CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-05 Medicare Secondary Payer	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NOTE TO CONTRACTORS: Transmittal 78, dated January 28, 2011, is rescinded and replaced with Transmittal 79, dated: February 18, 2011.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-

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.

Attachment - Business Requirements

Pub. 100-05	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

Effective Date: **January 18, 2011**

Implementation Date: March 1, 2011

I.   GENERAL INFORMATION

A.   Background: The ECRS was developed for transmittal of Medicare Secondary Payer (MSP) information from the contractors to the Coordination of Benefits Contractor (COBC). As needed, changes are made to ECRS to allow the contractors to correspond in a more efficient manner with COBC. The ECRS is changing from a Customer Information Control System (CICS) application to a web-based application.

B.   Policy: This transmittal is to notify all Medicare contractors of the changes/updates that have been made to ECRS.

II.   BUSINESS REQUIREMENTS TABLE

Number	Requirement	A / B MAC	D M E MAC	F I	C A R R I E R	R H H I	Shared-System Maintainers FISS	MCS	VMS	CWF	Other
7309.1	Medicare contractors shall follow the new procedures in the ECRS Web User Guide v1.0 and the Quick Reference Card v1.0. A list of the enhancements is in the Medicare Secondary Payer Internet Online Manual 100-5, Chapter 5, 10.2	X	X	X	X	X					
7309.2	Medicare contractors shall follow the clarified instructions in Medicare Secondary Payer Internet Online Manual 100-5, Chapter 5, 10/10.1/10.2/10.5/10.6/10.7	X	X	X	X	X					
7309.3	Enterprise Data Centers (EDCs) servicing A/B MACs, carriers, and FIs (i.e., non-DME MACs) shall deactivate ECRS CICS on March 1, 2011.										EDC

III.   PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility									
		A / B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				Other
							FISS	MCS	VMS	CWF	
	None.										

IV.   SUPPORTING INFORMATION
Section A: Recommendations and supporting information associated with listed requirements:

X-Ref Requirement Number	Recommendations or other supporting information:
	N/A

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Patricia Gillespie 410-786-8123

Post-Implementation Contact(s): *Contact your Contracting Officer's Technical Representative (COTR) or Contractor Manager, as applicable.*

VI. FUNDING

Section A: 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.

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.

Medicare Secondary Payer (MSP) Manual
Chapter 5 - Contractor Prepayment Processing Requirements

Table of Contents
(Rev.79, Issued: 02-18-11)

10 - Coordination With the Coordination of Benefits Contractor (COBC)
(**Rev.** *79, Issued: 02-18-11, Effective: 01-18-11, Implementation: 03-01-11*)

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, §20.2.1, 4. Timeliness); the Medicare contractors shall forward all information that they receive that might have MSP implications to the COBC. This requirement includes filling out all fields in the Electronic Correspondence Referral System (ECRS) *Web* 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, *lead* 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 attempting to contact the COBC. Contractors shall also utilize

this number to transfer calls to the COB. Contractor inquiries related to specific work activities shall contact their COB Consortia 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 the COBC's representative, *Alberta Smythe at ASmythe@ehmedicare.com* or other CMS CO designee. *This information will be used by the COBC for internal purposes only.*

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. *79, Issued: 02-18-11, Effective: 01-18-11, Implementation: 03-01-11***)**

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 ECRS *Web* (discussed in *§10.2).*

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 a 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. 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), *but no later than*

- 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 Attachment 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 Attachment 1)*.   The contractor shall not transfer the call to the COBC.

EXAMPLE 3

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 Attachment 1). The contractor shall not transfer the call to the COBC.

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. *79, Issued: 02-18-11, Effective: 01-18-11, Implementation: 03-01-11***)**

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. Contractors shall not contact COBC's help desk for routine ECRS processing issues. They shall report connection problems or systems failures directly to GHI's technical support staff at *(212) 615-4100.* If contractors are unable to receive technical assistance from COBC's Help Desk, or the issue has not been resolved, please contact Alberta Smythe (COBC) at *(646) 447-4645* 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.
E-mailed questions or issues should be forwarded to the COBC via Internet address at COB@ghimedicare.com.

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 *Web* User Guide Version *1.0*
(Rev. *79, Issued: 02-18-11, Effective: 01-18-11, Implementation: 03-01-11***)**

To view Attachment 1, click here: <u>Attachment 1</u>, ECRS *Web* User Guide, Software Version *1.0*, User Guide v1.0

Below are the enhancements and fixes that have been applied to ECRS *Web* User Guide version *1.0.*

ENHANCEMENTS:

The following enhancements are included in User Guides:

<div align="center">

MAJOR CHANGES FROM ECRS 10 to ECRS Web

</div>

1. *HICN will be required for all assistance requests and inquiries.*
2. *Beneficiary information will be pre-filled for all assistance requests and inquiries.*
3. *Prescription Drug Coverage Inquiries will be included on the workload tracking report.*
4. *The user will be able to print and export, as comma delimited text, search results listings.*
5. *DCN will be system generated, but may be modified or user can use their own DCN number.*
6. *The user will be able to change contractor number without having to log out of the application.*
7. *Contractors will have the ability to upload batch file transactions and download response files via the web application.*
8. *New CWF Assistance Request Action Codes:*
   a. *'AP' to add policy and or group number on drug records (EGHP Only).*
   b. *'CP' to notify COBC of incorrect ESRD coordination period (MSP Type B Only).*
   c. *'WN' to notify COBC of updates to WCMSA cases (Contractor 79001 Only).*
   d. *'CD' to notify COBC of a change to injury/loss date (Contractor 79001 and Non EGHP Only).*
9. *CWF Assistance Request Action Codes removed:*
   a. *'RR' which made documentation requests for generation of right of recovery letters*
   b. *'CV' which changed the venue for lead contractor assignment*
10. *MSP Inquiry Action Codes removed:*
    a. *'SC' which suppressed the sending of confirmation letters for EGHP MSP Types.*
    b. *'SL' which suppressed lead contractor assignment and the sending of Right of Recovery Letters.*
    c. *'SR' which suppressed the sending of Right of Recovery Letters.*
11. *Menu options removed:*
    a. ***Document Copies*** *which allowed the user to submit requests to the COB contractor for copies of documents.*

Attachment 2 – ECRS *Web* - Quick Reference Card Version *1.0*

To view Attachment 2, click here: Attachment 2, ECRS *Web* User Guide Quick Reference Card v*1.0.*

10.2.1 - ECRS Functional Description
(Rev. *79, Issued: 02-18-11, Effective: 01-18-11, Implementation: 03-01-11*)

- In general, there are two ECRS submission processes. The MSP inquiry process is used to transmit information to the COBC where no related MSP record exists on the CWF. The CWF assistance request is used to transmit information to the COBC to modify or delete existing MSP information currently residing on the CWF for any type of MSP situation (including CMS Data Match records). Contractors shall refer to the ECRS *Web* User Guide-Attachment 1 for step-by-step instructions on how to submit MSP inquiry and CWF assistance request transactions to the COBC, and how to perform status inquiries on previously submitted transactions.

- *Contractors who require access to ECRS Web must register in the CMS Individuals Authorized Access to CMS Computer Services (IACS, request ECRS access, and have a contractor ID and access code. If you have an IACS ID and password and a contractor number and need assistance obtaining a contractor access code, please contact Alberta Smyth at (646) 447-4645 or Bill Ford at (646) 448-6613 at the COBC.*

- *Contractor opens an Internet Browser and connects to ECRS URL* https://www.cob.cms.hhs.gov/ECRS.

- *If the contractor has not logged on with his IACS User ID and Password, the system will route the contractor to the CMS Access Management Logon Page.*

  a. The contractor uses his IACS User ID and Password to log on.

  b. The system will route the contractor to the ECRS Federal Systems Login Warning page.

- *The contractor will read the Federal Systems Login Warning and click [Accept] at the bottom of the page.*

- *The system displays the COB ECRS Web Contractor Sign In page.*

- *The contractor types his contractor number and access code and clicks [Continue].*

- *The system displays the COB ECRS Web Main Menu web page.*

- *A menu displays from which the contractor chooses from several options. These options allow the contractor to report MSP information, to request a change to an existing MSP record on the CWF, or to view workload tracking reports.*

- *The applicable web pages display and the contractor enters data for his request. The application has built-in edits so that required data elements are entered before the request can be completed. Edits permit only valid values to be entered in each field. The ECRS Web user manual can be found at §10.2 Attachment 1.*

- *Once the contractor has completed the web entry, he clicks [Submit] and the information is stored on a database table or file on the COBC's mainframe.*

- *In the next batch cycle at the COBC site, this request is processed. The COBC's system updates a status field on the request in ECRS. Once a final determination has been made, the COBC updates CWF as appropriate.*

- *Contractors should log back on to ECRS to check on the status of their request, including final determination.*

10.2.2 - Technical Overview - Impact on Contractor Data Centers
(Rev.) *79, Issued: 02-18-11, Effective: 01-18-11, Implementation: 03-01-11*

With the release of ECRS Web, contractor data centers will no longer be able to connect to the COBC mainframe to perform online ECRS functions. All of the current online (CICS) functions have been ported to the ECRS Web application. An Internet connection and an Internet browser will be required to access https://www.cob.cms.hhs.gov/ECRS/. The current ECRS CICS application will continue to be available until March 1, 2011, after which the CICS application will be discontinued and all ECRS access will have to be performed via the ECRS Web.

Contractors submitting batch files directly to the COBC Data Center via Connect:Direct will still need to use the ATT Global Network.

10.5 - Notification to Contractor of MSP Auxiliary File Updates

Contractors have the capability to log on to ECRS Web *to generate an ECRS report with a list of their submissions and status of those submissions. Contractors can also search by the beneficiary's HICN to see what Inquiries/Assistance Requests have been submitted by all contractors.*

Contractors shall be cognizant that the CM (i.e., completed) status in ECRS and the associated ECRS completion date is the same as the CWF maintenance date. Contractors shall use this date to timely resolve pending correspondence and other such workloads to be in compliance with the CMS 45 calendar day correspondence timeframe or other prescribed timeframes for designated MSP workloads.

10.6 - Referring Calls to the COBC

The COBC Customer Service number is (800) 999-1118. All questions on any of the activities listed in §10.7 and §10.8 shall appropriately go directly to the COBC. Contractors shall offer to transfer telephone calls on any of the activities listed in §10.7 and §10.8 to the COBC Customer Service number. Where the contractor phone system has the capability, it shall transfer the caller to the COBC. If the contractor does not have this capability, it shall transfer the call through a manual transfer process that does not require the caller to dial another number. If it has neither capability, it shall take the information from the caller and refer the issue to the COBC via ECRS within two (2) calendar days of receipt of phone call. Also, it shall provide the caller *with the COB Contractor's toll-free Customer Service number and direct the caller to place any follow-up calls to the COBC. The contractor shall always provide this number to the caller. The hearing and speech impaired shall be referred to TTY/TDD: 1-800-318-8782.*

10.7 - Changes in Contractor Initial MSP Development Activities

As of January 1, 2001, contractors no longer perform MSP development (that is, investigation to determine if another payer is primary to Medicare, including the development activities associated with adding or updating a MSP record on CWF) related to the activities listed below. Contractors shall still handle inquiries that are claims specific. The COBC does not handle Veterans Administration situations.

The COBC is the first point of contact for all initial MSP development. The COBC uses a variety of investigational tools, such as MSP questionnaires, telephone contacts, and data exchanges, to solicit the information necessary to determine if there is an MSP situation. It has sole responsibility, with exceptions noted in §10.1, for establishing CWF MSP records to reflect MSP situations.

In no-fault, workers' compensation, and liability situations, *the Medicare Secondary Recovery Contractor (MSPRC)* notifies the beneficiary of Medicare's potential recovery right as described in §10.8.1, §10.8.2, and §10.8.3. The COBC determines the lead contractor pursuant to CMS' guidelines and forwards all case documentation within its possession to the lead contractor.

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

Software Version 1.0
User Guide Version 1.0

Rev. 2010-05/November

GHI-DI-1233.1.0

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 and/or contracts under Sections 1816, 1842, and 1874A of the Social Security Act, and any other information subject to Section 1106 (a) of the Social Security Act.

Section 1106 (a) of the Act provides in pertinent part that "Any person who shall violate any provision of this section shall be deemed guilty of a felony and, upon conviction thereof, shall be punished by a fine not exceeding $10,000 for each occurrence of a violation, or by imprisonment not exceeding 5 years, or both." Additional and more severe penalties are provided under Title XVIII (Medicare) USC Section 285 (unauthorized taking or using of papers relating to claims) and under Section 1877 of Title XVIII of the Act (relating to fraud, kickbacks, bribes, etc., under Medicare).

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

The Electronic Correspondence Referral System (ECRS) contains IRS tax data.* Any unauthorized inspection or disclosure of IRS return information in violation of any provision of Section 6103 may result in sanctions as described in IRC Sections 7431 and 7213, which include, but are not limited to, a fines or imprisonment.

Contents

Chapter 1: Introduction

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

About this Guide

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

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

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

The last section is the *Appendices*, which contains a chart of ECRS Web 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 web page explanations.

Information that links/navigates to other information on the web page appears in **bold typeface**. For example, you may read this instruction: click [**Continue**] **Continue** is in bold typeface because you are supposed to click on that link to go to the next page.

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

Application web page examples are representative of the web pages 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.

ECRS WEB USER 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 authorized users 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, and inquiries concerning possible MSP coverage. 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, TERMINATION DATE), 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.

ECRS Web CBTs

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

Basic Functions

Logging On

Individuals who require access to ECRS Web must register in the CMS Individuals Authorized Access to CMS Computer Services (IACS), and have a contractor ID and access code. If you have an IACS ID and a contractor number and need assistance obtaining an access code, please contact Alberta Smyth at (646) 447-4645 or Bill Ford at (646) 448-6613 at the COBC.

1. Open an Internet Browser.

2. Connect to ECRS URL https://www.cob.cms.hhs.gov/ECRS

3. If you have not logged on with your IACS User ID and Password, the system will route you to the CMS Access Management Logon Page.

   3a. Using your IACS User ID and Password log on.

   3b. The system will route you to the ECRS Federal Systems Login Warning page.

4. Read the Federal Systems Login Warning and click [**Accept**] at the bottom of the page.

5. The system displays the COB Electronic Correspondence Referral System (ECRS) Contractor Sign In page, as shown in the example below.

ECRS WEB USER GUIDE

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

If you are a…	Follow these steps:
Medicare contractor	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. CASE SENSITIVE
GHI, RO and CMS user	1. Type your GHI, RO or CMS ID in the CONTRACTOR NUMBER field. 2. Type your access code in the ACCESS CODE field. CASE SENSITIVE

7. Click [**Continue**]. The system displays the COB Electronic Correspondence Referral System (ECRS) Main Menu web page, as shown in the example below.

   You now have the ability to access information in ECRS.

ECRS WEB USER GUIDE

Logging Off

Click [**Sign out**] located on the menu bar. The system will return you to the CMS Access Management Logon Page.

ECRS WEB USER GUIDE

Contractor Sign In

This will be the page you see after you have read and accepted the Federal System Login Warning.

ECRS **W**EB **U**SER **G**UIDE

COB ECRS Contractor Sign In page	
Field Name	**Description**
CONTRACTOR NUMBER	Unique five-digit identification number assigned to each Medicare contractor by CMS. *Required field* for contractors. Or GHI, CMS, or Regional Office identification number. *Required field* for GHI, CMS, and RO users.
ACCESS CODE	Five-character authorization code assigned by COB contractor. *Required field* for contractors. Or Five -character authorization code for GHI, CMS, and Regional Office users. *Required field* for GHI, CMS, and RO users.
RIGHT SIDE BAR INFORMATION	
Note: The system will carry this data forward to other pages, eliminating the need to re-enter it.	
User	**Description**
ID	User ID of person logged in. *(protected field)*
NAME	Name of person associated with User ID. *(protected field)*
PHONE	Phone number associated with the User ID. *(protected field)*
IMPORTANT INFORMATION	
ALERTS	COB Contractor bulletins created by COBC (GHI). *(protected field)* Check here for important information regarding ECRS web availability.

COB ECRS Contractor Sign In page *Navigation*	
Page Navigation	**Description**
CONTINUE	Click [**Continue**] to navigate to Main Menu page.
Heading Bar Navigation	
HOME	Click [**Home**] to return to Main Menu page.
CMS	Click [**CMS**] to link to CMS website www.cms.gov.
HELP	Click [**Help**] to display information about ECRS menu options.
CONTACT	Click [**Contact**] to display information about contacting the COBC.
ABOUT	Click [**About**] to display information about ECRS.
SIGN OUT	Click [**Sign Out**] to leave the ECRS application.
Right Side Bar Navigation	
QUICK HELP	Click [**Help About This Page**] to display helpful information for completing the page.

ECRS WEB USER GUIDE

ECRS Main Menu Page Description

The Main Menu is the Home page for the ECRS application. It is from this page that you will select the task you want to perform.

COB ECRS Main Menu page Navigation	
Create Requests or Inquiries	**Description**
CWF ASSISTANCE REQUEST	Click [**CWF Assistance Request**] to enter a new Assistance Request.
MSP INQUIRY	Click [**MSP Inquiry**] to enter a new Inquiry.
PRESCRIPTION COVERAGE INQUIRY	Click [**Prescription Coverage Inquiry**] to enter a new Inquiry.
Search for Requests or Inquiries	**Description**
CWF ASSISTANCE REQUEST	Click [**CWF Assistance Request**] to enter search criteria.
MSP INQUIRIES	Click [**MSP Inquiry**] to enter search criteria.
PRESCRIPTION COVERAGE INQUIRIES	Click [**Prescription Coverage Inquiry**] to enter search criteria.
Reports	**Description**
CONTRACTOR WORKLOAD TRACKING	Click [**Contractor Workload Tracking**] to select criteria and display the workload tracking report for your contractor.
CMS WORKLOAD TRACKING	Click [**CMS Workload Tracking**] to select criteria and display the workload tracking report for contractors. Note: Restricted to CMS and Regional Offices
Files	**Description**
Note: File Upload and Download is restricted to selected users. Please contact the EDI Help desk (464) 458-6740 for additional information.	
UPLOAD FILE	Click [**Upload File**] to upload ECRS transaction files.
DOWNLOAD RESPONSE FILE	Click [**Download Response File**] to download ECRS response files for transactions uploaded on ECRS web.
Heading Bar Navigation	
HOME	Click [**Home**] to return to Main Menu page.
CMS	Click [**CMS**] to link to CMS website www.cms.gov.
HELP	Click [**Help**] to display information about ECRS menu options.
CONTACT	Click [**Contact**] to display information about contacting the COBC.

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COB ECRS Main Menu page Navigation	
ABOUT	Click [**About**] to display information about ECRS.
SIGN OUT	Click [**Sign Out**] to leave the ECRS application.
Right Side Bar Navigation	
CHANGE CONTRACTOR	Click [**Change Contractor**] to change the contractor number and access code on the Contractor Sign In page. **Note:** You will lose all data for the current contractor.
QUICK HELP	Click [**Help About This Page**] to display helpful information for completing the page.

COB ECRS Main Menu page	
RIGHT SIDE BAR INFORMATION Note: **The system will carry this data forward to other pages, eliminating the need to re-enter it.**	
Contractor	**Description**
ID	Contractor Number or CMS ID entered on Contractor Sign In page. *(protected field)*
NAME	Name of Contractor associated with the Contractor Number, or Regional Office associated with the CMS ID. *(protected field)*
User	**Description**
ID	User ID of person logged in. *(protected field)*
NAME	Name of person associated with User ID. *(protected field)*
PHONE	Phone number associated with the User ID. *(protected field)*

ECRS WEB USER GUIDE

Notes:

Chapter 2: Task and Web Page Reference

Introduction

This chapter is a task and web page 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 web pages 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 web page that you use infrequently.

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

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

For information about this task...	See this page...
Adding CWF Assistance Request Transactions	A-4
Retrieving Beneficiary Information for CWF Assistance Requests	A-4
Importing HIMR MSP Information for CWF Assistance Requests	A-43
Viewing a List of CWF Assistance Request Transactions	A-46
Viewing, Updating, and Deleting CWF Assistance Request Transactions	A-46
Adding MSP Inquiry Transactions	A-62
Retrieving Beneficiary Information for MSP Inquiries	A-62
Viewing a List of MSP Inquiry Transactions	A-104
Viewing, Updating, and Deleting MSP Inquiry Transactions	A-104
Adding Prescription Coverage Inquiry Transactions	A-120
Viewing a List of Prescription Coverage Inquiry Transactions	A-140
Viewing, Updating, and Deleting Prescription Coverage Inquiry Transactions	A-140
Review Contractor Workload Tracking Report	A-155
Review CMS Workload Tracking Report	A-161
Upload batch file transactions	A-167
Download Response Files	A-173

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

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For information about this web page...	See this page...
Files	
Upload File	A-167
Download Response File	A-173

Adding a CWF Assistance Request Transaction

Use the [**CWF Assistance Request**] link on the Main Menu under the heading Create Requests or Inquiries, to add, an ECRS CWF Assistance Request transaction.

Note: **Use these web pages 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] link on the Main Menu (A-62).**

Retrieving Beneficiary Information

Beneficiary Information is automatically retrieved from the COB contractor's Beneficiary Master Table when HICN and other required data is entered on the first page of the CWF Assistance Request (Action Requested) and you click [**Continue**]. The information will be displayed on the right side bar, and carried forward on the CWF Assistance Request transaction.

Common CWF Assistance Request Tasks

Common tasks performed, 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)
- Redeveloping a deleted CWF record (DR)
- Changing termination date (CT)

- Change to injury/loss date (CD)
- Add policy and or group number (AP)
- Incorrect ESRD Coordination Period (CP)
- Notify COBC of updates to WCMSA cases (WN)

Steps to add a CWF Assistance Request Transaction

Follow the steps below to add an ECRS CWF Assistance Request transaction.

1. From the COB ECRS Main Menu web page, click [**CWF Assistance Request**] under the heading Create Requests or Inquiries, The system displays the first page of the ECRS CWF Assistance Request, as shown in the example below.

ECRS CWF Assistance Request, Action Requested Page

This is the first page you will see when adding a new CWF Assistance Request. The information entered/selected on this page will determine required information on subsequent pages.

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2. Type/select data in all of the required fields on the ECRS CWF Assistance Request Action Requested web page, and click [**Continue**]. The required fields on this web page are noted with a red "*" and are as follows:

   • DCN
   • BENIFICIARY
     HICN
   • ACTIVITY CODE
   • ACTION CODE
   • SOURCE

   For information on Importing HIMR MSP Data for CWF Assistance Requests, see page A-43.

   * Note * If Beneficiary Information is not found for the HICN you have entered you will not be able to continue the CWF Assistance Request.

3. Type/select data in fields on the web pages following Action Requested as required by the action code(s) requested and selected in the ACTION(S) field. Information may be entered by clicking [**Continue**] on each page, or by selecting a page link from the left side bar.

4. After typing/selecting data in all of the required fields, review the summary page and click [**Submit**]. The system displays the Submit Confirmation page. At this point the assistance request is submitted and you may print the confirmation page.

5. If you want to exit the ECRS CWF Assistance Request Detail web pages, click [**Home**] to return to the ECRS Main Menu or [Sign Out] to exit ECRS.

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ECRS CWF Assistance Request, Action Requested Page Description

ECRS CWF Assistance Request Action Requested	
Field Name	**Description**
DCN	Document Control Number assigned by contractor to correspondence and/or paperwork associated with transaction *(required field)* The system will auto generate the DCN, but it may be changed.
HICN	Health Insurance Claim Number of beneficiary *(required field)*. Type HICN without dashes, spaces, or other special characters. Note: The system will look up the HICN on the COBC's HICN Xref database to assure the most current HICN has been entered. If the most current HICN has not been entered the system will replace the entered HICN with the most current HICN.
ACTIVITY CODE	Activity of contractor *(required field)*. 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)
ACTION(S)	Two-character code defining action to take on CWF Auxiliary record *(required field)*. Valid values are: AI Change attorney information AP Add policy and or group number AR Add CWF remark code CD DOI/DOL changes CP Incorrect ESRD Coordination Period CT Change the termination date 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

ECRS CWF Assistance Request Action Requested	
Field Name	**Description**
	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 TD Terminate open EGHP record with date less than six months prior to date of accretion VP Beneficiary has taken a vow of poverty WN WCMSA Notification Enter up to four action codes unless CWF Assistance Request is to delete occurrence (DO), redevelop a deleted CWF record (DR), or note a vow of poverty (VP), develop for Employer Information (DE), or develop for Insurer Information (DI).. You cannot combine these five action codes with any other action codes.
SOURCE	Four-character code identifying source of CWF Assistance Request information *(required field)*. Valid values are: CHEK Unsolicited check LTTR Letter PHON Phone call SCLM Claim submitted to Medicare contractor for secondary payment CLAM Claim SRVY Survey
IMPORT HIMR MSP DATA	Defaults to "Yes" may be changed to "No".

ECRS CWF Assistance Request Action Requested *Navigation*	
Page Navigation	**Description**
CONTINUE	Required fields must be typed/selected before clicking [**Continue**]. Click [**Continue**] to go to CWF Auxiliary Record Data page.
CANCEL	Click [**Cancel**] to return to the Main Menu.
Left Side Bar Navigation	**Description**
ACTION REQUESTED	Current page
CWF AUXILIARY RECORD DATA	Disabled from this page. Action Requested required fields must first be typed/selected.

