMOUNT: $9999999.99

NUMBER OF YEARS: XX EFFECTIVE DATE (SETTLEMENT DATE): 99-99-9999
ANNIVERSARY DATE: 99-99-9999

STRUCTURED PAYMENT SCHEDULE:

INITIAL DEPOSIT (SEED MONEY): $999999.99

SUBSEQUENT ANNUAL PAYMENTS:
99-99-9999: $9999999.99  99-99-9999: $9999999.99  99-99-9999: $9999999.99
99-99-9999: $9999999.99  99-99-9999: $9999999.99  99-99-9999: $9999999.99
99-99-9999: $9999999.99  99-99-9999: $9999999.99  99-99-9999: $9999999.99

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

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ECRS Workers' Compensation Set-Aside Inquiry Screen, Page 1 of 2	
Field Name	Description
REVIEWING RO/WCRC NUMBER	The contractor number of the RO or Workers' Compensation Review Contractor investigating the case.
STATUS	Status of request (<i>protected field</i>). Valid value: CM Completed, applied response received from CWF or date of death entered on HD record
APPROVING/DENYING RO NUMBER	Contractor number of the RO giving final decision of the settlement.
REASON	Reason for status (<i>protected field</i>). Valid values are: 04 Sent to CWF (used with status IP) 06 Query sent to EDB for beneficiary information (used with status IP) 11 Not yet eligible for Medicare (used with status HD) 50 Record applied at CWF with no errors (used with status CM) 65 Deceased (used with status CM) 67 No response from CWF
CASE CONTROL NUMBER	Case number assigned in the WCCS.
ORIGIN DATE	Date workers' compensation set-aside trust case was added by Regional Office (<i>protected field</i>)
UPDATE DATE	Date workers' compensation set-aside trust case was updated by Regional Office (<i>protected field</i>)
IN PROCESS	Indicates the workers' compensation set-aside arrangement has not been finalized. The system builds a regular workers' compensation record at CWF with the effective date equal to the date of loss or the date of Medicare entitlement. After entering, in-process records have a status of HD and a reason code of 50. You can update records that have the IN PROCESS indicator marked.
FINAL	Indicates the workers' compensation set-aside arrangement has been finalized. If the set-aside arrangement was approved, the system sends a workers' compensation set-aside record to CWF. If the DATE OF LOSS is less than the SETTLEMENT DATE, the system sends a regular workers' compensation record to CWF with the effective date equal to the date of loss or the date of Medicare entitlement and the termination date one day prior to the settlement date. The date of loss cannot be equal to or less than the settlement date. Records with this indicator marked require the marking of either the APPROVED or DENIED indicators. Records with the FINAL and APPROVED indicators marked require information in the EFFECTIVE (SETTLEMENT DATE) and ADMINISTRATOR fields. If the settlement arrangement was denied, the system sends a regular workers' compensation record to CWF with WCSA DENIED in the GROUP NAME field. You cannot update records that have the FINAL indicator marked.
APPROVED	Indicates the workers' compensation set-aside arrangement has been approved. <i>Required field</i> if the FINAL indicator is marked and the DENIED field is blank. An indicator in this field <i>requires</i> information in the EFFECTIVE (SETTLEMENT DATE) and ADMINISTRATOR fields.

ECRS Workers' Compensation Set-Aside Inquiry Screen, Page 1 of 2	
Field Name	Description
DENIED	Indicates the workers' compensation set-aside arrangement was denied. <i>Required field</i> if the FINAL indicator is marked and the APPROVED field is blank.
NAME	Name of injured individual in first name/middle initial/last name format (<i>required field</i>)
DOB	Injured individual's date of birth (<i>required field</i>)
SEX	Sex of beneficiary (<i>required field</i>). Valid values are: M Male F Female U Unknown
STATE	Abbreviation of state in which injured individual resides (<i>required field</i>)
LEAD CONTRACTOR	Field is blank upon initial entry. The Regional Office can add the lead contractor number or let the system use the beneficiary state code logic to fill in the lead contractor number when the request is entered. The Regional Office can override this field when the status code of the request is HD (held).
MEDICARE BENE?	Allows Regional Office to indicate whether injured individual has Medicare coverage (<i>required field</i>). Valid values are: Y Yes N No
DOD	Date of death. You can only enter a date in this field when updating a case. After you enter the date of death, the system updates the case with status code CM (complete), reason code 65 (deceased).
SSN	Social Security Number of injured individual. <i>Required field</i> if MEDICARE BENE? field contains a value of N.
HICN	Health Insurance Claim Number of injured individual. Type HICN without dashes, spaces, or other special characters. <i>Required field</i> if MEDICARE BENE? field contains a value of Y.
DCN	CMS Regional Office Document Control Number Note: Each submitted transaction should have a unique DCN.
DIAG	Diagnosis codes. You may enter up to five.
DATE OF LOSS	Start date of illness or injury.
TOTAL SETTLEMENT	Total dollar amount of the settlement including wage and indemnity benefits.
MEDICARE SET-ASIDE AMT	Total dollar amount of Medicare's Set-Aside amount.
LUMP SUM AMOUNT	When an amount is entered, this indicates the settlement is in the form of a one-time payment.
NUMBER OF YEARS	Total number of years for subsequent annual payments to occur.
EFFECTIVE (SETTLEMENT DATE)	Start date of set-aside arrangement (equal to settlement date) in MMDDCCYY format. <i>Required field</i> if FINAL and APPROVED fields are marked.

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

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

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

ECRS Workers' Compensation Set-Aside Inquiry Screen, Page 2 of 2	
Field Name	Description
RO NUMBER	CMS Regional Office contractor number (<i>protected field</i>)
STATUS	Status of request (<i>protected field</i>). Valid value: CM Completed, applied response received from CWF or date of death entered on HD record
USER ID	Identification number of user currently logged on system (<i>protected field</i>)
REASON	Reason for status (<i>protected field</i>). Valid values are: 04 Sent to CWF (used with status IP) 06 Query sent to EDB for beneficiary information (used with status IP) 11 Not yet eligible for Medicare (used with status HD) 50 Record applied at CWF with no errors (used with status CM) 65 Deceased (used with status CM) 67 No response from CWF
ORIGIN DATE	Date workers' compensation set-aside trust case was added by Regional Office (<i>protected field</i>)
NAME	Name of injured individual in first name/middle initial/last name format (<i>protected field</i>)
DOB	Injured individual's date of birth (<i>protected field</i>)

ECRS Workers' Compensation Set-Aside Inquiry Screen, Page 2 of 2	
Field Name	Description
SEX	Sex of beneficiary (<i>protected field</i>). Valid values are: M Male F Female U Unknown
STATE	Abbreviation of state in which injured individual resides (<i>protected field</i>)
LEAD CONTRACTOR	Lead contractor number (<i>protected field</i>)
MEDICARE BENE?	Allows Regional Office to indicate whether injured individual has Medicare coverage (<i>protected field</i>). Valid values are: Y Yes N No
DOD	Date of death (<i>protected field</i>)
SSN	Social Security Number of injured individual (<i>protected field</i>)
HICN	Health Insurance Claim Number of injured individual (<i>protected field</i>)
DCN	CMS Regional Office Document Control Number (<i>protected field</i>)
INSURER NAME	Name of insurer Note: In the absence of trust administrator information, the system posts insurer information to CWF. If both trust administrator and insurer information exist, the trust administrator information takes precedence.
INS TYPE	Type of insurance. Valid values are: A Insurance or Indemnity (OTHER TYPES) B Group Health Organization (GHO) C Preferred Provider Organization (PPO) D Third Party Administrator arrangement under an Administrative Service Only (ASO) contract without stop loss from any entity (TPA/ASO) E Third Party Administrator arrangement with stop loss insurance issued from any entity (STOP LOSS TPA) F Self-Insured/Self-Administered (SELF-INSURED) G Collectively-Bargained Health and Welfare Fund (HEALTH/WELFAR) H Multiple Employer Health Plan with at least one employer who has more than 100 full- and/or part-time employees (EMPLOYER+100) I Multiple Employer Health Plan with at least one employer who has more than 20 full- and/or part-time employees (EMPLOYER+20) J Hospitalization Only Plan covering inpatient hospital services (HOSPITAL ONLY)
INS TYPE (continued)	Type of insurance. Valid values (continued from previous page) are: K Medical Services Only Plan covering only non-inpatient medical services (MEDICAL ONLY) M Medicare Supplemental Plan, Medigap, Medicare Wraparound Plan or Medicare Carve Out Plan (SUPPLEMENTAL) Blank Unknown (UNKNOWN); defaults to A.

ECRS Workers' Compensation Set-Aside Inquiry Screen, Page 2 of 2	
Field Name	Description
STREET	Insurer's street address
CITY	Insurer's city
ST	Insurer's state abbreviation
ZIP	Insurer's ZIP code
GROUP NO	Stores date of loss or date of injury at CWF Note: If the date in this field is prior to the entitlement date, it indicates the actual date of loss in MM/DD/CCYY format.
POLICY NO	Indicates "set-aside trust" at CWF
INSURED NAME	Name of insured
INS REL	Relationship of insured to injured individual. Valid values are: B Beneficiary C Child E Employer F Father M Mother N Non-relative O Other relative S Spouse U Unknown
EMPLOYER	Employer's name
STREET	Employer's street address
CITY	Employer's city
ST	Employer's state abbreviation
ZIP	Employer's ZIP code
PHONE	Employer's phone number

Requesting Document Copies

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

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

Follow the steps below to request a document copy.

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

ECRS DOCUMENT COPIES REQUEST

CNTR NO. 99999 PHONE: ____-____-____ DCN: _____
 CNTR REP.: _____ USER ID XXXXXXXX

SEND TO: _____

DOCUMENT REQUESTED: ____ XX

BENE HICN: _____ SSN: ____ - ____ - ____ SOURCE: _____
 NAME: _____
 STREET: _____
 CITY: _____ ST: ____ ZIP: _____

MSP TYPE: _ XXXXXXXXXXXXXXXX EFF DT: _____ TERM DT: _____

EMPLR NAME: _____ EIN: _____

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

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

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

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

ECRS Document Copies Request Screen Description

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

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

Transportation

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

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

ECRS MSP Lead Contractor Assignment Screen Description

ECRS MSP Lead Contractor Assignment Screen	
Field Name	Description
SEL	Selection field. Type S in this field and press [Enter] to display a list of developing contractors associated with this HICN.
HICN	Health Insurance Claim Number entered as search criteria, if applicable. This field is updateable; enter a different HICN to perform additional searches.
CNTR	Type a CMS-issued Medicare contractor number or your RO contractor number to search for assignment records for a specific contractor or your Regional Office.
ORIGIN DATE FROM	Starting date of date range entered as search criteria, if applicable. This field is updateable; enter a different From date in MMDDCCYY format to perform additional searches.
THROUGH	Ending date of date range entered as search criteria, if applicable. This field is updateable; enter a different Through date in MMDDCCYY format to perform additional searches.
HICN	Health Insurance Claim Number for MSP inquiry transaction (<i>protected field</i>)
BENEFICIARY	First 16 characters of last name and first initial of beneficiary for case assigned to contractor (<i>protected field</i>)
CONTR	Lead contractor number (<i>protected field</i>)
TYPE	MSP type for case assigned to contractor (<i>protected field</i>). For a list of valid type values, see page 2-36.

ECRS MSP Lead Contractor Assignment Screen	
Field Name	Description
IN	<p>Indicates type of specialty case or type of Class Action suit. Valid values are:</p> <p>CV Change of venue was made from original lead contractor or RO</p> <p>DE Non-EGHP record deleted in COB system</p> <p>NA No action required for record (already investigated and resolved; COB contractor is only posting record to CWF)</p> <p>WC Workers' Compensation Set-Aside Cases</p> <p>WU California Workers' Compensation agreement</p> <p>Blank No indicators apply</p> <p>01 Gel Implants (TrailBlazers, 00400)</p> <p>02 Gel Implants (Alabama, 00010)</p> <p>03 Bone Screw Recoveries (United Government Services, 00454)</p> <p>04 Diet Drug Recoveries (Cahaba BCBS Alabama, 00010)</p> <p>05 Sulzer Inter-Op Acetabular Shells for Hip Implant Recoveries (Chisholm Administrative Services, 00340)</p> <p>06 Sulzer Orthopedic and Defective Knee Replacement Recoveries (Chisholm Administrative Services, 00340)</p> <p>07 Baycol Litigation</p> <p>08 Dexatrim (90000)</p> <p>09 Rhode Island Receivership Recoveries (00180)</p> <p>10 Propulsid (00010)</p> <p>11 Asbestos Exposure</p>
EFF DATE	Effective date of MSP coverage case assigned to contractor (<i>protected field</i>).
ORIGN DATE	The date of the lead assignment and the date of the lead notification to the attorney or employer and beneficiary, in MMDDCCYY format (<i>protected field</i>).

Transportation

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

ECRS Developing Contractors for Lead Screen Description

ECRS Developing Contractors for Lead Screen	
Field Name	Description
ATTORNEY NAME	Name of attorney as entered on original MSP inquiry or self report
PHONE NO	Phone number of attorney as entered on original MSP inquiry or self report
INSURER NAME	Name of insurer as entered on original MSP inquiry or self report
PHONE NO	Phone number of insurer as entered on original MSP inquiry or self report
HICN	Health Insurance Claim Number for MSP inquiry (<i>protected field</i>)
BENEFICIARY	First 15 characters of last name and first initial of beneficiary for case assigned to contractor (<i>protected field</i>)
TYPE	MSP type for case assigned to contractor (<i>protected field</i>). For a list of valid values, see page 2-36.
EFF DATE	Effective date of MSP coverage case assigned to contractor (<i>protected field</i>)
ORIGN DATE	Originating date in MMDDCCYY format (<i>protected field</i>)
<i>(DEVELOPING CONTRACTORS)</i>	
NUMBER	Contractor number of other Medicare contractors that may be interested or involved in the case assigned (<i>protected field</i>)
NAME	Name of other Medicare contractors that may be interested or involved in the case assigned (<i>protected field</i>)
PHONE	Phone number for other Medicare contractors that may be interested or involved in the case assigned (<i>protected field</i>)

Transportation

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

Viewing Notifications for Cases with Developing Contractors

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

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

1. From the COB ECRS main menu screen, type **07** in the SELECTION field, and type search criteria in the SEARCH ORIGIN DATE FROM, THROUGH, and/or HICN fields. Press [Enter]. The system displays the ECRS MSP Developing Contractor Notification screen showing records found in the COB database for the contractor matching the selection criteria entered. If no selection criteria were entered, the screen displays all assignments in the COB database for the contractor.

ECRS MSP DEVELOPING CONTRACTOR NOTIFICATION						
HICN: _____	CNTR: 11111	ORIGIN DATE FROM: _____	THRU: 08/27/2002			
HICN	BENEFICIARY	TYPE	WC	EFF DATE	ORIG DATE	LEAD
111111111A	SMITH	M	L	01/01/2002	04/12/2002	22222
111111111A	SMITH	M	D	01/01/2002	04/12/2002	22222
222222222A	BROWN	L	L	Y 03/02/2002	04/10/2002	33333
333333333A	JONES	E	D	12/15/2001	12/27/2001	44444

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

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

ECRS MSP Developing Contractor Notification Screen Description

ECRS MSP Developing Contractor Notification Screen	
Field Name	Description
HICN	Health Insurance Claim Number entered as search criteria, if applicable. This field is updateable; enter a different HICN to perform additional searches.
CNTR	Medicare Contractors: Contractor number entered on login screen (<i>protected field</i>) CMS Users: Type a CMS-issued Medicare contractor number or your RO contractor number to search for developing records for a specific contractor or your Regional Office.
ORIGIN DATE FROM	Starting date of date range entered as search criteria, if applicable. This field is updateable; enter a different From date in MMDDCCYY format to perform additional searches.
THROUGH	Ending date of date range entered as search criteria, if applicable. This field is updateable; enter a different Through date in MMDDCCYY format to perform additional searches.
HICN	Health Insurance Claim Number for case (<i>protected field</i>)
BENEFICIARY	First 15 characters of last name and first initial of beneficiary for case (<i>protected field</i>)
TYPE	MSP type for case (<i>protected field</i>). For a list of valid type values, see page 2-36.
WC	Indicates whether case is a workers' compensation set-aside assignment. Valid values are: Y Yes, it is N No, it is not Blank Default
EFF DATE	Effective date of MSP coverage case (<i>protected field</i>)
ORIGN DATE	Originating date in MMDDCCYY format (<i>protected field</i>)
LEAD	Contractor number of Medicare contractor assigned as lead for case (<i>protected field</i>)

Transportation

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

Viewing Notifications of Changed MSP Records

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

Follow the steps below view notifications of changed MSP records.

1. From the COB ECRS main menu screen, type **08** in the SELECTION field, and type search criteria in the SEARCH ORIGIN DATE FROM, THROUGH, and/or HICN fields. Press [Enter]. The system displays the ECRS MSP Changed Record Notification screen showing records found in the COB database for the contractor matching the selection criteria entered. If no selection criteria were entered, the screen displays all notifications in the COB database for the contractor.

