Electronic Correspondence Referral System (ECRS) Summary

ECRS is a CICS DB2-based stand-alone application that is used to electronically notify the Coordination of Benefits Contractor (COBC) regarding new and/or possible MSP Occurrences, to update existing MSP Occurrences, and to delete invalid MSP Occurrences.   An MSP Occurrence is a period of time when a Medicare beneficiary has, or had, other insurance that is primary to Medicare. Health Plans need to assist the COBC in maintaining accurate MSP Occurrence records. The following Computer Based Training modules (CBTs) have been developed to assist Health Plans in their understanding of Medicare and the Medicare Secondary Payer (MSP) Process: *Introduction to Medicare, MSP Overview, Working Aged MSP, Medicare Secondary Payer Disability, MSP End Stage Renal Disease (ESRD), MSP Employer Size Guidelines, and Non-Group Health Plan (NGHP) MSP.*

There is no charge for using ECRS, but before users can utilize the system, they must be granted access by the COBC. Access to ECRS is achieved by submitting the ECRS Connectivity Information Sheet to the COBC. Prior to submitting this form, Health Plans must decide how they will submit ECRS transactions: either online or through a flat file process. Using ECRS online requires a mainframe application with a CICS to CICS connection. The flat file option requires programming by the Health Plan to extract the ECRS information. The process for obtaining and filling out the ECRS Connectivity Information Sheet and the online/flat file options are reviewed in the *ECRS Connectivity, Data Transmission and Testing Information CBT*. Note: CBTs have been developed for each methodology (i.e. online/flat file processes) so Health Plans can tailor their specific training needs by viewing the courses applicable to the methodology they selected.

In the course of operations, Health Plans may become aware of MSP situations that affect their members. They may receive MSP information from various sources (e.g. a letter from a beneficiary, a phone call, a check or secondary claims). These situations may/may not be documented on Medicare's records, and an MSP Occurrence may need to be added, updated, or deleted. Examples of situations that may require the submission of an ECRS transaction are documented in the *ECRS Transaction Examples – Health Plan CBT*. Health Plans will notify the COBC about these MSP situations by submitting ECRS Inquiries and/or ECRS Assistance Requests. It is vitally important to understand the purpose and use of each.

An ECRS Inquiry is submitted to the COBC when a Health Plan receives information that one of their members has coverage that is primary to Medicare. Health Plans are required to inform the COBC about this new and/or possible MSP situation. For more information on the preparation of an ECRS Inquiry in an online environment, see the *ECRS Inquiry Online – Health Plan* CBT. For more information on the preparation of an ECRS Inquiry in a batch file, see the *ECRS Flat File Data Elements – Health Plan* CBT.

An ECRS Assistance Request is submitted to the COBC when a Health Plan receives information that an existing MSP Occurrence needs to be changed or updated or when the Health Plan discovers that an existing MSP Occurrence is invalid and needs to be deleted. For more information on the preparation of an ECRS Assistance Request in an online environment, see the *ECRS Assistance Request Online – Health Plan* CBT. For more information on the preparation of an ECRS Assistance Request in a batch file, see the *ECRS Flat File Data Elements – Health Plan* CBT.

Editing will be performed on incoming ECRS Inquiry and ECRS Assistance Request transactions to confirm that the data is entered correctly. Online submitters can check the status of their ECRS transactions directly in ECRS. Batch submitters can check the status of their ECRS transactions by reviewing the response files they receive. For more information on the editing process and ECRS response files, see the *ECRS Flat File Data Editing and Response – Health Plans* CBT. For more information on how an ECRS transaction moves through the ECRS system, see the *ECRS Transaction Processing – Health Plans* CBT.