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<table>
<tr><th colspan="2">ECRS CWF Assistance Request Action Requested
Navigation</th></tr>
<tr><td>INFORMANT INFORMATION</td><td>Disabled from this page. Action Requested required fields must first be typed/selected.</td></tr>
<tr><td>INSURANCE INFORMATION</td><td>Disabled from this page. Action Requested required fields must first be typed/selected.</td></tr>
<tr><td>EMPLOYMENT INFORMATION</td><td>Disabled from this page. Action Requested required fields must first be typed/selected.</td></tr>
<tr><td>ADDITIONAL INFORMATION</td><td>Disabled from this page. Action Requested required fields must first be typed/selected.</td></tr>
<tr><td>COMMENTS/REMARKS</td><td>Disabled from this page. Action Requested required fields must first be typed/selected.</td></tr>
<tr><td>SUMMARY</td><td>Disabled from this page. Action Requested required fields must first be typed/selected.</td></tr>
<tr><td>Heading Bar Navigation</td><td></td></tr>
<tr><td>HOME</td><td>Click [Home] to return to Main Menu page.</td></tr>
<tr><td>CMS</td><td>Click [CMS] to link to CMS website www.cms.gov.</td></tr>
<tr><td>HELP</td><td>Click [Help] to display information about ECRS menu options.</td></tr>
<tr><td>CONTACT</td><td>Click [Contact] to display information about contacting the COBC.</td></tr>
<tr><td>ABOUT</td><td>Click [About] to display information about ECRS.</td></tr>
<tr><td>SIGN OUT</td><td>Click [Sign Out] to leave the ECRS application.</td></tr>
<tr><td>Right Side Bar Navigation</td><td></td></tr>
<tr><td>CHANGE CONTRACTOR</td><td>Click [Change Contractor] to change the contractor number and access code on the Contractor Sign In page.
Note: You will lose all data for the current contractor</td></tr>
<tr><td>QUICK HELP</td><td>Click [Help About This Page] to display helpful information for completing the page.</td></tr>
</table>

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COB ECRS CWF Assistance Request Action Requested	
RIGHT SIDE BAR INFORMATION	
Note: **The system will carry this data forward to other pages, eliminating the need to re-enter it.**	
Contractor	**Description**
ID	Contractor Number or CMS ID entered on Contractor Sign In page. *(protected field)*
NAME	Name of Contractor associated with the Contractor Number, or Regional Office associated with the CMS ID. *(protected field)*
User	**Description**
ID	User ID of person logged in. *(protected field)*
NAME	Name of person associated with User ID. *(protected field)*
PHONE	Phone number associated with the User ID. *(protected field)*

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ECRS CWF Assistance Request, CWF Auxiliary Record Data Page

On this page you will enter/select information that will associate the assistance request with a MSP auxiliary record.

ECRS CWF Assistance Request, CWF Auxiliary Record Data Page Description

ECRS CWF Assistance Request CWF Auxiliary Record Data	
Field Name	**Description**
MSP TYPE	One-character code identifying type of MSP coverage *(required field)*. 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
PATIENT RELATIONSHIP	Patient relationship between policyholder and beneficiary *(required field)*. 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.) Note: For the following MSP Types below, the patient relationship codes listed to the right are the only valid values that can be used. MSP Type Patient Relationship Code -- A 01, 02 B 01, 02, 03, 04, 05, 18, 20 G 01, 02, 03, 04, 05, 18, 20

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ECRS CWF Assistance Request CWF Auxiliary Record Data	
Field Name	**Description**
AUXILIARY RECORD #	Record number of MSP auxiliary occurrence in CWF *(required field)* *Part 'D' contractors should enter '001' when aux number is unknown.*
ORIGINATING CONTRATOR	Contractor number of contractor that created original MSP occurrence at CWF *(required field)*
EFFECTIVE DATE	Effective date of MSP coverage in MMDDCCYY format *(required field)*
TERMINATION DATE	Termination date of MSP coverage in MMDDCCYY format. Check box next to Termination date to remove an existing termination date.
ACCRETION DATE	Accretion date of MSP coverage in MMDDCCYY format.

Action Code	Required Fields
CT	Termination Date
TD	Termination Date

ECRS CWF Assistance Request CWF Auxiliary Record Data Navigation	
Page Navigation	**Description**
BACK TO LIST	Disabled when HIMR MSP Data has not been imported. Click [**Back to List**] to return to HIMR MSP Data List page.
CONTINUE	Click [**Continue**] to go to Informant Information page.
CANCEL	Click [**Cancel**] to return to the Main Menu.
Left Side Bar Navigation	**Description**
ACTION REQUESTED	Click [**Action Requested**] to return to Action Requested page.
CWF AUXILIARY RECORD DATA	Current Page.
INFORMANT INFORMATION	Click [**Informant Information**] to go to Informant Information page.

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ECRS CWF Assistance Request CWF Auxiliary Record Data Navigation	
INSURANCE INFORMATION	Click [**Insurance Information**] to go to Insurance Information page.
EMPLOYMENT INFORMATION	Click [**Employment Information**] to go to Employment Information page.
ADDITIONAL INFORMATION	Click [**Additional Information**] to go to Additional Information page.
COMMENTS/REMARKS	Click [**Comments/Remarks**] to go to Comments/Remarks page.
SUMMARY	Click [**Summary**] to go to Summary page.
Heading Bar Navigation	
HOME	Click [**Home**] to return to Main Menu page.
CMS	Click [**CMS**] to link to CMS website www.cms.gov.
HELP	Click [**Help**] to display information about ECRS menu options.
CONTACT	Click [**Contact**] to display information about contacting the COBC.
ABOUT	Click [**About**] to display information about ECRS.
SIGN OUT	Click [**Sign Out**] to leave the ECRS application.
Right Side Bar Navigation	
CHANGE CONTRACTOR	Click [**Change Contractor**] to change the contractor number and access code on the Contractor Sign In page. **Note:** You will lose all data for the current contractor
QUICK HELP	Click [**Help About This Page**] to display helpful information for completing the page.

ECRS CWF Assistance Request CWF Auxiliary Record Data	
RIGHT SIDE BAR INFORMATION Note: **The system will carry this data forward to other pages, eliminating the need to re-enter it.**	
Contractor	**Description**
ID	Contractor Number or CMS ID entered on Contractor Sign In page. *(protected field)*
NAME	Name of Contractor associated with the Contractor Number, or Regional Office associated with the CMS ID. *(protected field)*
User	**Description**
ID	User ID of person logged in. *(protected field)*
NAME	Name of person associated with User ID. *(protected field)*

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ECRS CWF Assistance Request CWF Auxiliary Record Data	
PHONE	Phone number associated with the User ID. *(protected field)*
Beneficiary	**Description**
Note: Beneficiary Information is retrieved from the Beneficiary Master using HICN entered on Action Requested page.	
HICN	Health Insurance Claim Number of beneficiary. *(protected field)*
SSN	Social Security Number of beneficiary. *(protected field)*
NAME	Name of beneficiary. *(protected field)*
ADDRESS	Street address of beneficiary. *(protected field)*
CITY, STATE	City and State associated with street address of beneficiary. *(protected field)*
ZIP	Zip code associated with street address of beneficiary. *(protected field)*
SEX	Sex of the beneficiary. *(protected field)*
DOB	Date of Birth of the beneficiary. *(protected field)*
DCN	**Description**
ID	Document Control Number assigned by contractor to correspondence and/or paperwork associated with transaction. *(protected field)*
ORIGIN DATE	Date CWF Assistance Request transaction was submitted. *(protected field)*
STATUS	Two-character code explaining where CWF Assistance Request transaction is in the COB system process. *(protected field)* Status will always be NW until the transaction is processed. NW New, not yet read by COB
REASON	Two-character code explaining why the CWF Assistance Request is in a particular status. *(protected field)* Reason Code will always be 01 until the transaction is processed. 01 Not yet read by COB, used with NW status

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ECRS CWF Assistance Request, Informant Information Page

On this page you will enter/select information about who has informed you regarding the change in MSP coverage.

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ECRS CWF Assistance Request, Informant Information Page Description

ECRS CWF Assistance Request Informant Information	
Field Name	**Description**
FIRST NAME	First name of person informing contractor of change in MSP coverage. First name is a *required field* when SOURCE is CHEK , LTTR or PHON.
MIDDLE INITIAL	Middle initial of person informing contractor of change in MSP coverage.
LAST NAME	Last name of person informing contractor of change in MSP coverage. Last name is a *required field* when SOURCE is CHEK , LTTR or PHON.
ADDRESS	Informant's street address. Address is a *required field* when SOURCE is CHEK , LTTR or PHON.
CITY	Informant's city. *Required field* when SOURCE is CHEK , LTTR or PHON.
STATE	Informant's state. *Required field* when SOURCE is CHEK , LTTR or PHON.
ZIP	Informant's ZIP code. *Required field* when SOURCE is CHEK , LTTR or PHON.
PHONE	Informant's telephone number
RELATIONSHIP	One-character code indicating relationship of informant to beneficiary. *Required field* when SOURCE is 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

Action Code	Required Fields

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Action Code	Required Fields
AI	Informant First Name, Last Name, Address, City, State, and Zip **Note: Relationship will default to "A" Attorney representing beneficiary.**

ECRS CWF Assistance Request Informant Information	
Navigation	
Page Navigation	**Description**
CONTINUE	Click [**Continue**] to go to Insurance Information page.
CANCEL	Click [**Cancel**] to return to the Main Menu.
Left Side Bar Navigation	**Description**
ACTION REQUESTED	Click [**Action Requested**] to return to Action Requested page.
CWF AUXILIARY RECORD DATA	Click [**CWF Auxiliary Record Data**] to go to CWF Auxiliary Record Data page.
INFORMANT INFORMATION	Current Page.
INSURANCE INFORMATION	Click [**Insurance Information**] to go to Insurance Information page.
EMPLOYMENT INFORMATION	Click [**Employment Information**] to go to Employment Information page.
ADDITIONAL INFORMATION	Click [**Additional Information**] to go to Additional Information page.
COMMENTS/REMARKS	Click [**Comments/Remarks**] to go to Comments/Remarks page.
SUMMARY	Click [**Summary**] to go to Summary page.
Heading Bar Navigation	
HOME	Click [**Home**] to return to Main Menu page.
CMS	Click [**CMS**] to link to CMS website www.cms.gov.
HELP	Click [**Help**] to display information about ECRS menu options.
CONTACT	Click [**Contact**] to display information about contacting the COBC.
ABOUT	Click [**About**] to display information about ECRS.
SIGN OUT	Click [**Sign Out**] to leave the ECRS application.

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Right Side Bar Navigation	
CHANGE CONTRACTOR	Click [**Change Contractor**] to change the contractor number and access code on the Contractor Sign In page. **Note:** You will lose all data for the current contractor
QUICK HELP	Click [**Help About This Page**] to display helpful information for completing the page.

ECRS CWF Assistance Request Informant Information	
RIGHT SIDE BAR INFORMATION Note: **The system will carry this data forward to other pages, eliminating the need to re-enter it.**	
Contractor	**Description**
ID	Contractor Number or CMS ID entered on Contractor Sign In page. *(protected field)*
NAME	Name of Contractor associated with the Contractor Number, or Regional Office associated with the CMS ID. *(protected field)*
User	**Description**
ID	User ID of person logged in. *(protected field)*
NAME	Name of person associated with User ID. *(protected field)*
PHONE	Phone number associated with the User ID. *(protected field)*
Beneficiary	**Description**
Note: Beneficiary Information is retrieved from the Beneficiary Master using HICN entered on Action Requested page.	
HICN	Health Insurance Claim Number of beneficiary. *(protected field)*
SSN	Social Security Number of beneficiary. *(protected field)*
NAME	Name of beneficiary. *(protected field)*
ADDRESS	Street address of beneficiary. *(protected field)*
CITY, STATE	City and State associated with street address of beneficiary. *(protected field)*
ZIP	Zip code associated with street address of beneficiary. *(protected field)*
SEX	Sex of the beneficiary. *(protected field)*
DOB	Date of Birth of the beneficiary. *(protected field)*
DCN	**Description**
ID	Document Control Number assigned by contractor to correspondence and/or paperwork associated with transaction. *(protected field)*
ORIGIN DATE	Date CWF Assistance Request transaction was submitted. *(protected field)*

ECRS WEB USER GUIDE

ECRS CWF Assistance Request Informant Information	
STATUS	Two-character code explaining where CWF Assistance Request transaction is in the COB system process. *(protected field)* Status will always be NW until the transaction is processed. NW New, not yet read by COB
REASON	Two-character code explaining why the CWF Assistance Request is in a particular status. *(protected field)* Reason Code will always be 01 until the transaction is processed. 01 Not yet read by COB, used with NW status

ECRS CWF Assistance Request, Insurance Information Page

On this page you will enter/select information about the type of insurance associated with the MSP coverage.

ECRS CWF Assistance Request, Insurance Information Page Description

ECRS CWF Assistance Request Insurance Information	
Field Name	**Description**
INSURANCE COMPANY NAME	Name of insurance carrier for MSP coverage. **Note:** <table><tr><td>If Insurance Company name contains any of the values it is an error. NO, NONE, N/A, HCFA, ATTORNEY,UNK, MISC,CMS, NA, UNKNOWN,</td></tr><tr><td>If Insurance Company name contains only one of the following values it is an error: BC, BS, BX, BCBX, Medicare, BLUE CROSS, COB, COBC, Coordination of Benefits Contractor.</td></tr></table> .
ADDRESS LINE 1	First Line of insurance carrier's street address.
ADDRESS LINE 2	Second Line of insurance carrier's street address.
CITY	City associated with insurance carrier's street address.
STATE	State associated with insurance carrier's street address.
ZIP	Zip code associated with insurance carrier's street address.
PHONE	Phone Number of insurance carrier.
INSURANCE 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)

ECRS WEB USER GUIDE

ECRS CWF Assistance Request Insurance Information	
Field Name	**Description**
	R GHP Health Reimbursement Arrangement S GHP Health Savings Account Blank Unknown (UNKNOWN); defaults to A.
POLICY NUMBER	Policy number of insurance coverage
GROUP NUMBER	Group number of insurance coverage
SUBSCRIBER FIRST NAME	First name of individual covered by this insurance.
SUBSCRIBER MIDDLE INITIAL	Middle initial of individual covered by this insurance.
SUBSCRIBER LAST NAME	Last name of individual covered by this insurance.

Action Code	Required Fields
AI	Insurance Type Attorney information should be entered on Informant Information page.
AP	Policy Number and/or Group Number **Note:** Only required when MSP Type is NOT D, E, L, or W.
CD	Group Number **Note:** Only required for MSP Types D, E, or L
II	Insurance Company Name
IT	Insurance Type
Action Code	**Special Instructions**
II	If you leave the following fields blank, the system overwrites the previous value: ADDRESS, CITY, STATE, ZIP, GROUP NUMBER, POLICY NUMBER, and SUBSCRIBER NAME. **Note:** Type data in *all* fields to update insurer information at CWF. Leave *all* fields blank to delete insurer information at CWF.

ECRS CWF Assistance Request Insurance Information	
Navigation	
Page Navigation	**Description**

ECRS WEB USER GUIDE

ECRS CWF Assistance Request Insurance Information Navigation	
CONTINUE	Click [**Continue**] to go to Employment Information page.
CANCEL	Click [**Cancel**] to return to the Main Menu.
Left Side Bar Navigation	**Description**
ACTION REQUESTED	Click [**Action Requested**] to return to Action Requested page.
CWF AUXILIARY RECORD DATA	Click [**CWF Auxiliary Record Data**] to go to CWF Auxiliary Record Data page.
INFORMANT INFORMATION	Click [**Informant Information**] to go to Informant Information page.
INSURANCE INFORMATION	Current Page.
EMPLOYMENT INFORMATION	Click [**Employment Information**] to go to Employment Information page.
ADDITIONAL INFORMATION	Click [**Additional Information**] to go to Additional Information page.
COMMENTS/REMARKS	Click [**Comments/Remarks**] to go to Comments/Remarks page.
SUMMARY	Click [**Summary**] to go to Summary page.
Heading Bar Navigation	
HOME	Click [**Home**] to return to Main Menu page.
CMS	Click [**CMS**] to link to CMS website www.cms.gov.
HELP	Click [**Help**] to display information about ECRS menu options.
CONTACT	Click [**Contact**] to display information about contacting the COBC.
ABOUT	Click [**About**] to display information about ECRS.
SIGN OUT	Click [**Sign Out**] to leave the ECRS application.
Right Side Bar Navigation	
CHANGE CONTRACTOR	Click [**Change Contractor**] to change the contractor number and access code on the Contractor Sign In page. **Note:** You will lose all data for the current contractor
QUICK HELP	Click [**This Help About Page**] to display helpful information for completing the page.

ECRS WEB USER GUIDE

ECRS CWF Assistance Request Insurance Information	
RIGHT SIDE BAR INFORMATION Note: **The system will carry this data forward to other pages, eliminating the need to re-enter it.**	
Contractor	**Description**
ID	Contractor Number or CMS ID entered on Contractor Sign In page. *(protected field)*
NAME	Name of Contractor associated with the Contractor Number, or Regional Office associated with the CMS ID. *(protected field)*
User	**Description**
ID	User ID of person logged in. *(protected field)*
NAME	Name of person associated with User ID. *(protected field)*
PHONE	Phone number associated with the User ID. *(protected field)*
Beneficiary	**Description**
Note: Beneficiary Information is retrieved from the Beneficiary Master using HICN entered on Action Requested page.	
HICN	Health Insurance Claim Number of beneficiary. *(protected field)*
SSN	Social Security Number of beneficiary. *(protected field)*
NAME	Name of beneficiary. *(protected field)*
ADDRESS	Street address of beneficiary. *(protected field)*
CITY, STATE	City and State associated with street address of beneficiary. *(protected field)*
ZIP	Zip code associated with street address of beneficiary. *(protected field)*
SEX	Sex of the beneficiary. *(protected field)*
DOB	Date of Birth of the beneficiary. *(protected field)*
DCN	**Description**
ID	Document Control Number assigned by contractor to correspondence and/or paperwork associated with transaction. *(protected field)*
ORIGIN DATE	Date CWF Assistance Request transaction was submitted. *(protected field)*
STATUS	Two-character code explaining where CWF Assistance Request transaction is in the COB system process. *(protected field)* Status will always be NW until the transaction is processed. NW New, not yet read by COB

ECRS WEB USER GUIDE

ECRS CWF Assistance Request Insurance Information	
REASON	Two-character code explaining why the CWF Assistance Request is in a particular status. *(protected field)*
	Reason Code will always be 01 until the transaction is processed.
	01 Not yet read by COB, used with NW status

ECRS WEB USER GUIDE

ECRS CWF Assistance Request, Employment Information Page

On this page you will enter/select employment information associated with the MSP coverage.

ECRS CWF Assistance Request, Employment Information Page Description

ECRS CWF Assistance Request Employment Information	
Field Name	**Description**
EMPLOYER NAME	Name of employer providing group health insurance under which beneficiary is covered
ADDRESS	Employer's street address
CITY	City associated with Employer's street address.
STATE	State associated with Employer's street address.
ZIP	Zip Code associated with Employer's street address.
PHONE	Phone Number of Employer
EIN	Employer Identification Number
EMPLOYEE #	Employee number of policy holder

Action Code	Required Fields
EA	Employer Name
EI	Employer Name Address, City, State, Zip

ECRS CWF Assistance Request Employment Information Navigation	
Page Navigation	**Description**
CONTINUE	Click [**Continue**] to go to Additional Information page.
CANCEL	Click [**Cancel**] to return to the Main Menu.
Left Side Bar Navigation	**Description**
ACTION REQUESTED	Click [**Action Requested**] to return to Action Requested page.
CWF AUXILIARY RECORD DATA	Click [**CWF Auxiliary Record Data**] to go to CWF Auxiliary Record Data page.
INFORMANT INFORMATION	Click [**Informant Information**] to go to Informant Information page.

ECRS WEB USER GUIDE

ECRS CWF Assistance Request Employment Information *Navigation*	
INSURANCE INFORMATION	Click [**Insurance Information**] to go to Insurance Information page.
EMPLOYMENT INFORMATION	Current Page.
ADDITIONAL INFORMATION	Click [**Additional Information**] to go to Additional Information page.
COMMENTS/REMARKS	Click [**Comments/Remarks**] to go to Comments/Remarks page.
SUMMARY	Click [**Summary**] to go to Summary page.
Heading Bar Navigation	
HOME	Click [**Home**] to return to Main Menu page.
CMS	Click [**CMS**] to link to CMS website www.cms.gov.
HELP	Click [**Help**] to display information about ECRS menu options.
CONTACT	Click [**Contact**] to display information about contacting the COBC.
ABOUT	Click [**About**] to display information about ECRS.
SIGN OUT	Click [**Sign Out**] to leave the ECRS application.
Right Side Bar Navigation	
CHANGE CONTRACTOR	Click [**Change Contractor**] to change the contractor number and access code on the Contractor Sign In page. **Note:** You will lose all data for the current contractor
QUICK HELP	Click [**Help About This Page**] to display helpful information for completing the page.

ECRS CWF Assistance Request Employment Information	
RIGHT SIDE BAR INFORMATION Note: **The system will carry this data forward to other pages, eliminating the need to re-enter it.**	
Contractor	**Description**
ID	Contractor Number or CMS ID entered on Contractor Sign In page. *(protected field)*
NAME	Name of Contractor associated with the Contractor Number, or Regional Office associated with the CMS ID. *(protected field)*
User	**Description**
ID	User ID of person logged in. *(protected field)*

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ECRS CWF Assistance Request Employment Information	
NAME	Name of person associated with User ID. *(protected field)*
PHONE	Phone number associated with the User ID. *(protected field)*
Beneficiary	**Description**
Note: Beneficiary Information is retrieved from the Beneficiary Master using HICN entered on Action Requested page.	
HICN	Health Insurance Claim Number of beneficiary. *(protected field)*
SSN	Social Security Number of beneficiary. *(protected field)*
NAME	Name of beneficiary. *(protected field)*
ADDRESS	Street address of beneficiary. *(protected field)*
CITY, STATE	City and State associated with street address of beneficiary. *(protected field)*
ZIP	Zip code associated with street address of beneficiary. *(protected field)*
SEX	Sex of the beneficiary. *(protected field)*
DOB	Date of Birth of the beneficiary. *(protected field)*
DCN	**Description**
ID	Document Control Number assigned by contractor to correspondence and/or paperwork associated with transaction. *(protected field)*
ORIGIN DATE	Date CWF Assistance Request transaction was submitted. *(protected field)*
STATUS	Two-character code explaining where CWF Assistance Request transaction is in the COB system process. *(protected field)* Status will always be NW until the transaction is processed. NW New, not yet read by COB
REASON	Two-character code explaining why the CWF Assistance Request is in a particular status. *(protected field)* Reason Code will always be 01 until the transaction is processed. 01 Not yet read by COB, used with NW status

ECRS CWF Assistance Request, Additional Information Page

On this page you will enter/select additional information needed for the action code and source selected on the action requested page.

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ECRS CWF Assistance Request, Additional Information Page Description

ECRS CWF Assistance Request Additional Information	
Field Name	**Description**
CHECK NUMBER	Number of check received. *Required field* if value in SOURCE field = CHEK.
CHECK AMOUNT	Amount of check received. *Required field* if value in SOURCE field = CHEK.
CHECK DATE	Date of check received. *Required field* if value in SOURCE field = CHEK. You cannot future-date this field.
PRE-PAID HEALTH PLAN DATE	Pre-paid Health Plan date in MMDDCCYY
SOCIAL SECURITY NUMBER	Corrected Social Security Number when HICN and SSN do not match CWF.
DIAGNOSIS CODES	Five-digit diagnosis code that applies to this MSP occurrence. Enter up to five diagnosis codes.