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

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

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

ECRS MSP Changed Record Notification Screen Description

ECRS MSP Changed Record Notification Screen							
Field Name	Description						
HICN	Health Insurance Claim Number entered as search criteria, if applicable. This field is updateable; enter a different HICN to perform additional searches.						
CNTR	Medicare Contractors: Contractor number entered on login screen (<i>protected field</i>) CMS Users: Type a CMS-issued Medicare contractor number or your RO contractor number to search for changed records for a specific contractor or your Regional Office.						
LAST UPDATED FROM	Starting date of date range entered as search criteria, if applicable. This field is updateable; enter a different From date in MMDDCCYY format to perform additional searches.						
THROUGH	Ending date of date range entered as search criteria, if applicable. This field is updateable; enter a different Through date in MMDDCCYY format to perform additional searches.						
HICN	Health Insurance Claim Number for case (<i>protected field</i>)						
BENEFICIARY	First 15 characters of last name and first initial of beneficiary for case (<i>protected field</i>)						
TYPE	MSP type for case (<i>protected field</i>). For a list of valid type values, see page 2-36.						
EFF DATE	Effective date of MSP coverage case (<i>protected field</i>)						
LAST UPDATE	Date notification record was last changed in MMDDCCYY format (<i>protected field</i>)						
ACTION	Action performed by COB Contractor on this occurrence (<i>protected field</i>). Valid values are: <table border="0"> <tr> <td>ADDED</td> <td>New occurrence added to CWF</td> </tr> <tr> <td>DELETED</td> <td>Occurrence deleted from CWF</td> </tr> <tr> <td>UPDATED</td> <td>Occurrence updated on CWF</td> </tr> </table>	ADDED	New occurrence added to CWF	DELETED	Occurrence deleted from CWF	UPDATED	Occurrence updated on CWF
ADDED	New occurrence added to CWF						
DELETED	Occurrence deleted from CWF						
UPDATED	Occurrence updated on CWF						

Transportation

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

Notes:

Appendix A: ECRS CICS Error Messages

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

ECRS CICS Error Message Chart

Message	Action
ACTION CODE CV IS INVALID FOR MSP TYPES D AND L	Correct action codes.
ACTION DO CANNOT BE COMBINED WITH OTHER ACTIONS	Correct action codes.
ACTION VP CANNOT BE COMBINED WITH OTHER ACTIONS	Correct action codes.
ALL EMPLOYER INFORMATION REQUIRED FOR EI (Employer Information) ACTION	Enter employer name and full address (street, city, state, and ZIP code).
AT LEAST 1 ACTION CODE MUST BE ENTERED	Enter one or more action codes.
BENEFICIARY MASTER RECORD NOT FOUND	Access CWF manually to retrieve the beneficiary's data, and then type the relevant information in the appropriate fields on the detail screens.
BENEFICIARY RECORD NOT FOUND – REMOTE HOST XX IS NOT AVAILABLE (where XX is the unavailable host ID)	Access CWF manually to retrieve the beneficiary's data, and then type the relevant information in the appropriate fields on the detail screens.
CANNOT SPECIFY S AND D SIMULTANEOUSLY	Correct the SEL field to either Select a transaction or Delete a transaction .
CANNOT USE MULTIPLE SEARCH SELECTIONS	Correct search criteria.
CHANGE OF VENUE NOT ALLOWED FOR WC SET-ASIDE CASE	Remove CV value from ACTION(S) field. Also remove values from CHANGE LEAD TO and SEND VENUE LETTER? Y/N fields.
CICS CONNECTIVITY ERROR PLEASE CONTACT YOUR HELP DESK TO VERIFY YOUR CICS CONNECTION WITH GHI CICS APPLICATION ID: XXXXCICS	Contact the Help Desk.
CLAIMS PENDING MUST BE Y OR N	Enter Y (yes) or N (no) for claims pending.
CONTRACTOR NUMBER ENTERED NOT FOUND	Enter valid contractor number.
CONTRACTOR NUMBER REQUIRED	Enter valid contractor number.
DESCRIPTION OF INJURY OR DIAGNOSIS CODE REQUIRED	Enter description of injury or valid diagnosis code.

Message	Action
DIAGNOSIS REQUIRED FOR DX (Change Diagnosis Code) ACTION	Enter valid diagnosis code.
DOB MUST BE LESS THAN CURRENT DATE	Enter valid date of birth.
ECRS TRANSACTION HAS BEEN TERMINATED	N/A
EFF DATE CANNOT BE GREATER THAN CURRENT DATE	Enter valid effective date.
EFF DATE CANNOT BE GREATER THAN TERM DATE	Enter valid effective date.
FIRST PAGE DISPLAYED	N/A
FOR DATA MATCH EIN IS REQUIRED	Enter employer's EIN.
FOR DATA MATCH EMPLOYEE NUMBER IS REQUIRED	Enter employee number.
FROM DATE CANNOT BE GREATER THAN THROUGH DATE	Correct either From date or Through date.
FUNCTION KEY NOT ACTIVE	N/A
HICN MUST BE AT LEAST 9 CHARACTERS	Enter valid HICN.
HIGHLIGHTED FIELDS ARE REQUIRED FOR SOURCE OF XXXX (Source Type)	Enter valid values in highlighted fields or change source type.
HIMR NOT FUNCTIONAL – LOCAL HOST CONNECTION IS NOT AVAILABLE	Access CWF manually to retrieve the beneficiary's data, and then type the relevant information in the appropriate fields on the detail screens.
ILL/INJ DATE AND MSP TYPE = X, DO NOT CORRESPOND (where X = A, B, or G)	Remove date from ILLNESS/INJURY DT field or change MSP TYPE to value other than A, B, or G.
INSURER INFO REQUIRED FOR II (Insurer Information) ACTION	Enter full address for insurer (street, city, state, and ZIP code).
INSURER NAME REQUIRED FOR II (Insurer Information) ACTION	Enter insurer name.
INVALID ACCESS CODE FOR SPECIFIED CONTRACTOR	Enter valid access code.
INVALID BENEFICIARY HIC NUMBER ENTERED	Access CWF manually to retrieve the beneficiary's data, and then type the relevant information in the appropriate fields on the detail screens.
INVALID COMBINATION OF SEARCH CRITERIA	Change search criteria or selection.
INVALID DATE – PLEASE ENTER MMDDCCYY FORMAT	Enter valid date in MMDDCCYY format.
INVALID DATE ENTERED	Enter valid date in MMDDCCYY format.
INVALID DATE FORMAT – PLEASE RE-ENTER MMDDCCYY	Enter valid date in MMDDCCYY format.
INVALID KEY WAS ENTERED	N/A
INVALID SELECTION ENTERED	Enter valid selection.
INVALID XXXXXXXX (Field Name)	Enter valid value for field specified.

Message	Action
LAST PAGE DISPLAYED	N/A
MORE THAN ONE REQUEST FOR DETAIL INFORMATION WAS FOUND	Type S and press [Enter] for only one record at a time.
MSP AUXILIARY DATA NOT FOUND	Access CWF manually to retrieve the beneficiary's data, and then type the relevant information in the appropriate fields on the detail screens.
NO PROCESSING REQUESTED	N/A
NO RECORDS FOUND MEETING SEARCH CRITERIA	Modify search criteria and initiate new search.
ONLY ONE VENUE CHANGE PERMITTED	Remove CV value from ACTION(S) field. Also remove values from CHANGE LEAD TO and SEND VENUE LETTER? Y/N fields.
PHP DATE REQUIRED FOR PH ACTION	Type Pre-paid Health Plan date in PHP DATE field and press [Enter].
PLEASE CORRECT HIGHLIGHTED FIELDS	Correct entries in highlighted fields.
PLEASE CORRECT STATUS FIELD	Enter valid status code.
PLEASE SPECIFY AT LEAST ONE SEARCH CRITERIA	Enter at least one search value.
PRESS ENTER TO SELECT	Type S and press [Enter] to request detailed information for a transaction.
PRESS PF5 TO SEND REQUEST	Press [PF5] to transmit document copy request.
PRESS PF5 TO UPDATE TRANSACTION	Press [PF5] to update transaction.
PRESS PF8 TO CONTINUE	Press [PF8].
RECORD CANNOT BE DELETED	Correct value in SEL field for highlighted transactions; you can only delete records in new (NW) status.
REQUEST HAS BEEN SENT	N/A
SSN REQUIRED FOR MX (SSN/HICN Mismatch) ACTION	Enter valid SSN.
STATUS SHOULD BE NEW OR HOLD TO UPDATE	N/A
TERM DATE CANNOT BE EQUAL TO EFF DATE	Change termination date or effective date.
TERM DATE REQUIRED FOR TD ACTION	Enter termination date.
TRANSACTION COMPLETED SUCCESSFULLY	N/A
USE S TO REQUEST DETAILED INFORMATION	Type S and press [Enter] to request detailed information for a transaction.
XXXXXXXX (Field Name) IS INVALID	Enter valid value for field specified.
XXXXXXXX (Field Name) IS REQUIRED	Enter value for field specified.
XXXXXXXX (Field Name) MUST BE NUMERIC	Change value in field specified to numbers only.
XXXXXXXX (Field Name) NOT NUMERIC	Change value in field specified to numbers only.

Message	Action
XXXXXXXX (Field Name) REQUIRED FOR DOCUMENT REQUEST OF XXXX (Request Type)	Enter valid value for field specified or change request type.
XXXXXXXX (Field Name) SEARCH CRITERIA INVALID FOR SELECTION	Change search criteria or selection.
XXXXXXXXXX (Field Name) REQUIRED FOR SOURCE OF XXXX (Source Type)	Enter valid value in field specified or change source type.

Appendix B: CWF Remark Codes

This appendix contains a list of CWF remark codes.

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

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

Appendix C: Frequently Asked Questions (FAQs)

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

Am I Using the Correct Screen?

Main Menu Option	Screen Name	Use this screen to:
ECRS 01	CWF Assistance Request Detail	Update or delete a confirmed MSP record on CWF
ECRS 02	CWF Assistance Request List	<ul style="list-style-type: none"> View a list of all CWF assistance requests submitted by the contractor Check the progress of a CWF assistance request transaction
ECRS 03	Document Copies Request	Request copies of COB documents related to specific MSP records (currently, only the Data Match Questionnaires are available)
ECRS 04	MSP Inquiry Detail	Enter information about a possible MSP situation when there is no corresponding MSP record on CWF
ECRS 05	MSP Inquiry List	<ul style="list-style-type: none"> View a list of all MSP inquiries submitted by the contractor Check the progress of an MSP inquiry
ECRS 06	MSP Lead Contractor Assignment	View the lead contractor assignment for MSP record types D, E, and L that the COB contractor added to CWF (only displays records assigned to contractor that is signed on to ECRS)
ECRS 07	MSP Developing Contractor Notification	View cases in which the contractor may have an interest or involvement, but the cases were assigned to another contractor as lead (interest or involvement indicates that contractor submitted an ECRS MSP inquiry, ECRS CWF assistance request, or processed a claim triggering either first claim development or trauma code development)
ECRS 08	MSP Changed Record Notification	View a list of records that COB has added, updated, or deleted (only displays records for the contractor who may have an interest—i.e., sent an ECRS MSP inquiry, ECRS CWF assistance request, or processed a claim triggering either first claim development or trauma code development)
ECRS 10	Workers' Compensation Set-Aside List	<ul style="list-style-type: none"> View a list of all workers' compensation set-aside trust cases Check the progress of a workers' compensation set-aside trust case

Main Menu Option	Screen Name	Use this screen to:
ECRS 11	Workload Tracking Screen	<ul style="list-style-type: none"> Review your contractor site's workload (for Medicare contractors) Review contractor workloads (for CMS users)
ECRS 12	Prescription Drug Coverage Detail	Enter information about possible prescription drug coverage.
ECRS 13	Prescription Drug Coverage List	View a list of prescription drug coverage inquiries.

General Issues

What are the operating hours for the ECRS application?

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

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

ECRS information is restricted by contractor number and access code. Contractors can view information associated with other contractors if they have a valid HICN.

Can users generate screen prints in ECRS?

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

MSP Inquiry and CWF Assistance Request Issues

Are completed ECRS MSP inquiries and CWF assistance requests purged?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

On the ECRS CWF Assistance Request Detail Screen, the COB contractor views the comments as necessary for each ECRS type as described on page 2-18. On the ECRS MSP Inquiry Detail Screen, the COMMENTS field has been removed and replaced with additional action and reason codes.

Lead Contractor Issue

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

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

Notification Issues

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

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

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

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

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

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

Appendix D: Glossary

Action Codes	Used to determine what information should be changed at CWF. For example, if the action code is MT, the system updates information in the MSP TYPE field at CWF.
Assistance Request Transaction	Request to add, update, or delete an existing CWF MSP auxiliary occurrence
Bene	Medicare beneficiary
CMS	Centers for Medicare & Medicaid Services, federal agency that administers the Medicare program
COB	Coordination of Benefits is a written statement that tells which plan or insurance policy pays first if two health plans or insurance policies cover the same benefits. If one of the plans is a Medicare health plan, federal law may decide who pays first.
Contractor Number	Unique five-digit number assigned to Medicare contractors by CMS. Transactions are entered and viewed in ECRS by contractor number.
CWF	Common Working File, the Medicare Part A/Part B benefit coordination system that uses localized databases maintained by a host contractor
Data Match	Process by which information on employers and employees is analyzed by CMS for use in contacting employers concerning possible periods of MSP
DCN	Document Control Number
Developing Contractor	Contractor that may have an interest or involvement in an MSP case that was assigned to another contractor for coordination of Medicare activities
ECRS	Electronic Correspondence Referral System allows Medicare contractors to enter requests online through CICS screens to change Data Match and IEQ MSP records on CWF. Request transactions are sent to the COB contractor, where a batch process reads the transactions and processes the requests.
EIN	Employer Identification Number
HICN	Health Insurance Claim Number
IEQ	Initial Enrollment Questionnaire, used to gather Medicare Secondary Payer information for newly-eligible beneficiaries
Lead Contractor	CMS-appointed Medicare contractor that coordinates Medicare recovery activities for MSP cases with interested contractors, attorneys, insurance companies, and other liable entities.

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

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

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

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Confidentiality and Disclosure of Information

Section 1106 (a) of the Social Security Act as it applies to the Centers for Medicare & Medicaid Services (CMS) - (42 CFR Chapter IV Part 401 §§ 401.101 to 401.152) prohibits disclosure of any information obtained at any time by officers and employees of Medicare Intermediaries, Carriers, **or Medicare Contractors** in the course of carrying out agreements under Sections 1816 and 1842 of the Social Security Act, and any other information subject to Section 1106 (a) of the Social Security Act.

Section 1106 (a) of the Act provides in pertinent part that “Any person who shall violate any provision of this section shall be deemed guilty of a misdemeanor and, upon conviction thereof, shall be punished by a fine not exceeding \$1,000, or by imprisonment not exceeding one year, or both.” Additional and more severe penalties are provided under Title XVIII (Medicare) USC Section 285 (unauthorized taking or using of papers relating to claims) and under Section 1877 of Title XVIII of the Act (relating to fraud, kickbacks, bribes, etc., under Medicare).

These provisions refer to any information obtained by an employee in the course of their performance of duties and/or investigations (for example, beneficiary diagnosis, pattern of practice of physicians, etc.).

The Electronic Correspondence Referral System (ECRS) contains IRS tax data. * Any unauthorized inspection or disclosure of IRS return information in violation of any provision of Section 6103 may bring damages as described in IRC Sections 7431 and 7213, which include, but are not limited to, a fine of any amount not exceeding \$5,000 or imprisonment.

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

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Chapter 1: Introduction

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

If you want to see information about this...	See this page...
<i>ECRS User Guide</i>	1-2
User Guide Conventions	1-2
What is ECRS?	1-3
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About this Guide

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

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

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

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

User Guide Conventions

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

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

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

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

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

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

What is ECRS?

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

The Electronic Correspondence Referral System (ECRS) allows COB representatives at the Medicare contractor sites, Part D Plans, and at authorized CMS Regional Offices (ROs) to fill out various online forms and electronically transmit requests for changes to existing CWF and MBD MSP and supplemental prescription drug information, inquiries concerning possible MSP or supplemental prescription drug coverage, and document copy transactions to the COB contractor. The transactions are automatically stored on the COB contractor's system. Each evening, a batch process reads the transactions and processes the requests. The status on each transaction is updated as it moves through the system.

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

ECRS uses action codes to determine what information should be updated on the MSP auxiliary occurrence at CWF or what type of special processing should be performed on an MSP inquiry record. For example, if you type action code EI in the ACTION(S) field, only the information you type in the employer fields (employer name, street, city, ZIP code, EIN, and employee number) will be updated on the MSP auxiliary occurrence at CWF.

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

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

Basic Functions

Logging On

1. Log into a local Medicare CICS region.
2. Type ECRS and press [Enter]. The system displays the ECRS splash screen, as shown in the example below.

```

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

          VERSION 10.0

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

          PRESS <ENTER> TO CONTINUE

```

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

```

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

          CMS RO NUMBER: _____ ACCESS CODE: _____

          CONTRACTOR NUMBER: _____ ACCESS CODE: _____

          REPRESENTATIVE: _____
          PHONE: _____ - _____ - _____

          COB CONTRACTOR BULLETIN BOARD

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

          PF12=EXIT

```

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

If you are a...	Follow these steps:
Prescription Drug Provider	<ol style="list-style-type: none"> 1. Type your contractor number (unique five-digit number assigned by CMS) in the CONTRACTOR NUMBER field. 2. Type your access code (five-character authorization code assigned by the COB contractor) in the ACCESS CODE field. 3. Type the name of the contractor representative in the REPRESENTATIVE field. 4. Type the contractor representative's telephone number in the PHONE field.

