

<u>CMS Manual System</u>	Department of Health & Human Services (DHHS)
<u>Pub 100-05 Medicare Secondary Payer</u>	Centers for Medicare & Medicaid Services (CMS)
Transmittal 79	Date: February 18, 2011
	Change Request 7309

NOTE TO CONTRACTORS: Transmittal 78, dated January 28, 2011, is rescinded and replaced with Transmittal 79, dated: February 18, 2011. This correction is to business requirement 7309.3, to ensure the instruction to EDCs to deactivate the ECRS CICS on the noted date is consistent with the Implementation Date. All other information remains the same.

SUBJECT: Updates to the Electronic Correspondence Referral System (ECRS) Web User Guide v1.0 and Quick Reference Card v1.0

I. SUMMARY OF CHANGES: Changes are made to ECRS as needed to accommodate the needs of the contractors and incorporate changes due to other CRs. ECRS is changing from a CICS application to a Web-based application. The instructions for ECRS and the manual have been updated.

EFFECTIVE DATE: *January 18, 2011

IMPLEMENTATION DATE: March 1, 2011

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-

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	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 (E CRS)
R	5/10.2.1 - E CRS Functional Description
R	5/10.2.2 - Technical Overview - Impact on Contractor Data Centers
R	5/10.5 Notification to Contractor of MSP Auxiliary File Updates
R	5/10.6 Referring Calls to the COBC
R	5/10.7 Changes to Contractor Initial MSP Development Activities

III. FUNDING:

For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:

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

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.*