Action Code	Required Fields
DX	At least one Diagnosis Code
PH	Pre-paid Health Plan Date
MX	Social Security Number
ANY ACTION CODE WITH A NON EGHP MSP TYPE (D,E, and L)	At least one Diagnosis Code

ECRS CWF Assistance Request Additional Information
Navigation

ECRS WEB USER GUIDE

Page Navigation	Description
CONTINUE	Click [**Continue**] to go to Comments/Remarks page.
CANCEL	Click [**Cancel**] to return to the Main Menu.
Left Side Bar Navigation	**Description**
ACTION REQUESTED	Click [**Action Requested**] to return to Action Requested page.
CWF AUXILIARY RECORD DATA	Click [**CWF Auxiliary Record Data**] to go to CWF Auxiliary Record Data page.
INFORMANT INFORMATION	Click [**Informant Information**] to go to Informant Information page.
INSURANCE INFORMATION	Click [**Insurance Information**] to go to Insurance Information page.
EMPLOYMENT INFORMATION	Click [**Employment Information**] to go to Employment Information page.
ADDITIONAL INFORMATION	Current Page.
COMMENTS/REMARKS	Click [**Comments/Remarks**] to go to Comments/Remarks page.
SUMMARY	Click [**Summary**] to go to Summary page.
Heading Bar Navigation	
HOME	Click [**Home**] to return to Main Menu page.
CMS	Click [**CMS**] to link to CMS website www.cms.gov.
HELP	Click [**Help**] to display information about ECRS menu options.
CONTACT	Click [**Contact**] to display information about contacting the COBC.
ABOUT	Click [**About**] to display information about ECRS.
SIGN OUT	Click [**Sign Out**] to leave the ECRS application.
Right Side Bar Navigation	
CHANGE CONTRACTOR	Click [**Change Contractor**] to change the contractor number and access code on the Contractor Sign In page. **Note:** You will lose all data for the current contractor
QUICK HELP	Click [**Help About This Page**] to display helpful information for completing the page.
ECRS CWF Assistance Request Additional Information	

RIGHT SIDE BAR INFORMATION	
Note: **The system will carry this data forward to other pages, eliminating the need to re-enter it.**	

Contractor	Description
ID	Contractor Number or CMS ID entered on Contractor Sign In page. *(protected field)*
NAME	Name of Contractor associated with the Contractor Number, or Regional Office associated with the CMS ID. *(protected field)*

User	Description
ID	User ID of person logged in. *(protected field)*
NAME	Name of person associated with User ID. *(protected field)*
PHONE	Phone number associated with the User ID. *(protected field)*

Beneficiary	Description
Note: Beneficiary Information is retrieved from the Beneficiary Master using HICN entered on Action Requested page.	
HICN	Health Insurance Claim Number of beneficiary. *(protected field)*
SSN	Social Security Number of beneficiary. *(protected field)*
NAME	Name of beneficiary. *(protected field)*
ADDRESS	Street address of beneficiary. *(protected field)*
CITY, STATE	City and State associated with street address of beneficiary. *(protected field)*
ZIP	Zip code associated with street address of beneficiary. *(protected field)*
SEX	Sex of the beneficiary. *(protected field)*
DOB	Date of Birth of the beneficiary. *(protected field)*

DCN	Description
ID	Document Control Number assigned by contractor to correspondence and/or paperwork associated with transaction. *(protected field)*
ORIGIN DATE	Date CWF Assistance Request transaction was submitted. *(protected field)*
STATUS	Two-character code explaining where CWF Assistance Request transaction is in the COB system process. *(protected field)* Status will always be NW until the transaction is processed. NW New, not yet read by COB
REASON	Two-character code explaining why the CWF Assistance Request is in a particular status. *(protected field)* Reason Code will always be 01 until the transaction is processed. 01 Not yet read by COB, used with NW status

ECRS CWF Assistance Request, Comments/Remarks Page

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On this page you will enter/select comments and remarks to be reviewed by the COB Contractor.

ECRS CWF Assistance Request, Comments/Remarks Page Description

ECRS CWF Assistance Request Comments/Remarks	
Field Name	**Description**
COMMENTS	Free-form text field, where Medicare contractors type data to send notes to the COB contractor. *(protected field)* when COB contractor adds a comment.
	Note: The COB contractor reviews these comments unless the request involves an automated action type (action codes AR, DO, PH, and TD). In these cases, when automated action types are submitted individually and processed successfully, the comments entered are not reviewed.
REMARKS	Two-character CWF remark code explaining reason for transaction. You may enter up to three remark codes. (see Appendix D)
	Note: Remarks will only be display on Comments/Remarks page when action code is AR.

Action Code	Required Fields
AR	At least one Remark code selected

ECRS CWF Assistance Request Comments/Remarks *Navigation*	
Page Navigation	**Description**
CONTINUE	Click [**Continue**] to go to Summary page.
CANCEL	Click [**Cancel**] to return to the Main Menu.
Left Side Bar Navigation	**Description**
ACTION REQUESTED	Click [**Action Requested**] to return to Action Requested page.
CWF AUXILIARY RECORD DATA	Click [**CWF Auxiliary Record Data**] to go to CWF Auxiliary Record Data page.
INFORMANT INFORMATION	Click [**Informant Information**] to go to Informant Information page.
INSURANCE INFORMATION	Click [**Insurance Information**] to go to Insurance Information page.

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EMPLOYMENT INFORMATION	Click [**Employment Information**] to go to Employment Information page.
ADDITIONAL INFORMATION	Click [**Additional Information**] to go to Additional Information page.
COMMENTS/REMARKS	Current Page.
SUMMARY	Click [**Summary**] to go to Summary page.
Heading Bar Navigation	
HOME	Click [**Home**] to return to Main Menu page.
CMS	Click [**CMS**] to link to CMS website www.cms.gov.
HELP	Click [**Help**] to display information about ECRS menu options.
CONTACT	Click [**Contact**] to display information about contacting the COBC.
ABOUT	Click [**About**] to display information about ECRS.
SIGN OUT	Click [**Sign Out**] to leave the ECRS application.
Right Side Bar Navigation	
CHANGE CONTRACTOR	Click [**Change Contractor**] to change the contractor number and access code on the Contractor Sign In page. **Note:** You will lose all data for the current contractor
QUICK HELP	Click [**Help About This Page**] to display helpful information for completing the page.

ECRS CWF Assistance Request Comments/Remarks Information	
RIGHT SIDE BAR INFORMATION Note: **The system will carry this data forward to other pages, eliminating the need to re-enter it.**	
Contractor	**Description**
ID	Contractor Number or CMS ID entered on Contractor Sign In page. *(protected field)*
NAME	Name of Contractor associated with the Contractor Number, or Regional Office associated with the CMS ID. *(protected field)*
User	**Description**
ID	User ID of person logged in. *(protected field)*
NAME	Name of person associated with User ID. *(protected field)*
PHONE	Phone number associated with the User ID. *(protected field)*
Beneficiary	**Description**

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ECRS CWF Assistance Request Comments/Remarks Information	
Note: Beneficiary Information is retrieved from the Beneficiary Master using HICN entered on Action Requested page.	
HICN	Health Insurance Claim Number of beneficiary. *(protected field)*
SSN	Social Security Number of beneficiary. *(protected field)*
NAME	Name of beneficiary. *(protected field)*
ADDRESS	Street address of beneficiary. *(protected field)*
CITY, STATE	City and State associated with street address of beneficiary. *(protected field)*
ZIP	Zip code associated with street address of beneficiary. *(protected field)*
SEX	Sex of the beneficiary. *(protected field)*
DOB	Date of Birth of the beneficiary. *(protected field)*
DCN	**Description**
ID	Document Control Number assigned by contractor to correspondence and/or paperwork associated with transaction. *(protected field)*
ORIGIN DATE	Date CWF Assistance Request transaction was submitted. *(protected field)*
STATUS	Two-character code explaining where CWF Assistance Request transaction is in the COB system process. *(protected field)* Status will always be NW until the transaction is processed. NW New, not yet read by COB
REASON	Two-character code explaining why the CWF Assistance Request is in a particular status. *(protected field)* Reason Code will always be 01 until the transaction is processed. 01 Not yet read by COB, used with NW status

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ECRS CWF Assistance Request, Summary Page

On this page you will see a summary of information for the assistance request before

submission.

ECRS CWF Assistance Request, Summary Page Description

ECRS CWF Assistance Request Summary	
For information about this section…	**See this page...**
ACTION REQUESTED	A-7
CWF AUXILIARY RECORD DATA	A-12
INFORMANT INFORMATION	A-17
INSURANCE INFORMATION	A-22
EMPLOYMENT INFORMATION	A-28
DIAGNOSIS CODES	A-32
CHECK INFORMATION	A-32
ADDITIONAL INFORMATION	A-32

ECRS CWF Assistance Request Summary Navigation	
Page Navigation	**Description**
SUBMIT	Click [**Submit**] to go to the Summary Confirmation Page.
CANCEL	Click [**Cancel**] to return to the Main Menu.
Left Side Bar Navigation	**Description**
ACTION REQUESTED	Click [**Action Requested**] to return to Action Requested page.
CWF AUXILIARY RECORD DATA	Click [**CWF Auxiliary Record Data**] to go to CWF Auxiliary Record Data page.
INFORMANT INFORMATION	Click [**Informant Information**] to go to Informant Information page.
INSURANCE INFORMATION	Click [**Insurance Information**] to go to Insurance Information page.
EMPLOYMENT INFORMATION	Click [**Employment Information**] to go to Employment Information page.
ADDITIONAL INFORMATION	Click [**Additional Information**] to go to Additional Information page.
COMMENTS/REMARKS	Click [**Comments/Remarks**] to go to Comments/Remarks page
SUMMARY	Current Page.

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Heading Bar Navigation	
HOME	Click [**Home**] to return to Main Menu page.
CMS	Click [**CMS**] to link to CMS website www.cms.gov.
HELP	Click [**Help**] to display information about ECRS menu options.
CONTACT	Click [**Contact**] to display information about contacting the COBC.
ABOUT	Click [**About**] to display information about ECRS.
SIGN OUT	Click [**Sign Out**] to leave the ECRS application.
Right Side Bar Navigation	
CHANGE CONTRACTOR	Click [**Change Contractor**] to change the contractor number and access code on the Contractor Sign In page. **Note:** You will lose all data for the current contractor
QUICK HELP	Click [**Help About This Page**] to display helpful information for completing the page.

ECRS CWF Assistance Request Summary	
RIGHT SIDE BAR INFORMATION Note: **The system will carry this data forward to other pages, eliminating the need to re-enter it.**	
Contractor	**Description**
ID	Contractor Number or CMS ID entered on Contractor Sign In page. *(protected field)*
NAME	Name of Contractor associated with the Contractor Number, or Regional Office associated with the CMS ID. *(protected field)*
User	**Description**
ID	User ID of person logged in. *(protected field)*
NAME	Name of person associated with User ID. *(protected field)*
PHONE	Phone number associated with the User ID. *(protected field)*
Beneficiary	**Description**
Note: Beneficiary Information is retrieved from the Beneficiary Master using HICN entered on Action Requested page.	
HICN	Health Insurance Claim Number of beneficiary. *(protected field)*
SSN	Social Security Number of beneficiary. *(protected field)*
NAME	Name of beneficiary. *(protected field)*
ADDRESS	Street address of beneficiary. *(protected field)*
CITY, STATE	City and State associated with street address of beneficiary. *(protected field)*

ECRS Wᴇʙ Usᴇʀ Gᴜɪᴅᴇ

ECRS CWF Assistance Request Summary	
ZIP	Zip code associated with street address of beneficiary. *(protected field)*
SEX	Sex of the beneficiary. *(protected field)*
DOB	Date of Birth of the beneficiary. *(protected field)*
DCN	**Description**
ID	Document Control Number assigned by contractor to correspondence and/or paperwork associated with transaction. *(protected field)*
ORIGIN DATE	Date CWF Assistance Request transaction was submitted. *(protected field)*
STATUS	Two-character code explaining where CWF Assistance Request transaction is in the COB system process. *(protected field)* Status will always be NW until the transaction is processed. NW New, not yet read by COB
REASON	Two-character code explaining why the CWF Assistance Request is in a particular status. *(protected field)* Reason Code will always be 01 until the transaction is processed. 01 Not yet read by COB, used with NW status

Importing HIMR MSP Information for CWF Assistance Requests

Importing HIMR MSP data allows you to retrieve HIMR BENA and MSPD screens at each host site. The system then carries that information forward to the ECRS CWF Assistance Request Detail web pages and fills in the associated fields with the appropriate information.

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

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

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

2.

If you want to…	Follow these steps:
Select HIMR MSP data and carry it back to the ECRS CWF Assistance Request Detail pages.	Click the Aux Rec # link, next to that record.

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If you want to…	Follow these steps:
Return to the ECRS CWF Assistance Request Action Requested page without selecting data.	Click [**Cancel**].

The system returns to the ECRS CWF Assistance Request CWF Auxiliary Record Data page.

If you chose to select data, the system pre-populates information as follows:

ECRS CWF ASSISTANCE REQUEST PRE-POPULATED HIMR MSP DATA
CWF AUXILIARY RECORD DATA
• MSP Type
• Patient Relationship
• Auxiliary Record #
• Originating Contractor
• Effective Date
• Termination Date
• Accretion Date
INFORMANT INFORMATION
INSURANCE INFORMATION
• Insurance Company Name
• Address
• City
• State
• Zip
• Insurance Type
• Group Number
• Policy Number
• Subscriber Name
EMPLOYMENT INFORMATION
ADDITIONAL INFORMATION
☐ Diagnosis Codes
COMMENT/REMARKS

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3.

If you…	Follow these steps:
Don't get a list of HIMR records	1. Check to make sure the HICN number entered is correct. 2. Check what time it is…the HIMR application may be unavailable before 8 am and after 5 pm EST.
Want to use this imported information	1. Change information in any of the fields by typing the correct information over the imported information. 2. Complete required fields for the Action Requested on each of the CWF Assistance Request Detail pages. 3. Click [**Submit**] from the Summary page.
Want to select a different MSP record for the beneficiary	From CWF AUXILIARY RECORD DATA page, click [**Back To List**], and click the Aux Rec # link, next to the record you want to select.
Do not want to use this imported information, but want to look up a new beneficiary	1. Type the new beneficiary's HICN in the HICN field on the Action Requested page. 2. Set Import HIMR MSP Data to "Yes". 3. Click [**Continue**] to display the HIMR MSP DATA List. 4. Click the Aux Rec # link, next to the record you want to select.

List CWF Assistance Request Transactions for Viewing, Updating and Deleting

Follow the steps below to create a list of CWF Assistance Request transactions.

1. From the COB ECRS Main Menu web page, click [**CWF Assistance Request**] under the heading Search for Requests or Inquiries, type the search criteria in the appropriate fields, and click [**Search**]. The system displays a list of ECRS CWF Assistance Requests, as shown in the example below.

2. If you wish to create a list of all CWF Assistance Requests for a HICN, type the HICN in the search criteria, and space out the Contractor Number. Click [**Search**], the system will display a list of ECRS CWF Assistance Requests for that HICN.

Delete	HICN	Contractor	DCN	Status	Reason	Origin Date	Last Update	User ID
	888888888888	00131	987654321987654	Completed		01/01/2010	01/05/2010	ECR2323
✕	2345523455	00131	CD05152010	New		05/01/2010	05/01/2010	ECR1234

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, Origin Date To, Contractor Number, HICN, DCN or SSN. You cannot combine DCN, HICN, and SSN searches. In addition, you must combine searches on Origin Date From and/or To, User ID, Status, and Reason with a DCN, HICN, SSN or Contractor Number search.

    The dates in the ORIGIN DATE FROM and TO fields default to the date 31 calendar days prior to the current date and the current date, but may be changed to any calendar day range as long as it is not more than 31 days. Typing information in the appropriate fields and clicking [**Search**] narrows or widens your search.

4   Pagination will be used to scroll forward through the list of CWF Assistance Request transactions. You will see 20 items per page, and use the First/Prev and Next/Last navigation at the top of the list to view other transactions on other pages.

5. If you want to view summary information for a CWF Assistance Request transaction, click the [**HICN**] link for the transaction for which you want to view summary information. The system displays the summary page of the ECRS CWF Assistance Request selected transaction.

6. If you want to update information on a CWF Assistance Request transaction in NW status, click the [**HICN**] link for the transaction and the system will display the summary page of the ECRS CWF Assistance Request selected transaction, along with page links to the information, to allow for updates.

    Upon completion of updates, click [**Submit**] on the summary page to confirm updates, or click [**cancel**] to return to the CWF Assistance Request Search Page Listing.

7. If you want to mark a CWF Assistance Request transaction in NW status for deletion, click the [✕]

    link next to the HICN and when presented with the confirmation page, confirm by clicking [**Continue**], or decline by clicking [**Cancel**].

    Note: You can only update or delete 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

ECRS WEB USER GUIDE

or delete. Any user with the same contractor number can update or delete a transaction in NW (new) status.

8. If you want to exit the ECRS CWF Assistance Request Search page, click [**Home**] to return to the ECRS Main Menu. The system will not retain the current search criteria.

ECRS CWF Assistance Request Search Page

On this page you will enter/select information to query existing CWF Assistance Requests, which will return a list of transactions.

ECRS CWF Assistance Request Search Page Description

ECRS CWF Assistance Request Search Page Criteria		
Field Name	**Description**	
CONTRACTOR #	**If you are a…**	
	Medicare contractor	Pre-filled with the Contractor Number entered during Contractor Sign In. *(protected field)*
	Region Office or CMS user	Pre-filled with the CMS ID/RO Number entered during Contractor Sign In. This field is updateable with any Medicare Contractor Number, but only the CMS ID/RO Number entered during Contractor Sign In may be used.
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.	
STATUS	Status code entered as search criteria, if applicable. This field is updateable; select a different status code to perform additional searches. To view all in-process CWF Assistance Request transactions, select **IP** in the STATUS field.	
USER ID	User ID entered as search criteria, if applicable. This field is updateable; enter a different User ID 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.	
ORIGIN DATE TO	Ending date of date range entered as search criteria, if applicable. This field is updateable; enter a different To date in MMDDCCYY format 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.	
REASON	Reason code entered as search criteria, if applicable. This field is updateable; select a different reason code to perform additional searches.	
ECRS CWF Assistance Request Search Page Listing		
Field Name	**Field Name**	
HICN	Health Insurance Claim Number for CWF Assistance Request transaction. *(protected field)*	

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ECRS CWF Assistance Request Search Page Criteria	
Field Name	**Description**
CNTR	Contractor number. *(protected field)*
DCN	Document Control Number assigned to CWF Assistance Request transaction by Medicare contractor. *(protected field)*
STATUS	Status of CWF Assistance Request transaction. *(protected field)*
REASON	Reason of CWF Assistance Request transaction. *(protected field)*
ORIGIN DATE	Originating date in MM-DD-CCYY format. *(protected field)*
LAST UPDATE	Date CWF Assistance Request transaction was last changed in MMDDCCYY format. *(protected field)*
USER ID	User ID of operator who entered CWF Assistance Request transaction. *(protected field)*

COB ECRS CWF Assistance Request Search Page *Navigation*	
Transaction Navigation	**Description**
TRANSACTION SUMMARY	Click [**HICN**] link to view the CWF Assistance Request transaction summary page.
DELETE	Click [✗] to mark a new (status NW) CWF Assistance Request transaction for deletion.
Page Navigation	**Description**
RESET	Click [**Reset**] clear search results.
Heading Bar Navigation	
HOME	Click [**Home**] to return to Main Menu page.
CMS	Click [**CMS**] to link to CMS website www.cms.gov.
HELP	Click [**Help**] to display information about ECRS menu options.
CONTACT	Click [**Contact**] to display information about contacting the COBC.
ABOUT	Click [**About**] to display information about ECRS.
SIGN OUT	Click [**Sign Out**] to leave the ECRS application.
Right Side Bar Navigation	
CHANGE CONTRACTOR	Click [**Change Contractor**] to change the contractor number and access code on the Contractor Sign In page. **Note: You will lose all data for the current contractor.**

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QUICK HELP	Click [**Help About This Page**] to display helpful information for completing the page.

COB ECRS CWF Assistance Request Search Page	
RIGHT SIDE BAR INFORMATION **Note: The system will carry this data forward to other pages, eliminating the need to re-enter it.**	
Contractor	**Description**
ID	Contractor Number or CMS ID entered on Contractor Sign In page. *(protected field)*
NAME	Name of Contractor associated with the Contractor Number, or Regional Office associated with the CMS ID. *(protected field)*
User	**Description**
ID	User ID of person logged in. *(protected field)*
NAME	Name of person associated with User ID. *(protected field)*
PHONE	Phone number associated with the User ID. *(protected field)*

ECRS CWF Assistance Summary Page

On this page you will see a summary of information for the assistance request

transaction.

ECRS CWF Assistance Request Summary Page Description

ECRS CWF Assistance Request Summary Page

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Field Name	Description
ACTION REQUESTED	
DCN	Document Control Number assigned by contractor to correspondence and/or paperwork associated with transaction.
HICN	Health Insurance Claim Number of beneficiary.
ACTIVITY CODE	Activity of contractor .
	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)
ACTION(S)	Two-character code defining action to take on CWF Auxiliary record.
	Valid values are:
	AI Change attorney information AP Add policy and or group number AR Add CWF remark code CD DOI/DOL changes CP Incorrect ESRD Coordination Period CT Change the termination date 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 TD Terminate open EGHP record with date less than six months prior to date of accretion VP Beneficiary has taken a vow of poverty WN WCMSA Notification
SOURCE	Four-character code identifying source of CWF Assistance Request

ECRS WEB USER GUIDE

ECRS CWF Assistance Request Summary Page	
Field Name	**Description**
	information.
	Valid values are:
	CHEK Unsolicited check LTTR Letter PHON Phone call SCLM Claim submitted to Medicare contractor for secondary payment CLAM Claim SRVY Survey
CWF AUXILIARY RECORD DATA	
MSP TYPE	One-character code identifying type of MSP coverage.
	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
PATIENT RELATIONSHIP	Patient relationship between policyholder and beneficiary.
	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.)
AUXILIARY RECORD #	Record number of MSP auxiliary occurrence in CWF.
ORIGINATING CONTRATOR	Contractor number of contractor that created original MSP occurrence at CWF.

ECRS WEB USER GUIDE

ECRS CWF Assistance Request Summary Page	
Field Name	**Description**
EFFECTIVE DATE	Effective date of MSP coverage.
TERMINATION DATE	Termination date of MSP coverage.
ACCRETION DATE	Accretion date of MSP coverage.
INFORMANT INFORMATION	
FIRST NAME	First name of person informing contractor of change in MSP coverage.
MIDDLE INITIAL	Middle initial of person informing contractor of change in MSP coverage.
LAST NAME	Last name of person informing contractor of change in MSP coverage.
ADDRESS	Informant's street address.
CITY	Informant's city.
STATE	Informant's state.
ZIP	Informant's ZIP code.
PHONE	Informant's telephone number.
RELATIONSHIP	One-character code indicating relationship of informant to beneficiary. 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
INSURANCE INFORMATION	
INSURANCE COMPANY NAME	Name of insurance carrier for MSP coverage.
ADDRESS LINE 1	First Line of insurance carrier's street address.
ADDRESS LINE 2	Second Line of insurance carrier's street address.
CITY	City associated with insurance carrier's street address.
STATE	State associated with insurance carrier's street address.
ZIP	Zip code associated with insurance carrier's street address.
PHONE	Phone Number of insurance carrier.
INSURANCE TYPE	One-character code for type of insurance. Valid values are:

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ECRS CWF Assistance Request Summary Page	
Field Name	**Description**
	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) R GHP Health Reimbursement Arrangement S GHP Health Savings Account Blank Unknown (UNKNOWN); defaults to A.
POLICY NUMBER	Policy number of insurance coverage.
GROUP NUMBER	Group number of insurance coverage.
SUBSCRIBER FIRST NAME	First name of individual covered by this insurance.
SUBSCRIBER MIDDLE INITIAL	Middle initial of individual covered by this insurance.
SUBSCRIBER LAST NAME	Last name of individual covered by this insurance.
EMPLOYMENT INFORMATION	
EMPLOYER NAME	Name of employer providing group health insurance under which beneficiary is covered.
ADDRESS	Employer's street address.
CITY	City associated with Employer's street address.
STATE	State associated with Employer's street address.
ZIP	Zip Code associated with Employer's street address.
PHONE	Phone Number of Employer.
EIN	Employer Identification Number.
EMPLOYEE #	Employee number of policy holder.
DIAGNOSIS CODES	
DIAGNOSIS CODES 1-5	Five-digit diagnosis code that applies to this MSP occurrence.

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ECRS CWF Assistance Request Summary Page	
Field Name	**Description**
CHECK INFORMATION	
CHECK NUMBER	Number of check received.
CHECK AMOUNT	Amount of check received.
CHECK DATE	Date of check received.
ADDITIONAL INFORMATION	
PRE-PAID HEALTH PLAN DATE	Pre-paid Health Plan date in MMDDCCYY.
SOCIAL SECURITY NUMBER	Corrected Social Security Number when HICN and SSN do not match CWF.
COMMENTS/REMARKS	
CONTRACTOR COMMENTS	Free-form text field, where Medicare contractor's type data to send notes to the COB contractor.
USER ID	User ID of person who entered the contractor comment.
REMARKS 1-3	Two-character CWF remark code explaining reason for transaction. You may enter up to three remark codes. (see Appendix D)
COB RESPONSE INFORMATION	
COB COMMENTS	Free-form text field, where the COB contractor's comments on the Medicare contractor or the last comment added in CARS appear.
USER ID	User ID of person who entered the COB contractor comment.
DEVELOPMENT RESPONSE INDICATOR	Development response indicator. Values are: A Attorney B Beneficiary E Employer I Insurer P Provider R Beneficiary Representative N No Response
DEVELOPED TO (INITIAL)	Development Source Code indicating where initial development letter was sent. Valid values are: A Attorney B Beneficiary E Employer I Insurer P Provider R Beneficiary Representative (other than attorney)

ECRS WEB USER GUIDE

ECRS CWF Assistance Request Summary Page	
Field Name	**Description**
DEVELOPED TO (SUBSEQUENT)	Development Source Code indicating where subsequent development letter was sent. Valid values are: A Attorney B Beneficiary E Employer I Insurer P Provider R Beneficiary Representative (other than attorney)

COB ECRS CWF Assistance Request Summary Page *Navigation*	
Transaction Navigation	**Description**
RETURN TO LIST	Click [**Return to List**] to return to ECRS CWF Assistance Request Search Page Listing.
Heading Bar Navigation	
HOME	Click [**Home**] to return to Main Menu page.
CMS	Click [**CMS**] to link to CMS website www.cms.gov.
HELP	Click [**Help**] to display information about ECRS menu options.
CONTACT	Click [**Contact**] to display information about contacting the COBC.
ABOUT	Click [**About**] to display information about ECRS.
SIGN OUT	Click [**Sign Out**] to leave the ECRS application.
Right Side Bar Navigation	
CHANGE CONTRACTOR	Click [**Change Contractor**] to change the contractor number and access code on the Contractor Sign In page. **Note: You will lose all data for the current contractor.**
QUICK HELP	Click [**Help About This Page**] to display helpful information for completing the page.