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

You now have the ability to access information in ECRS.

```

          COB ELECTRONIC CORRESPONDENCE REFERRAL SYSTEM (ECRS)          MM/DD/YY
CONTRACTOR NUMBER: _____
USER ID: _____ STATUS: __ REASON: __ HICN: _____ DCN: _____
SEARCH ORIGIN DATE FROM: _____ THROUGH: _____ SSN: _____

SELECTION  __
          01 CWF ASSISTANCE REQUEST DETAIL
          02 CWF ASSISTANCE REQUEST LIST
          03 DOCUMENT COPIES
          04 MSP INQUIRY DETAIL
          05 MSP INQUIRY LIST
          06 LEAD CONTRACTOR ASSIGNMENT
          07 DEVELOPING CONTRACTOR NOTIFICATION
          08 MSP CHANGED RECORD NOTIFICATION
          09 WORKERS COMP SET ASIDE DETAIL
          10 WORKERS COMP SET ASIDE LIST
          11 WORKLOAD TRACKING SCREEN
          12 PRESCRIPTION DRUG COVERAGE DETAIL
          13 PRESCRIPTION DRUG COVERAGE LIST

          F3=RETURN F2=EXIT
    
```

Logging Off

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

Transportation

COB ECRS Login Screen	
PF Key	Function
12	Exit ECRS

COB ECRS Main Menu Screen Description

```

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

CONTRACTOR NUMBER: _____

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

SEARCH ORIGIN DATE FROM: _____ THROUGH: _____ SSN: _____

SELECTION  __

          01 CWF ASSISTANCE REQUEST DETAIL
          02 CWF ASSISTANCE REQUEST LIST
          03 DOCUMENT COPIES
          04 MSP INQUIRY DETAIL
          05 MSP INQUIRY LIST
          06 LEAD CONTRACTOR ASSIGNMENT
          07 DEVELOPING CONTRACTOR NOTIFICATION
          08 MSP CHANGED RECORD NOTIFICATION
          09 WORKERS COMP SET ASIDE DETAIL
          10 WORKERS COMP SET ASIDE LIST
          11 WORKLOAD TRACKING SCREEN
          12 PRESCRIPTION DRUG COVERAGE DETAIL
          13 PRESCRIPTION DRUG COVERAGE LIST

          F3=RETURN F12=EXIT
    
```

COB ECRS Main Menu Screen	
Field Name	Description
CONTRACTOR NUMBER	Type your Medicare or RO contractor number (for options 02, 05, and 06) to view CWF assistance request transactions, MSP inquiries, and lead contractor assignments for your site or Regional Office. If you want to view all records for a specific beneficiary for options 02, 05, and 06, type the HICN in the HICN field and space out the contractor number. Otherwise, type a CMS-issued Medicare contractor number (for options 07 and 08) to view developing contractor and MSP changed record notifications for the specified Medicare contractor.
USER ID	User ID of operator, automatically entered by system. Use this field with options 02 and 05 to find specific ECRS transactions. You can combine this field with STATUS, REASON, and/or SEARCH ORIGIN DATE FROM and THROUGH dates to further refine a search.

COB ECRS Main Menu Screen	
Field Name	Description
STATUS	Status code of record. Use this field with options 02 and 05 to find specific ECRS transactions. You can combine this field with USER ID, REASON, and/or SEARCH ORIGIN DATE FROM and THROUGH dates to further refine a search.
REASON	Reason code of record. Use this field with options 02 and 05 to find specific ECRS transactions. You can combine this field with USER ID, STATUS, and/or SEARCH ORIGIN DATE FROM and THROUGH dates to further refine a search.
HICN	Health Insurance Claim Number. Searches for all ECRS transactions related to a specific beneficiary. Use in conjunction with SEARCH ORIGIN DATE FROM and THROUGH dates to further refine a search. To view all CWF Assistance Requests, MSP Inquiries, and Lead Contractor Assignments, space out the contractor number when using this search function.
DCN	Document Control Number assigned by Medicare contractor or CMS RO. Use this field with options 02 and 05 to find specific ECRS transactions. You can combine this field with SEARCH ORIGIN DATE FROM and THROUGH dates to further refine a search.
SEARCH ORIGIN DATE FROM	Starting date of date range. Lists transactions originating after this date for CWF assistance requests, MSP inquiries, Lead Contractor, and Developing Contractor screens. Use this field in conjunction with any other selection criteria fields to further refine a search. Defaults to 30 days prior to current date.
THROUGH	Ending date of date range. Lists transactions originating before this date for CWF assistance requests, MSP inquiries, Lead Contractor, and Developing Contractor screens. Use this field in conjunction with any other selection criteria fields to further refine a search. Defaults to current date.

COB ECRS Main Menu Screen											
Field Name	Description										
SELECTION	<p>Selection field. Options are:</p> <ul style="list-style-type: none"> 01 CWF Assistance Request Detail 02 CWF Assistance Request List 03 Document Copies 04 MSP Inquiry Detail 05 MSP Inquiry List 06 Lead Contractor Assignment 07 Developing Contractor Notification 08 MSP Changed Record Notification 09 Workers Comp Set Aside Detail 10 Workers Comp Set Aside List (for designated CMS users only) 11 Workload Tracking Screen 12 Prescription Drug Coverage Detail 13 Prescription Drug Coverage List <p>Note: Use the chart below to determine valid search criteria for the various selection options.</p> <table border="1"> <thead> <tr> <th>Selection Option</th> <th>Valid Search Criteria</th> </tr> </thead> <tbody> <tr> <td>02, 05</td> <td>Contractor Number, HICN, User ID, Status, Reason, DCN, Origin Date From, and Through in any combination except you cannot combine DCN and HICN searches. In addition, you must combine searches on Origin Date From and/or Through, User ID, Status, and Reason with a DCN, HICN or Contractor Number search.</td> </tr> <tr> <td>06, 07, 08</td> <td>HICN or Contractor Number with or without Origin Date From and Through</td> </tr> <tr> <td>10</td> <td>SSN, HICN, Reason, Status, Origin Date From, and Through</td> </tr> <tr> <td>13</td> <td>User ID, Status, Reason, DCN, Date From, Through, Contractor Number, HICN, SSN</td> </tr> </tbody> </table>	Selection Option	Valid Search Criteria	02, 05	Contractor Number, HICN, User ID, Status, Reason, DCN, Origin Date From, and Through in any combination except you cannot combine DCN and HICN searches. In addition, you must combine searches on Origin Date From and/or Through, User ID, Status, and Reason with a DCN, HICN or Contractor Number search.	06, 07, 08	HICN or Contractor Number with or without Origin Date From and Through	10	SSN, HICN, Reason, Status, Origin Date From, and Through	13	User ID, Status, Reason, DCN, Date From, Through, Contractor Number, HICN, SSN
Selection Option	Valid Search Criteria										
02, 05	Contractor Number, HICN, User ID, Status, Reason, DCN, Origin Date From, and Through in any combination except you cannot combine DCN and HICN searches. In addition, you must combine searches on Origin Date From and/or Through, User ID, Status, and Reason with a DCN, HICN or Contractor Number search.										
06, 07, 08	HICN or Contractor Number with or without Origin Date From and Through										
10	SSN, HICN, Reason, Status, Origin Date From, and Through										
13	User ID, Status, Reason, DCN, Date From, Through, Contractor Number, HICN, SSN										

Transportation

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

Notes:

Chapter 2: Task and Screen Reference

Introduction

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

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

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

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

For information about this task...	See this page...
Viewing the List of CWF Assistance Request Transactions	2-3
Adding, Viewing, and Updating CWF Assistance Request Transactions	2-6
Screen Scraping Beneficiary Information for CWF Assistance Requests	2-19
Deleting a CWF Assistance Request Transaction	2-19
Viewing the List of MSP Inquiry Transactions	2-20
Adding, Viewing, and Updating MSP Inquiry Transactions	2-23
Screen Scraping Beneficiary Information for MSP Inquiries	2-40
Deleting an MSP Inquiry Transaction	2-40
Searching for ECRS Codes	2-41
Reviewing Your Contractor Site Workload (for Medicare Contractors)	2-43
Viewing the Prescription Drug Coverage Inquiry List	2-43
Adding, Viewing, and Updating Prescription Drug Coverage (PDC) Inquiry Transactions	2-46
Deleting a Prescription Drug Coverage Transaction	2-57
Searching for ECRS Prescription Drug Coverage Codes	2-58
Reviewing Contractor Workloads (for CMS Users)	2-60
Viewing the List of Workers' Compensation Set-Aside Trust Cases	2-63

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

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

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

5. If you want to view detailed information for a CWF assistance request transaction, type **S** in the SEL field next to the transaction for which you want to view detailed information. Press [Enter]. The system displays the first page of the ECRS CWF Assistance Request Detail screen for the selected transaction.
6. If you want to exit the ECRS CWF Assistance Request List screen, press [PF2] to return to the ECRS main menu without retaining current search criteria, [PF3] to return to the ECRS main menu while retaining current search criteria, or [PF12] to exit ECRS.

ECRS CWF Assistance Request List Screen Description

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

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

Transportation

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

Adding, Viewing, and Updating CWF Assistance Request Transactions

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

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

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

- Adding remark codes (AR)
- Making changes to:
 - attorney information (AI)
 - diagnosis codes (DX)
 - effective date (ED)
 - employer information and size (EI and ES)
 - insurer information (II)
 - insurance type (IT), MSP type (MT)
 - patient relationship (PR)
 - pre-paid health plan date (PH)
 - termination date (TD)
- Developing to an employer (DE), an insurer (DI), or an attorney (DA)
- Developing for termination date (DT), effective date (EF), or diagnosis codes (DD)
- Adding a duplicate no-fault record (NR)
- Requesting deletion of a CWF MSP auxiliary occurrence (DO)
- Updating a record for a vow of poverty (VP)
- Adding a duplicate liability record (LR)
- Making documentation requests for generation of right of recovery letters (RR)
- Changing venue for lead contractor assignment (CV)
- Redeveloping a deleted CWF record (DR)
- Changing termination date (CT)

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

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

ECRS CWF ASSISTANCE REQUEST DETAIL		PAGE 1 OF 2
CNTR NBR. 99999	PHONE: ___-___-___	USER ID XXXXXXXX ORIG DT: 99-99-9999
CNTR REP.:		STATUS XX XXXXXXXXXXXXXXXX
ACTION(S):	DCN: _____	REASON XX XXXXXXXXXXXXXXXX
ACTIVITY CODE: _	DVLP TO: _	RSP: _ SOURCE: XXXXXXXXXXXXXXXX
BENE HICN: _____	SSN: ___-___-___	DOB: _____ SEX: _
NAME: _____		PAT REL: _ XXXXXXXXXXXXXXXX
MSP TYPE: _ XXXXXXXXXXXXXXXX	EFF DT: _____	TERM DT: _____
	AUX REC: _____	ACCR DT: _____
ORIG CNTR: _____	CHANGE LEAD TO: _____	SEND VENUE LETTER? Y/N _
BENE STRT: _____		
CITY: _____	ST: _ ZIP: _____	PHONE: ___-___-___
CHECK DATE: _____	CHECK AMOUNT: \$____,____,____.	CHECK NO: _____
INFMT NAME: _____		PHONE: ___-___-___
STREET: _____		
CITY: _____	ST: _ ZIP: _____	INFMT REL: _ XXXXXXXXXXXXXXXX
EMPLR NAME: _____		EIN: _____
STREET: _____		PHONE: ___-___-___
CITY: _____	ST: _ ZIP: _____	EMPLOYEE NO: _____
F2=MENU F3=RETURN F6=COB/HIMR F8=FWD F9=CODES F12=EXIT		

2. Type data in all of the required fields on the ECRS CWF Assistance Request Detail, Page 1 of 2 screen. The required fields on this screen are:

- ACTION(S)
- DCN
- ACTIVITY CODE
- SOURCE
- BENE HICN
- NAME INFMT
- PAT REL
- MSP TYPE
- EFF DT
- AUX REC
- ORIG CNTR (except when ACTION(S) = CV)
- CHECK DATE, CHECK AMOUNT, CHECK NO (if SOURCE = CHEK)
- NAME, STREET, CITY, ST, ZIP, INFMT REL (if SOURCE = CHEK or LTTR)

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

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

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

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

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

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

```

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

INSURER NAME: _____          INS TYPE: _ XXXXXXXXXXXXXXXXXXXX
STREET: _____          PHONE: ____-____-____
CITY: _____          ST: __ ZIP: _____-____
GROUP NO: _____          POLICY NO: _____
POLICY HOLDER/SUBSCRIBER NAME: _____
PHP DATE: _____
REMARKS: __ __ __          DIAG: _____

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

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

- Type data in the INS TYPE field, the only required field on the ECRS CWF Assistance Request Detail, Page 2 of 2 screen.
- Type data in the fields as required by the action code(s) requested and typed in the ACTION(S) field on the ECRS CWF Assistance Request Detail, Page 1 of 2 screen. The table below lists action codes and corresponding required fields not mentioned above.

Action Code	Required Fields
II	<p>INSURER NAME</p> <p>If you leave the following fields blank, the system overwrites the previous value: STREET, CITY, ST, ZIP, GROUP NO, POLICY NO, INSURED NAME, INS REL.</p> <p>Note: Type data in <i>all</i> fields to update insurer information at CWF. Leave <i>all</i> fields blank to delete insurer information at CWF.</p>
PH	PHP DATE (Pre-paid Health Plan date)
DX	DIAG (diagnosis codes) Enter at least one, but up to five.

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

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

```

ECRS CWF ASSISTANCE REQUEST DETAIL                                PAGE 1 OF 2
CNTR NBR. 99999 PHONE: ___-___-___ USER ID XXXXXXXX ORIG DT: 99-99-9999
CNTR REP.: _____ STATUS XX XXXXXXXXXXXXXXXX
ACTION(S): ___ ___ DCN: _____ REASON XX XXXXXXXXXXXXXXXX
ACTIVITY CODE: _ DVL P TO: _ RSP: _ SOURCE: _____ XXXXXXXXXXXXXXXX
BENE HICN: _____ SSN: ___-___-___ DOB: _____ SEX: _
NAME: _____ PAT REL: ___ XXXXXXXXXXXXXXXX
MSP TYPE: _ XXXXXXXXXXXXXXXX EFF DT: _____ TERM DT: _____
AUX REC: _____ ACCR DT: _____
ORIG CNTR: _____ CHANGE LEAD TO: _____ SEND VENUE LETTER? Y/N _
BENE STRT: _____
CITY: _____ ST: ___ ZIP: ___-___-___ PHONE: ___-___-___

CHECK DATE: _____ CHECK AMOUNT: $____,____,____.____ CHECK NO: _____
INFMT NAME: _____ PHONE: ___-___-___
STREET: _____
CITY: _____ ST: ___ ZIP: ___-___-___ INFMT REL: ___ XXXXXXXXXXXXXXXX

