

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850



Center for Medicare

DATE: May 25, 2010

TO: All Medicare Advantage and PACE Organizations

FROM: Cheri Rice
Deputy Director, Medicare Plan Payment Group

SUBJECT: Electronic Correspondence Referral System (ECRS) Teleconference – Q&A Session

This memorandum provides notification to Medicare Advantage Prescription Drug Plans regarding the opportunity to participate in a question and answer teleconference with the Centers for Medicare & Medicaid Services (CMS) and the Coordination of Benefits Contractor (COBC) regarding the ECRS process.

The ECRS is a Customer Information Control System (CICS) DB2 database stand-alone application that is used to notify the COBC electronically of new and/or possible updates to existing Medicare Secondary Payer (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/was primary to Medicare. Health plans need to assist the COBC in maintaining accurate MSP Occurrence records. This forum is being provided to answer questions and engage in dialogue regarding ECRS users experience with the application and the MSP reporting process.

Note: Computer Based Training (CBT) modules have been developed for each ECRS transmission method (i.e. online/flat file processes). Health and drug plans can tailor their specific training needs by viewing the courses applicable to the methodology they selected. As a prerequisite to participating in the teleconference we would suggest completion of the applicable ECRS CBTs (see the attached **Highlights of the ECRS Computer Based Training Modules**).

All CBTs are available through the below link.

- Health Plans: <http://nhassociates.na5.acrobat.com/healthplancurriculum/>
- Drug Plan Sponsors: <http://nhassociates.na5.acrobat.com/drugplansponsorcurriculum/>

Pre-submitted questions will be answered during the teleconference. Please submit all questions to: Irene Nauke, INauke@ehmedicare.com, no later than Friday, May 28, 2010.
Thank you.

Teleconference Event for Drug and Health Plan Sponsors
Electronic Correspondence Referral System (ECRS)
Question and Answer Session

Date: June 1, 2010

Time: 11:00 AM – 1:00 PM Eastern Time
Participation is by telephone only. (**NOTE:** The Centers for Medicare & Medicaid Services (CMS) will not have space for individuals/entities to participate onsite at CMS).

Call-in Line: 877-251-0301 (This is a direct dial in to the teleconference)

Pass Code: No pass code is needed

Please begin dialing in approximately 20-30 minutes before the call due to the large number of participants.

Agenda: Refer to the tentative agenda attached.

Questions for the call:

Please submit questions no later than Friday, May 28, 2010 to:
Irene Nauke, INauke@ehmedicare.com

Tentative Agenda for ECRS Q&A
Teleconference Event on June 1, 2010

We recommend that callers review the ECRS CBTs prior to participating in the teleconference.

- I. Welcome.
- II. Overview of the ECRS purpose and process.
- III. Question & Answer Session. Pre-submitted questions will be addressed first and if time permits, additional questions will be allowed.
- IV. Summary/Closing.

Highlights of the ECRS Computer Based Training Modules

- 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 provided in the ***ECRS Connectivity, Data Transmission and Testing Information CBT (Computer Based Training)***.
- 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/Drug 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***.