ECRS CWF Assistance Request Summary
RIGHT SIDE BAR INFORMATION

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ECRS CWF Assistance Request Summary	
Contractor	**Description**
ID	Contractor Number or CMS ID entered on Contractor Sign In page. *(protected field)*
NAME	Name of Contractor associated with the Contractor Number, or Regional Office associated with the CMS ID. *(protected field)*
User	**Description**
ID	User ID of person logged in. *(protected field)*
NAME	Name of person associated with User ID. *(protected field)*
PHONE	Phone number associated with the User ID. *(protected field)*
Beneficiary	**Description**
HICN	Health Insurance Claim Number of beneficiary. *(protected field)*
SSN	Social Security Number of beneficiary. *(protected field)*
NAME	Name of beneficiary. *(protected field)*
ADDRESS	Street address of beneficiary. *(protected field)*
CITY, STATE	City and State associated with street address of beneficiary. *(protected field)*
ZIP	Zip code associated with street address of beneficiary. *(protected field)*
SEX	Sex of the beneficiary. *(protected field)*
DOB	Date of Birth of the beneficiary. *(protected field)*
DCN	**Description**
ID	Document Control Number assigned by contractor to correspondence and/or paperwork associated with transaction. *(protected field)*
ORIGIN DATE	Date CWF Assistance Request transaction was submitted. *(protected field)*
STATUS	Two-character code explaining where CWF Assistance Request transaction is in the COB system process *(protected field)* 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

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ECRS CWF Assistance Request Summary
REASON	Two-character code explaining why the CWF Assistance Request is in a particular status *(protected field)* 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 progress, used with HD status 15 Prescription Drug Information sent to MBD 30 – S.E.E. approved Medicare primary 31 – CWF will indicate to the contractor the incorrect action code was submitted on the Assistance Request 32 – Record terminated/deleted due to Obra 93 33 – WCSA record – request must go to regional office 34 – Record is "N" validity – we do not develop for "N" records 36 – Policy Holder Retired (G record) 37 – Beneficiary verified existing record, no update needed 38 – Development in process 50 Posted to CWF, response received with no errors, used with CM status 51 No changes (additions, mod ifications, 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

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ECRS CWF Assistance Request Summary		
	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
	88	No update, not lead contractor
	91	Duplicate Investigation in Process
	92	Change of Venue not allowed after 90 days
	93	No Part D Enrollment found

Adding an MSP Inquiry Transaction

Use the [**MSP Inquiry**] link on the Main Menu under the heading Create Requests or Inquiries, to add, an ECRS MSP Inquiry transaction.

Note: **Use these web pages 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 transaction (see page A-4).**

Retrieving Beneficiary Information

Beneficiary Information is automatically retrieved from the Beneficiary Master when HICN and other required data is entered on the first page of the MSP Inquiry (Action Requested) and you click [**Continue**]. The information will be displayed on the right side bar, and carried forward on the MSP Inquiry transaction.

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)

Steps to add an MSP Inquiry Transaction

Follow the steps below to add an ECRS MSP Inquiry transaction.

1. From the COB ECRS Main Menu web page, click [**MSP Inquiry**] under the heading Create Requests or Inquiries, The system displays the first page of the ECRS MSP Inquiry, as shown in the example below.

ECRS MSP Inquiry, Action Requested Page

This is the first page you will see when adding a new MSP Inquiry. The information entered/selected on

this page will determine required information on subsequent pages.

2. Type/select data in all of the required fields on the ECRS MSP Inquiry Action Requested web page, and click [**Continue**]. The required fields on this web page are noted with a red "*" and are as follows:

   • DCN
   • HICN
   • ACTIVITY CODE
   • ACTION CODE
   • SOURCE

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

3. Type/select data in fields on the web pages following Action Requested as required by the action code(s) requested and selected in the ACTION(S) field. Information may be entered by clicking [**Continue**] on each page, or by selecting a page link from the left side bar.

4. After typing/selecting data in all of the required fields, review the summary page and click [**Submit**]. The system displays the Submit Confirmation page. At this point the inquiry is submitted and you may print the confirmation page.

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5. If you want to exit the ECRS MSP Inquiry Detail web pages, click [**Home**] to return to the ECRS Main Menu or [Sign Out] to exit ECRS.

ECRS WEB USER GUIDE

ECRS MSP Inquiry, Action Requested Page Description

<table>
<tr>
<td colspan="2" align="center">ECRS MSP Inquiry Action Requested</td>
</tr>
<tr>
<td align="center">Field Name</td>
<td align="center">Description</td>
</tr>
<tr>
<td>DCN</td>
<td>Document Control Number assigned by contractor to correspondence and/or paperwork associated with transaction (required field)

The system will auto generate the DCN, but it may be changed.</td>
</tr>
<tr>
<td>HICN</td>
<td>Health Insurance Claim Number of beneficiary (required field). Type HICN without dashes, spaces, or other special characters.

Note: The system will look up the HICN on the COBC's HICN Xref database to assure the most current HICN has been entered. If the most current HICN has not been entered the system will replace the entered HICN with the most current HICN.</td>
</tr>
<tr>
<td>ACTIVITY CODE</td>
<td>Activity of contractor (required field). 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)</td>
</tr>
<tr>
<td>ACTION(S)</td>
<td>Action code indicating type of special processing to perform on MSP Inquiry record. (This is not a required field)

Note: You can combine CA and CL action codes to use simultaneously. You cannot combine any of the other action codes.

<table><tr><td>Action Code</td><td align="center">Description</td></tr><tr><td>CA</td><td>Class Action Suit

Note: This action code assigns the designated lead contractor according to the type of class action suit.

The system does not send the beneficiary an MSP confirmation letter.</td></tr><tr><td>CL</td><td>Closed or Settled Case

Note: This action code is only valid for closed and settled cases.
This action code suppresses lead contractor</td></tr></table></td>
</tr>
</table>

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ECRS MSP Inquiry Action Requested	
Field Name	**Description**
	assignment. **The system does not send the beneficiary an MSP confirmation letter.**
	DE Develop to the Employer **Note: This action code sends a development letter to the employer.**
	DI Develop to the Insurer **Note: This action code sends a development letter to the insurer.**
SOURCE	Four-character code identifying source of the MSP Inquiry information *(required field)*. Valid values are: CHEK Unsolicited check LTTR Letter PHON Phone call SCLM Claim submitted to Medicare contractor for secondary payment CLAM Claim SRVY Survey

ECRS MSP Inquiry Action Requested	
Navigation	
Page Navigation	**Description**
CONTINUE	Required fields must be typed/selected before clicking [**Continue**]. Click [**Continue**] to go to the MSP Information page.
CANCEL	Click [**Cancel**] to return to the Main Menu.
Left Side Bar Navigation	**Description**
ACTION REQUESTED	Current page
MSP INFORMATION	Disabled from this page. Action Requested required fields must first be typed/selected.
INFORMANT INFORMATION	Disabled from this page. Action Requested required fields must first be typed/selected.

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ECRS MSP Inquiry Action Requested	
Navigation	
INSURANCE INFORMATION	Disabled from this page. Action Requested required fields must first be typed/selected.
EMPLOYMENT INFORMATION	Disabled from this page. Action Requested required fields must first be typed/selected.
ADDITIONAL INFORMATION	Disabled from this page. Action Requested required fields must first be typed/selected.
PRESCRIPTION COVERAGE	Disabled from this page. Action Requested required fields must first be typed/selected.
SUMMARY	Disabled from this page. Action Requested required fields must first be typed/selected.
Heading Bar Navigation	
HOME	Click [**Home**] to return to Main Menu page.
CMS	Click [**CMS**] to link to CMS website www.cms.gov.
HELP	Click [**Help**] to display information about ECRS menu options.
CONTACT	Click [**Contact**] to display information about contacting the COBC.
ABOUT	Click [**About**] to display information about ECRS.
SIGN OUT	Click [**Sign Out**] to leave the ECRS application.
Right Side Bar Navigation	
CHANGE CONTRACTOR	Click [**Change Contractor**] to change the contractor number and access code on the Contractor Sign In page. **Note: You will lose all data for the current contractor**
QUICK HELP	Click [**Help About This Page**] to display helpful information for completing the page.

COB MSP Inquiry Search Page	
RIGHT SIDE BAR INFORMATION	
Note: The system will carry this data forward to other pages, eliminating the need to re-enter it.	
Contractor	**Description**
ID	Contractor Number or CMS ID entered on Contractor Sign In page. *(protected field)*

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COB MSP Inquiry Search Page	
NAME	Name of Contractor associated with the Contractor Number, or Regional Office associated with the CMS ID. *(protected field)*
User	**Description**
ID	User ID of person logged in. *(protected field)*
NAME	Name of person associated with User ID. *(protected field)*
PHONE	Phone number associated with the User ID. *(protected field)*

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ECRS MSP Inquiry, MSP Information Page

On this page you will enter/select information associated with the MSP coverage.

ECRS MSP Inquiry, MSP Information Page Description

ECRS MSP Inquiry, MSP Information	
Field Name	**Description**
MSP TYPE	One-character code identifying type of MSP coverage. *Required when source is PHON.* 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 **Note: MSP Type cannot be selected when Prescription Coverage Record Type is supplemental.**
PATIENT RELATIONSHIP	Patient relationship between policyholder and beneficiary. *Required when action code is not entered and MSP type is EGHP.* 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.) **Note: For the following MSP Types below, the patient relationship**

ECRS WEB USER GUIDE

	ECRS MSP Inquiry, MSP Information
Field Name	**Description**
	codes listed to the right are the only valid values that can be used.
	MSP Type Patient Relationship Code --- A 01, 02 B 01, 02, 03, 04, 05, 18, 20 G 01, 02, 03, 04, 05, 18, 20
EFFECTIVE DATE	Effective date of MSP coverage in MMDDCCYY format. **Note: Effective date cannot be the same as Termination Date.**
TERMINATION DATE	Termination date of MSP coverage in MMDDCCYY format. **Note: Termination date cannot equal effective date.** **Termination date may be all zeroes for open ended coverage.**
CMS GROUPING CODE	CMS Grouping Code. Valid values are: 01 Gel Implants (TrailBlazers, 00400) 02 Gel Implants (Alabama, 00010) 03 Bone Screw Recoveries (United Government Services, 00454) 04 Diet Drug Recoveries (Cahaba BCBS Alabama, 00010) 05 Sulzer Inter-Op Acetabular Shells for Hip Implant Recoveries (Chisholm Administrative Services, 00340) 06 Sulzer Orthopedic and Defective Knee Replacement Recoveries (Chisholm Administrative Services, 00340) 07 Baycol Litigation 08 Dexatrim (90000) 09 Rhode Island Receivership Recoveries (00180) 10 Propulsid (00010) 11 Asbestos Exposure 12 Garretson Asbestos Cases 13 Fleet Phosphate 14 Accutane
DIALYSIS TRAIN DATE	Date beneficiary received self-dialysis training (in MMDDCCYY format).
BLACK LUNG BENEFITS	Yes or No field indicating whether beneficiary receives benefits under the Black Lung Program.
BLACK LUNG EFFECTIVE DATE	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 **YES**.
SEND TO CWF	Indicates whether to send MSP inquiry to CWF. Valid values are: NO Do not send to CWF (*Protected field*) – Default unless the following: YES Action code is blank, and MSP Type is blank, C,F, H, or I in these conditions the default will Yes, but allowed to be changed to NO **REQUIRED INFORMATION IF YOU WANT SEND TO CWF = "YES",**

ECRS WEB USER GUIDE

ECRS MSP Inquiry, MSP Information	
Field Name	**Description**
	AND MSP TYPE IS ENTERED
	FOR _EGHP MSP TYPES_ (F and H)

EMPLOYMENT INFORMATION
EMPLOYER NAME
ADDRESS
CITY
STATE
ZIP

FOR NON _EGHP MSP TYPES_ (C and I)

INFORMANT INFORMATION	ADDITIONAL INFORMATION
INFORMANT NAME	DIAGNOSIS CODES (at least one)
ADDRESS	ILLNESS/INJURY DATE
CITY	
STATE	
ZIP	

Action Code	Required Fields
CA	CMS Grouping Code Patient Relationship Effective Date MSP Type must be "L"
CL	Patient Relationship Effective Date Termination Date MSP Type must be "D","E", or "L"

ECRS MSP Inquiry, MSP Information *Navigation*	
Page Navigation	**Description**

ECRS WEB USER GUIDE

ECRS MSP Inquiry, MSP Information Navigation	
CONTINUE	Click [**Continue**] to go to Informant Information page.
CANCEL	Click [**Cancel**] to return to the Main Menu.
Left Side Bar Navigation	**Description**
ACTION REQUESTED	Click [**Action Requested**] to return to Action Requested page.
MSP INFORMATION	Current Page.
INFORMANT INFORMATION	Click [**Informant Information**] to go to Informant Information page.
INSURANCE INFORMATION	Click [**Insurance Information**] to go to Insurance Information page.
EMPLOYMENT INFORMATION	Click [**Employment Information**] to go to Employment Information page.
ADDITIONAL INFORMATION	Click [**Additional Information**] to go to Additional Information page.
PRESCRIPTION COVERAGE	Click [**Prescription Coverage**] to go to Prescription Coverage page.
SUMMARY	Click [**Summary**] to go to Summary page.
Heading Bar Navigation	
HOME	Click [**Home**] to return to Main Menu page.
CMS	Click [**CMS**] to link to CMS website www.cms.gov.
HELP	Click [**Help**] to display information about ECRS menu options.
CONTACT	Click [**Contact**] to display information about contacting the COBC.
ABOUT	Click [**About**] to display information about ECRS.
SIGN OUT	Click [**Sign Out**] to leave the ECRS application.
Right Side Bar Navigation	
CHANGE CONTRACTOR	Click [**Change Contractor**] to change the contractor number and access code on the Contractor Sign In page. **Note: You will lose all data for the current contractor**
QUICK HELP	Click [**Help About This Page**] to display helpful information for completing the page.

ECRS WEB USER GUIDE

ECRS MSP Inquiry, MSP Information	
RIGHT SIDE BAR INFORMATION **Note: The system will carry this data forward to other pages, eliminating the need to re-enter it.**	
Contractor	**Description**
ID	Contractor Number or CMS ID entered on Contractor Sign In page. *(protected field)*
NAME	Name of Contractor associated with the Contractor Number, or Regional Office associated with the CMS ID. *(protected field)*
User	**Description**
ID	User ID of person logged in. *(protected field)*
NAME	Name of person associated with User ID. *(protected field)*
PHONE	Phone number associated with the User ID. *(protected field)*
Beneficiary	**Description**
Note: Beneficiary Information is retrieved from the Beneficiary Master using HICN entered on Action Requested page.	
HICN	Health Insurance Claim Number of beneficiary. *(protected field)*
SSN	Social Security Number of beneficiary. *(protected field)*
NAME	Name of beneficiary. *(protected field)*
ADDRESS	Street address of beneficiary. *(protected field)*
CITY, STATE	City and State associated with street address of beneficiary. *(protected field)*
ZIP	Zip code associated with street address of beneficiary. *(protected field)*
SEX	Sex of the beneficiary. *(protected field)*
DOB	Date of Birth of the beneficiary. *(protected field)*
DCN	**Description**
ID	Document Control Number assigned by contractor to correspondence and/or paperwork associated with transaction. *(protected field)*
ORIGIN DATE	Date CWF Assistance Request transaction was submitted. *(protected field)*
STATUS	Two-character code explaining where the MSP Inquiry transaction is in the COB system process *(protected field)* Status will always be NW until the transaction is processed. NW New, not yet read by COB
REASON	Two-character code explaining why the MSP Inquiry is in a particular status *(protected field)* Reason Code will always be 01 until the transaction is processed. 01 Not yet read by COB, used with NW status

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ECRS MSP Inquiry Informant Information Page

On this page you will enter/select information about who has informed you regarding the change in MSP coverage.

ECRS MSP Inquiry, Informant Information Page Description

ECRS MSP Inquiry Informant Information	
Field Name	**Description**
FIRST NAME	First name of person informing contractor of change in MSP coverage. First name is a *required field* when SOURCE is CHEK, LTTR or PHON.
MIDDLE INITIAL	Middle initial of person informing contractor of change in MSP coverage.
LAST NAME	Last name of person informing contractor of change in MSP coverage. Last name is a *required field* when SOURCE is CHEK, LTTR or PHON.
ADDRESS	Informant's street address. Address is a *required field* when SOURCE is CHEK, LTTR or PHON.
CITY	Informant's city. *Required field* when SOURCE is CHEK, LTTR or PHON.
STATE	Informant's state. *Required field* when SOURCE is CHEK , LTTR or PHON.
ZIP	Informant's ZIP code. *Required field* when SOURCE is CHEK , LTTR or PHON.
PHONE	Informant's telephone number
RELATIONSHIP	One-character code indicating relationship of informant to beneficiary. *Required field* when SOURCE is 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

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Action Code	Required Fields
CA	Informant Name, Address, City, State and Zip are required unless Insurance Company Address, City, State and Zip have been entered. **Note: Relationship will default to "A" Attorney representing beneficiary if Informant information is entered.**
CL	Informant Name, Address, City, State and Zip are required unless Insurance Company Address, City, State and Zip have been entered. **Note: Relationship will default to "A" Attorney representing beneficiary if Informant information is entered.**

ECRS MSP Inquiry, Informant Information *Navigation*	
Page Navigation	**Description**
CONTINUE	Click [**Continue**] to go to Insurance Information page.
CANCEL	Click [**Cancel**] to return to the Main Menu.
Left Side Bar Navigation	**Description**
ACTION REQUESTED	Click [**Action Requested**] to return to Action Requested page.
MSP INFORMATION	Click [**MSP Information**] to go to MSP Information page.
INFORMANT INFORMATION	Current Page.
INSURANCE INFORMATION	Click [**Insurance Information**] to go to Insurance Information page.
EMPLOYMENT INFORMATION	Click [**Employment Information**] to go to Employment Information page.

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ECRS MSP Inquiry, Informant Information *Navigation*	
ADDITIONAL INFORMATION	Click [**Additional Information**] to go to Additional Information page.
PRESCRIPTION COVERAGE	Click [**Prescription Coverage**] to go to Prescription Coverage page.
SUMMARY	Click [**Summary**] to go to Summary page.
Heading Bar Navigation	
HOME	Click [**Home**] to return to Main Menu page.
CMS	Click [**CMS**] to link to CMS website www.cms.gov.
HELP	Click [**Help**] to display information about ECRS menu options.
CONTACT	Click [**Contact**] to display information about contacting the COBC.
ABOUT	Click [**About**] to display information about ECRS.
SIGN OUT	Click [**Sign Out**] to leave the ECRS application.
Right Side Bar Navigation	
CHANGE CONTRACTOR	Click [**Change Contractor**] to change the contractor number and access code on the Contractor Sign In page. **Note: You will lose all data for the current contractor**
QUICK HELP	Click [**Help About This Page**] to display helpful information for completing the page.

ECRS MSP Inquiry, Informant Information	
RIGHT SIDE BAR INFORMATION **Note: The system will carry this data forward to other pages, eliminating the need to re-enter it.**	
Contractor	**Description**
ID	Contractor Number or CMS ID entered on Contractor Sign In page. *(protected field)*
NAME	Name of Contractor associated with the Contractor Number, or Regional Office associated with the CMS ID. *(protected field)*
User	**Description**
ID	User ID of person logged in. *(protected field)*
NAME	Name of person associated with User ID. *(protected field)*
PHONE	Phone number associated with the User ID. *(protected field)*
Beneficiary	**Description**
Note: Beneficiary Information is retrieved from the Beneficiary Master using HICN entered on Action Requested page.	

ECRS WEB USER GUIDE

ECRS MSP Inquiry, Informant Information	
HICN	Health Insurance Claim Number of beneficiary. *(protected field)*
SSN	Social Security Number of beneficiary. *(protected field)*
NAME	Name of beneficiary. *(protected field)*
ADDRESS	Street address of beneficiary. *(protected field)*
CITY, STATE	City and State associated with street address of beneficiary. *(protected field)*
ZIP	Zip code associated with street address of beneficiary. *(protected field)*
SEX	Sex of the beneficiary. *(protected field)*
DOB	Date of Birth of the beneficiary. *(protected field)*
DCN	**Description**
ID	Document Control Number assigned by contractor to correspondence and/or paperwork associated with transaction. *(protected field)*
ORIGIN DATE	Date CWF Assistance Request transaction was submitted. *(protected field)*
STATUS	Two-character code explaining where the MSP Inquiry transaction is in the COB system process *(protected field)* Status will always be NW until the transaction is processed. NW New, not yet read by COB
REASON	Two-character code explaining why the MSP Inquiry is in a particular status *(protected field)* Reason Code will always be 01 until the transaction is processed. 01 Not yet read by COB, used with NW status

ECRS WEB USER GUIDE

ECRS MSP Inquiry, Insurance Information Page

On this page you will enter/select information about the type of insurance associated with the MSP coverage.

ECRS MSP Inquiry, Insurance Information Page Description

ECRS MSP Inquiry, Insurance Information	
Field Name	**Description**
INSURANCE COMPANY NAME	Name of insurance carrier for MSP coverage (*Required field*) unless action code is blank or action code is 'DE' **Note:** If Insurance Company name contains any of the values it is an error. NO, NONE, N/A, HCFA, ATTORNEY,UNK, MISC,CMS, NA, UNKNOWN, If Insurance Company name contains only one of the following values it is an error: BC, BS, BX, BCBX, Medicare, BLUE CROSS, COB, COBC, COORDINATION OF BENEFITS CONTRACTOR.
ADDRESS LINE 1	First Line of insurance carrier's street address.
ADDRESS LINE 2	Second Line of insurance carrier's street address.
CITY	City associated with insurance carrier's street address.
STATE	State associated with insurance carrier's street address.
ZIP	Zip code associated with insurance carrier's street address.
PHONE	Phone Number of insurance carrier.
INSURANCE TYPE	One-character code for type of insurance. (*Required field*) 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)

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	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) R GHP Health Reimbursement Arrangement S GHP Health Savings Account Blank Unknown (UNKNOWN); defaults to A.
POLICY NUMBER	Policy number of insurance coverage
GROUP NUMBER	Group number of insurance coverage
SUBSCRIBER FIRST NAME	First name of individual covered by this insurance.
SUBSCRIBER MIDDLE INITIAL	Middle initial of individual covered by this insurance.
SUBSCRIBER LAST NAME	Last name of individual covered by this insurance.
SUBSCRIBER SSN	Social Security Number of Subscriber.

Action Code	Required Fields
CA	Insurance Company Address, City, State and Zip are required **unless** Informant Name, Address, City, State and Zip are required have been entered.
CL	Insurance Company Address, City, State and Zip are required **unless** Informant Name, Address, City, State and Zip are required have been entered.
DI	Insurance Company Name, Address, City, State and Zip are required

ECRS MSP Inquiry, Insurance Information	
Navigation	
Page Navigation	**Description**
CONTINUE	Click [**Continue**] to go to Employment Information page.
CANCEL	Click [**Cancel**] to return to the Main Menu.
Left Side Bar Navigation	**Description**
ACTION REQUESTED	Click [**Action Requested**] to return to Action Requested page.
MSP INFORMATION	Click [**MSP Information**] to go to MSP Information page.
INFORMANT INFORMATION	Click [**Informant Information**] to go to Informant Information page.

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</tr>
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<tr>
<td align="center">**Contractor**</td>
<td align="center">**Description**</td>
</tr>
<tr>
<td>ID</td>
<td>Contractor Number or CMS ID entered on Contractor Sign In page. *(protected field)*</td>
</tr>
<tr>
<td>NAME</td>
<td>Name of Contractor associated with the Contractor Number, or Regional Office associated with the CMS ID. *(protected field)*</td>
</tr>
<tr>
<td align="center">**User**</td>
<td align="center">**Description**</td>
</tr>
</table>

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ECRS MSP Inquiry, Insurance Information	
ID	User ID of person logged in. *(protected field)*
NAME	Name of person associated with User ID. *(protected field)*
PHONE	Phone number associated with the User ID. *(protected field)*
Beneficiary	**Description**
Note: Beneficiary Information is retrieved from the Beneficiary Master using HICN entered on Action Requested page.	
HICN	Health Insurance Claim Number of beneficiary. *(protected field)*
SSN	Social Security Number of beneficiary. *(protected field)*
NAME	Name of beneficiary. *(protected field)*
ADDRESS	Street address of beneficiary. *(protected field)*
CITY, STATE	City and State associated with street address of beneficiary. *(protected field)*
ZIP	Zip code associated with street address of beneficiary. *(protected field)*
SEX	Sex of the beneficiary. *(protected field)*
DOB	Date of Birth of the beneficiary. *(protected field)*
DCN	**Description**
ID	Document Control Number assigned by contractor to correspondence and/or paperwork associated with transaction. *(protected field)*
ORIGIN DATE	Date CWF Assistance Request transaction was submitted. *(protected field)*
STATUS	Two-character code explaining where the MSP Inquiry transaction is in the COB system process *(protected field)* Status will always be NW until the transaction is processed. NW New, not yet read by COB
REASON	Two-character code explaining why the MSP Inquiry is in a particular status *(protected field)* Reason Code will always be 01 until the transaction is processed. 01 Not yet read by COB, used with NW status

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ECRS MSP Inquiry, Employment Information Page

On this page you will enter/select employment information associated with the MSP coverage.