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

F2=MENU F3=RETURN F6=COB/HIMR F8=FWD F9=CODES F12=EXIT
    
```

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

ECRS CWF Assistance Request Detail Screen, Page 1 of 2	
Field Name	Description
ACTION(S)	<p>Two-character code defining action to take on CWF Auxiliary record (<i>required field</i>). Valid values are:</p> <p>AI Change attorney information AR Add CWF remark code (See Appendix B for a list of remark codes) CT Change the termination date CV Change venue (Permissible for Workers' Compensation only.) DA Develop to the attorney DD Develop for the diagnosis code DE Develop to employer or develop for employer information DI Develop to insurer or develop for insurer information DO Mark occurrence for deletion DR Investigate/redevelop closed or deleted record DT Develop for termination date DX Change diagnosis codes EA Change employer address ED Change effective date EF Develop for the effective date EI Change employer information ES Employer size below minimum (20 for working aged, 100 for disability) II Change insurer information IT Change insurer type LR Add duplicate liability record MT Change MSP type MX SSN/HICN mismatch NR Add duplicate no-fault record PH Add PHP date PR Change patient relationship RR Generate right of recovery lead contractor letter TD Terminate open EGHP record with date less than six months prior to date of accretion VP Beneficiary has taken a vow of poverty</p> <p>Enter up to four action codes unless CWF assistance request is to change venue (CV), delete occurrence (DO), redevelop a deleted CWF record (DR), request a right of recovery lead contractor letter (RR), or note a vow of poverty (VP). You cannot combine these five action codes with any other action codes.</p>
DCN	Document Control Number assigned by contractor to correspondence and/or paperwork associated with transaction (<i>required field</i>)

ECRS CWF Assistance Request Detail Screen, Page 1 of 2	
Field Name	Description
REASON	<p>Two-character code explaining why the CWF assistance request is in a particular status (<i>protected field</i>). Description of reason code displays next to value. Valid values are:</p> <ul style="list-style-type: none"> 01 Not yet read by COB, used with NW status 02 Being processed by COB, used with IP status 03 Under development by COB, used with IP status 04 Update sent to CWF, used with IP status 05 Error received from CWF, being resolved by COB contractor, used with IP status 07 Auditor follow-up development in progress, used with IP status 10 Not processing 11 Not yet eligible for Medicare, used with HD status 14 Duplicate request, development already in progress, used with HD status 15 Prescription Drug Information sent to MBD 50 Posted to CWF, response received with no errors, used with CM status 51 No changes (additions, modifications, or deletions) made to CWF, used with CM status 52 Returned–rejected by CWF, used with CM status 53 Returned–duplicate ECRS request, used with CM status 54 100 or more threshold met 55 20 or more threshold met 56 OBRA does not apply, no update 57 Record already updated 58 Non-compliant GHP 59 Employer verified existing record, no update 60 Invalid HICN 61 No Part A entitlement 62 Closed, no response to development 63 Development complete, no MSP 64 Letter sent 65 Deceased, used with CM status 66 ESRD/DIB conflict 67 No response from CWF 68 Closed for Self-Report (More current information was received by the COB contractor in the form of a self-report. You will be notified of any changes in record status on the ECRS Changed Record Notification screen.) 69 Developed to GHP, no response 70 Developed to non-EGHP, no response 71 Developed to beneficiary, no response 72 Developed to informant, no response 73 Medicare beneficiary retired 74 Spouse retired 75 GHP lifetime of yearly benefits past maximum amount 76 No coverage with insurance company 77 Medicare Supplemental Plan 78 Employer has less than 20 employees 79 Per employer, Medicare beneficiary is not covered under spouse’s GHP

ECRS CWF Assistance Request Detail Screen, Page 1 of 2	
Field Name	Description
REASON (continued)	Two-character code explaining why the CWF assistance request is in a particular status (<i>protected field</i>). Description of reason code displays next to value. Valid values (continued from previous page) are: 80 Employer has less than 100 employees 81 Medicare is primary due to ESRD coordination period 82 Per insurance, seasonal employee and not eligible for the month 83 Incoming request conflicts with information on file 84 Insufficient information to update CWF 85 Venue changed 86 Unable to verify address, used with CM status 88 No update, not lead contractor 91 Duplicate Investigation in Process 92 Change of Venue not allowed after 90 days
ACTIVITY CODE	Activity of contractor (<i>required field</i>). Valid values are: C Claims (Pre-Payment) (22001) D Debt Collection/Referral (42021) G Group Health Plan (42003) I General Inquires (42004) N Liability, No Fault, Workers' Compensation, and Federal Tort Claim Act (42002)
DVLP TO	Development source code indicating where development letter was sent. Valid values are: A Attorney B Beneficiary C Contractor (CWF Requests only) E Employer I Insurer P Provider R Beneficiary Representative (other than attorney)
RSP	Development response indicator. System displays a Y if a response was received from the development.
SOURCE	Four-character code identifying source of CWF assistance request information (<i>required field</i>). Description of source code displays next to value. Valid values are: CHEK Unsolicited check LTTR Letter PHON Phone call SCLM Claim submitted to Medicare contractor for secondary payment CLAM Claim SRVY Survey
BENE HICN	Health Insurance Claim Number of beneficiary (<i>required field</i>). Type HICN without dashes, spaces, or other special characters.
SSN	Social Security Number of beneficiary
DOB	Beneficiary's date of birth

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

ECRS CWF Assistance Request Detail Screen, Page 1 of 2	
Field Name	Description
ORIG CNTR	Contractor number of contractor that created original MSP occurrence at CWF (<i>required field</i> except when ACTION(S) = CV)
CHANGE LEAD TO	New lead contractor number. <i>Required field</i> if value in ACTION(S) field = CV. Only the original lead contractor or a CMS RO user has the capability to make a lead contractor reassignment request. Note: The system allows one change of venue per beneficiary. If you try to request a second or subsequent change of venue, the system displays an error message and does not process your request. In this case, contact your COB consortia representative.
SEND VENUE LETTER? Y/N	Indicates whether to send Change of Venue letter informing of lead contractor change to original recipients of Right of Recovery letter. <i>Required field</i> if value in ACTION(S) field = CV. Valid values are: Y Yes, send Change of Venue letter N No, do not send Change of Venue letter
BENE STRT	First and second lines of beneficiary's street address
CITY	Beneficiary's city
ST	Beneficiary's state
ZIP	Beneficiary's ZIP code
PHONE	Beneficiary's telephone number
CHECK DATE	Date of check received. <i>Required field</i> if value in SOURCE field = CHEK. You cannot future-date this field.
CHECK AMOUNT	Amount of check received. <i>Required field</i> if value in SOURCE field = CHEK.
CHECK NO	Number of check received. <i>Required field</i> if value in SOURCE field = CHEK.
INFMT NAME	Name of person (in first name/middle initial/last name format) informing contractor of change in MSP coverage. First and last names are <i>required fields</i> when SOURCE is CHEK or LTTR.
PHONE	Informant's telephone number
STREET	First and second lines of informant's street address. First address line is a <i>required field</i> when SOURCE is CHEK or LTTR.
CITY	Informant's city. <i>Required field</i> when SOURCE is CHEK or LTTR.
ST	Informant's state. <i>Required field</i> when SOURCE is CHEK or LTTR.
ZIP	Informant's ZIP code. <i>Required field</i> when SOURCE is CHEK or LTTR.

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

Transportation

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

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

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

COB: (OPERID) _____		

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

ECRS CWF Assistance Request Detail Screen, Page 2 of 2	
Field Name	Description
CNTR NBR.	Medicare Contractors: Contractor number entered on login screen (<i>protected field</i>) CMS Users: RO contractor number entered on main menu screen (<i>protected field</i>)
BENE	Name of beneficiary in first name/middle initial/last name format (<i>protected field</i>)
HICN	Health Insurance Claim Number for beneficiary (<i>protected field</i>)
DCN	Document Control Number assigned by contractor to correspondence and/or paperwork associated with this transaction (<i>protected field</i>)
INSURER NAME*	Name of insurance carrier for MSP coverage (<i>required field</i> for II action code)

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

ECRS CWF Assistance Request Detail Screen, Page 2 of 2	
Field Name	Description
INS TYPE	<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>Blank Unknown (UNKNOWN); defaults to A.</p>
STREET	First and second lines of insurer's street address
PHONE	Insurer's phone number
CITY	Insurer's city
ST	Insurer's state
ZIP	Insurer's ZIP code
GROUP NO	Group number of insurance coverage
POLICY NO	Policy number of insurance coverage
POLICY HOLDER/SUBSCRIBER NAME	Name of individual covered by this insurance in first name/middle initial/last name format
PHP DATE	Pre-paid Health Plan date in MMDDCCYY
REMARKS	Two-character CWF remark code explaining reason for transaction. You may enter up to three remark codes. See Appendix B for a list of remark codes.
DIAG	Five-digit diagnosis code that applies to this MSP occurrence. Enter up to five diagnosis codes.

ECSR CWF Assistance Request Detail Screen, Page 2 of 2	
Field Name	Description
<i>COMMENTS</i>	
CNTR	<p>Identification number of updating operator (OPERID) precedes a free-form text field, where Medicare contractors type data to send notes to the COB contractor. <i>Protected field</i> when COB contractor adds a comment.</p> <p>Note: The COB contractor reviews these comments unless the request involves an automated action type (action codes DO, PH, RR, and TD). In these cases, when automated action types are submitted individually and processed successfully, the comments entered are not reviewed.</p>
COB	<p>Identification number of updating operator (OPERID) precedes a free-form text field, where the COB contractor's comments on the Medicare contractor or the last comment added in CARS appear. <i>Protected field</i> when Medicare contractor adds a comment.</p>

Transportation

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

Viewing the List of MSP Inquiry Transactions

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ECRS MSP Inquiry List Screen Description

ECRS MSP Inquiry List Screen	
Field Name	Description
USER ID	User ID entered as search criteria, if applicable. This field is updateable; enter a different User ID to perform additional searches.
STATUS	Status code entered as search criteria, if applicable. This field is updateable; enter a different status code to perform additional searches. To view all in-process MSP inquiry transactions, type IP in the STATUS field and press [Enter].
REASON	Reason code entered as search criteria, if applicable. This field is updateable; enter a different reason code to perform additional searches.
ORIGIN DATE FROM	Starting date of date range entered as search criteria, if applicable. This field is updateable; enter a different From date in MMDDCCYY format to perform additional searches.
THROUGH	Ending date of date range entered as search criteria, if applicable. This field is updateable; enter a different Through date in MMDDCCYY format to perform additional searches.
CNTR NBR	Type a CMS-issued Medicare contractor number or your RO contractor number to view MSP inquiry transactions for a specific contractor or your Regional Office.
HICN	Health Insurance Claim Number entered as search criteria, if applicable. This field is updateable; enter a different HICN to perform additional searches.
DCN	Medicare contractor-assigned Document Control Number entered as search criteria, if applicable. This field is updateable; enter a different DCN to perform additional searches.

ECSR MSP Inquiry List Screen	
Field Name	Description
SEL	Selection field. Type S in this field and press [Enter] to transport to the ECSR MSP Inquiry Detail screen. Type R in this field and press [Enter] to transport to the ECSR CWF Assistance Request Detail screen. Type D in this field and press [PF5] to mark a new (status NW) MSP inquiry transaction for deletion.
HICN	Health Insurance Claim Number for MSP inquiry transaction (<i>protected field</i>)
CNTR	Contractor number (<i>protected field</i>)
DCN	Document Control Number assigned to MSP inquiry transaction by Medicare contractor (<i>protected field</i>)
ST	Status of MSP inquiry transaction (<i>protected field</i>). For a list of valid status values, see page 2-27.
RS	Reason of MSP inquiry transaction (<i>protected field</i>). For a list of valid reason values, see page 2-29.
ORGIN DT	Originating date in MM-DD-CCYY format (<i>protected field</i>)
LST UPDATE	Date MSP inquiry transaction was last changed in MMDDCCYY format (<i>protected field</i>)
USER ID	User ID of operator who entered MSP inquiry transaction (<i>protected field</i>)

Transportation

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

Adding, Viewing, and Updating MSP Inquiry Transactions

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

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

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

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

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

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

1. From the COB ECRS main menu screen, type **04** in the SELECTION field and press [Enter]. The system displays the first page of the ECRS MSP Inquiry Detail screen, as shown in the example below.

```

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

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

CHECK DATE:  _____ CHECK AMOUNT: $____,____,____.____ CHECK NO:  _____
INFMT NAME:  _____ PHONE:  -  -  -
STREET:  _____
CITY:  _____ ST:  _ ZIP:  -  INFMT REL:  _ XXXXXXXXXXXXXXX

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

F2=MENU F3=RETURN F6=COB/HIMR F8=FWD F9=CODES F12=EXIT
    
```

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

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

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

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

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

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

* INSURER NAME and INS TYPE are always required fields.

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

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

Action Code Compatibility

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

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

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

SOURCE Code	Required Fields
CHEK	DCN, SOURCE, BENE HICN, NAME, CHECK DATE, CHECK AMOUNT, CHECK NO, INFMT NAME, ADDR, CITY, ST, ZIP, INFMT REL or DCN, SOURCE, SSN, NAME, BENE STRT, CITY, ST, ZIP, CHECK DATE, CHECK AMOUNT, CHECK NO, INFMT NAME, ADDR, CITY, ST, ZIP, INFMT REL
LTTR	DCN, SOURCE, BENE HICN, NAME, INFMT NAME, ADDR, CITY, ST, ZIP, INFMT REL or DCN, SOURCE, SSN, NAME, BENE STRT, CITY, ST, ZIP, INFMT NAME, ADDR, CITY, ST, ZIP, INFMT REL

* INSURER NAME and INS TYPE are always required fields.

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

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

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

ECRS MSP INQUIRY DETAIL		PAGE 2 OF 2
CNTR NBR. 99999	BENE XXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXX	
HICN XXXXXXXXXXXXXXXX	DCN XXXXXXXXXXXXXXXX	
INSURER NAME: _____	INS TYPE: _ XXXXXXXXXXXXXXXX	
STREET: _____	PHONE: ____-____-____	
CITY: _____ ST: ____ ZIP: _____		
GROUP NO: _____	POLICY NO: _____	
POLICY HOLDER/SUBSCRIBER NAME: _____		
ILLNESS/INJURY DT: _____	DIAG: _____	
BENE REP NAME: _____	DESC: _____	
CITY: _____ ST: ____ ZIP: _____	REP TYPE: _ XXXXXXXXXXXXXXXX	
SEND TO CWF? (Y/N) _	PRESCRIPTION DRUG COVERAGE? (Y/N) _	
DIALYSIS TRAIN DT: _____	BLACK LUNG BENEFITS: _ EFF DT: _____	
F2=MENU F3=RETURN F5=UPDATE F7=BWD F9=CODES F12=EXIT		

6. Type data in the appropriate fields.
7. If you typed action code(s) in the ACTION(S) field on the ECRS MSP Inquiry Detail, Page 1 of 2 screen, you must type data in the fields required on this screen by those action code(s). See the table on page 2-24 for a list of applicable action codes, related special processing, and corresponding required fields on this screen and the previous screen.
8. After typing data in all of the appropriate fields, press [PF5]. The system adds or updates the MSP inquiry transaction, then displays the message, "TRANSACTION COMPLETED SUCCESSFULLY."
9. If you want to return to the ECRS MSP Inquiry Detail, Page 1 of 2 screen, press [PF7].
- If you want to exit the ECRS MSP Inquiry Detail screens, press [PF2] to return to the ECRS main menu or [PF12] to exit ECRS.

ECRS MSP Inquiry Detail, Page 1 of 2 Screen Description

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

BENE STRT: _____
CITY: _____  ST: ___  ZIP: _____ - _____  PHONE: ___ - ___ - ___
SUBSCBR: _____
CHECK DATE: _____  CHECK AMOUNT: $____,____,____.____  CHECK NO: _____
INFMT NAME: _____  PHONE: ___ - ___ - ___
STREET: _____
CITY: _____  ST: ___  ZIP: _____ - _____  INFMT REL: ___  XXXXXXXXXXXXXXX

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

F2=MENU F3=RETURN F6=COB/HIMR F8=FWD F9=CODES F12=EXIT
    
```

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

ECRS MSP Inquiry Detail Screen, Page 1 of 2	
Field Name	Description
ACTION(S)	Action code indicating type of special processing to perform on MSP Inquiry record. Valid values are: CA Class Action Suit CL Closed or Settled Case DE Develop to the Employer DI Develop to the Insurer SC Suppress Confirmation Letter SL Suppress Lead Contractor Assignment SR Suppress Right of Recovery Letters
DCN	Document Control Number assigned by contractor to correspondence and/or paperwork associated with transaction (<i>required field</i>)
REASON	Two-character code explaining why the MSP inquiry is in a particular status (<i>protected field</i>). Description of reason code displays next to value. Valid values are: 01 Not yet read by COB, used with NW status 02 Being processed by COB, used with IP status 03 Under development by COB, used with IP status 04 Update sent to CWF, used with IP status 05 Error received from CWF, being resolved by COB contractor, used with IP status 07 Auditor follow-up development in progress, used with IP status 10 Not processing 11 Not yet eligible for Medicare, used with HD status 14 Duplicate request, development already in process, used with HD status 15 Prescription Drug Information sent to MBD 45 Insufficient information to process, used with HD status (RAC only) 46 RAC did not update hold records, used with DE status (RAC only) 50 Posted to CWF, response received with no errors, used with CM status 51 No changes (additions, modifications, or deletions) made to CWF, used with CM status 52 Returned–rejected by CWF, used with CM status 53 Returned–duplicate ECRS request, used with CM status 54 100 or more threshold met 55 20 or more threshold met 56 OBRA does not apply, no update 57 Record already updated 58 Non-compliant GHP 59 Employer verified existing record, no update 60 Invalid HICN 61 No Part A entitlement 62 Closed, no response to development 63 Development complete, no MSP 64 Letter sent 65 Deceased, used with CM status 66 ESRD/DIB conflict 67 No response from CWF

ECRS MSP Inquiry Detail Screen, Page 1 of 2	
Field Name	Description
REASON (continued)	<p>Two-character code explaining why the MSP inquiry is in a particular status (<i>protected field</i>). Description of reason code displays next to value. Valid values (continued from page 2-28) are:</p> <ul style="list-style-type: none"> 68 Closed for Self-Report (More current information was received by the COB contractor in the form of a self-report. You will be notified of any changes in record status on the ECRS Changed Record Notification screen.) 69 Developed to GHP, no response 70 Developed to non-EGHP, no response 71 Developed to beneficiary, no response 72 Developed to informant, no response 73 Medicare beneficiary retired 74 Spouse retired 75 GHP lifetime of yearly benefits past maximum amount 76 No coverage with insurance company 77 Medicare Supplemental Plan 78 Employer has less than 20 employees 79 Per employer, Medicare beneficiary is not covered under spouse's GHP 80 Employer has less than 100 employees 81 Medicare is primary due to ESRD coordination period 82 Per insurance, seasonal employee and not eligible for the month 83 Incoming request conflicts with information on file 84 Insufficient information to update CWF 85 Venue changed 87 MSP record exists, used with CM status (check HIMR or resubmit as assistance request) 88 No update, not lead contractor 91 Duplicate investigation in process 92 Change of Venue not allowed after 90 days.
ACTIVITY CODE	<p>Activity of contractor (<i>required field</i>). Valid values are:</p> <ul style="list-style-type: none"> C Claims (Pre-Payment) (22001) D Debt Collection/Referral (42021) G Group Health Plan (42003) I General Inquires (42004) N Liability, No Fault, Workers' Compensation, and Federal Tort Claim Act (42002)
1. DVLP TO	<p>Development source code indicating where initial development letter was sent. Valid values are:</p> <ul style="list-style-type: none"> A Attorney B Beneficiary E Employer I Insurer P Provider R Beneficiary Representative (other than attorney)

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

ECRS MSP Inquiry Detail Screen, Page 1 of 2	
Field Name	Description
PAT REL	<p>Patient relationship between policyholder and beneficiary. Description of code displays next to value. Valid values are:</p> <ul style="list-style-type: none"> 01 Patient is policy holder 02 Spouse 03 Natural child, insured has financial responsibility 04 Natural child, insured does not have financial responsibility 05 Stepchild 06 Foster child 07 Ward of the Court 08 Employee 09 Unknown 10 Handicapped dependent 11 Organ donor 12 Cadaver donor 13 Grandchild 14 Niece/nephew 15 Injured plaintiff 16 Sponsored dependent 17 Minor dependent of a minor dependent 18 Parent 19 Grandparent dependent 20 Domestic partner (Effective April, 2004.)
MSP TYPE	<p>One-character code identifying type of MSP coverage. Description of code displays next to value. Valid values are:</p> <ul style="list-style-type: none"> A Working Aged B ESRD C Conditional Payment D Automobile Insurance, No Fault E Workers' Compensation F Federal (Public Health) G Disabled H Black Lung I Veterans L Liability W Workers' Compensation Medicare Set-aside
EFF DT	Effective date of MSP coverage in MMDDCCYY format, cannot equal termination date
TERM DT	Termination date of MSP coverage in MMDDCCYY format, cannot equal effective date