ECRS MSP Inquiry, Employment Information Page Description

ECRS MSP Inquiry Employment Information	
Field Name	**Description**
EMPLOYER NAME	Name of employer providing group health insurance under which beneficiary is covered
ADDRESS	Employer's street address
CITY	City associated with Employer's street address.
STATE	State associated with Employer's street address.
ZIP	Zip Code associated with Employer's street address.
PHONE	Phone Number of Employer
EIN	Employer Identification Number
EMPLOYEE #	Employee number of policy holder

Action Code	Required Fields
DE	Employer Name Address City, State, Zip

ECRS MSP Inquiry, Employment Information Navigation	
Page Navigation	**Description**
CONTINUE	Click [**Continue**] to go to Additional Information page.
CANCEL	Click [**Cancel**] to return to the Main Menu.
Left Side Bar Navigation	**Description**
ACTION REQUESTED	Click [**Action Requested**] to return to Action Requested page.
MSP INFORMATION	Click [**MSP Information**] to go to MSP Information page.

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<tr><td>EMPLOYMENT INFORMATION</td><td>Current Page.</td></tr>
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ECRS MSP Inquiry, Employment Information	
RIGHT SIDE BAR INFORMATION **Note: The system will carry this data forward to other pages, eliminating the need to re-enter it.**	
Contractor	**Description**
ID	Contractor Number or CMS ID entered on Contractor Sign In page. *(protected field)*
NAME	Name of Contractor associated with the Contractor Number, or Regional Office associated with the CMS ID. *(protected field)*
User	**Description**
ID	User ID of person logged in. *(protected field)*
NAME	Name of person associated with User ID. *(protected field)*
PHONE	Phone number associated with the User ID. *(protected field)*
Beneficiary	**Description**
Note: Beneficiary Information is retrieved from the Beneficiary Master using HICN entered on Action Requested page.	
HICN	Health Insurance Claim Number of beneficiary. *(protected field)*
SSN	Social Security Number of beneficiary. *(protected field)*
NAME	Name of beneficiary. *(protected field)*
ADDRESS	Street address of beneficiary. *(protected field)*
CITY, STATE	City and State associated with street address of beneficiary. *(protected field)*
ZIP	Zip code associated with street address of beneficiary. *(protected field)*
SEX	Sex of the beneficiary. *(protected field)*
DOB	Date of Birth of the beneficiary. *(protected field)*
DCN	**Description**
ID	Document Control Number assigned by contractor to correspondence and/or paperwork associated with transaction. *(protected field)*
ORIGIN DATE	Date CWF Assistance Request transaction was submitted. *(protected field)*
STATUS	Two-character code explaining where the MSP Inquiry transaction is in the COB system process *(protected field)* Status will always be NW until the transaction is processed. NW New, not yet read by COB

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ECRS MSP Inquiry, Employment Information
REASON	Two-character code explaining why the MSP Inquiry is in a particular status *(protected field)*
	Reason Code will always be 01 until the transaction is processed.
	01 Not yet read by COB, used with NW status

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ECRS MSP Inquiry, Additional Information Page

On this page you will enter/select additional information needed for the action code and source selected on the action requested page.

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ECRS MSP Inquiry, Additional Information Page Description

ECRS MSP Inquiry, Additional Information	
Field Name	**Description**
CHECK NUMBER	Number of check received. *Required field* if value in SOURCE field = CHEK.
CHECK AMOUNT	Amount of check received. *Required field* if value in SOURCE field = CHEK.
CHECK DATE	Date of check received. *Required field* if value in SOURCE field = CHEK. You cannot future-date this field.
DIAGNOSIS CODES	Five-digit diagnosis code that applies to this MSP occurrence. Enter up to five diagnosis codes.
ILLNESS/INJURY DATE	Date illness or injury occurred (in MMDDCCYY format)
BENEFICIARY REPRESENTATIVE INFORMATION	
TYPE	One-character code indicating type of relationship between beneficiary and his/her representative. Valid values are: A Attorney R Bene Rep (individual not acting as attorney)
NAME	Name of individual representing a beneficiary's medical affairs or estate. Type name in first name/middle initial/last name format.
ADDRESS	Beneficiary representative's street.
CITY	Beneficiary representative's city.
STATE	Beneficiary representative's state.
ZIP	Beneficiary representative's zip code.

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<table>
<tr><td colspan="2" align="center">**ECRS MSP Inquiry, Additional Information**
Navigation</td></tr>
<tr><td align="center">**Page Navigation**</td><td align="center">**Description**</td></tr>
<tr><td>CONTINUE</td><td>Click [**Continue**] to go to Prescription Coverage page.</td></tr>
<tr><td>CANCEL</td><td>Click [**Cancel**] to return to the Main Menu.</td></tr>
<tr><td align="center">**Left Side Bar Navigation**</td><td align="center">**Description**</td></tr>
<tr><td>ACTION REQUESTED</td><td>Click [**Action Requested**] to return to Action Requested page.</td></tr>
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RIGHT SIDE BAR INFORMATION	
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Contractor	**Description**
ID	Contractor Number or CMS ID entered on Contractor Sign In page. *(protected field)*
NAME	Name of Contractor associated with the Contractor Number, or Regional Office associated with the CMS ID. *(protected field)*
User	**Description**
ID	User ID of person logged in. *(protected field)*
NAME	Name of person associated with User ID. *(protected field)*
PHONE	Phone number associated with the User ID. *(protected field)*
Beneficiary	**Description**
Note: Beneficiary Information is retrieved from the Beneficiary Master using HICN entered on Action Requested page.	
HICN	Health Insurance Claim Number of beneficiary. *(protected field)*
SSN	Social Security Number of beneficiary. *(protected field)*
NAME	Name of beneficiary. *(protected field)*
ADDRESS	Street address of beneficiary. *(protected field)*
CITY, STATE	City and State associated with street address of beneficiary. *(protected field)*
ZIP	Zip code associated with street address of beneficiary. *(protected field)*
SEX	Sex of the beneficiary. *(protected field)*
DOB	Date of Birth of the beneficiary. *(protected field)*
DCN	**Description**
ID	Document Control Number assigned by contractor to correspondence and/or paperwork associated with transaction. *(protected field)*
ORIGIN DATE	Date CWF Assistance Request transaction was submitted. *(protected field)*
STATUS	Two-character code explaining where the MSP Inquiry transaction is in the COB system process *(protected field)* Status will always be NW until the transaction is processed. NW New, not yet read by COB
REASON	Two-character code explaining why the MSP Inquiry is in a particular status *(protected field)* Reason Code will always be 01 until the transaction is processed. 01 Not yet read by COB, used with NW status
Action Code	Required Fields

CA	At least one Diagnosis Code
CL	At least one Diagnosis Code

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ECRS MSP Inquiry, Prescription Coverage Information Page

On this page you will enter/select Prescription Coverage information to be associated with the MSP Inquiry Part D coverage.

ECRS MSP Inquiry, Prescription Coverage Information Page Description

ECRS MSP Inquiry, Prescription Coverage	
Field Name	**Description**

RECORD TYPE	Prescription Coverage Record Type.
	 Valid values are:
	     PRI Primary
	     SUP Supplemental
	 Note: Record Type must be "SUP" when Supplemental Type is "L".

COVERAGE TYPE	Prescription Coverage type of insurance.
	  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)

BIN	Prescription Drug BIN number (*required if TYPE of "U" is entered*). Must be six numeric characters.
PCN	Prescription Drug PCN number (*required if TYPE of "U" is entered*). Must not contain special characters.
GROUP	Prescription Drug group number (*required if TYPE of "U" is entered*). Must not contain special characters.
ID	Prescription Drug ID number (*required if TYPE of "U" is entered*). Must not contain special characters.

SUPPLEMENTAL TYPE	Prescription Drug policy type.
	 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

PERSON CODE	Person Code. Plan specific (relationship assigned plan administrator at the

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	plan level. (*required field* when Record Type is Supplemental). Values are: 001 Self 002 Spouse 003 Other

ECRS MSP Inquiry, Prescription Coverage Information	
Navigation	
Page Navigation	**Description**
CONTINUE	Click [**Continue**] to go to Summary page.
CANCEL	Click [**Cancel**] to return to the Main Menu.
Left Side Bar Navigation	**Description**
ACTION REQUESTED	Click [**Action Requested**] to return to Action Requested page.
MSP INFORMATION	Click [**MSP Information**] to go to MSP Information page.
INFORMANT INFORMATION	Click [**Informant Information**] to go to Informant Information page.
INSURANCE INFORMATION	Click [**Insurance Information**] to go to Insurance Information page.
EMPLOYMENT INFORMATION	Click [**Employment Information**] to go to Employment Information page.
ADDITIONAL INFORMATION	Click [**Additional Information**] to go to Additional Information page.
PRESCRIPTION COVERAGE	Current Page.
SUMMARY	Click [**Summary**] to go to Summary page.
Heading Bar Navigation	
HOME	Click [**Home**] to return to Main Menu page.
CMS	Click [**CMS**] to link to CMS website www.cms.gov.
HELP	Click [**Help**] to display information about ECRS menu options.
CONTACT	Click [**Contact**] to display information about contacting the COBC.
ABOUT	Click [**About**] to display information about ECRS.

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ECRS MSP Inquiry, Prescription Coverage Information	
Navigation	
SIGN OUT	Click [**Sign Out**] to leave the ECRS application.
Right Side Bar Navigation	
CHANGE CONTRACTOR	Click [**Change Contractor**] to change the contractor number and access code on the Contractor Sign In page. **Note: You will lose all data for the current contractor**
QUICK HELP	Click [**Help About This Page**] to display helpful information for completing the page.

ECRS MSP Inquiry, Prescription Coverage Information	
RIGHT SIDE BAR INFORMATION	
Note: The system will carry this data forward to other pages, eliminating the need to re-enter it.	
Contractor	**Description**
ID	Contractor Number or CMS ID entered on Contractor Sign In page. *(protected field)*
NAME	Name of Contractor associated with the Contractor Number, or Regional Office associated with the CMS ID. *(protected field)*
User	**Description**
ID	User ID of person logged in. *(protected field)*
NAME	Name of person associated with User ID. *(protected field)*
PHONE	Phone number associated with the User ID. *(protected field)*
Beneficiary	**Description**
Note: Beneficiary Information is retrieved from the Beneficiary Master using HICN entered on Action Requested page.	
HICN	Health Insurance Claim Number of beneficiary. *(protected field)*
SSN	Social Security Number of beneficiary. *(protected field)*
NAME	Name of beneficiary. *(protected field)*
ADDRESS	Street address of beneficiary. *(protected field)*
CITY, STATE	City and State associated with street address of beneficiary. *(protected field)*
ZIP	Zip code associated with street address of beneficiary. *(protected field)*
SEX	Sex of the beneficiary. *(protected field)*
DOB	Date of Birth of the beneficiary. *(protected field)*
DCN	**Description**
ID	Document Control Number assigned by contractor to correspondence and/or paperwork associated with transaction. *(protected field)*

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ECRS MSP Inquiry, Prescription Coverage Information	
ORIGIN DATE	Date CWF Assistance Request transaction was submitted. *(protected field)*
STATUS	Two-character code explaining where the MSP Inquiry transaction is in the COB system process *(protected field)* Status will always be NW until the transaction is processed. NW New, not yet read by COB
REASON	Two-character code explaining why the MSP Inquiry is in a particular status *(protected field)* Reason Code will always be 01 until the transaction is processed. 01 Not yet read by COB, used with NW status

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ECRS MSP Inquiry, Summary Page

On this page you will see a summary of information for the inquiry before

submission.

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ECRS MSP Inquiry, Summary Page Description

ECRS MSP Inquiry Summary	
For information about this section…	**See this page...**
ACTION REQUESTED	A-65
MSP INFORMATION	A-70
INFORMANT INFORMATION	A-76
INSURANCE INFORMATION	A-81
EMPLOYMENT INFORMATION	A-86
CHECK INFORMATION	A-91
BENEFICIARY REPRESENTATIVE INFORMATION	A-91
DIAGNOSIS CODES	A-91
PRESCRIPTION COVERAGE INFORMATION	A-96

ECRS MSP Inquiry, Summary Navigation	
Page Navigation	**Description**
SUBMIT	Click [**Submit**] to go to Submit Confirmation page.
CANCEL	Click [**Cancel**] to return to the Main Menu.
Left Side Bar Navigation	**Description**
ACTION REQUESTED	Click [**Action Requested**] to return to Action Requested page.
MSP INFORMATION	Click [**MSP Information**] to go to MSP Information page.
INFORMANT INFORMATION	Click [**Informant Information**] to go to Informant Information page.
INSURANCE INFORMATION	Click [**Insurance Information**] to go to Insurance Information page.
EMPLOYMENT INFORMATION	Click [**Employment Information**] to go to Employment Information page.
ADDITIONAL INFORMATION	Click [**Additional Information**] to go to Additional Information page.

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ECRS MSP Inquiry, Summary Navigation	
PRESCRIPTION COVERAGE	Click [**Prescription Coverage**] to go to Prescription Coverage Information page.
SUMMARY	Current Page.
Heading Bar Navigation	
HOME	Click [**Home**] to return to Main Menu page.
CMS	Click [**CMS**] to link to CMS website www.cms.gov.
HELP	Click [**Help**] to display information about ECRS menu options.
CONTACT	Click [**Contact**] to display information about contacting the COBC.
ABOUT	Click [**About**] to display information about ECRS.
SIGN OUT	Click [**Sign Out**] to leave the ECRS application.
Right Side Bar Navigation	
CHANGE CONTRACTOR	Click [**Change Contractor**] to change the contractor number and access code on the Contractor Sign In page. **Note: You will lose all data for the current contractor**
QUICK HELP	Click [**Help About This Page**] to display helpful information for completing the page.

ECRS MSP Inquiry, Summary RIGHT SIDE BAR INFORMATION	
Contractor	**Description**
ID	Contractor Number or CMS ID entered on Contractor Sign In page. *(protected field)*
NAME	Name of Contractor associated with the Contractor Number, or Regional Office associated with the CMS ID. *(protected field)*
User	**Description**
ID	User ID of person logged in. *(protected field)*
NAME	Name of person associated with User ID. *(protected field)*
PHONE	Phone number associated with the User ID. *(protected field)*
Beneficiary	**Description**
HICN	Health Insurance Claim Number of beneficiary. *(protected field)*
SSN	Social Security Number of beneficiary. *(protected field)*
NAME	Name of beneficiary. *(protected field)*
ADDRESS	Street address of beneficiary. *(protected field)*

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ECRS MSP Inquiry, Summary	
CITY, STATE	City and State associated with street address of beneficiary. *(protected field)*
ZIP	Zip code associated with street address of beneficiary. *(protected field)*
SEX	Sex of the beneficiary. *(protected field)*
DOB	Date of Birth of the beneficiary. *(protected field)*
DCN	**Description**
ID	Document Control Number assigned by contractor to correspondence and/or paperwork associated with transaction. *(protected field)*
ORIGIN DATE	Date CWF Assistance Request transaction was submitted. *(protected field)*
STATUS	Two-character code explaining where the MSP Inquiry transaction is in the COB system process *(protected field)* Status will always be NW until the transaction is processed. NW New, not yet read by COB
REASON	Two-character code explaining why the MSP Inquiry is in a particular status *(protected field)* Reason Code will always be 01 until the transaction is processed. 01 Not yet read by COB, used with NW status

List MSP Inquiry Transactions for Viewing, Updating, and Deleting

Follow the steps below to create a list of MSP Inquiry transactions.

1.   From the COB ECRS Main Menu web page, click [**MSP Inquiry**] under the heading Search for Requests or Inquiries, type the search criteria in the appropriate fields, and click [**Search**]. The system displays a list of ECRS MSP Inquiries, as shown in the example below.

2. If you wish to create a list of all MSP Inquiries for a HICN, type the HICN in the search criteria, and space out the Contractor Number. Click [**Search**], the system will display a list of ECRS MSP Inquiries for that HICN.

Delete	HICN	Contractor	DCN	Status	Reason	Origin Date	Last Update	User ID
	888888888888	00131	987654321987654	Completed		01/01/2010	01/05/2010	ECR2323
✕	2345523455	00131	CD05152010	New		05/01/2010	05/01/2010	ECR1234

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, Origin Date To, Contractor Number, HICN, DCN or SSN. You cannot combine DCN, HICN, and SSN searches. In addition, you must combine searches on Origin Date From and/or To, User ID, Status, and Reason with a DCN, HICN, SSN or Contractor Number search.

   The dates in the ORIGIN DATE FROM and TO fields default to the date 31 calendar days prior to the current date and the current date, but may be changed to any calendar day range as long as it is not more than 31 days.

   Typing information in the appropriate fields and clicking [**Search**] narrows or widens your search.

4. Pagination will be used to scroll forward through the list of MSP Inquiry transactions. You will see 20 items per page, and use the First/Prev and Next/Last navigation at the top of the list to view other transactions on other pages.

5. If you want to view summary information for an MSP Inquiry transaction, click the [**HICN**] link for the transaction for which you want to view summary information. The system displays the summary page of the ECRS MSP Inquiry selected transaction.

6. If you want to update information on an MSP Inquiry transaction in NW status, click the [**HICN**] link for the transaction and the system will display the summary page of the ECRS MSP Inquiry selected transaction, along with page links to the information, to allow for updates.

   Upon completion of updates, click [**Submit**] on the summary page to confirm updates, or click [cancel] to return to the MSP Inquiry Search Page Listing.

7. If you want to mark an MSP Inquiry transaction in NW status for deletion, click the [✕] link next to the HICN and when presented with the confirmation page, confirm by clicking [**Continue**], or decline by clicking [**Cancel**].

   Note: You can only update or delete an inquiry transaction if it is in NW (new) status. If the COB system has started processing the information, you cannot request an update or delete. Any user with the same contractor number can update or delete a transaction in NW (new) status.

8. If you want to exit the ECRS MSP Inquiry Search page, click [**Home**] to return to the ECRS Main Menu. The system will not retain the current search criteria.

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ECRS MSP Inquiry Search Page

On this page you will enter/select information to query existing MSP Inquiries, which will return a list of transactions.

ECRS MSP Inquiry Search Page Description

ECRS MSP Inquiry Search Page Criteria		
Field Name	**Description**	
CONTRACTOR #	**If you are a…**	
	Medicare contractor	Pre-filled with the Contractor Number entered during Contractor Sign In. *(protected field)*
	Region Office or CMS user	Pre-filled with the CMS ID/RO Number entered during Contractor Sign In. This field is updateable with any Medicare Contractor Number, but only the CMS ID/RO Number entered during Contractor Sign In may be used.
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.	
STATUS	Status code entered as search criteria, if applicable. This field is updateable; select a different status code to perform additional searches. To view all in-process MSP Inquiry transactions, select **IP** in the STATUS field.	
USER ID	User ID entered as search criteria, if applicable. This field is updateable; enter a different User ID 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.	
ORIGIN DATE TO	Ending date of date range entered as search criteria, if applicable. This field is updateable; enter a different To date in MMDDCCYY format 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.	
REASON	Reason code entered as search criteria, if applicable. This field is updateable; select a different reason code to perform additional searches.	
HICN	Health Insurance Claim Number for the MSP Inquiry transaction *(protected field)*	

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ECRS MSP Inquiry Search Page Criteria	
Field Name	**Description**
CNTR	Contractor number *(protected field)*
DCN	Document Control Number assigned to the MSP Inquiry transaction by Medicare contractor *(protected field)*
STATUS	Status of CWF Assistance Request transaction *(protected field)*
REASON	Reason of CWF Assistance Request transaction *(protected field)*
ORIGIN DATE	Originating date in MM-DD-CCYY format *(protected field)*
LAST UPDATE	Date CWF Assistance Request transaction was last changed in MMDDCCYY format *(protected field)*
USER ID	User ID of operator who entered the MSP Inquiry transaction *(protected field)*

COB ECRS MSP Inquiry Search Page Navigation	
Transaction Navigation	**Description**
TRANSACTION SUMMARY	Click [**HICN**] link to view the MSP Inquiry transaction summary page.
DELETE	Click [✖] to mark a new (status NW) the MSP Inquiry transaction for deletion.
Page Navigation	**Description**
RESET	Click [**Reset**] clear search results.
Heading Bar Navigation	
HOME	Click [**Home**] to return to Main Menu page.
CMS	Click [**CMS**] to link to CMS website www.cms.gov.
HELP	Click [**Help**] to display information about ECRS menu options.
CONTACT	Click [**Contact**] to display information about contacting the COBC.
ABOUT	Click [**About**] to display information about ECRS.
SIGN OUT	Click [**Sign Out**] to leave the ECRS application.
Right Side Bar Navigation	
CHANGE CONTRACTOR	Click [**Change Contractor**] to change the contractor number and access code on the Contractor Sign In page. **Note: You will lose all data for the current contractor**
QUICK HELP	Click [**Help About This Page**] to display helpful information for completing the page.

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COB ECRS MSP Inquiry Search Page	
RIGHT SIDE BAR INFORMATION **Note: The system will carry this data forward to other pages, eliminating the need to re-enter it.**	
Contractor	**Description**
ID	Contractor Number or CMS ID entered on Contractor Sign In page. *(protected field)*
NAME	Name of Contractor associated with the Contractor Number, or Regional Office associated with the CMS ID. *(protected field)*
User	**Description**
ID	User ID of person logged in. *(protected field)*
NAME	Name of person associated with User ID. *(protected field)*
PHONE	Phone number associated with the User ID. *(protected field)*

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ECRS MSP Inquiry Summary Page

On this page you will see a summary of information for the inquiry transaction.

ECRS MSP Inquiry Summary Page Description

ECRS MSP Inquiry Summary Page	
Field Name	**Description**
ACTION REQUESTED	
DCN	Document Control Number assigned by contractor to correspondence and/or paperwork associated with transaction.
HICN	Health Insurance Claim Number of beneficiary.
ACTIVITY CODE	Activity of contractor . 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)
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
SOURCE	Four-character code identifying source of MSP Inquiry information. Valid values are: CHEK Unsolicited check LTTR Letter PHON Phone call SCLM Claim submitted to Medicare contractor for secondary payment CLAM Claim SRVY Survey
MSP INFORMATION	
MSP TYPE	One-character code identifying type of MSP coverage. 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

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ECRS MSP Inquiry Summary Page	
Field Name	**Description**
PATIENT RELATIONSHIP	Patient relationship between policyholder and beneficiary. 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.)
AUXILIARY RECORD #	Record number of MSP auxiliary occurrence in CWF.
ORIGINATING CONTRATOR	Contractor number of contractor that created original MSP occurrence at CWF.
EFFECTIVE DATE	Effective date of MSP coverage.
TERMINATION DATE	Termination date of MSP coverage.
ACCRETION DATE	Accretion date of MSP coverage.
INFORMANT INFORMATION	
FIRST NAME	First name of person informing contractor of change in MSP coverage.
MIDDLE INITIAL	Middle initial of person informing contractor of change in MSP coverage.
LAST NAME	Last name of person informing contractor of change in MSP coverage.
ADDRESS	Informant's street address.
CITY	Informant's city.
STATE	Informant's state.
ZIP	Informant's ZIP code.
PHONE	Informant's telephone number
RELATIONSHIP	One-character code indicating relationship of informant to beneficiary. Valid values are: A Attorney representing beneficiary B Beneficiary C Child D Defendant's attorney

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ECRS MSP Inquiry Summary Page	
Field Name	**Description**
	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
INSURANCE INFORMATION	
INSURANCE COMPANY NAME	Name of insurance carrier for MSP coverage.
ADDRESS LINE 1	First Line of insurance carrier's street address.
ADDRESS LINE 2	Second Line of insurance carrier's street address.
CITY	City associated with insurance carrier's street address.
STATE	State associated with insurance carrier's street address.
ZIP	Zip code associated with insurance carrier's street address.
PHONE	Phone Number of insurance carrier.
INSURANCE 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) R GHP Health Reimbursement Arrangement S GHP Health Savings Account Blank Unknown (UNKNOWN); defaults to A.