ECRS MSP Inquiry Detail Screen, Page 1 of 2	
Field Name	Description
SEND TO CWF? (Y/N)	<p>Indicates whether to send MSP inquiry to CWF. Valid values are:</p> <p>Y Send to CWF (default unless ACTION(S) field = DE or DI or INFMT REL field = D, in which case default is N and this is a <i>protected field</i>)</p> <p>N Do not send to CWF</p> <p><i>For EGHP MSP Types:</i> In addition to the minimum HUSP fields, the EMPLR NAME, STREET, CITY, ST, and ZIP fields are required or the system will set this switch to N and develop the record.</p> <p><i>For Non-EGHP MSP Types:</i> In addition to the minimum HUSP fields, the ATTORNEY or INSURER NAME, STREET, CITY, ST, ZIP, DIAG, and ILLNESS/INJURY DT fields are required or the system will set this switch to N and develop the record.</p>
GROUPING CODE	<p>CMS Grouping Code. Code entered determines lead contractor assignment. Valid values are:</p> <p>01 Gel Implants (TrailBlazers, 00400)</p> <p>02 Gel Implants (Alabama, 00010)</p> <p>03 Bone Screw Recoveries (United Government Services, 00454)</p> <p>04 Diet Drug Recoveries (Cahaba BCBS Alabama, 00010)</p> <p>05 Sulzer Inter-Op Acetabular Shells for Hip Implant Recoveries (Chisholm Administrative Services, 00340)</p> <p>06 Sulzer Orthopedic and Defective Knee Replacement Recoveries (Chisholm Administrative Services, 00340)</p> <p>07 Baycol Litigation</p> <p>08 Dexatrim (90000)</p> <p>09 Rhode Island Receivership Recoveries (00180)</p> <p>10 Propulsid (00010)</p> <p>11 Asbestos Exposure</p>
BENE STRT	First and second lines of beneficiary's street address
CITY	Beneficiary's city
ST	Beneficiary's state
ZIP	Beneficiary's ZIP code
PHONE	Beneficiary's telephone number
CHECK DATE	Date of check received (for development letter to provider). <i>Required field</i> if value in SOURCE field = CHEK. You cannot future-date this field.
CHECK AMOUNT	Amount of check received (for development letter to provider). <i>Required field</i> if value in SOURCE field = CHEK.

ECRS MSP Inquiry Detail Screen, Page 1 of 2	
Field Name	Description
CHECK NO	Number of check received (for development letter to provider). <i>Required field</i> if value in SOURCE field = CHEK.
INFMT NAME*	Name of person (in first name/middle initial/last name format) informing contractor of change in MSP coverage. <i>Required field</i> if value in SOURCE field = CHEK, LTTR, or PHON.
PHONE	Informant's telephone number
ADDR*	First and second lines of informant's street address. <i>Required field</i> if value in SOURCE field = CHEK, LTTR, or PHON.
CITY*	Informant's city. <i>Required field</i> if value in SOURCE field = CHEK, LTTR, or PHON.
ST	Informant's state. <i>Required field</i> if value in SOURCE field = CHEK, LTTR, or PHON.
ZIP	Informant's ZIP code. <i>Required field</i> if value in SOURCE field = CHEK, LTTR, or PHON.
INFMT REL	One-character code indicating relationship of informant to beneficiary. Description of code displays next to value. <i>Required field</i> if value in SOURCE field = CHEK, LTTR, or PHON. Valid values are: A Attorney representing beneficiary B Beneficiary C Child D Defendant's attorney E Employer F Father I Insurer M Mother N Non-relative O Other relative P Provider R Beneficiary representative (other than attorney) S Spouse U Unknown
EMPLR NAME*	Name of employer providing group health insurance under which beneficiary is covered
EIN	Employer Identification Number

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

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

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

Transportation

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

ECRS MSP Inquiry Detail, Page 2 of 2 Screen Description

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ECRS MSP INQUIRY DETAIL                                PAGE 2 OF 2
CNTR NBR. 99999          BENE XXXXXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXXXXXX
HICN XXXXXXXXXXXXXXXX   DCN XXXXXXXXXXXXXXXXXXXX
INSURER NAME: _____ INS TYPE: _ XXXXXXXXXXXXXXXXXXXX
STREET: _____ PHONE: ____-____-____
CITY: _____ ST: __ ZIP: _____ - ____
GROUP NO: _____ POLICY NO: _____
POLICY HOLDER/SUBSCRIBER NAME: _____
SUBSCRIBER SSN: ____ - ____ - ____
DIAG: _____
ILLNESS/INJURY DT: _____ DESC: _____
BENE REP NAME: _____ STRT: _____
CITY: _____ ST: __ ZIP: _____ - ____ REP TYPE: _ XXXXXXXXXXXXXXXX

SEND TO CWF? (Y/N) _ PRESCRIPTION DRUG COVERAGE? (Y/N) _
DIALYSIS TRAIN DT: _____ BLACK LUNG BENEFITS: _ EFF DT: _____

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

ECRS MSP Inquiry Detail Screen, Page 2 of 2	
Field Name	Description
CNTR NBR.	Medicare Contractors: Contractor number entered on login screen (<i>protected field</i>) CMS Users: RO contractor number entered on main menu screen (<i>protected field</i>)
BENE	Name of beneficiary in first name/middle initial/last name format (<i>protected field</i>)
HICN	Health Insurance Claim Number for beneficiary (<i>protected field</i>)
DCN	Document Control Number assigned by contractor to correspondence and/or paperwork associated with this transaction (<i>protected field</i>)
INSURER NAME*	Name of insurance carrier for MSP coverage. Insurer name cannot contain a space in position two.

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

ECRS MSP Inquiry Detail Screen, Page 2 of 2	
Field Name	Description
INS TYPE	<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>Blank Unknown (UNKNOWN); defaults to A.</p>
STREET*	First and second lines of insurer's street address
PHONE	Insurer's phone number
CITY*	Insurer's city
ST	Insurer's state
ZIP	Insurer's ZIP code
GROUP NO	Group number of insurance coverage
POLICY NO	Policy number of insurance coverage
POLICY HOLDER/SUBSCRIBER NAME	Name of individual covered by this insurance in first name/middle initial/last name format
SUBSCRIBER SSN	Social Security Number of the policy holder/subscriber.
REP TYPE	<p>One-character code indicating type of relationship between beneficiary and his/her representative. Description of code displays next to value. Valid values are:</p> <p>A Attorney</p> <p>R Bene Rep (individual not acting as attorney)</p>

ECRS MSP Inquiry Detail Screen, Page 2 of 2	
Field Name	Description
SEND TO CWF? (Y/N)	Indicates whether to send MSP inquiry to CWF. Valid values are: Y Send to CWF (default unless ACTION(S) field = DE or DI or INFMT REL field = D, in which case default is N and this is a <i>protected field</i>) N Do not send to CWF <i>For EGHP MSP Types:</i> In addition to the minimum HUSP fields, the EMPLR NAME, STREET, CITY, ST, and ZIP fields are required or the system will set this switch to N and develop the record. <i>For Non-EGHP MSP Types:</i> In addition to the minimum HUSP fields, the ATTORNEY or INSURER NAME, STREET, CITY, ST, ZIP, DIAG, and ILLNESS/INJURY DT fields are required or the system will set this switch to N and develop the record.
PRESCRIPTION DRUG COVERAGE?	Y Yes N No
DIAG	Five-digit diagnosis code that applies to this MSP occurrence. Enter up to five diagnosis codes.
ILLNESS/INJURY DT	Date illness or injury occurred for workers' compensation, automobile, or liability coverage (in MMDDCCYY format)
DESC	Brief description of accident or illness for workers' compensation, automobile, or liability coverage
BENE REP NAME*	Name of individual representing a beneficiary's medical affairs or estate. Representation may be applicable in a workers' compensation, automobile, or liability insurance case. Type name in first name/middle initial/last name format.
STRT*	Beneficiary representative's street
CITY*	Beneficiary representative's city
ST	Beneficiary representative's state
ZIP	Beneficiary representative's ZIP code
DIALYSIS TRAIN DT	Date beneficiary received self-dialysis training (in MMDDCCYY format)
BLACK LUNG BENEFITS	One-character code indicating whether beneficiary receives benefits under the Black Lung Program. Valid values are: N No Y Yes
EFF DT	Date beneficiary began receiving benefits under the Black Lung Program in MMDDCCYY format. This field is only valid when BLACK LUNG BENEFITS field value is Y.

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

Transportation

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

Deleting an MSP Inquiry Transaction

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

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

```

ECRS MSP INQUIRY LIST
USER ID: _____ STATUS: ___ REASON: ___
ORIGIN DATE FROM: _____ THROUGH: _____ CNTR NBR: _____ HICN: _____
DCN: _____

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

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

```

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

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

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

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

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

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

ECRS Code Selection Screen Description

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

Transportation

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

Viewing the Prescription Drug Coverage Inquiry List

The ECRS Prescription Drug Coverage Inquiry List is used to:

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

To view the Prescription Drug Coverage Inquiry List screen:

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

```

ECRS PRESCRIPTION DRUG COVERAGE INQUIRY LIST
USER ID: _____ STATUS: ___ REASON: ___ DCN: _____ SSN: _____
ORIGIN DATE FROM: _____ THROUGH: _____ CNTR NBR: _____ HICN: _____

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

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

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

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

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

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

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

The dates in the Origin Date From and Through fields default to the dates entered in the Search Origin Date fields on the COB ECRS main menu screen. If you did not enter dates in those fields on the COB ECRS main menu screen, the fields on this screen default to the date 30 days prior to the current date and the current date.

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

- Press [PF7] to scroll backward or [PF8] to scroll forward through the list of inquiry transactions.
- If you want to view detailed information, type **S** in the SEL field next to the transaction you want to view. Press [Enter]. The system displays the first page of the ECRS PDC Detail screen for the selected transaction.
- To exit the ECRS Prescription Drug Coverage Inquiries List screen, press
 - [PF2] to return to the ECRS main menu without retaining current search criteria
 - [PF3] to return to the ECRS main menu while retaining current search criteria
 - [PF12] to exit ECRS

ECRS Prescription Drug Coverage (PDC) Inquiry List Screen Description

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

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

Transportation

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

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

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

There are two methods of accessing the Detail screen:

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

Tracking

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

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

NW01	Not yet read by COB
DE01	Deleted by Medicare Contractor
CM15	Update Sent to MBD
CM53	Duplicate ECRS Request
CM60	Invalid HICN
CM92	Change of Venue not allowed after 90 days

Note: CM92 refers to a request to change the lead contractor more than 90 days after the initial assignment; this request will be rejected.

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

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

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

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

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

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

```

ECRS PRESCRIPTION DRUG COVERAGE DETAIL                PAGE 1 OF 2
CNTR NBR. 99999  PHONE:  ___ - ___ - ___  USER ID XXXXXXXX ORIG DT: 99-99-9999
CNTR REP.: _____  STATUS XX  XXXXXXXXXXXXXXXX
                    DCN: _____  REASON XX  XXXXXXXXXXXXXXXX
          1.DVLP TO:  _ 2.DVLP TO:  _ RSP:  _  SOURCE: _____ XXXXXXXXXXXXXXXX
BENE HICN: _____  SSN:  ___ - ___ - ___  DOB: _____  SEX:  _
NAME: _____  PAT REL:  _ XXXXXXXXXXXXXXXX
SEND TO MBD? (Y/N)  _

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

CHECK DATE: _____  CHECK AMOUNT: $____,____,____.____  CHECK NO: _____
INFMT NAME: _____  PHONE:  ___ - ___ - ___
STREET: _____
CITY: _____  ST:  _  ZIP:  ___ - ___  INFMT REL:  _ XXXXXXXXXXXX

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

F2=MENU F3=RETURN F8=FWD F9=CODES F12=EXIT
    
```

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

- CHEK - Unsolicited Check
- LTTR - Letter
- PHON - Phone
- SCLM - Medicare Secondary Claim Payment
- CLAM - Claim
- SRVY - Survey

3. Type data in the fields required by the code typed in the SOURCE field. The table below lists codes and corresponding required fields.

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

SOURCE Code		Required Fields
CHEK	SCLM	DCN, SOURCE, BENE HICN, NAME
LTTR	CLAM	or
PHON	SRVY	DCN, SOURCE, SSN, NAME, BENE STRT, CITY, ST, ZIP

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

ECRS PDC Detail screen, Page 2 of 2

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

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

- Type data in the appropriate fields.

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

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

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

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

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

```

ECRS PRESCRIPTION DRUG COVERAGE DETAIL                PAGE 1 OF 2
CNTR NBR. 99999  PHONE:  _  _  _  _  _  USER ID XXXXXXXX ORIG DT: 99-99-9999
CNTR REP.:  _____ STATUS XX  XXXXXXXXXXXXXXXX
                DCN: _____ REASON XX  XXXXXXXXXXXXXXXX
                1.DVLP TO:  _ 2.DVLP TO:  _ RSP:  _ SOURCE:  _____ XXXXXXXXXXXXXXXX
BENE HICN:  _____ SSN:  _  _  _  _  _  DOB:  _____ SEX:  _
NAME:  _____ PAT REL:  _ XXXXXXXXXXXXXXXX
SEND TO MBD? (Y/N)  _

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

CHECK DATE:  _____ CHECK AMOUNT: $ _____, _____, _____ CHECK NO:  _____
INFMT NAME:  _____ PHONE:  _  _  _  _  _
STREET:  _____
CITY:  _____ ST:  _ ZIP:  _____ -  _____ INFMT REL:  _ XXXXXXXXXXXXXXXX

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

F2=MENU F3=RETURN F8=FWD F9=CODES F12=EXIT
    
```

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

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

ECRS Prescription Drug Coverage Detail (PDC) Screen, Page 1 of 2	
Field Name	Description
ZIP	Beneficiary's ZIP (<i>not required field</i>).
PHONE	Beneficiary's phone number (<i>not required field</i>).
PATIENT REL	Patient relationship between policyholder and beneficiary (<i>required field</i>). Description of code displays next to value. Valid values are: 01 Patient is policy holder 02 Spouse 03 Child 04 Other
SEND TO MBD? (Y/N)	Indicates whether to send MSP inquiry to MBD (<i>required field</i>). Valid values are: Y Send to MBD (default) N Do not send to MBD
INFMT NAME *	Name of person (in first name/middle initial/last name format) informing contractor of change in MSP coverage. (<i>not required field</i>).
INFMT REL	One-character code indicating relationship of informant to beneficiary (<i>required field</i>). Description of code displays next to value. Valid values are: A Attorney representing beneficiary B Beneficiary C Child D Defendant's attorney E Employer F Father I Insurer M Mother N Non-relative O Other relative P Provider R Beneficiary representative (other than attorney) S Spouse U Unknown W Pharmacy
ADDR*	First and second lines of informant's street address. (<i>not required field</i>)
CITY*	Informant's city. (<i>not required field</i>)

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

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

Transportation

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

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

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

```

ECRS PRESCRIPTION DRUG COVERAGE DETAIL                                PAGE 2 OF 2
CNTR NBR. 99999  PHONE  999-999-9999  USER ID XXXXXXXX  ORIG DT: 99-99-9999
CNTR REP. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
BENE NAME XXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXXXXXX  PATIENT REL _ XXXXXX
HICN XXXXXXXXXXXXXXX  DCN XXXXXXXXXXXXXXX  SSN: 999-99-9999
INFMT NAME XXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXXXXXX
EMPLR NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PERSON CODE:  _  XXXXX
SUP TYPE:  _  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
MSP TYPE:  _  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
TYPE:  _  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
REC TYPE:  _  XXXXXXXXXXXXXXX
INSURER NAME:  _____
ADDR1:  _____
CITY:  _____  ST:  _  ZIP:  _____  -  _____
EFF DATE:  _____  TERM DATE:  _____
POLICY NO:  _____
RX BIN:  _____  RX PCN:  _____
RX GROUP:  _____  RX ID:  _____
RX PHONE:  _____

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

Prescription Drug Coverage (PDC) Detail Screen Page 2 of 2	
Field Name	Description
CNTR NBR.	Contractor number entered on login screen (<i>protected field</i>).
PHONE	Phone number of contractor representative entered on the MSP Inquiry Detail Screen page 1 of 1.
USER ID	User ID of operator who entered MSP inquiry transaction (<i>protected field</i>).
ORIG DT	Originating date in MM-DD-CCYY format (<i>protected field</i>).
CNTR REP.	Name of contractor representative to contact for further information or clarification regarding MSP inquiry entered on the MSP Inquiry Detail Screen page 1 of 1.
BENE NAME	Name of beneficiary in first name/middle initial/last name format entered on the MSP Inquiry Detail Screen page 1 of 1 (<i>protected field</i>).
HICN	Health Insurance Claim Number of beneficiary entered on the MSP Inquiry Detail Screen page 1 of 1 (<i>protected field</i>).
DCN	Document Control Number entered on the MSP Inquiry Detail Screen page 1 of 1 (<i>protected field</i>) assigned by contractor to correspondence and/or paperwork associated with transaction.
SSN	Social Security Number of beneficiary entered on the MSP Inquiry Detail Screen page 1 of 1 (<i>protected field</i>).
INFMT NAME	Name of person (in first name/middle initial/last name format) informing contractor of change in MSP coverage (<i>protected field</i>).

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

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

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

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

Transportation

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

ECRS Code Selection Screen Description

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

Transportation

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

Reviewing Contractor Workloads (for CMS Users)

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

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

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

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

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

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

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

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

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

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

ECRS Workload Tracking Screen Description (for CMS Users)

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

ECRS Workload Tracking Screen (for CMS Users)	
Field Name	Description
NAT TTL	<p>Six national totals consist of the following:</p> <ul style="list-style-type: none"> • National total of CWF assistance requests submitted by all contractors for all activity codes selected • National total of all duplicate/rejected CWF assistance requests submitted by all contractors for all activity codes selected • National total of all MSP inquiries submitted by all contractors for all activity codes selected • National total of all duplicate/rejected MSP inquiries submitted by all contractors for all activity codes selected • National total of Net Totals for CWF assistance requests and MSP inquiries submitted by all contractors for all activity codes, including duplicates • National total of Gross Totals for CWF assistance requests and MSP inquiries submitted by all contractors for all activity codes, excluding duplicates

Transportation

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

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

ECRS Workers' Comp Set-Aside List Screen Description

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

ECRS Workers' Comp Set-Aside List Screen	
Field Name	Description
RS	Reason for status (<i>protected field</i>). Valid values are: 01 Not yet read by COB 04 Sent to CWF 06 At EDB 11 Not yet eligible for Medicare 12 Needs diagnosis, used with HD status 13 Future-dated workers' compensation case, used with HD status 14 Duplicate request, development already in progress, used with HD status 50 Record applied at CWF with no errors 65 Deceased 67 No response from CWF
DCN	Document Control Number entered by Regional Office (<i>protected field</i>)
ORIGIN DATE	Date workers' compensation set-aside trust case was entered in MM-DD-CCYY format (<i>protected field</i>)
LST UPDATE	Date workers' compensation set-aside trust case was last changed in MMDDCCYY format (<i>protected field</i>)
USER ID	User ID of operator who last updated workers' compensation set-aside trust case (<i>protected field</i>)

Transportation

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

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

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

Use the ECRS Workers' Compensation Set-Aside screens to view and update a workers' compensation set-aside trust case. You can only update a case if you work in the Regional Office that entered it, and the case status is HD (hold). On or about May 3, 2004 (subject to change), all new Workers' Compensation Set Aside cases will be added through the new Workers Compensation Set Aside Case Control System (WCCCS). If the COB system has started processing the information, you cannot update the case.

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

Prior to May 3, 2004

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

ECRS WORKERS COMPENSATION SET-ASIDE DETAIL		PAGE 1 OF 2
RO NUMBER: XXX		STATUS: XX XXXXXXXX
USER ID: XXXXXXXX		REASON: XX XXXXXXXX
ORIGIN DATE: 99-99-9999		UPDATE DATE: 99-99-9999
IN PROCESS: <input type="checkbox"/> FINAL: <input type="checkbox"/>	APPROVED: <input type="checkbox"/> DENIED: <input type="checkbox"/>	
DATE OF LOSS: _____	EFFECTIVE (SETTLEMENT DATE): _____	
NAME: _____	DOB: _____	SEX: <input type="checkbox"/>
STATE: <input type="checkbox"/> LEAD CONTRACTOR: _____	MEDICARE BENE? Y/N: <input type="checkbox"/>	DOD: _____
SSN: _____	HICN: _____	DCN: _____
ADMINISTRATOR: _____	AMOUNT: \$ _____, _____, _____.	
STREET: _____		
CITY: _____	ST: <input type="checkbox"/> ZIP: _____-_____	PHONE: _____-_____-_____
ATTORNEY: _____		
STREET: _____		
CITY: _____	ST: <input type="checkbox"/> ZIP: _____-_____	PHONE: _____-_____-_____
DEFENDANT ATTY? Y/N: <input type="checkbox"/>		
DIAG: _____		
DESCRIPTION: _____		