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ECRS MSP Inquiry Summary Page	
Field Name	**Description**
POLICY NUMBER	Policy number of insurance coverage
GROUP NUMBER	Group number of insurance coverage
SUBSCRIBER FIRST NAME	First name of individual covered by this insurance.
SUBSCRIBER MIDDLE INITIAL	Middle initial of individual covered by this insurance.
SUBSCRIBER LAST NAME	Last name of individual covered by this insurance.
EMPLOYMENT INFORMATION	
EMPLOYER NAME	Name of employer providing group health insurance under which beneficiary is covered.
ADDRESS	Employer's street address.
CITY	City associated with Employer's street address.
STATE	State associated with Employer's street address.
ZIP	Zip Code associated with Employer's street address.
PHONE	Phone Number of Employer.
EIN	Employer Identification Number.
EMPLOYEE #	Employee number of policy holder.
CHECK INFORMATION	
CHECK NUMBER	Number of check received.
CHECK AMOUNT	Amount of check received.
CHECK DATE	Date of check received.
BENEFICIARY REPRESENTATIVE INFORMATION	
TYPE	One-character code indicating type of relationship between beneficiary and his/her representative. Valid values are: A Attorney R Bene Rep (individual not acting as attorney)
NAME	Name of individual representing a beneficiary's medical affairs or estate. Type name in first name/middle initial/last name format.
ADDRESS	Beneficiary representative's street.
CITY	Beneficiary representative's city.
STATE	Beneficiary representative's state.
ZIP	Beneficiary representative's zip code.
DIAGNOSIS CODES	
DIAGNOSIS CODES 1-5	Five-digit diagnosis code that applies to this MSP occurrence.

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ECRS MSP Inquiry Summary Page	
Field Name	**Description**
PRESCRIPTION COVERAGE	
RECORD TYPE	Prescription Coverage Record Type. Valid values are: PRI Primary SUP Supplemental **Note: Record Type must be "SUP" when Supplemental Type is "L".**
COVERAGE TYPE	Prescription Coverage type of insurance. 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)
BIN	Prescription Drug BIN number.
PCN	Prescription Drug PCN number.
GROUP	Prescription Drug group number.
ID	Prescription Drug ID number.
SUPPLEMENTAL TYPE	Prescription Drug policy type. 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
RECORD TYPE	Prescription Coverage Record Type. Valid values are: PRI Primary SUP Supplemental **Note: Record Type must be "SUP" when Supplemental Type is "L".**
COVERAGE TYPE	Prescription Coverage type of insurance.

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ECRS MSP Inquiry Summary Page	
Field Name	**Description**
	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)
DEVELOPED TO (INITIAL)	Development Source Code indicating where initial development letter was sent. Valid values are: A Attorney B Beneficiary E Employer I Insurer P Provider R Beneficiary Representative (other than attorney)
DEVELOPED TO (SUBSEQUENT)	Development Source Code indicating where subsequent development letter was sent. Valid values are: A Attorney B Beneficiary E Employer I Insurer P Provider R Beneficiary Representative (other than attorney)

COB ECRS MSP Inquiry Summary Page Navigation	
Transaction Navigation	**Description**
RETURN TO LIST	Click [**Return to List**] to return to ECRS MSP Inquiry Search Page Listing.
Heading Bar Navigation	
HOME	Click [**Home**] to return to Main Menu page.
CMS	Click [**CMS**] to link to CMS website www.cms.gov.
HELP	Click [**Help**] to display information about ECRS menu options.
CONTACT	Click [**Contact**] to display information about contacting the COBC.
ABOUT	Click [**About**] to display information about ECRS.
SIGN OUT	Click [**Sign Out**] to leave the ECRS application.
Right Side Bar Navigation	

CHANGE CONTRACTOR	Click [**Change Contractor**] to change the contractor number and access code on the Contractor Sign In page.
	Note: You will lose all data for the current contractor
QUICK HELP	Click [**Help About This Page**] to display helpful information for completing the page.

ECRS MSP Inquiry Summary	
RIGHT SIDE BAR INFORMATION	
Contractor	**Description**
ID	Contractor Number or CMS ID entered on Contractor Sign In page. *(protected field)*
NAME	Name of Contractor associated with the Contractor Number, or Regional Office associated with the CMS ID. *(protected field)*
User	**Description**
ID	User ID of person logged in. *(protected field)*
NAME	Name of person associated with User ID. *(protected field)*
PHONE	Phone number associated with the User ID. *(protected field)*
Beneficiary	**Description**
HICN	Health Insurance Claim Number of beneficiary. *(protected field)*
SSN	Social Security Number of beneficiary. *(protected field)*
NAME	Name of beneficiary. *(protected field)*
ADDRESS	Street address of beneficiary. *(protected field)*
CITY, STATE	City and State associated with street address of beneficiary. *(protected field)*
ZIP	Zip code associated with street address of beneficiary. *(protected field)*
SEX	Sex of the beneficiary. *(protected field)*
DOB	Date of Birth of the beneficiary. *(protected field)*
DCN	**Description**
ID	Document Control Number assigned by contractor to correspondence and/or paperwork associated with transaction. *(protected field)*
ORIGIN DATE	Date MSP Inquiry transaction was submitted. *(protected field)*

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ECRS MSP Inquiry Summary	
STATUS	Two-character code explaining where MSP Inquiry transaction is in the COB system process *(protected field)* CM Completed DE Delete (do not process) ECRS MSP Inquiry IP In process, being edited by COB NW New, not yet read by COB
REASON	Two-character code explaining why the MSP inquiry is in a particular status *(protected field)* 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, mod ifications, 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 Summary	
	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.

Adding a Prescription Coverage Inquiry Transaction

There are two methods of entering a Prescription Coverage Inquiry.

1. From an ECRS MSP Inquiry – this option allows you to see Prescription Coverage information associated with an MSP Inquiry.

     a) From the COB ECRS Main Menu web page, click [**MSP Inquiries**] under the heading Create Requests or Inquiries, The system displays the first page of the ECRS MSP Inquiry.

     b) Follow instructions for Adding an MSP Inquiries, and complete the Prescription Coverage information on the Prescription Coverage page.

       See page A-62.

2. From the COB ECRS Main Menu – this option allows you to enter a Prescription Coverage inquiry independent of a MSP inquiry.

Use the [**Prescription Coverage Inquiry**] link on the Main Menu under the heading Create Requests or Inquiries, to add, an ECRS Prescription Coverage Inquiry transaction.

Retrieving Beneficiary Information

Beneficiary Information is automatically retrieved from the Beneficiary Master when HICN and other required data is entered on the first page of the Prescription Coverage Inquiry (Initial Information) and you click [**Continue**]. The information will be displayed on the right side bar, and carried forward on the Prescription Coverage Inquiry transaction.

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

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

Steps to add a Prescription Coverage Inquiry Transaction

Follow the steps below to add an ECRS Prescription Coverage transaction.

1. From the COB ECRS Main Menu web page, click [**Prescription Coverage Inquiry**] under the heading Create Requests or Inquiries, The system displays the first page of the ECRS Prescription Coverage Inquiry, as shown in the example below.

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ECRS Prescription Coverage Inquiry, Initial Information Page

This is the first page you will see when adding a new Prescription Coverage Inquiry. The information entered/selected on this page will determine required information on subsequent pages.

2. Type/select data in all of the required fields on the ECRS Prescription Coverage Inquiry Initial Information web page, and click [**Continue**]. The required fields on this web page are noted with a red "*" and are as follows:

   - DCN
   - HICN
   - ACTIVITY CODE
   - SOURCE
   - SEND TO MDB

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

3. Type/select data in fields on the web pages following Initial Information as necessary. Information

may be entered by clicking [**Continue**] on each page, or by selecting a page link from the left side bar.

4. After typing/selecting data in all of the required fields, review the summary page and click [**Submit**]. The system displays the Submit Confirmation page. At this point the inquiry is submitted and you may print the confirmation page.

5. If you want to exit the ECRS Prescription Coverage Inquiry Detail web pages, click [**Home**] to return to the ECRS Main Menu or [Sign Out] to exit ECRS.

ECRS Prescription Coverage Inquiry, Initial Information Page Description

ECRS Prescription Coverage Initial Information	
Field Name	**Description**
DCN	Document Control Number assigned by contractor to correspondence and/or paperwork associated with transaction *(required field)* The system will auto generate the DCN, but it may be changed.
HICN	Health Insurance Claim Number of beneficiary *(required field)*. Type HICN without dashes, spaces, or other special characters. **Note: The system will look up the HICN on the COBC's HICN Xref database to assure the most current HICN has been entered. If the most current HICN has not been entered the system will replace the entered HICN with the most current HICN.**
ACTIVITY CODE	Activity of contractor *(required field)*. 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)
SOURCE	Four-character code identifying source of the MSP Inquiry information *(required field)*. Valid values are: CHEK Unsolicited check LTTR Letter PHON Phone call SCLM Claim submitted to Medicare contractor for secondary payment CLAM Claim SRVY Survey
PATIENT RELATIONSHIP	Patient relationship between policyholder and beneficiary. Valid values are: 01 POLICY HOLDER 02 SPOUSE 03 CHILD 04 OTHER
SEND TO MDB	Indicates whether to send MSP inquiry to MBD *(required field)*. Valid values are: YES Send to MBD (default) NO Do not send to MBD
MSP TYPE	One-character code identifying type of MSP coverage.

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ECRS Prescription Coverage Initial Information	
Field Name	**Description**
	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 **Note: MSP Type cannot be selected when Prescription Coverage Record Type is supplemental.**

ECRS Prescription Coverage Initial Information Navigation	
Page Navigation	**Description**
CONTINUE	Required fields must be typed/selected before clicking [**Continue**]. Click [**Continue**] to go to the Additional Information page.
CANCEL	Click [**Cancel**] to return to the Main Menu.
Left Side Bar Navigation	**Description**
INITIAL INFORMATION	Current page
ADDITIONAL INFORMATION	Disabled from this page. Action Requested required fields must first be typed/selected.
PRESCRIPTION COVERAGE	Disabled from this page. Action Requested required fields must first be typed/selected.
SUMMARY	Disabled from this page. Action Requested required fields must first be typed/selected.
Heading Bar Navigation	
HOME	Click [**Home**] to return to Main Menu page.
CMS	Click [**CMS**] to link to CMS website www.cms.gov.

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HELP	Click [**Help**] to display information about ECRS menu options.
CONTACT	Click [**Contact**] to display information about contacting the COBC.
ABOUT	Click [**About**] to display information about ECRS.
SIGN OUT	Click [**Sign Out**] to leave the ECRS application.
Right Side Bar Navigation	
CHANGE CONTRACTOR	Click [**Change Contractor**] to change the contractor number and access code on the Contractor Sign In page. **Note: You will lose all data for the current contractor**
QUICK HELP	Click [**Help About This Page**] to display helpful information for completing the page.

ECRS Prescription Coverage Initial Information	
RIGHT SIDE BAR INFORMATION **Note: The system will carry this data forward to other pages, eliminating the need to re-enter it.**	
Contractor	**Description**
ID	Contractor Number or CMS ID entered on Contractor Sign In page. *(protected field)*
NAME	Name of Contractor associated with the Contractor Number, or Regional Office associated with the CMS ID. *(protected field)*
User	**Description**
ID	User ID of person logged in. *(protected field)*
NAME	Name of person associated with User ID. *(protected field)*
PHONE	Phone number associated with the User ID. *(protected field)*

ECRS Prescription Coverage Inquiry, Additional Information Page

On this page you will enter/select additional information needed for the inquiry.

ECRS Prescription Coverage Inquiry, Additional Information Page Description

ECRS Prescription Coverage, Additional Information	
Field Name	**Description**
INFORMANT INFORMATION	
FIRST NAME	First name of person informing contractor of change in MSP coverage. First name is a *required field* when SOURCE is CHEK, LTTR or PHON.
MIDDLE INITIAL	Middle initial of person informing contractor of change in MSP coverage.
LAST NAME	Last name of person informing contractor of change in MSP coverage. Last name is a *required field* when SOURCE is CHEK, LTTR or PHON.
ADDRESS	Informant's street address. Address is a *required field* when SOURCE is CHEK, LTTR or PHON.
CITY	Informant's city. *Required field* when SOURCE is CHEK, LTTR or PHON.
STATE	Informant's state. *Required field* when SOURCE is CHEK , LTTR or PHON.
ZIP	Informant's ZIP code. *Required field* when SOURCE is CHEK , LTTR or PHON.
PHONE	Informant's telephone number
RELATIONSHIP	One-character code indicating relationship of informant to beneficiary. *Required field* when SOURCE is 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
EMPLOYMENT INFORMATION	
EMPLOYER NAME	Name of employer providing group health insurance under which beneficiary is covered
ADDRESS	Employer's street address
CITY	City associated with Employer's street address.
STATE	State associated with Employer's street address.
ZIP	Zip Code associated with Employer's street address.

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ECRS Prescription Coverage, Additional Information	
Field Name	**Description**
PHONE	Phone Number of Employer
EIN	Employer Identification Number
EMPLOYEE #	Employee number of policy holder
CHECK INFORMATION	
CHECK NUMBER	Number of check received. *Required field* if value in SOURCE field = CHEK.
CHECK AMOUNT	Amount of check received. *Required field* if value in SOURCE field = CHEK.
CHECK DATE	Date of check received. *Required field* if value in SOURCE field = CHEK. You cannot future-date this field.

ECRS Prescription Coverage, Additional Information *Navigation*	
Page Navigation	**Description**
CONTINUE	Click [**Continue**] to go to Prescription Coverage page.
CANCEL	Click [**Cancel**] to return to the Main Menu.
Left Side Bar Navigation	**Description**
INITIAL INFORMATION	Click [**Initial Information**] to go to the Initial Information page.
ADDITIONAL INFORMATION	Current Page.
PRESCRIPTION COVERAGE	Click [**Prescription Coverage**] to go to the Prescription Coverage page.
SUMMARY	Click [**Summary**] to go to the Summary page.
Heading Bar Navigation	
HOME	Click [**Home**] to return to Main Menu page.
CMS	Click [**CMS**] to link to CMS website www.cms.gov.
HELP	Click [**Help**] to display information about ECRS menu options.
CONTACT	Click [**Contact**] to display information about contacting the COBC.
ABOUT	Click [**About**] to display information about ECRS.

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ECRS Prescription Coverage, Additional Information Navigation	
SIGN OUT	Click [**Sign Out**] to leave the ECRS application.
Right Side Bar Navigation	
CHANGE CONTRACTOR	Click [**Change Contractor**] to change the contractor number and access code on the Contractor Sign In page. **Note: You will lose all data for the current contractor**
QUICK HELP	Click [**Help About This Page**] to display helpful information for completing the page.

ECRS Prescription Coverage, Additional Information	
RIGHT SIDE BAR INFORMATION **Note: The system will carry this data forward to other pages, eliminating the need to re-enter it.**	
Contractor	**Description**
ID	Contractor Number or CMS ID entered on Contractor Sign In page. *(protected field)*
NAME	Name of Contractor associated with the Contractor Number, or Regional Office associated with the CMS ID. *(protected field)*
User	**Description**
ID	User ID of person logged in. *(protected field)*
NAME	Name of person associated with User ID. *(protected field)*
PHONE	Phone number associated with the User ID. *(protected field)*
Beneficiary	**Description**
Note: Beneficiary Information is retrieved from the Beneficiary Master using HICN entered on Action Requested page.	
HICN	Health Insurance Claim Number of beneficiary. *(protected field)*
SSN	Social Security Number of beneficiary. *(protected field)*
NAME	Name of beneficiary. *(protected field)*
ADDRESS	Street address of beneficiary. *(protected field)*
CITY, STATE	City and State associated with street address of beneficiary. *(protected field)*
ZIP	Zip code associated with street address of beneficiary. *(protected field)*
SEX	Sex of the beneficiary. *(protected field)*
DOB	Date of Birth of the beneficiary. *(protected field)*
DCN	**Description**

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ECRS Prescription Coverage, Additional Information	
ID	Document Control Number assigned by contractor to correspondence and/or paperwork associated with transaction. *(protected field)*
ORIGIN DATE	Date CWF Assistance Request transaction was submitted. *(protected field)*
STATUS	Two-character code explaining where the MSP Inquiry transaction is in the COB system process *(protected field)* Status will always be NW until the transaction is processed. NW New, not yet read by COB
REASON	Two-character code explaining why the MSP Inquiry is in a particular status *(protected field)* Reason Code will always be 01 until the transaction is processed. 01 Not yet read by COB, used with NW status

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ECRS Prescription Coverage, Prescription Coverage Information Page

On this page you will enter/select Prescription Coverage information to be associated with the Part D coverage.

ECRS Prescription Coverage, Prescription Coverage Information Page Description

ECRS Prescription Coverage, Prescription Coverage	
Field Name	**Description**

RECORD TYPE	Prescription Coverage Record Type.
	Valid values are:
	    PRI Primary
	    SUP Supplemental
	Note: Record Type must be "SUP" when Supplemental Type is "L".

COVERAGE TYPE	Prescription Coverage type of insurance.
	 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)

BIN	Prescription Drug BIN number (*required if TYPE of "U" is entered*). Must be six numeric characters.
PCN	Prescription Drug PCN number (*required if TYPE of "U" is entered*). Must not contain special characters.
GROUP	Prescription Drug group number (*required if TYPE of "U" is entered*). Must not contain special characters.
ID	Prescription Drug ID number (*required if TYPE of "U" is entered*). Must not contain special characters.

SUPPLEMENTAL TYPE	Prescription Drug policy type.
	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

PERSON CODE	Person Code. Plan specific (relationship assigned plan administrator at the

ECRS Prescription Coverage, Prescription Coverage	
Field Name	**Description**
	plan level. (*required field* when Record Type is Supplemental, or Record Type is blank and Supplemental Type is "L".) Values are: 001 Self 002 Spouse 003 Other

ECRS Prescription Coverage, Prescription Coverage *Navigation*	
Page Navigation	**Description**
CONTINUE	Click [**Continue**] to go to Summary page.
CANCEL	Click [**Cancel**] to return to the Main Menu.
Left Side Bar Navigation	**Description**
INITIAL INFORMATION	Click [**Initial Information**] to go to the Initial Information page.
ADDITIONAL INFORMATION	Click [**Additional Information**] to go to the Additional Information page.
PRESCRIPTION COVERAGE	Current Page.
SUMMARY	Click [**Summary**] to go to the Summary page.
Heading Bar Navigation	
HOME	Click [**Home**] to return to Main Menu page.
CMS	Click [**CMS**] to link to CMS website www.cms.gov.
HELP	Click [**Help**] to display information about ECRS menu options.
CONTACT	Click [**Contact**] to display information about contacting the COBC.
ABOUT	Click [**About**] to display information about ECRS.
SIGN OUT	Click [**Sign Out**] to leave the ECRS application.
Right Side Bar Navigation	
CHANGE CONTRACTOR	Click [**Change Contractor**] to change the contractor number and access code on the Contractor Sign In page. **Note: You will lose all data for the current contractor**

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QUICK HELP	Click [**Help About This Page**] to display helpful information for completing the page.

ECRS Prescription Coverage, Prescription Coverage

RIGHT SIDE BAR INFORMATION **Note: The system will carry this data forward to other pages, eliminating the need to re-enter it.**

Contractor	**Description**
ID	Contractor Number or CMS ID entered on Contractor Sign In page. *(protected field)*
NAME	Name of Contractor associated with the Contractor Number, or Regional Office associated with the CMS ID. *(protected field)*

User	**Description**
ID	User ID of person logged in. *(protected field)*
NAME	Name of person associated with User ID. *(protected field)*
PHONE	Phone number associated with the User ID. *(protected field)*

Beneficiary	**Description**
Note: Beneficiary Information is retrieved from the Beneficiary Master using HICN entered on Action Requested page.	
HICN	Health Insurance Claim Number of beneficiary. *(protected field)*
SSN	Social Security Number of beneficiary. *(protected field)*
NAME	Name of beneficiary. *(protected field)*
ADDRESS	Street address of beneficiary. *(protected field)*
CITY, STATE	City and State associated with street address of beneficiary. *(protected field)*
ZIP	Zip code associated with street address of beneficiary. *(protected field)*
SEX	Sex of the beneficiary. *(protected field)*
DOB	Date of Birth of the beneficiary. *(protected field)*

DCN	**Description**
ID	Document Control Number assigned by contractor to correspondence and/or paperwork associated with transaction. *(protected field)*
ORIGIN DATE	Date CWF Assistance Request transaction was submitted. *(protected field)*
STATUS	Two-character code explaining where the MSP Inquiry transaction is in the COB system process *(protected field)* Status will always be NW until the transaction is processed. NW New, not yet read by COB

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REASON	Two-character code explaining why the MSP Inquiry is in a particular status *(protected field)*
	Reason Code will always be 01 until the transaction is processed.
	01 Not yet read by COB, used with NW status

ECRS Prescription Coverage Inquiry, Summary Page

On this page you will see a summary of information for the inquiry before submission.

ECRS Prescription Coverage Inquiry, Summary Page Description

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ECRS Prescription Coverage, Summary	
For information about this section…	**See this page...**
INITIAL INFORMATION	A-123
INFORMANT INFORMATION	A-126
EMPLOYMENT INFORMATION	A-126
CHECK INFORMATION	A-126
PRESCRIPTION COVERAGE INFORMATION	A-132

ECRS Prescription Coverage, Summary Navigation	
Page Navigation	**Description**
SUBMIT	Click [**Submit**] to go to Submit Confirmation page.
CANCEL	Click [**Cancel**] to return to the Main Menu.
Left Side Bar Navigation	**Description**
INITIAL INFORMATION	Click [**Initial Information**] to go to the Initial Information page.
ADDITIONAL INFORMATION	Click [**Additional Information**] to go to the Additional Information page.
PRESCRIPTION COVERAGE	Click [**Prescription Coverage**] to go to the Prescription Coverage page.
SUMMARY	Current Page.
Heading Bar Navigation	
HOME	Click [**Home**] to return to Main Menu page.
CMS	Click [**CMS**] to link to CMS website www.cms.gov.
HELP	Click [**Help**] to display information about ECRS menu options.
CONTACT	Click [**Contact**] to display information about contacting the COBC.
ABOUT	Click [**About**] to display information about ECRS.
SIGN OUT	Click [**Sign Out**] to leave the ECRS application.
Right Side Bar Navigation	
CHANGE CONTRACTOR	Click [**Change Contractor**] to change the contractor number and access code on the Contractor Sign In page. **Note: You will lose all data for the current contractor**

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ECRS Prescription Coverage, Summary
Navigation
QUICK HELP	Click [**Help About This Page**] to display helpful information for completing the page.

ECRS Prescription Coverage, Summary	
RIGHT SIDE BAR INFORMATION	
Contractor	**Description**
ID	Contractor Number or CMS ID entered on Contractor Sign In page. *(protected field)*
NAME	Name of Contractor associated with the Contractor Number, or Regional Office associated with the CMS ID. *(protected field)*
User	**Description**
ID	User ID of person logged in. *(protected field)*
NAME	Name of person associated with User ID. *(protected field)*
PHONE	Phone number associated with the User ID. *(protected field)*
Beneficiary	**Description**
HICN	Health Insurance Claim Number of beneficiary. *(protected field)*
SSN	Social Security Number of beneficiary. *(protected field)*
NAME	Name of beneficiary. *(protected field)*
ADDRESS	Street address of beneficiary. *(protected field)*
CITY, STATE	City and State associated with street address of beneficiary. *(protected field)*
ZIP	Zip code associated with street address of beneficiary. *(protected field)*
SEX	Sex of the beneficiary. *(protected field)*
DOB	Date of Birth of the beneficiary. *(protected field)*
DCN	**Description**
ID	Document Control Number assigned by contractor to correspondence and/or paperwork associated with transaction. *(protected field)*
ORIGIN DATE	Date CWF Assistance Request transaction was submitted. *(protected field)*
STATUS	Two-character code explaining where the MSP Inquiry transaction is in the COB system process *(protected field)*
	Status will always be NW until the transaction is processed.
	NW New, not yet read by COB

ECRS Prescription Coverage, Summary	
REASON	Two-character code explaining why the MSP Inquiry is in a particular status *(protected field)*
	Reason Code will always be 01 until the transaction is processed.
	01 Not yet read by COB, used with NW status

List Prescription Coverage Inquiry for Viewing, Updating and Deleting

Note: Tracking of Prescription Coverage Inquiries

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

When Prescription Coverage information is entered as a stand-alone inquiry, 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.**

There are two methods of accessing Prescription Coverage Inquiries:

From an ECRS MSP Inquiry – this option allows you to see Prescription Coverage information associated with an MSP Inquiry.

1. From the COB ECRS Main Menu web page, click [**MSP Inquiries**] under the heading Search for Requests or Inquiries, type the search criteria in the appropriate fields, and click [**Search**].
2. Follow instructions for Listing MSP Inquiries for Viewing, Updating and Deleting.
   See page (A-62).

From the COB ECRS Main Menu – this option allows you to see Prescription Coverage information independent of a MSP inquiry.

1. From the COB ECRS Main Menu web page, click [**Prescription Coverage Inquiries**] under the heading Search for Requests or Inquiries, type the search criteria in the appropriate fields, and click [**Search**]. The system displays a list of ECRS Prescription Coverage Inquiries, as shown in the example below.

2. If you wish to create a list of all Prescription Coverage Inquiries for a HICN, type the HICN in the search criteria, and space out the Contractor Number. Click [**Search**], the system will display a list of ECRS Prescription Coverage Inquiries for that HICN.