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

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

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

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

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

```

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

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

INSURER NAME: _____ INS TYPE: _ XXXXXXXXXXXXXXXXXXXX
STREET: _____
CITY: _____ ST: __ ZIP: _____-____
GROUP NO: _____ POLICY NO: _____

INSURED NAME: _____ INS REL: __ XXXXXXXXXXXXXXXXXXXX
EMPLOYER: _____
STREET: _____
CITY: _____ ST: __ ZIP: _____ - _____ PHONE: ____-____-____

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

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

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

ECRS Workers' Compensation Set-Aside Inquiry Screen, Page 1 of 2	
Field Name	Description
REASON	Reason for status (<i>protected field</i>). Valid values are: 04 Sent to CWF (used with status IP) 06 Query sent to EDB for beneficiary information (used with status IP) 11 Not yet eligible for Medicare (used with status HD) 50 Record applied at CWF with no errors (used with status CM) 65 Deceased (used with status CM) 67 No response from CWF
ORIGIN DATE	Date workers' compensation set-aside trust case was added by Regional Office (<i>protected field</i>)
UPDATE DATE	Date workers' compensation set-aside trust case was updated by Regional Office (<i>protected field</i>)
IN PROCESS	Indicates the workers' compensation set-aside arrangement has not been finalized. The system builds a regular workers' compensation record at CWF with the effective date equal to the date of loss or the date of Medicare entitlement. After entering, in-process records have a status of HD and a reason code of 50. You can update records that have the IN PROCESS indicator marked.
FINAL	Indicates the workers' compensation set-aside arrangement has been finalized. If the set-aside arrangement was approved, the system sends a workers' compensation set-aside record to CWF. If the DATE OF LOSS is less than the SETTLEMENT DATE, the system sends a regular workers' compensation record to CWF with the effective date equal to the date of loss or the date of Medicare entitlement and the termination date one day prior to the settlement date. The date of loss cannot be equal to or less than the settlement date. Records with this indicator marked require the marking of either the APPROVED or DENIED indicators. Records with the FINAL and APPROVED indicators marked require information in the EFFECTIVE (SETTLEMENT DATE) and ADMINISTRATOR fields. If the settlement arrangement was denied, the system sends a regular workers' compensation record to CWF with WCSA DENIED in the GROUP NAME field. You cannot update records that have the FINAL indicator marked.
APPROVED	Indicates the workers' compensation set-aside arrangement has been approved. <i>Required field</i> if the FINAL indicator is marked and the DENIED field is blank. An indicator in this field <i>requires</i> information in the EFFECTIVE (SETTLEMENT DATE) and ADMINISTRATOR fields.
DENIED	Indicates the workers' compensation set-aside arrangement was denied. <i>Required field</i> if the FINAL indicator is marked and the APPROVED field is blank.
DATE OF LOSS	Start date of illness or injury in MMDDCCYY format (<i>required field</i>). You cannot future-date this field.
EFFECTIVE (SETTLEMENT DATE)	Start date of set-aside arrangement (equal to settlement date) in MMDDCCYY format. <i>Required field</i> if FINAL and APPROVED fields are marked.
NAME	Name of injured individual in first name/middle initial/last name format (<i>required field</i>)

ECRS Workers' Compensation Set-Aside Inquiry Screen, Page 1 of 2	
Field Name	Description
DOB	Injured individual's date of birth (<i>required field</i>)
SEX	Sex of beneficiary (<i>required field</i>). Valid values are: M Male F Female U Unknown
STATE	Abbreviation of state in which injured individual resides (<i>required field</i>)
LEAD CONTRACTOR	Field is blank upon initial entry. The Regional Office can add the lead contractor number or let the system use the beneficiary state code logic to fill in the lead contractor number when the request is entered. The Regional Office can override this field when the status code of the request is NW (new) or HD (held).
MEDICARE BENE?	Allows Regional Office to indicate whether injured individual has Medicare coverage (<i>required field</i>). Valid values are: Y Yes N No
DOD	Date of death. You can only enter a date in this field when updating a case. After you enter the date of death, the system updates the case with status code CM (complete), reason code 65 (deceased).
SSN	Social Security Number of injured individual. <i>Required field</i> if MEDICARE BENE? field contains a value of N.
HICN	Health Insurance Claim Number of injured individual. Type HICN without dashes, spaces, or other special characters. <i>Required field</i> if MEDICARE BENE? field contains a value of Y.
DCN	CMS Regional Office Document Control Number Note: Each submitted transaction should have a unique DCN.
ADMINISTRATOR	Name of arrangement administrator. At CWF, the system adds arrangement administrator information to the insurer fields and annotates it with TAD. Required field if FINAL and APPROVED fields are marked.
AMOUNT	Monetary amount of arrangement settlement
STREET	Arrangement administrator's street address
CITY	Arrangement administrator's city
ST	Arrangement administrator's state abbreviation
ZIP	Arrangement administrator's ZIP code
PHONE	Arrangement administrator's telephone number
ATTORNEY	Name of attorney (<i>required field</i>). At CWF, the system adds attorney information to the employer fields.
STREET	Attorney's street address (<i>required field</i>)
CITY	Attorney's city (<i>required field</i>)
ST	Attorney's state abbreviation (<i>required field</i>)
ZIP	Attorney's ZIP code (<i>required field</i>)

ECRS Workers' Compensation Set-Aside Inquiry Screen, Page 1 of 2	
Field Name	Description
PHONE	Attorney's telephone number
DEFENDANT ATTY?	Indicates whether the attorney represents the claimant or the defendant. Defendant attorney information is not added to CWF. Values are: Y Attorney represents defendant N Attorney represents claimant
DIAG	Diagnosis codes. Enter as many as five codes.
DESCRIPTION	Describes illness or injury when diagnosis code is unknown. Required field if DIAG field is blank.

Transportation

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

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

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

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

ECRS Workers' Compensation Set-Aside Detail Screen, Page 2 of 2	
Field Name	Description
NAME	Name of injured individual in first name/middle initial/last name format (<i>protected field</i>)
DOB	Injured individual's date of birth (<i>protected field</i>)
SEX	Sex of beneficiary (<i>protected field</i>). Valid values are: M Male F Female U Unknown
STATE	Abbreviation of state in which injured individual resides (<i>protected field</i>)
LEAD CONTRACTOR	Lead contractor number (<i>protected field</i>)
MEDICARE BENE?	Allows Regional Office to indicate whether injured individual has Medicare coverage (<i>protected field</i>). Valid values are: Y Yes N No
DOD	Date of death (<i>protected field</i>)
SSN	Social Security Number of injured individual (<i>protected field</i>)
HICN	Health Insurance Claim Number of injured individual (<i>protected field</i>)
DCN	CMS Regional Office Document Control Number (<i>protected field</i>)
INSURER NAME	Name of insurer Note: In the absence of trust administrator information, the system posts insurer information to CWF. If both trust administrator and insurer information exist, the trust administrator information takes precedence.
INS TYPE	Type of insurance. Valid values are: A Insurance or Indemnity (OTHER TYPES) B Group Health Organization (GHO) C Preferred Provider Organization (PPO) D Third Party Administrator arrangement under an Administrative Service Only (ASO) contract without stop loss from any entity (TPA/ASO) E Third Party Administrator arrangement with stop loss insurance issued from any entity (STOP LOSS TPA) F Self-Insured/Self-Administered (SELF-INSURED) G Collectively-Bargained Health and Welfare Fund (HEALTH/WELFAR) H Multiple Employer Health Plan with at least one employer who has more than 100 full- and/or part-time employees (EMPLOYER+100) I Multiple Employer Health Plan with at least one employer who has more than 20 full- and/or part-time employees (EMPLOYER+20) J Hospitalization Only Plan covering inpatient hospital services (HOSPITAL ONLY)

ECRS Workers' Compensation Set-Aside Detail Screen, Page 2 of 2	
Field Name	Description
INS TYPE (continued)	Type of insurance. Valid values (continued from previous page) are: K Medical Services Only Plan covering only non-inpatient medical services (MEDICAL ONLY) M Medicare Supplemental Plan, Medigap, Medicare Wraparound Plan or Medicare Carve Out Plan (SUPPLEMENTAL) Blank Unknown (UNKNOWN); defaults to A.
STREET	Insurer's street address
CITY	Insurer's city
ST	Insurer's state abbreviation
ZIP	Insurer's ZIP code
GROUP NO	Stores date of loss or date of injury at CWF Note: If the date in this field is prior to the entitlement date, it indicates the actual date of loss in MM/DD/CCYY format.
POLICY NO	Indicates "set-aside trust" at CWF
INSURED NAME	Name of insured
INS REL	Relationship of insured to injured individual. Valid values are: B Beneficiary C Child E Employer F Father M Mother N Non-relative O Other relative S Spouse U Unknown
EMPLOYER	Employer's name
STREET	Employer's street address
CITY	Employer's city
ST	Employer's state abbreviation
ZIP	Employer's ZIP code
PHONE	Employer's phone number

Transportation

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

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

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

The WCCCS updates ECRS when:

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

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

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                ECRS WORKERS COMPENSATION SET-ASIDE INQUIRY      PAGE 1 OF 2
REVIEWING RO/WCC NUMBER: XXX                                STATUS: XX XXXXXXXX
APPROVING/DENYING RO NUMBER: XXX                            REASON: XX
XXXXXXXXXX
CASE CONTROL NUMBER: XXXXXXXXXX  ORIG DATE: 99-99-9999  UPDATE DATE: 99-99-9999

IN PROCESS:  _  FINAL:  _  APPROVED:  _  DENIED:  _

NAME:  _____  DOB:  _____  SEX:  _

STATE:  __  LEAD CONTRACTOR:  _____  MEDICARE BENE? Y/N:  _  DOD:  _____

SSN:  _____  HICN:  _____  DCN:  _____

DIAG:  _____  DATE OF LOSS:  _____

TOTAL SETTLEMENT:  $9999999.99  MEDICARE SET-ASIDE AMT:  $9999999.99

                LUMP SUM AMOUNT:  $9999999.99

NUMBER OF YEARS:  XX  EFFECTIVE DATE (SETTLEMENT DATE):  99-99-9999
ANNIVERSARY DATE:  99-99-9999

STRUCTURED PAYMENT SCHEDULE:

INITIAL DEPOSIT (SEED MONEY):  $999999.99

SUBSEQUENT ANNUAL PAYMENTS:
99-99-9999:  $9999999.99  99-99-9999:  $9999999.99  99-99-9999:  $9999999.99
99-99-9999:  $9999999.99  99-99-9999:  $9999999.99  99-99-9999:  $9999999.99
99-99-9999:  $9999999.99  99-99-9999:  $9999999.99  99-99-9999:  $9999999.99

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

ECRS Workers' Compensation Set-Aside Inquiry Screen, Page 1 of 2	
Field Name	Description
REVIEWING RO/WCRC NUMBER	The contractor number of the RO or Workers' Compensation Review Contractor investigating the case.
STATUS	Status of request (<i>protected field</i>). Valid value: CM Completed, applied response received from CWF or date of death entered on HD record
APPROVING/DENYING RO NUMBER	Contractor number of the RO giving final decision of the settlement.
REASON	Reason for status (<i>protected field</i>). Valid values are: 04 Sent to CWF (used with status IP) 06 Query sent to EDB for beneficiary information (used with status IP) 11 Not yet eligible for Medicare (used with status HD) 50 Record applied at CWF with no errors (used with status CM) 65 Deceased (used with status CM) 67 No response from CWF
CASE CONTROL NUMBER	Case number assigned in the WCCS.
ORIGIN DATE	Date workers' compensation set-aside trust case was added by Regional Office (<i>protected field</i>)
UPDATE DATE	Date workers' compensation set-aside trust case was updated by Regional Office (<i>protected field</i>)
IN PROCESS	Indicates the workers' compensation set-aside arrangement has not been finalized. The system builds a regular workers' compensation record at CWF with the effective date equal to the date of loss or the date of Medicare entitlement. After entering, in-process records have a status of HD and a reason code of 50. You can update records that have the IN PROCESS indicator marked.
FINAL	Indicates the workers' compensation set-aside arrangement has been finalized. If the set-aside arrangement was approved, the system sends a workers' compensation set-aside record to CWF. If the DATE OF LOSS is less than the SETTLEMENT DATE, the system sends a regular workers' compensation record to CWF with the effective date equal to the date of loss or the date of Medicare entitlement and the termination date one day prior to the settlement date. The date of loss cannot be equal to or less than the settlement date. Records with this indicator marked require the marking of either the APPROVED or DENIED indicators. Records with the FINAL and APPROVED indicators marked require information in the EFFECTIVE (SETTLEMENT DATE) and ADMINISTRATOR fields. If the settlement arrangement was denied, the system sends a regular workers' compensation record to CWF with WCSA DENIED in the GROUP NAME field. You cannot update records that have the FINAL indicator marked.

ECRS Workers' Compensation Set-Aside Inquiry Screen, Page 1 of 2	
Field Name	Description
APPROVED	Indicates the workers' compensation set-aside arrangement has been approved. <i>Required field</i> if the FINAL indicator is marked and the DENIED field is blank. An indicator in this field <i>requires</i> information in the EFFECTIVE (SETTLEMENT DATE) and ADMINISTRATOR fields.
DENIED	Indicates the workers' compensation set-aside arrangement was denied. <i>Required field</i> if the FINAL indicator is marked and the APPROVED field is blank.
NAME	Name of injured individual in first name/middle initial/last name format (<i>required field</i>)
DOB	Injured individual's date of birth (<i>required field</i>)
SEX	Sex of beneficiary (<i>required field</i>). Valid values are: M Male F Female U Unknown
STATE	Abbreviation of state in which injured individual resides (<i>required field</i>)
LEAD CONTRACTOR	Field is blank upon initial entry. The Regional Office can add the lead contractor number or let the system use the beneficiary state code logic to fill in the lead contractor number when the request is entered. The Regional Office can override this field when the status code of the request is HD (held).
MEDICARE BENE?	Allows Regional Office to indicate whether injured individual has Medicare coverage (<i>required field</i>). Valid values are: Y Yes N No
DOD	Date of death. You can only enter a date in this field when updating a case. After you enter the date of death, the system updates the case with status code CM (complete), reason code 65 (deceased).
SSN	Social Security Number of injured individual. <i>Required field</i> if MEDICARE BENE? field contains a value of N.
HICN	Health Insurance Claim Number of injured individual. Type HICN without dashes, spaces, or other special characters. <i>Required field</i> if MEDICARE BENE? field contains a value of Y.
DCN	CMS Regional Office Document Control Number Note: Each submitted transaction should have a unique DCN.
DIAG	Diagnosis codes. You may enter up to five.
DATE OF LOSS	Start date of illness or injury.
TOTAL SETTLEMENT	Total dollar amount of the settlement including wage and indemnity benefits.
MEDICARE SET-ASIDE AMT	Total dollar amount of Medicare's Set-Aside amount.
LUMP SUM AMOUNT	When an amount is entered, this indicates the settlement is in the form of a one-time payment.
NUMBER OF YEARS	Total number of years for subsequent annual payments to occur.

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

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

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ECRS WORKERS COMPENSATION SET-ASIDE INQUIRY PAGE 2 OF 2
REVIEWING RO NUMBER: XXX STATUS: XX XXXXXXXX
APPROVING RO NUMBER: XXX REASON: XX XXXXXXXX
CASE CONTROL NUMBER: XXXXXXXXXX ORIG DATE: 99-99-9999 UPDATE DATE: 99-99-9999

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

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

DEFENDANT ATTY? Y/N: _

INSURER NAME: _____ INS TYPE: _ XXXXXXXXXXXXXXXXXXXX
STREET: _____
CITY: _____ ST: __ ZIP: _____-____
GROUP NO: _____ POLICY NO: _____

INSURED NAME: _____ INS REL: __ XXXXXXXXXXXXXXXXXXXX
EMPLOYER: _____
STREET: _____
CITY: _____ ST: __ ZIP: _____-____ PHONE: ____-____-____

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

ECRS Workers' Compensation Set-Aside Inquiry Screen, Page 2 of 2	
Field Name	Description
RO NUMBER	CMS Regional Office contractor number (<i>protected field</i>)
STATUS	Status of request (<i>protected field</i>). Valid value: CM Completed, applied response received from CWF or date of death entered on HD record
USER ID	Identification number of user currently logged on system (<i>protected field</i>)
REASON	Reason for status (<i>protected field</i>). Valid values are: 04 Sent to CWF (used with status IP) 06 Query sent to EDB for beneficiary information (used with status IP) 11 Not yet eligible for Medicare (used with status HD) 50 Record applied at CWF with no errors (used with status CM) 65 Deceased (used with status CM) 67 No response from CWF
ORIGIN DATE	Date workers' compensation set-aside trust case was added by Regional Office (<i>protected field</i>)
NAME	Name of injured individual in first name/middle initial/last name format (<i>protected field</i>)
DOB	Injured individual's date of birth (<i>protected field</i>)

ECRS Workers' Compensation Set-Aside Inquiry Screen, Page 2 of 2	
Field Name	Description
SEX	Sex of beneficiary (<i>protected field</i>). Valid values are: M Male F Female U Unknown
STATE	Abbreviation of state in which injured individual resides (<i>protected field</i>)
LEAD CONTRACTOR	Lead contractor number (<i>protected field</i>)
MEDICARE BENE?	Allows Regional Office to indicate whether injured individual has Medicare coverage (<i>protected field</i>). Valid values are: Y Yes N No
DOD	Date of death (<i>protected field</i>)
SSN	Social Security Number of injured individual (<i>protected field</i>)
HICN	Health Insurance Claim Number of injured individual (<i>protected field</i>)
DCN	CMS Regional Office Document Control Number (<i>protected field</i>)
INSURER NAME	Name of insurer Note: In the absence of trust administrator information, the system posts insurer information to CWF. If both trust administrator and insurer information exist, the trust administrator information takes precedence.
INS TYPE	Type of insurance. Valid values are: A Insurance or Indemnity (OTHER TYPES) B Group Health Organization (GHO) C Preferred Provider Organization (PPO) D Third Party Administrator arrangement under an Administrative Service Only (ASO) contract without stop loss from any entity (TPA/ASO) E Third Party Administrator arrangement with stop loss insurance issued from any entity (STOP LOSS TPA) F Self-Insured/Self-Administered (SELF-INSURED) G Collectively-Bargained Health and Welfare Fund (HEALTH/WELFAR) H Multiple Employer Health Plan with at least one employer who has more than 100 full- and/or part-time employees (EMPLOYER+100) I Multiple Employer Health Plan with at least one employer who has more than 20 full- and/or part-time employees (EMPLOYER+20) J Hospitalization Only Plan covering inpatient hospital services (HOSPITAL ONLY)
INS TYPE (continued)	Type of insurance. Valid values (continued from previous page) are: K Medical Services Only Plan covering only non-inpatient medical services (MEDICAL ONLY) M Medicare Supplemental Plan, Medigap, Medicare Wraparound Plan or Medicare Carve Out Plan (SUPPLEMENTAL) Blank Unknown (UNKNOWN); defaults to A.

ECRS Workers' Compensation Set-Aside Inquiry Screen, Page 2 of 2	
Field Name	Description
STREET	Insurer's street address
CITY	Insurer's city
ST	Insurer's state abbreviation
ZIP	Insurer's ZIP code
GROUP NO	Stores date of loss or date of injury at CWF Note: If the date in this field is prior to the entitlement date, it indicates the actual date of loss in MM/DD/CCYY format.
POLICY NO	Indicates "set-aside trust" at CWF
INSURED NAME	Name of insured
INS REL	Relationship of insured to injured individual. Valid values are: B Beneficiary C Child E Employer F Father M Mother N Non-relative O Other relative S Spouse U Unknown
EMPLOYER	Employer's name
STREET	Employer's street address
CITY	Employer's city
ST	Employer's state abbreviation
ZIP	Employer's ZIP code
PHONE	Employer's phone number

Requesting Document Copies

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

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

Follow the steps below to request a document copy.

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

ECRS DOCUMENT COPIES REQUEST

CNTR NO. 99999 PHONE: ____-____-____ DCN: _____
 CNTR REP.: _____ USER ID XXXXXXXX

SEND TO: _____

DOCUMENT REQUESTED: ____ XX

BENE HICN: _____ SSN: ____ - ____ - ____ SOURCE: _____
 NAME: _____
 STREET: _____
 CITY: _____ ST: ____ ZIP: _____

MSP TYPE: _ XXXXXXXXXXXXXXXX EFF DT: _____ TERM DT: _____

EMPLR NAME: _____ EIN: _____

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

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

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

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

ECRS Document Copies Request Screen Description

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

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

Transportation

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

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

ECRS MSP Lead Contractor Assignment Screen Description

ECRS MSP Lead Contractor Assignment Screen	
Field Name	Description
SEL	Selection field. Type S in this field and press [Enter] to display a list of developing contractors associated with this HICN.
HICN	Health Insurance Claim Number entered as search criteria, if applicable. This field is updateable; enter a different HICN to perform additional searches.
CNTR	Type a CMS-issued Medicare contractor number or your RO contractor number to search for assignment records for a specific contractor or your Regional Office.
ORIGIN DATE FROM	Starting date of date range entered as search criteria, if applicable. This field is updateable; enter a different From date in MMDDCCYY format to perform additional searches.
THROUGH	Ending date of date range entered as search criteria, if applicable. This field is updateable; enter a different Through date in MMDDCCYY format to perform additional searches.
HICN	Health Insurance Claim Number for MSP inquiry transaction (<i>protected field</i>)
BENEFICIARY	First 16 characters of last name and first initial of beneficiary for case assigned to contractor (<i>protected field</i>)
CONTR	Lead contractor number (<i>protected field</i>)
TYPE	MSP type for case assigned to contractor (<i>protected field</i>). For a list of valid type values, see page 2-31.

ECRS MSP Lead Contractor Assignment Screen	
Field Name	Description
IN	<p>Indicates type of specialty case or type of Class Action suit. Valid values are:</p> <p>CV Change of venue was made from original lead contractor or RO</p> <p>DE Non-EGHP record deleted in COB system</p> <p>NA No action required for record (already investigated and resolved; COB contractor is only posting record to CWF)</p> <p>WC Workers' Compensation Set-Aside Cases</p> <p>WU California Workers' Compensation agreement</p> <p>Blank No indicators apply</p> <p>01 Gel Implants (TrailBlazers, 00400)</p> <p>02 Gel Implants (Alabama, 00010)</p> <p>03 Bone Screw Recoveries (United Government Services, 00454)</p> <p>04 Diet Drug Recoveries (Cahaba BCBS Alabama, 00010)</p> <p>05 Sulzer Inter-Op Acetabular Shells for Hip Implant Recoveries (Chisholm Administrative Services, 00340)</p> <p>06 Sulzer Orthopedic and Defective Knee Replacement Recoveries (Chisholm Administrative Services, 00340)</p> <p>07 Baycol Litigation</p>
EFF DATE	Effective date of MSP coverage case assigned to contractor (<i>protected field</i>).
ORIGN DATE	The date of the lead assignment and the date of the lead notification to the attorney or employer and beneficiary, in MMDDCCYY format (<i>protected field</i>).

Transportation

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

ECRS Developing Contractors for Lead Screen Description

ECRS Developing Contractors for Lead Screen	
Field Name	Description
ATTORNEY NAME	Name of attorney as entered on original MSP inquiry or self report
PHONE NO	Phone number of attorney as entered on original MSP inquiry or self report
INSURER NAME	Name of insurer as entered on original MSP inquiry or self report
PHONE NO	Phone number of insurer as entered on original MSP inquiry or self report