Delete	HICN	Contractor	DCN	Status	Reason	Origin Date	Last Update	User ID
	888888888888	00131	987654321987654	Completed		01/01/2010	01/05/2010	ECR2323
✕	2345523455	00131	CD05152010	New		05/01/2010	05/01/2010	ECR1234

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, Origin Date To, Contractor Number, HICN, DCN or SSN. You cannot combine DCN, HICN, and SSN searches. In addition, you must combine searches on Origin Date From and/or To, User ID, Status, and Reason with a DCN, HICN, SSN or Contractor Number search.

   The dates in the ORIGIN DATE FROM and TO fields default to the date 31 calendar days prior to the current date and the current date, but may be changed to any calendar day range as long as it is not more than 31 days.

   Typing information in the appropriate fields and clicking [**Search**] narrows or widens your search.

4. Pagination will be used to scroll forward through the list of Prescription Coverage Inquiry transactions. You will see 20 items per page, and use the First/Prev and Next/Last navigation at the top of the list to view other transactions on other pages.

5. If you want to view summary information for a Prescription Coverage Inquiry, click the [**HICN**] link for the transaction for which you want to view summary information. The system displays the summary page of the ECRS Prescription Coverage Inquiry selected transaction.

6. If you want to update information on a Prescription Coverage Inquiry transaction in NW status, click the [**HICN**] link for the transaction and the system will display the summary page of the ECRS Prescription Coverage Inquiry selected transaction, along with page links to the information, to allow for updates.

   Upon completion of updates, click [**Submit**] on the summary page to confirm updates, or click [**cancel**] to return to the Prescription Coverage Inquiry Search Page Listing.

7. If you want to mark a Prescription Coverage Inquiry transaction in NW status for deletion, click the [✕]

   Link next to the HICN and when presented with the confirmation page, confirm by clicking [**Continue**], or decline by clicking [**Cancel**].

   Note: You can only update or delete an inquiry transaction if it is in NW (new) status. If the COB system has started processing the information, you cannot request an update or delete. Any user with the same contractor number can update or delete a transaction in NW (new) status.

8. If you want to exit the ECRS Prescription Coverage Inquiry Search page, click [**Home**] to return to the ECRS Main Menu. The system will not retain the current search criteria.

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ECRS Prescription Coverage Inquiry Search Page

On this page you will enter/select information to query existing Prescription Coverage Inquiries, which will return a list of transactions.

ECRS Prescription Coverage Inquiry Search Page Description

ECRS Prescription Coverage Search Page Criteria		
Field Name	**Description**	
CONTRACTOR #	**If you are a…**	
	Medicare contractor	Pre-filled with the Contractor Number entered during Contractor Sign In. *(protected field)*
	Region Office or CMS user	Pre-filled with the CMS ID/RO Number entered during Contractor Sign In. This field is updateable with any Medicare Contractor Number, but only the CMS ID/RO Number entered during Contractor Sign In may be used.
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.	
STATUS	Status code entered as search criteria, if applicable. This field is updateable; select a different status code to perform additional searches. To view all in-process Prescription Coverage transactions, select **IP** in the STATUS field.	
USER ID	User ID entered as search criteria, if applicable. This field is updateable; enter a different User ID 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.	
ORIGIN DATE TO	Ending date of date range entered as search criteria, if applicable. This field is updateable; enter a different To date in MMDDCCYY format 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.	
REASON	Reason code entered as search criteria, if applicable. This field is updateable; select a different reason code to perform additional searches.	
ECRS Prescription Coverage Search Page Listing		
Field Name	**Field Name**	

ECRS Prescription Coverage Search Page Criteria	
Field Name	**Description**
HICN	Health Insurance Claim Number for CWF Assistance Request transaction *(protected field)*
CNTR	Contractor number *(protected field)*
DCN	Document Control Number assigned to CWF Assistance Request transaction by Medicare contractor *(protected field)*
STATUS	Status of Prescription Coverage inquiry transaction *(protected field)*
REASON	Reason of Prescription Coverage inquiry transaction *(protected field)*
ORIGIN DATE	Originating date in MM-DD-CCYY format *(protected field)*
LAST UPDATE	Date Prescription Coverage inquiry transaction was last changed in MMDDCCYY format *(protected field)*
USER ID	User ID of operator who entered Prescription Coverage inquiry transaction *(protected field)*

COB ECRS Prescription Coverage Search Page Navigation	
Transaction Navigation	**Description**
TRANSACTION SUMMARY	Click [**HICN**] link to view the Prescription Coverage inquiry transaction summary page.
DELETE	Click [✖] to mark a new (status NW) Prescription Coverage inquiry transaction for deletion.
Page Navigation	**Description**
RESET	Click [**Reset**] clear search results.
Heading Bar Navigation	
HOME	Click [**Home**] to return to Main Menu page.
CMS	Click [**CMS**] to link to CMS website www.cms.gov.
HELP	Click [**Help**] to display information about ECRS menu options.
CONTACT	Click [**Contact**] to display information about contacting the COBC.
ABOUT	Click [**About**] to display information about ECRS.
SIGN OUT	Click [**Sign Out**] to leave the ECRS application.

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Right Side Bar Navigation	
CHANGE CONTRACTOR	Click [**Change Contractor**] to change the contractor number and access code on the Contractor Sign In page. **Note: You will lose all data for the current contractor**
QUICK HELP	Click [**Help About This Page**] to display helpful information for completing the page.

COB ECRS Prescription Coverage Search Page	
RIGHT SIDE BAR INFORMATION **Note: The system will carry this data forward to other pages, eliminating the need to re-enter it.**	
Contractor	**Description**
ID	Contractor Number or CMS ID entered on Contractor Sign In page. *(protected field)*
NAME	Name of Contractor associated with the Contractor Number, or Regional Office associated with the CMS ID. *(protected field)*
User	**Description**
ID	User ID of person logged in. *(protected field)*
NAME	Name of person associated with User ID. *(protected field)*
PHONE	Phone number associated with the User ID. *(protected field)*

ECRS Prescription Coverage Summary Page

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On this page you will see a summary of information for the inquiry transaction.

ECRS Prescription Coverage Inquiry Summary Page Description

ECRS Prescription Coverage Inquiry Summary Page	
Field Name	**Description**
ACTION REQUESTED	
DCN	Document Control Number assigned by contractor to correspondence and/or paperwork associated with transaction.
HICN	Health Insurance Claim Number of beneficiary.
SOURCE	Four-character code identifying source of Prescription Coverage Inquiry information. Valid values are: CHEK Unsolicited check LTTR Letter PHON Phone call SCLM Claim submitted to Medicare contractor for secondary payment CLAM Claim SRVY Survey
PATIENT RELATIONSHIP	Patient relationship between policyholder and beneficiary. 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.)
ACTIVITY CODE	Activity of contractor . 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)
MSP TYPE	One-character code identifying type of MSP coverage.

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ECRS Prescription Coverage Inquiry Summary Page	
Field Name	**Description**
	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
INFORMANT INFORMATION	
FIRST NAME	First name of person informing contractor of change in MSP coverage.
MIDDLE INITIAL	Middle initial of person informing contractor of change in MSP coverage.
LAST NAME	Last name of person informing contractor of change in MSP coverage.
ADDRESS	Informant's street address.
CITY	Informant's city.
STATE	Informant's state.
ZIP	Informant's ZIP code.
PHONE	Informant's telephone number
RELATIONSHIP	One-character code indicating relationship of informant to beneficiary. 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
INSURANCE INFORMATION	
INSURANCE COMPANY NAME	Name of insurance carrier for MSP coverage.
ADDRESS LINE 1	First Line of insurance carrier's street address.
ADDRESS LINE 2	Second Line of insurance carrier's street address.
CITY	City associated with insurance carrier's street address.

ECRS WEB USER GUIDE

ECRS Prescription Coverage Inquiry Summary Page	
Field Name	**Description**
STATE	State associated with insurance carrier's street address.
ZIP	Zip code associated with insurance carrier's street address.
PHONE	Phone Number of insurance carrier.
INSURANCE 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) R GHP Health Reimbursement Arrangement S GHP Health Savings Account Blank Unknown (UNKNOWN); defaults to A.
POLICY NUMBER	Policy number of insurance coverage
GROUP NUMBER	Group number of insurance coverage
SUBSCRIBER FIRST NAME	First name of individual covered by this insurance.
SUBSCRIBER MIDDLE INITIAL	Middle initial of individual covered by this insurance.
SUBSCRIBER LAST NAME	Last name of individual covered by this insurance.
EMPLOYMENT INFORMATION	
EMPLOYER NAME	Name of employer providing group health insurance under which beneficiary is covered.
ADDRESS	Employer's street address.
CITY	City associated with Employer's street address.
STATE	State associated with Employer's street address.
ZIP	Zip Code associated with Employer's street address.
PHONE	Phone Number of Employer.

ECRS WEB USER GUIDE

ECRS Prescription Coverage Inquiry Summary Page	
Field Name	**Description**
EIN	Employer Identification Number.
EMPLOYEE #	Employee number of policy holder.
CHECK INFORMATION	
CHECK NUMBER	Number of check received.
CHECK AMOUNT	Amount of check received.
CHECK DATE	Date of check received.
PRESCRIPTION COVERAGE	

RECORD TYPE	Prescription Coverage Record Type.
	
	 Valid values are:
	
	     PRI Primary
	     SUP Supplemental
	
	 Note: Record Type must be "SUP" when Supplemental Type is "L".

COVERAGE TYPE	Prescription Coverage type of insurance.
	
	  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)

BIN	Prescription Drug BIN number.
PCN	Prescription Drug PCN number.
GROUP	Prescription Drug group number.
ID	Prescription Drug ID number.

SUPPLEMENTAL TYPE	Prescription Drug policy type.
	
	 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

ECRS WEB USER GUIDE

ECRS Prescription Coverage Inquiry Summary Page	
Field Name	**Description**
	1 Medicaid 2 Tricare 3 Major Medical
PERSON CODE	Person Code. Plan specific (relationship assigned plan administrator at the plan level. (*required field* when Record Type is Supplemental). Values are: 001 Self 002 Spouse 003 Other
COB RESPONSE INFORMATION	
COB COMMENTS	Free-form text field, where the COB contractor's comments on the Medicare contractor or the last comment added in CARS appear.
USER ID	User ID of person who entered the COB contractor comment.
DEVELOPMENT RESPONSE INDICATOR	Development response indicator. Values are: A Attorney B Beneficiary E Employer I Insurer P Provider R Beneficiary Representative N No Response
DEVELOPED TO (INITIAL)	Development Source Code indicating where initial development letter was sent. Valid values are: A Attorney B Beneficiary E Employer I Insurer P Provider R Beneficiary Representative (other than attorney)
DEVELOPED TO (SUBSEQUENT)	Development Source Code indicating where subsequent development letter was sent. Valid values are: A Attorney B Beneficiary E Employer I Insurer P Provider R Beneficiary Representative (other than attorney)

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<table>
<tr>
<td colspan="2" align="center">*ECRS Prescription Coverage Inquiry Summary Page*
Navigation</td>
</tr>
<tr>
<td align="center">Transaction Navigation</td>
<td align="center">Description</td>
</tr>
<tr>
<td>RETURN TO LIST</td>
<td>Click [Return to List] to return to ECRS Prescription Coverage Inquiry Search Page Listing.</td>
</tr>
<tr>
<td align="center">Heading Bar Navigation</td>
<td></td>
</tr>
<tr>
<td>HOME</td>
<td>Click [Home] to return to Main Menu page.</td>
</tr>
<tr>
<td>CMS</td>
<td>Click [CMS] to link to CMS website www.cms.gov.</td>
</tr>
<tr>
<td>HELP</td>
<td>Click [Help] to display information about ECRS menu options.</td>
</tr>
<tr>
<td>CONTACT</td>
<td>Click [Contact] to display information about contacting the COBC.</td>
</tr>
<tr>
<td>ABOUT</td>
<td>Click [About] to display information about ECRS.</td>
</tr>
<tr>
<td>SIGN OUT</td>
<td>Click [Sign Out] to leave the ECRS application.</td>
</tr>
<tr>
<td align="center">Right Side Bar Navigation</td>
<td></td>
</tr>
<tr>
<td>CHANGE CONTRACTOR</td>
<td>Click [Change Contractor] to change the contractor number and access code on the Contractor Sign In page.
Note: You will lose all data for the current contractor</td>
</tr>
<tr>
<td>QUICK HELP</td>
<td>Click [Help About This Page] to display helpful information for completing the page.</td>
</tr>
</table>

<table>
<tr>
<td colspan="2" align="center">*ECRS Prescription Coverage Inquiry Summary Page*</td>
</tr>
<tr>
<td colspan="2" align="center">RIGHT SIDE BAR INFORMATION</td>
</tr>
<tr>
<td align="center">Contractor</td>
<td align="center">Description</td>
</tr>
<tr>
<td>ID</td>
<td>Contractor Number or CMS ID entered on Contractor Sign In page. (protected field)</td>
</tr>
<tr>
<td>NAME</td>
<td>Name of Contractor associated with the Contractor Number, or Regional Office associated with the CMS ID. (protected field)</td>
</tr>
<tr>
<td align="center">User</td>
<td align="center">Description</td>
</tr>
<tr>
<td>ID</td>
<td>User ID of person logged in. (protected field)</td>
</tr>
<tr>
<td>NAME</td>
<td>Name of person associated with User ID. (protected field)</td>
</tr>
<tr>
<td>PHONE</td>
<td>Phone number associated with the User ID. (protected field)</td>
</tr>
<tr>
<td align="center">Beneficiary</td>
<td align="center">Description</td>
</tr>
<tr>
<td>HICN</td>
<td>Health Insurance Claim Number of beneficiary. (protected field)</td>
</tr>
<tr>
<td>SSN</td>
<td>Social Security Number of beneficiary. (protected field)</td>
</tr>
<tr>
<td>NAME</td>
<td>Name of beneficiary. (protected field)</td>
</tr>
</table>

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ECRS Prescription Coverage Inquiry Summary Page	
ADDRESS	Street address of beneficiary. *(protected field)*
CITY, STATE	City and State associated with street address of beneficiary. *(protected field)*
ZIP	Zip code associated with street address of beneficiary. *(protected field)*
SEX	Sex of the beneficiary. *(protected field)*
DOB	Date of Birth of the beneficiary. *(protected field)*
DCN	**Description**
ID	Document Control Number assigned by contractor to correspondence and/or paperwork associated with transaction. *(protected field)*
ORIGIN DATE	Date CWF Assistance Request transaction was submitted. *(protected field)*
STATUS	Two-character code explaining where CWF Assistance Request transaction is in the COB system process *(protected field)* 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
REASON	Two-character code associated with status explaining why the Prescription Coverage Inquiry is in a particular status *(protected field)* Valid values are:

STATUS	REASON	
NW	01	Not yet read by COB
DE	01	Deleted by Medicare contractor
CM	15	Update Sent to MBD
CM	53	Duplicate ECRS Request
CM	60	Invalid HICN
CM	92	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.**

Reviewing the Contractor Workload Tracking Report (for Medicare Contractors)

Use the [**Contractor Workload Tracking**] link on the Main Menu under the Reports section, to access ECRS Contractor Work Load Tracking. The ECRS Contractor Workload Tracking web page provides you with statistics on the number of CWF Assistance Requests, MSP inquiries and PDC 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, MSP inquiries and Prescription Coverage (PDC) inquiries that were rejected, as well as gross and net totals.

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

1. From the ECRS Web Main Menu, click the [**Contractor Workload Tracking**] link in the Reports section. The system displays the ECRS Workload Tracking web page, as shown in the example below.

2. Enter Contractor Workload Tracking Report criteria in the search fields (Date From, Date To, Reason, Action Code and Status) and click [**Search**] to create the report.

ECRS WEB USER GUIDE

3. The system searches the ECRS system and re-displays the Contractor Workload Tracking web page. The counts displayed on the detail lines (report) reflect the search criteria.

4. You may create a hard copy print of the report by clicking the [**Print Report**] link (uses the standard Print dialog box) or export the report to a file by clicking the [**Export Data**] link (uses the standard File Save dialog box).

5. You may change the Contractor Workload Tracking Report criteria in the search fields and click the Search button to re-create the report using the revised criteria. Click [**Reset**] to clear the search criteria and reinstate the default date range.

6. If you want to exit the ECRS Contractor Workload Tracking web page, click the [**Home**] link in the upper navigation bar. This will return the user to the ECRS Main Menu.

ECRS Contractor Workload Tracking Report Description (for Medicare Contractors)

ECRS Contractor Workload Tracking Web page (for Medicare Contractors)	
Field Name	**Description**
WORKLOAD TRACKING REPORT SELECTION CRITERIA	
DATE 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.
DATE TO	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.
REASON	Two-character code explaining why the inquiry is in a particular status
STATUS (check box)	Two-character code explaining where CWF Assistance Request or MSP Inquiry transaction is in the COB system process Valid values are: NW - New CM – Completed IP – In Process ALL – All statuses
WORKLOAD TRACKING REPORT DETAIL	
ACT CODE	Activity code *(protected field)* 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)
ACCT NUMBER	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 ASSIST REQUESTS	Number of CWF Assistance Requests submitted by contractor for each activity code *(protected field)*
MSP INQUIRIES	Number of MSP inquires submitted by contractor for each activity code *(protected field)*
PDC INQUIRIES	Number of PDC inquires submitted by contractor for each activity code *(protected field)*

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ECRS Contractor Workload Tracking Web page (for Medicare Contractors)	
Field Name	**Description**
WORKLOAD TRACKING REPORT SELECTION CRITERIA	
GROSS TOTAL	Total number of CWF Assistance Requests, MSP inquires and PDC inquires submitted by contractor for each activity code, including duplicates *(protected field)*
CWF REJECTS	Number of duplicate CWF Assistance Requests submitted by contractor for each activity code (CM53) *(protected field)*
MSP 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) *(protected field)*
PDC REJECTS	Number of duplicate PDC assistance requests submitted by contractor for each activity code *(protected field)*
NET TOTAL	Total number of CWF Assistance Requests, MSP inquires and PDC inquires submitted by contractor for each activity code, excluding duplicates *(protected field)*
GRAND TOTAL	Eight grand totals consist of the following: • Grand total of 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 PDC inquiries submitted by contractor for all activity codes • Grand total of Gross Totals for CWF Assistance Requests, MSP inquiries and PDC inquiries submitted by contractor for all activity codes, including duplicates • Grand total of all duplicate/rejected CWF Assistance Requests 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 all duplicate/rejected PDC inquiries submitted by contractor for all activity codes • Grand total of Net Totals for CWF Assistance Requests, MSP inquiries and PDC inquiries submitted by the contractor for all activity codes, excluding duplicates

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ECRS Contractor Workload Tracking Page Navigation	
Page Navigation	**Description**
RESET	Click [**Reset**] clear search criteria and results.
SEARCH	Click [**Search**] to create the report using the selected criteria.
PRINT REPORT	Click [**Print Report**] to launch the Print dialog box.
EXPORT DATA	Click [**Export Data**] to launch the File Save dialog box.
Heading Bar Navigation	
HOME	Click [**Home**] to return to Main Menu page.
CMS	Click [**CMS**] to link to CMS website www.cms.gov.
HELP	Click [**Help**] to display information about ECRS menu options.
CONTACT	Click [**Contact**] to display information about contacting the COBC.
ABOUT	Click [**About**] to display information about ECRS.
SIGN OUT	Click [**Sign Out**] to leave the ECRS application.
Right Side Bar Navigation	
QUICK HELP	Click [**Help About This Page**] to display helpful information for completing the page.

COB ECRS Contractor Workload Tracking Page	
RIGHT SIDE BAR INFORMATION	
Contractor	**Description**
ID	Contractor Number or CMS ID entered on Contractor Sign In page. *(protected field)*
NAME	Name of Contractor associated with the Contractor Number, or Regional Office associated with the CMS ID. *(protected field)*
User	**Description**
ID	User ID of person logged in. *(protected field)*
NAME	Name of person associated with User ID. *(protected field)*
PHONE	Phone number associated with the User ID. *(protected field)*

ECRS WEB USER GUIDE

Reviewing the CMS Workload Tracking Report (for RO and CMS Users)

The ECRS CMS Workload Tracking web page provides you with statistics on the number of CWF Assistance Requests; MSP inquiries and Prescription Coverage (PDC) 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, MSP inquiries and PDC 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 ECRS Web Main Menu, click the [**CMS Workload Tracking**] link in the Reports section. The system displays the ECRS CMS Workload Tracking web page, as shown in the example below.

2. Enter CMS Workload Tracking Report criteria in the search fields (Date From, Date To, Reason, Action Code and Status).

    If you want a report on specific activity codes, click the desired Act Code/Acct Number checkbox(es). If you want a report on all of the activity codes, click the ALL checkbox.

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If you want a report on a specific contractor, type the five-digit contractor number in the Contractor Number provided. If you want a report on all of the contractors, leave the fields blank.

3. Click the Search button to create the report.

4. The system searches the ECRS system and re-displays the CMS Workload Tracking web page. The counts displayed on the detail lines (report) reflect the search criteria.

5. You may create a hard copy print of the report by clicking the [**Print Report**] link (uses the standard Print dialog box) or export the report to a file by clicking the [**Export Data**] link (uses the standard File Save dialog box).

6. You may change the CMS Workload Tracking Report criteria in the search fields and click [**Search**] to re-create the report using the revised criteria. Click [**Reset**] to clear the search criteria and reinstate the default date range.

7. If you want to exit the ECRS Contractor Workload Tracking web page, click [**Home**] in the upper navigation bar. This will return the user to the ECRS Main Menu.

ECRS CMS Workload Tracking Report Description (for RO and CMS Users)

ECRS CMS Workload Tracking Page	
Field Name	**Description**
WORKLOAD TRACKING REPORT SELECTION CRITERIA	
DATE 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.
DATE TO	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.
REASON	Two-character code explaining why the inquiry is in a particular status.
STATUS (checkbox)	Two-character code explaining where CWF Assistance Request or MSP Inquiry transaction is in the COB system process Valid values are: NW - New CM – Completed IP – In Process ALL – All statuses
ACT CODE/ACCT NUMBER (checkbox)	Act (activity) Code. Valid values are: C/22001 N/42002 G/42003 I/42004 D/42021 ALL – All Act Code/Acct Numbers **Note: See below for further explanation.** C Claims (Pre-Payment) (22001) N Liability, No Fault, Workers' Compensation, and Federal Tort Claim Act (42002) G Group Health Plan (42003) I General Inquires (42004) D Debt Collection/Referral (42021) Acct Number - 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

ECRS CMS Workload Tracking Page	
Field Name	**Description**
CONTRACTOR NUMBER	Five-digit contractor numbers the field provided to display CMS workload statistics for specific contractor. Leave field blank for all contractors.
WORKLOAD TRACKING REPORT DETAIL	
CONTRACTOR	Unique five-digit contractor numbers assigned to Medicare contractors by CMS. Used to identify the Medicare contractors.
ACT CODE/ACCT NUMBER	Activity Code/Account Number - Valid values are: C/22001, N/42002, G/42003, I/42004 and D/42021. **Note: See below for further explanation.** C Claims (Pre-Payment) (22001) N Liability, No Fault, Workers' Compensation, and Federal Tort Claim Act (42002) G Group Health Plan (42003) I General Inquires (42004) D Debt Collection/Referral (42021) Account Number - 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 ASSIST REQUESTS	Number of CWF Assistance Requests submitted by contractor for each activity code *(protected field)*
MSP INQUIRIES	Number of PDC inquires submitted by contractor for each activity code *(protected field)*
PDC INQUIRIES	Number of MSP inquires submitted by contractor for each activity code *(protected field)*
GROSS TOTAL	Total number of CWF Assistance Requests, MSP inquires and PDC inquires submitted by contractor for each activity code, including duplicates *(protected field)*
CWF REJECTS	Number of duplicate CWF Assistance Requests submitted by contractor for each activity code (CM53) *(protected field)*
MSP 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) *(protected field)*
PDC REJECTS	Number of duplicate PDC assistance requests submitted by contractor for each activity code *(protected field)*
NET TOTAL	Total number of CWF Assistance Requests, MSP inquires and PDC inquires submitted by contractor for each activity code, excluding rejects *(protected field)*

ECRS WEB USER GUIDE

ECRS CMS Workload Tracking Page	
Field Name	**Description**
GRAND TOTAL	Eight grand totals consist of the following: • Grand total of CWF Assistance Requests submitted by all contractors for all activity codes • Grand total of all MSP inquiries submitted by all contractors for all activity codes • Grand total of all PDC inquiries submitted by all contractors for all activity codes • Grand total of Gross Totals for CWF Assistance Requests, MSP inquiries and PDC inquiries submitted by all contractors for all activity codes, including duplicates/rejects • Grand total of all duplicate/rejected CWF Assistance Requests submitted by all contractors for all activity codes • Grand total of all duplicate/rejected MSP inquiries submitted by all contractors for all activity codes • Grand total of all duplicate/rejected PDC inquiries submitted by all contractors for all activity codes • Grand total of Net Totals for CWF Assistance Requests, MSP inquiries and PDC inquiries submitted by all contractors for all activity codes, excluding duplicates/rejects

ECRS CMS Workload Tracking Page *Navigation*	
Page Navigation	**Description**
RESET	Click [**Reset**] clear search criteria and results.
SEARCH	Click [**Search**] to create the report using the selected criteria.
PRINT REPORT	Click [**Print Report**] to launch the Print dialog box.
EXPORT DATA	Click [**Export Data**] to launch the File Save dialog box.
Heading Bar Navigation	
HOME	Click [**Home**] to return to Main Menu page.
CMS	Click [**CMS**] to link to CMS website www.cms.gov.
HELP	Click [**Help**] to display information about ECRS menu options.
CONTACT	Click [**Contact**] to display information about contacting the COBC.