HICN	Health Insurance Claim Number for MSP inquiry (<i>protected field</i>)
BENEFICIARY	First 15 characters of last name and first initial of beneficiary for case assigned to contractor (<i>protected field</i>)
TYPE	MSP type for case assigned to contractor (<i>protected field</i>). For a list of valid values, see page 2-31.
EFF DATE	Effective date of MSP coverage case assigned to contractor (<i>protected field</i>)
ORIGN DATE	Originating date in MMDDCCYY format (<i>protected field</i>)
<i>(DEVELOPING CONTRACTORS)</i>	
NUMBER	Contractor number of other Medicare contractors that may be interested or involved in the case assigned (<i>protected field</i>)
NAME	Name of other Medicare contractors that may be interested or involved in the case assigned (<i>protected field</i>)
PHONE	Phone number for other Medicare contractors that may be interested or involved in the case assigned (<i>protected field</i>)

Transportation

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

Viewing Notifications for Cases with Developing Contractors

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

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

1. From the COB ECRS main menu screen, type **07** in the SELECTION field, and type search criteria in the SEARCH ORIGIN DATE FROM, THROUGH, and/or HICN fields. Press [Enter]. The system displays the ECRS MSP Developing Contractor Notification screen showing records found in the COB database for the contractor matching the selection criteria entered. If no selection criteria were entered, the screen displays all assignments in the COB database for the contractor.

ECRS MSP DEVELOPING CONTRACTOR NOTIFICATION						
HICN: _____	CNTR: 11111	ORIGIN DATE FROM: _____	THRU: 08/27/2002			
HICN	BENEFICIARY	TYPE	WC	EFF DATE	ORIG DATE	LEAD
111111111A	SMITH	M	L	01/01/2002	04/12/2002	22222
111111111A	SMITH	M	D	01/01/2002	04/12/2002	22222
222222222A	BROWN	L	L	Y 03/02/2002	04/10/2002	33333
333333333A	JONES	E	D	12/15/2001	12/27/2001	44444

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

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

ECRS MSP Developing Contractor Notification Screen Description

ECRS MSP Developing Contractor Notification Screen	
Field Name	Description
HICN	Health Insurance Claim Number entered as search criteria, if applicable. This field is updateable; enter a different HICN to perform additional searches.
CNTR	Medicare Contractors: Contractor number entered on login screen (<i>protected field</i>) CMS Users: Type a CMS-issued Medicare contractor number or your RO contractor number to search for developing records for a specific contractor or your Regional Office.
ORIGIN DATE FROM	Starting date of date range entered as search criteria, if applicable. This field is updateable; enter a different From date in MMDDCCYY format to perform additional searches.
THROUGH	Ending date of date range entered as search criteria, if applicable. This field is updateable; enter a different Through date in MMDDCCYY format to perform additional searches.
HICN	Health Insurance Claim Number for case (<i>protected field</i>)
BENEFICIARY	First 15 characters of last name and first initial of beneficiary for case (<i>protected field</i>)
TYPE	MSP type for case (<i>protected field</i>). For a list of valid type values, see page 2-31.
WC	Indicates whether case is a workers' compensation set-aside assignment. Valid values are: Y Yes, it is N No, it is not Blank Default
EFF DATE	Effective date of MSP coverage case (<i>protected field</i>)
ORIGN DATE	Originating date in MMDDCCYY format (<i>protected field</i>)
LEAD	Contractor number of Medicare contractor assigned as lead for case (<i>protected field</i>)

Transportation

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

Viewing Notifications of Changed MSP Records

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

Follow the steps below view notifications of changed MSP records.

1. From the COB ECRS main menu screen, type **08** in the SELECTION field, and type search criteria in the SEARCH ORIGIN DATE FROM, THROUGH, and/or HICN fields. Press [Enter]. The system displays the ECRS MSP Changed Record Notification screen showing records found in the COB database for the contractor matching the selection criteria entered. If no selection criteria were entered, the screen displays all notifications in the COB database for the contractor.

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

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

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

ECRS MSP Changed Record Notification Screen Description

ECRS MSP Changed Record Notification Screen							
Field Name	Description						
HICN	Health Insurance Claim Number entered as search criteria, if applicable. This field is updateable; enter a different HICN to perform additional searches.						
CNTR	Medicare Contractors: Contractor number entered on login screen (<i>protected field</i>) CMS Users: Type a CMS-issued Medicare contractor number or your RO contractor number to search for changed records for a specific contractor or your Regional Office.						
LAST UPDATED FROM	Starting date of date range entered as search criteria, if applicable. This field is updateable; enter a different From date in MMDDCCYY format to perform additional searches.						
THROUGH	Ending date of date range entered as search criteria, if applicable. This field is updateable; enter a different Through date in MMDDCCYY format to perform additional searches.						
HICN	Health Insurance Claim Number for case (<i>protected field</i>)						
BENEFICIARY	First 15 characters of last name and first initial of beneficiary for case (<i>protected field</i>)						
TYPE	MSP type for case (<i>protected field</i>). For a list of valid type values, see page 2-31.						
EFF DATE	Effective date of MSP coverage case (<i>protected field</i>)						
LAST UPDATE	Date notification record was last changed in MMDDCCYY format (<i>protected field</i>)						
ACTION	Action performed by COB Contractor on this occurrence (<i>protected field</i>). Valid values are: <table style="margin-left: 20px; border: none;"> <tr> <td>ADDED</td> <td>New occurrence added to CWF</td> </tr> <tr> <td>DELETED</td> <td>Occurrence deleted from CWF</td> </tr> <tr> <td>UPDATED</td> <td>Occurrence updated on CWF</td> </tr> </table>	ADDED	New occurrence added to CWF	DELETED	Occurrence deleted from CWF	UPDATED	Occurrence updated on CWF
ADDED	New occurrence added to CWF						
DELETED	Occurrence deleted from CWF						
UPDATED	Occurrence updated on CWF						

Transportation

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

Appendix A: ECRS CICS Error Messages

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

ECRS CICS Error Message Chart

Message	Action
ACTION CODE CV IS INVALID FOR MSP TYPES D AND L	Correct action codes.
ACTION DO CANNOT BE COMBINED WITH OTHER ACTIONS	Correct action codes.
ACTION VP CANNOT BE COMBINED WITH OTHER ACTIONS	Correct action codes.
ALL EMPLOYER INFORMATION REQUIRED FOR EI (Employer Information) ACTION	Enter employer name and full address (street, city, state, and ZIP code).
AT LEAST 1 ACTION CODE MUST BE ENTERED	Enter one or more action codes.
BENEFICIARY MASTER RECORD NOT FOUND	Access CWF manually to retrieve the beneficiary's data, and then type the relevant information in the appropriate fields on the detail screens.
BENEFICIARY RECORD NOT FOUND – REMOTE HOST XX IS NOT AVAILABLE (where XX is the unavailable host ID)	Access CWF manually to retrieve the beneficiary's data, and then type the relevant information in the appropriate fields on the detail screens.
CANNOT SPECIFY S AND D SIMULTANEOUSLY	Correct the SEL field to either Select a transaction or Delete a transaction .
CANNOT USE MULTIPLE SEARCH SELECTIONS	Correct search criteria.
CHANGE OF VENUE NOT ALLOWED FOR WC SET-ASIDE CASE	Remove CV value from ACTION(S) field. Also remove values from CHANGE LEAD TO and SEND VENUE LETTER? Y/N fields.
CICS CONNECTIVITY ERROR PLEASE CONTACT YOUR HELP DESK TO VERIFY YOUR CICS CONNECTION WITH GHI CICS APPLICATION ID: XXXXCICS	Contact the Help Desk.
CLAIMS PENDING MUST BE Y OR N	Enter Y (yes) or N (no) for claims pending.
CONTRACTOR NUMBER ENTERED NOT FOUND	Enter valid contractor number.
CONTRACTOR NUMBER REQUIRED	Enter valid contractor number.
DESCRIPTION OF INJURY OR DIAGNOSIS CODE REQUIRED	Enter description of injury or valid diagnosis code.

Message	Action
DIAGNOSIS REQUIRED FOR DX (Change Diagnosis Code) ACTION	Enter valid diagnosis code.
DOB MUST BE LESS THAN CURRENT DATE	Enter valid date of birth.
ECRS TRANSACTION HAS BEEN TERMINATED	N/A
EFF DATE CANNOT BE GREATER THAN CURRENT DATE	Enter valid effective date.
EFF DATE CANNOT BE GREATER THAN TERM DATE	Enter valid effective date.
FIRST PAGE DISPLAYED	N/A
FOR DATA MATCH EIN IS REQUIRED	Enter employer's EIN.
FOR DATA MATCH EMPLOYEE NUMBER IS REQUIRED	Enter employee number.
FROM DATE CANNOT BE GREATER THAN THROUGH DATE	Correct either From date or Through date.
FUNCTION KEY NOT ACTIVE	N/A
HICN MUST BE AT LEAST 9 CHARACTERS	Enter valid HICN.
HIGHLIGHTED FIELDS ARE REQUIRED FOR SOURCE OF XXXX (Source Type)	Enter valid values in highlighted fields or change source type.
HIMR NOT FUNCTIONAL – LOCAL HOST CONNECTION IS NOT AVAILABLE	Access CWF manually to retrieve the beneficiary's data, and then type the relevant information in the appropriate fields on the detail screens.
ILL/INJ DATE AND MSP TYPE = X, DO NOT CORRESPOND (where X = A, B, or G)	Remove date from ILLNESS/INJURY DT field or change MSP TYPE to value other than A, B, or G.
INSURER INFO REQUIRED FOR II (Insurer Information) ACTION	Enter full address for insurer (street, city, state, and ZIP code).
INSURER NAME REQUIRED FOR II (Insurer Information) ACTION	Enter insurer name.
INVALID ACCESS CODE FOR SPECIFIED CONTRACTOR	Enter valid access code.
INVALID BENEFICIARY HIC NUMBER ENTERED	Access CWF manually to retrieve the beneficiary's data, and then type the relevant information in the appropriate fields on the detail screens.
INVALID COMBINATION OF SEARCH CRITERIA	Change search criteria or selection.
INVALID DATE – PLEASE ENTER MMDDCCYY FORMAT	Enter valid date in MMDDCCYY format.
INVALID DATE ENTERED	Enter valid date in MMDDCCYY format.
INVALID DATE FORMAT – PLEASE RE-ENTER MMDDCCYY	Enter valid date in MMDDCCYY format.
INVALID KEY WAS ENTERED	N/A
INVALID SELECTION ENTERED	Enter valid selection.
INVALID XXXXXXXXX (Field Name)	Enter valid value for field specified.

Message	Action
LAST PAGE DISPLAYED	N/A
MORE THAN ONE REQUEST FOR DETAIL INFORMATION WAS FOUND	Type S and press [Enter] for only one record at a time.
MSP AUXILIARY DATA NOT FOUND	Access CWF manually to retrieve the beneficiary's data, and then type the relevant information in the appropriate fields on the detail screens.
NO PROCESSING REQUESTED	N/A
NO RECORDS FOUND MEETING SEARCH CRITERIA	Modify search criteria and initiate new search.
ONLY ONE VENUE CHANGE PERMITTED	Remove CV value from ACTION(S) field. Also remove values from CHANGE LEAD TO and SEND VENUE LETTER? Y/N fields.
PHP DATE REQUIRED FOR PH ACTION	Type Pre-paid Health Plan date in PHP DATE field and press [Enter].
PLEASE CORRECT HIGHLIGHTED FIELDS	Correct entries in highlighted fields.
PLEASE CORRECT STATUS FIELD	Enter valid status code.
PLEASE SPECIFY AT LEAST ONE SEARCH CRITERIA	Enter at least one search value.
PRESS ENTER TO SELECT	Type S and press [Enter] to request detailed information for a transaction.
PRESS PF5 TO SEND REQUEST	Press [PF5] to transmit document copy request.
PRESS PF5 TO UPDATE TRANSACTION	Press [PF5] to update transaction.
PRESS PF8 TO CONTINUE	Press [PF8].
RECORD CANNOT BE DELETED	Correct value in SEL field for highlighted transactions; you can only delete records in new (NW) status.
REQUEST HAS BEEN SENT	N/A
SSN REQUIRED FOR MX (SSN/HICN Mismatch) ACTION	Enter valid SSN.
STATUS SHOULD BE NEW OR HOLD TO UPDATE	N/A
TERM DATE CANNOT BE EQUAL TO EFF DATE	Change termination date or effective date.
TERM DATE REQUIRED FOR TD ACTION	Enter termination date.
TRANSACTION COMPLETED SUCCESSFULLY	N/A
USE S TO REQUEST DETAILED INFORMATION	Type S and press [Enter] to request detailed information for a transaction.
XXXXXXXX (Field Name) IS INVALID	Enter valid value for field specified.
XXXXXXXX (Field Name) IS REQUIRED	Enter value for field specified.
XXXXXXXX (Field Name) MUST BE NUMERIC	Change value in field specified to numbers only.
XXXXXXXX (Field Name) NOT NUMERIC	Change value in field specified to numbers only.

Message	Action
XXXXXXXX (Field Name) REQUIRED FOR DOCUMENT REQUEST OF XXXX (Request Type)	Enter valid value for field specified or change request type.
XXXXXXXX (Field Name) SEARCH CRITERIA INVALID FOR SELECTION	Change search criteria or selection.
XXXXXXXXXX (Field Name) REQUIRED FOR SOURCE OF XXXX (Source Type)	Enter valid value in field specified or change source type.

Appendix B: CWF Remark Codes

This appendix contains a list of CWF remark codes.

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

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

Appendix C: Frequently Asked Questions (FAQs)

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

Am I Using the Correct Screen?

Main Menu Option	Screen Name	Use this screen to:
ECRS 01	CWF Assistance Request Detail	Update or delete a confirmed MSP record on CWF
ECRS 02	CWF Assistance Request List	<ul style="list-style-type: none"> View a list of all CWF assistance requests submitted by the contractor Check the progress of a CWF assistance request transaction
ECRS 03	Document Copies Request	Request copies of COB documents related to specific MSP records (currently, only the Data Match Questionnaires are available)
ECRS 04	MSP Inquiry Detail	Enter information about a possible MSP situation when there is no corresponding MSP record on CWF
ECRS 05	MSP Inquiry List	<ul style="list-style-type: none"> View a list of all MSP inquiries submitted by the contractor Check the progress of an MSP inquiry
ECRS 06	MSP Lead Contractor Assignment	View the lead contractor assignment for MSP record types D, E, and L that the COB contractor added to CWF (only displays records assigned to contractor that is signed on to ECRS)
ECRS 07	MSP Developing Contractor Notification	View cases in which the contractor may have an interest or involvement, but the cases were assigned to another contractor as lead (interest or involvement indicates that contractor submitted an ECRS MSP inquiry, ECRS CWF assistance request, or processed a claim triggering either first claim development or trauma code development)
ECRS 08	MSP Changed Record Notification	View a list of records that COB has added, updated, or deleted (only displays records for the contractor who may have an interest—i.e., sent an ECRS MSP inquiry, ECRS CWF assistance request, or processed a claim triggering either first claim development or trauma code development)
ECRS 10	Workers' Compensation Set-Aside List	<ul style="list-style-type: none"> View a list of all workers' compensation set-aside trust cases Check the progress of a workers' compensation set-aside trust case

Main Menu Option	Screen Name	Use this screen to:
ECRS 11	Workload Tracking Screen	<ul style="list-style-type: none"> Review your contractor site's workload (for Medicare contractors) Review contractor workloads (for CMS users)
ECRS 12	Prescription Drug Coverage Details	Enter information about possible prescription drug coverage.
ECRS 13	Prescription Drug Coverage List	View a list of prescription drug coverage inquiries.

General Issues

What are the operating hours for the ECRS application?

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

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

ECRS information is restricted by contractor number and access code. Contractors can view information associated with other contractors if they have a valid HICN.

Can users generate screen prints in ECRS?

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

MSP Inquiry and CWF Assistance Request Issues

Are completed ECRS MSP inquiries and CWF assistance requests purged?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

On the ECRS CWF Assistance Request Detail Screen, the COB contractor views the comments as necessary for each ECRS type as described on page 2-18. On the ECRS MSP Inquiry Detail Screen, the COMMENTS field has been removed and replaced with additional action and reason codes.

Lead Contractor Issue

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

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

Notification Issues

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

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

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

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

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

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

Appendix D: Glossary

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

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

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

Notes:

Electronic Correspondence Referral System (ECRS)

Quick Reference Card

REV. 2009-25 /MARCH

GHI-DI-502.10

CWF Assistance Request Codes

Enter CWF assistance requests for existing MSP records.

Required Fields on ECRS CWF Assistance Request Detail Screens	
Field	Description
ACTION(S)	Action codes
DCN	Document Control Number
ACTIVITY CODE	Activity code
SOURCE	Source of request information
BENE HICN	Beneficiary's Health Insurance Claim Number
NAME	Beneficiary's name
PAT REL	Patient relationship
MSP TYPE	Type of MSP coverage
EFF DT	Effective date of MSP coverage
AUX REC	Record number of MSP auxiliary occurrence at CWF
ORIG CNTR	Contract number of contractor that created original MSP occurrence at CWF
INS TYPE	Type of insurance
Required Fields for Source Codes	
Value	Required Fields
CHEK	CHECK DATE, CHECK AMOUNT, CHECK NO, INFMT NAME, STREET, CITY, ST, ZIP, INFMT REL
LTRR	INFMT NAME, STREET, CITY, ST, ZIP, INFMT REL
Action Codes	
Value	Description
AI	Change attorney information
AR	Add CWF remark codes
CT	Change termination date
CV	Change of venue
DA	Develop to the attorney

DD	Develop for the diagnosis code	
DE	Develop to employer or for employer info	
DI	Develop to insurer or for insurer info	
DO	Mark occurrence for deletion	
DR	Investigate/redevelop closed or deleted record	
DT	Develop for termination date	
DX	Change diagnosis codes	
EA	Change employer address	
ED	Change effective date	
EF	Develop for the effective date	
EI	Change employer information	
ES	Employer size below minimum (20 for working aged; 100 for disability)	
II	Change insurer information	
IT	Change insurer type	
LR	Add duplicate liability record	
MT	Change MSP type	
MX	SSN/HICN mismatch	
NR	Create duplicate no-fault record	
PH	Add PHP date	
PR	Change patient relationship	
RR	Generate right-of-recovery letter to lead contractor	
TD	Terminate open EGHP record with date less than six months prior to date of accretion	
VP	Beneficiary has taken a vow of poverty	
Required Fields for Action Codes		
Value	Required Fields	Description
AI	INFMT NAME, PHONE, STREET, CITY, ST, ZIP	Attorney information (when MSP TYPE = D, E, or L and INFMT REL = A)
CV	CHANGE LEAD TO, SEND VENUE LETTER? Y/N	New lead contractor number; venue letter indicator
DX	DIAG	Diagnosis codes
ED	EFF DATE	Effective date
EI	EMPLR NAME, STREET, CITY, ST, ZIP, EIN, EMPLOYER NO Type data in all fields to update employer info at CWF.	Employer information
EI	EMPLR NAME, STREET, CITY, ST, ZIP, EIN, EMPLOYER NO Type data in all fields to update employer info at CWF.	Employer information
II	INSURER NAME If you leave the following fields blank, the system overwrites the previous value on the MSP auxiliary record at CWF: STREET, CITY, ST,	Insurer name

	ZIP, GROUP NO, POLICY NO, INSURED NAME, INS REL Type data in all fields to update insurer info at CWF. Leave all fields blank to delete insurer info at CWF.	
IT	INS TYPE	Insurance type
MT	MSP TYPE	MSP type
MX	SSN	SSN/HICN mismatch
PH	PHP DATE	Pre-paid Health Plan date
PR	PAT REL	Patient relationship
TD	TERM DT	Termination date

MSP Inquiry Codes

Enter inquiries to initiate MSP development.

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

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

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

* INSURER NAME and INS TYPE are always required fields.

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

Required Fields for Source Codes	
Value	Required Fields
CHEK	DCN, SOURCE, BENE HICN, NAME, CHECK DATE, CHECK AMOUNT, CHECK NO, INFMT NAME, ADDR, CITY, ST, ZIP, INFMT REL or DCN, SOURCE, SSN, NAME, BENE STRT, CITY, ST, ZIP, CHECK DATE, CHECK AMOUNT, CHECK NO, INFMT NAME, ADDR, CITY, ST, ZIP, INFMT REL
LTRR	DCN, SOURCE, BENE HICN, NAME, INFMT NAME, ADDR, CITY, ST, ZIP, INFMT REL or DCN, SOURCE, SSN, NAME, BENE STRT, CITY, ST, ZIP, INFMT NAME, ADDR, CITY, ST, ZIP, INFMT REL
PHON	DCN, SOURCE, BENE HICN, NAME, MSP TYPE, INFMT NAME, ADDR, CITY, ST, ZIP, INFMT REL or DCN, SOURCE, SSN, NAME, BENE STRT, CITY, ST, ZIP, MSP TYPE, INFMT NAME, ADDR, CITY, ST, ZIP, INFMT REL
SCLM CLAM (RAC) DMCH (RAC) OTHR (RAC)	DCN, SOURCE, BENE HICN, NAME or DCN, SOURCE, SSN, NAME, BENE STRT, CITY, ST, ZIP

General Codes

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

Activity Codes	
Value	Description
C	Claims (Pre-Payment) (22001)
D	Debt Collection (42021)
G	Group Health Plan (42003)
I	General Inquiry (42004)
N	Liability, No-Fault, Workers' Compensation, and Federal Tort Claim Act (FTCA) (42002)
MSP Type Codes	
A	Working Aged
B	End-Stage Renal Disease (ESRD)
C	Conditional Payment
D	Automobile Insurance, No Fault
E	Workers' Compensation
F	Federal (Public)
G	Disabled
H	Black Lung
I	Veterans
L	Liability
W	Workers' Compensation Set-Aside

Source Codes	
CHEK	Unsolicited check
LTTR	Letter
PHON	Phone call
SCLM	Medicare Secondary Claim payment
CLAM	Claim (RACs only)
DMCH	Datamatch (RACs only)
OTHR	Other (RACs only)
SRVY	Survey (Part D only)

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

Reason Codes	
01	Not yet read by COB, used with NW status
02	Being processed by COB, used with IP status
03	Under development by COB, used with IP status
04	Update sent to CWF, used with IP status
05	Error received from CWF, being resolved by COB contractor, used with IP status
06	Sent to EDB for beneficiary info, used with IP status
07	Auditor follow-up development in progress, used with IP status
10	Not processing
11	Not yet eligible for Medicare, used with HD status
12	Needs diagnosis, used with HD status (for WC set-aside trust cases only)
13	Future-dated workers' compensation case, used with HD status (for WC set-aside trust cases only)
14	Duplicate request, development already in process, used with HD status
15	Prescription Drug Coverage update sent to MBD
45	Insufficient information to process, used with HD status (RAC only)
46	RAC did not update hold records, used with DE status (RAC only)
50	Posted to CWF, response received with no errors, used with CM status
51	No changes (additions, modifications, or deletions) made to CWF, used with CM status
52	Returned–rejected by CWF, used with CM status
53	Returned–duplicate ECRS request, used with CM status

54	100 or more threshold met
55	20 or more threshold met
56	OBRA does not apply, no update
57	Record already updated
58	Non-compliant GHP
59	Employer verified existing record, no update
60	Invalid HICN
61	No Part A entitlement
62	Closed, no response to development
63	Development complete, no MSP
64	Letter sent
65	Deceased, used with CM status
66	ESRD/DIB conflict
67	No response from CWF
68	Closed for Self-Report
69	Developed to GHP, no response
70	Developed to non-EGHP, no response
71	Developed to beneficiary, no response
72	Developed to informant, no response
73	Medicare beneficiary retired
74	Spouse retired
75	GHP lifetime of yearly benefits past maximum amount
76	No coverage with insurance company
77	Medicare Supplemental Plan
78	Employer has less than 20 employees
79	Per employer, Medicare beneficiary is not covered under spouse's GHP
80	Employer has less than 100 employees
81	Medicare is primary due to ESRD coordination period
82	Per insurance, seasonal employee and not eligible for the month
83	Incoming request conflicts with information on file
84	Insufficient information to update CWF
85	Venue changed
86	Unable to verify address, used with CM status (for CWF assistant requests only)
87	MSP record exists, used with CM status (for MSP inquiries only)
88	No update, not lead contractor
91	Duplicate in process
92	Change of Venue not allowed after 90 days

Patient Relationship Codes	
01	Patient is policy holder
02	Spouse
03	Natural child, insured has financial responsibility

04	Natural child, insured has no 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.)

Informant Relationship Codes	
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

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

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

Prescription Drug Coverage Codes

Prescription Drug Supplemental Type Codes	
M	Medigap
L	Supplemental
N	Non-qualified SPAP
O	Other
P	PAP
Q	Qualified SPAP
R	Charity
S	ADAP
T	Federal Government Programs
1	Medicaid
2	Tricare
3	Major Medical

Prescription Drug Type Codes	
U	Drug Network
V	Drug Non-network
Z	Health Reimbursement account