ABOUT	Click [**About**] to display information about ECRS.
SIGN OUT	Click [**Sign Out**] to leave the ECRS application.
Right Side Bar Navigation	
QUICK HELP	Click [**Help About This Page**] to display helpful information for completing the page.

COB ECRS CMS Workload Tracking Page	
RIGHT SIDE BAR INFORMATION	
Contractor	**Description**
ID	Contractor Number or CMS ID entered on Contractor Sign In page. *(protected field)*
NAME	Name of Contractor associated with the Contractor Number, or Regional Office associated with the CMS ID. *(protected field)*
User	**Description**
ID	User ID of person logged in. *(protected field)*
NAME	Name of person associated with User ID. *(protected field)*
PHONE	Phone number associated with the User ID. *(protected field)*

Upload ECRS Assistance Request and Inquiry files

The authority for a user to upload Assistance Request and Inquiry files resides in the COBC EDI application. Before a user may upload ECRS Assistance Request and Inquiry files (or download the corresponding response files), they must first be granted permission to do so in the EDI application. To request permission for Upload/Download authority, contact your COBC EDI Representative or call the COBC EDI Department at 646-458-6740.

Users with upload /download authority (super users) for a Medicare Contractor will see the Upload File and Download Response File links on the ECRS Web Main Menu. A user with upload /download authority for several contractors may upload files containing Assistance Requests and Inquiries for multiple contractors, however, the user must have upload /download authority for each contractor on the file.

Use the [**Upload File**] link on the Main Menu under the Reports section, to access ECRS Upload File web page. The ECRS Upload File web page provides you with ability to browse, select and upload files stored on your system. In addition to allowing a user to upload a new file, the Upload File web page also displays a listing of the ten most recently uploaded files.

Follow the steps below to upload ECRS Assistance Request and Inquiry files.

7.   From the ECRS Web Main Menu, click the [**Upload File**] link in the Files section.

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8. The system displays the ECRS Upload File web page, as shown in the example below.

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ECRS WEB USER GUIDE

| CMS | Electronic Correspondence Referral System (ECRS) | COB |

Home   CMS   Help   Contact   About   Sign out

Upload File

Enter the full file path name or click 'Browse' to select your file.

Click 'Continue' to upload the file.

* Required

File to Upload:* [_____] [Browse...]

[Upload]   [Cancel]

Change Contractor
Change Contractor

Quick Help
Help About This Page

Contractor
ID: 123456
Name:Company ABC

User
ID: 12345678
Name: Dorothy Smith
Phone: (999)999-9999

Files Previously Uploaded

File Name	Upload Date	User ID
MyFile10.txt	09/23/2009	12345678
MyFile9.txt	08/23/2009	87654321
MyFile8.txt	07/23/2009	12345678
MyFile7.txt	06/23/2009	85296632
MyFile6.txt	05/23/2009	78945612
MyFile5.txt	04/23/2009	85296632
MyFile4.txt	03/23/2009	12345678
MyFile3.txt	02/23/2009	85296632
MyFile2.txt	01/23/2009	12345678
MyFile1.txt	12/23/2008	87654321

Privacy Policy | User Agreement

9. Enter the file path in the 'File to Upload' field; or click the Browse button and select the file to upload.

10. Click [**Upload**].

11. The system uploads the file to ECRS and displays the Upload File Confirmation page. The page contains the file name and date/time of the upload.

ECRS WEB **U**SER **G**UIDE

12. You may create a hard copy print of the report by clicking the [**Print Confirmation**] link (uses the standard Print dialog box) or return to the ECRS Main Menu by clicking the [**Home**] link in the navigation bar at the top of the page.

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Upload ECRS Assistance Request and Inquiry Files

Upload ECRS Assistance Request and Inquiry Files	
Input Field Name	**Description**
FILE TO UPLOAD	File path of the file to upload to the ECRS system.

Upload ECRS Assistance Request and Inquiry Files	
Display Field Name	**Description**
FILE NAME	File name of previously uploaded file.
UPLOAD DATE	Date the file was uploaded.
USER ID	User ID of the person who uploaded the file.

Upload ECRS Assistance Request and Inquiry Files Navigation	
Page Navigation	**Description**
BROWSE	Click [**Browse**] to launch the Choose File dialog box.
UPLOAD	Click [**Upload**] to upload the file entered in the 'File to Upload' field.
CANCEL	Click [**Cancel**] to return to the ECRS Main Menu.
PRINT CONFIRMATION	Click [**Print Confirmation**] to print the File Upload confirmation page.
Heading Bar Navigation	
HOME	Click [**Home**] to return to Main Menu page.
CMS	Click [**CMS**] to link to CMS website www.cms.gov.
HELP	Click [**Help**] to display information about ECRS menu options.
CONTACT	Click [**Contact**] to display information about contacting the COBC.
ABOUT	Click [**About**] to display information about ECRS.
SIGN OUT	Click [**Sign Out**] to leave the ECRS application.
Right Side Bar Navigation	

QUICK HELP	Click [**Help About This Page**] to display helpful information for completing the page.

Upload ECRS Assistance Request and Inquiry Files	
RIGHT SIDE BAR INFORMATION	
Contractor	**Description**
ID	Contractor Number or CMS ID entered on Contractor Sign In page. (*protected field*)
NAME	Name of Contractor associated with the Contractor Number, or Regional Office associated with the CMS ID. (*protected field*)
User	**Description**
ID	User ID of person logged in. (*protected field*)
NAME	Name of person associated with User ID. (*protected field*)
PHONE	Phone number associated with the User ID. (*protected field*)

Download ECRS Assistance Request and Inquiry Response files

The authority for a user to download Assistance Request and Inquiry Response files resides in the COBC EDI application. Before a user may download Assistance Request and Inquiry Response files, they must first be granted permission to do so in the EDI application. To request permission for Upload/Download authority, contact your COBC EDI Representative or call the COBC EDI Department at 646-458-6740.

Users with upload /download authority (super users) for a Medicare Contractor will see the [**Upload File**] and [**Download Response File**] links on the ECRS Web Portal Main Menu. A user with upload /download authority for several contractors may only download files for the current (logged on) contractor.

Use the [**Download Response File**] link on the Main Menu under the Reports section, to access the ECRS Download Response File web page. The ECRS Download Response File web page provides you with a list of response files available to download. Please note only transactions that have been uploaded using ECRS Web will have response files available for download.

Follow the steps below to Download ECRS Assistance Request and Inquiry Response files.

1. From the ECRS Web Portal main menu, click the [**Download Response File**] link in the Files section.

ECRS WEB USER GUIDE

2. The system displays the ECRS Download Response File web page, as shown in the example below.

3. Click the File Name (link) of the file to download.

    Alternately, you may click the [**Cancel**] button to return to the ECRS Main Menu.

4. The system downloads and displays the detail records from the selected response file. See web page below.

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```
H00104H0104MSP20100403
ECRSH0104  R058983326    I01913055    BLUE CROSS BLUE SHIELD AL8002169920CM71     G   SRVY417767669A  41776766919510922USHARON        DICKERSON
                                       00000000 00000000
ECRSH0104PPA860981231    I02214882    BLUE CROSS BLUE SHIELD AL8002169920CM71     G   SRVY421029182A  42102918219640302MDANNY          WADE
                                       00000000 00000000
ECRSH0104PPA806099725    I02308563    BLUE CROSS BLUE SHIELD AL8002169920CM71     G   SRVY235941379A  23594137919560826UDEBRA          EBBERT
                                       00000000 00000000
ECRSH0104PPA884004824    I03214013    BLUE CROSS BLUE SHIELD AL8002169920CM71     G   SRVY424255174T  42425517419800720FERIN          YENULIS
                                       00000000 00000000
ECRSH0104PPA807291023    I04114013    BLUE CROSS BLUE SHIELD AL8002169920CM76     G   SRVY175302893A  17530289319430127MHARRY         MCCLELLAND
                                       00000000 00000000
ECRSH0104BAG812792843    I08908199    BLUE CROSS BLUE SHIELD AL8002169920CM71     G   SRVY593904891A  59090489119830624UALISON        VIGNOLO
                                       00000000 00000000
ECRSH0104XAA886063502    I08999999999BLUE CROSS BLUE SHIELD AL8002169920CM71     G   SRVY422462451A  42246245119390328MJAMES         TAYLOR
                                       00000000 00000000|
ECRSH0104PPA839872351    I10903598    BLUE CROSS BLUE SHIELD AL8002169920CM71     G   SRVY418923852A  41892385219581001UGRACE         HARBISON
                                       00000000 00000000
ECRSH0104EIB901305014    I13707972    BLUE CROSS BLUE SHIELD AL8002169920CM71     G   SRVY420404515A  42040451519330518FMINNIE        LOCKETT
                                       00000000 00000000
ECRSH0104EIB901350479    I15006236    BLUE CROSS BLUE SHIELD AL8002169920CM63     G   SRVY424241382A  42424138219230220FDOROTHY       CAMPBELL
                                       00000000 00000000
ECRSH0104STP805539348    I15699999    BLUE CROSS BLUE SHIELD AL8002169920CM71     G   SRVY224507845A  22450784519371023MDOUGLAS       MOSKALSKI
                                       00000000 00000000
ECRSH0104EIB901305401    I15699999    BLUE CROSS BLUE SHIELD AL8002169920CM71     G   SRVY420460834A  42046083419270330FLAURETTA      RICE
                                       00000000 00000000
ECRSH0104EIB901312634    I15699999    BLUE CROSS BLUE SHIELD AL8002169920CM71     G   SRVY421012920A  42101292019150914FWILMA         FERRELL
                                       00000000 00000000
ECRSH0104EIB901316667    I15699999    BLUE CROSS BLUE SHIELD AL8002169920CM71     G   SRVY421365018A  42136501819321130MWILLIAM       SALTER
                                       00000000 00000000
ECRSH0104EIB901348567    I15699999    BLUE CROSS BLUE SHIELD AL8002169920CM71     G   SRVY424096579A  42409657919150126MS            MCGILL
                                       00000000 00000000
ECRSH0104EIB901352657    I15699999    BLUE CROSS BLUE SHIELD AL8002169920CM71     G   SRVY424508220A  42450822019390904MJOHNNIE       BROWN
                                       00000000 00000000
ECRSH0104EIB901253207    I15699999    BLUE CROSS BLUE SHIELD AL8002169920CM71     G   SRVY411328634A  41132863419250731FLUCILLE       MADDOX
                                       00000000 00000000
ECRSH0104EIB901260783    I15699999    BLUE CROSS BLUE SHIELD AL8002169920CM71     G   SRVY416642062A  41664206219490126FLINDA         BUSH
                                       00000000 00000000
ECRSH0104EIB901269441    I15699999    BLUE CROSS BLUE SHIELD AL8002169920CM71     G   SRVY417286267A  41728626719240210FELAINE        MASSEY
                                       00000000 00000000
ECRSH0104EIB901282682    I15699999    BLUE CROSS BLUE SHIELD AL8002169920CM71     G   SRVY418522298C1 41711629619651022UWILLIAM       BOWMAN
                                       00000000 00000000
ECRSH0104EIB901284717    I15699999    BLUE CROSS BLUE SHIELD AL8002169920CM71     G   SRVY418707116A  41870711619441201FSHIRLEY       BARNES
                                       00000000 00000000
ECRSH0104EIB901293377    I16799999    BLUE CROSS BLUE SHIELD AL8002169920CM76     G   SRVY419381927A  41938192719300307FRUTH          STOUDENMIER
                                       00000000 00000000
ECRSH0104EDU010034570    I40108563    BLUE CROSS BLUE SHIELD AL8002169920CM76     G   SRVY417508210A  41750821019390309FMARJORIE      BLAIR
                                       00000000 00000000
T00104H0104MSP20100403000000023
0
```

5. You may create a hard copy print of the file by clicking the [**Print**] link (uses the standard Print dialog box) or return to the ECRS Main Menu by clicking the [**Home**] link in the navigation bar at the top of the page.

Download ECRS Assistance Request and Inquiry Response Files

Download ECRS Response Files	
Display Field Name	**Description**
FILE NAME	File name of ECRS Response Files available for download.
DATE	Date the Response file was processed.

Download ECRS Response Files *Navigation*	
Page Navigation	**Description**
FILE NAME	Click the individual File Name of the Response File to download.
CANCEL	Click [Cancel] to return to the ECRS Main Menu.
PRINT	Click [Print] to print a hardcopy of the downloaded Response File.
Heading Bar Navigation	
HOME	Click [**Home**] to return to Main Menu page.
CMS	Click [**CMS**] to link to CMS website www.cms.gov.
HELP	Click [**Help**] to display information about ECRS menu options.
CONTACT	Click [**Contact**] to display information about contacting the COBC.
ABOUT	Click [**About**] to display information about ECRS.
SIGN OUT	Click [**Sign Out**] to leave the ECRS application.
Right Side Bar Navigation	
QUICK HELP	Click [Help About This Page] to display helpful information for completing the page.

Download ECRS Response Files	
RIGHT SIDE BAR INFORMATION	
Note: The system will carry this data forward to other pages, eliminating the need to re-enter it.	
Contractor	**Description**
ID	Contractor Number or CMS ID entered on Contractor Sign In page. *(protected field)*

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Download ECRS Response Files	
NAME	Name of Contractor associated with the Contractor Number, or Regional Office associated with the CMS ID. *(protected field)*
User	**Description**
ID	User ID of person logged in. *(protected field)*
NAME	Name of person associated with User ID. *(protected field)*
PHONE	Phone number associated with the User ID. *(protected field)*

Notes:

How to use Required Data Reference

Appendix A, B, and C, below reference tables that are a quick way for you to determine required data necessary for completing assistance requests and inquiries.

Across the top of each reference table, you will see the page names associated with completing an assistance request or inquiry. Below each of the page names are the data fields on the page.

Look at the footnote associated with a page and data field to determine when it is required.

Example:

A CWF Assistance Request is entered with an action code of "TD" (add termination date) and a source code of CHEK (check).

- In the action requested column the number (1) footnote is referenced for all data fields on the page. "Required data for all CWF Assistance Request Transactions". Therefore, you would know to enter all data on the action requested page before proceeding.
- In the CWF Auxiliary Record data column the number (1) footnote is referenced for some of the data fields, while the number (2) footnote is referenced for termination date, and accretion date has no footnote reference at all. Once again, the fields with the number (1) footnote would be required, and for your action code of "TD", footnote number (2) would apply. "Required for action code 'TD' and 'CT' all source codes". Accretion date with no footnote reference is an optional field.

The same method would be used for determining required data on each page of the CWF Assistance Request.

Appendix A: CWF Assistance Request Required Data Reference

Action Requested	CWF Auxiliary Record Data	Informant Information	Insurance Information	Employment Information	Additional Information	Comments/Remarks
DCN [1]	MSP TYPE [1]	FIRST NAME [3] [5],	INSURANCE COMPANY NAME [4]	EMPLOYER NAME [8]	CHECK NUMBER [10]	CONTRACTOR COMMENTS
HICN [1]	PATIENT RELATIONSHIP [1]	MIDDLE INITIAL	ADDRESS LINE 1	ADDRESS [9]	CHECK AMOUNT [10]	REMARKS [14]
ACTIVITY CODE [1]	AUXILIARY RECORD # [1]	LAST NAME [3] [5],	ADDRESS LINE 2	CITY [9]	CHECK DATE [10]	
ACTION(S) [1]	ORIGINATING CONTRATOR [1]	ADDRESS [3] [5],	CITY	STATE [9]	PRE-PAID HEALTH PLAN DATE [11]	
SOURCE [1]	EFFECTIVE DATE [1]	CITY [3] [5],	STATE	ZIP [9]	SOCIAL SECURITY NUMBER [12]	
IMPORT HIMR MSP DATA [1]	TERMINATION DATE [2]	STATE [3] [5],	ZIP	PHONE	DIAGNOSIS CODES [13]	
	ACCRETION DATE	ZIP [3] [5],	PHONE	EIN		
		PHONE	INSURANCE TYPE [5] [5], a	EMPLOYEE #		
		RELATIONSHIP [3] [5],	POLICY NUMBER [7]			
			GROUP NUMBER [6,7]			
			SUBSCRIBER FIRST NAME			
			SUBSCRIBER MIDDLE INITIAL			
			SUBSCRIBER LAST NAME			

SEE FOOTNOTES BELOW:

[1] Required data for all CWF Assistance Request Transactions. Part 'D' contractors should enter '001' for aux record number.

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[2] Required for action code 'TD' and 'CT' all source codes.

[3] Required for all action codes when source code is 'CHEK', 'LTTR', 'PHON'.

[4] Required for action code 'II' all source codes.

> Note: The system will delete Address, City, State, Zip, Group Number, Policy Number, and Subscriber Name when not entered and action code is 'II'.

[5] Required for action code 'AI' all source codes.

[5]a Required for action code 'IT' all source codes.

[6] Required if the action code is 'CD', and the MSP type is 'D', 'E', or 'L'.

[7] Policy or Group Number required if the action code is 'AP' and the MSP type is not 'D', 'E','L', or 'W'.

[8] Required if the action code is 'EA' or 'EI'.

[9] Required if the action code is 'EI'.

[10] Required if source code is 'CHEK'.

[11] Required if action code is 'PH'.

[12] Required if action code is 'MX'.

[13] Required if action code is 'DX' also Required for MSP types 'D', 'E', 'L'.

[14] Required for action code 'AR'.

Appendix B: MSP Inquiry Required Data Reference

Action Requested	MSP Information	Informant Information	Insurance Information	Employment Information	Additional Information	Prescription Coverage
DCN[15]	MSP TYPE[16],[17],[18],[18a],[23b],	FIRST NAME[17],[18,19]	INSURANCE COMPANY NAME[15],[19b],[19b]	EMPLOYER NAME[20]	CHECK NUMBER[21]	RECORD TYPE
HICN[15]	PATIENT RELATIONSHIP[17],[18]	MIDDLE INITIAL	ADDRESS LINE 1[17],[18,19],[19b]	ADDRESS[20]	CHECK AMOUNT[21]	COVERAGE TYPE
ACTIVITY CODE[15]	EFFECTIVE DATE[17],[18]	LAST NAME[17],[18,19]	ADDRESS LINE 2	CITY[20]	CHECK DATE[21]	BIN[22]
ACTION(S)	TERMINATION DATE[18]	ADDRESS[17],[18,19]	CITY[19b]	STATE[20]	DIAGNOSIS CODES[17],[18]	PCN[22]
SOURCE[15]	CMS GROUPING CODE[17]	CITY[17],[18,19]	STATE[19b]	ZIP[20]	ILLNESS/INJURY DATE	GROUP[22]
	DIALYSIS TRAIN DATE	STATE[17],[18,19]	ZIP[19b]	PHONE	BENE REP TYPE	ID[22]
	BLACK LUNG BENEFITS	ZIP[17],[18,19]	PHONE	EIN	BENE REP NAME	SUPPLEMENTAL TYPE
	BLACK LUNG EFFECTIVE DATE	PHONE	INSURANCE TYPE[15]	EMPLOYEE #	BENE REP ADDRESS	PERSON CODE[23],[23a]
	SEND TO CWF	RELATIONSHIP[19a]	POLICY NUMBER		BENE REP CITY	
			GROUP NUMBER		BENE REP STATE	
			SUBSCRIBER FIRST NAME		BENE REP ZIP	
			SUBSCRIBER MIDDLE INITIAL			
			SUBSCRIBER LAST NAME			

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SEE FOOTNOTES BELOW:

[15] Required data for all MSP Inquiry Transactions

[1]5b Required unless action code is blank or 'DE'

[16] Required when source is 'PHON'

[17] Required for action code 'CA'

[18] Required for action code 'CL'

[18a] MSP Type must be D, E, or L for action code 'CL'

[19] Required when source code is 'CHEK', 'LTTR', 'PHON'

19a Required and must be 'A' when action code is 'CA'

19b Required when action code is 'DI'

[20] Required for action code 'DE'

[21] Required when source is 'CHEK'

[22] Required when Coverage Type is 'U'

[23] Required when Record Type is Supplemental

[23a]Required when Supplemental Type is "L"

[23b]Required for all MSP Inquiry requests unless record type is supplemental

Appendix C: Prescription Coverage Required Data Reference

Initial Information	Additional Information	Prescription Coverage
DCN [24]	INFORMANT FIRST NAME [26]	RECORD TYPE
HICN [24]	INFORMANT MIDDLE INITIAL	COVERAGE TYPE
ACTIVITY CODE [24]	INFORMANT LAST NAME [26]	BIN [28]
SOURCE [24]	INFORMANT ADDRESS [26]	PCN [28]
PATIENT RELATIONSHIP [24]	INFORMANT CITY [26]	GROUP [28]
SEND TO MDB [24]	INFORMANT STATE [26]	ID [28]
MSP TYPE [24] a	INFORMANT ZIP [26]	SUPPLEMENTAL TYPE
	INFORMANT PHONE	PERSON CODE [27, 29]
	INFORMANT RELATIONSHIP [26]	RECORD TYPE
	EMPLOYER NAME	
	EMPLOYER ADDRESS	
	EMPLOYER CITY	
	EMPLOYER STATE	
	EMPLOYER ZIP	
	EMPLOYER PHONE	
	EMPLOYER EIN	
	EMPLOYER EMPLOYEE #	
	CHECK NUMBER [25]	
	CHECK AMOUNT [25]	
	CHECK DATE [25]	

SEE FOOTNOTES BELOW:

[24] Required for all Prescription Coverage Inquiry requests

[24a] Required for all Prescription Coverage Inquiry requests unless record type is supplemental

[25] Required when source code is 'CHEK'

[26] Required when source code is 'CHEK', 'LTTR', 'PHON'

[27] Required when Record Type is Supplemental

[28] Required when Coverage Type is 'U'

[29] Required when Supplemental Type is 'L'

Appendix D: 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.

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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 is 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 E: 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 Option?

Main Menu	Request/Inquiry Type	Use this Request/Inquiry to:
Create Requests or Inquiries	CWF Assistance Request	Add a new Assistance Request for *changes to existing CWF MSP auxiliary occurrences, and Part D information*.
Create Requests or Inquiries	MSP Inquiry	Add a new Inquiry about a *possible MSP situation not yet documented at CWF.*
Create Requests or Inquiries	Prescription Coverage Inquiry	Add a new Inquiry about a *possible Prescription Coverage situation not yet documented at CWF.*
Search for Requests or Inquiries	CWF Assistance Request	• View a list of all CWF Assistance Requests submitted by the contractor • Check the progress of a CWF Assistance Request transaction • Delete CWF Assistance Requests that have not been processed by COB. • View summary detail for a selected CWF Assistance Request transaction.
Search for Requests or Inquiries	MSP Inquiries	• View a list of all MSP Inquiries submitted by the contractor • Check the progress of an MSP Inquiry transaction. • Delete MSP Inquiry requests that have not been processed by COB. • View summary detail for a selected MSP Inquiry transaction.
Search for Requests or Inquiries	Prescription Coverage Inquiries	• View a list of all Prescription Coverage Inquiries submitted by the contractor. • Check the progress of a Prescription Coverage Inquiry transaction. • Delete Prescription Coverage Inquiry requests that have not been processed by COB. • View summary detail for a selected Prescription Coverage Inquiry transaction.

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Main Menu	Request/Inquiry Type	Use this Request/Inquiry to:
Reports	Contractor Workload Tracking	Review your contractor site's workload (for Medicare contractors)
Reports	CMS Workload Tracking	Review contractor workloads (for CMS users)
Files	Upload File	Upload batch files for processing assistance requests and inquiries. (*Requires special user authority*).
Files	Download Response File	Download responses to previously uploaded batch files, after transactions have been processed by COB. (*Requires special user authority*).

General Issues

What are the operating hours for the ECRS application?

Attempt will be made to have ECRS available at all times. Certain portions of the application, such as HIMR may only be available from 8 am until 5 pm EST. In addition, system maintenance is performed on Sunday which also may affect availability.

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 page prints in ECRS?

Yes, summary pages may be printed by clicking [**Print Summary**] on summary pages.

MSP Inquiry and CWF Assistance Request Issues

Are completed ECRS MSP inquiries, CWF assistance requests, and Prescription Coverage Inquiries purged?

No. There are Origin date parameters on the ECRS search pages where contractors can specify date ranges. The default, unless changed by the user, will only show transactions for the most recent 31 calendar days.

You can search requests based on the following criteria:
- Contractor Number
- HICN
- SSN
- DCN
- Status
- Reason
- User ID
- Origin Date range

When searching by HICN, DCN, or SSN, Origin Date range is not required, and results will include all contractors, not just your own.

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When and how should contractors submit a MSP inquiry or a CWF Assistance Request?

Contractors should use the [**CWF Assistance Request**] link on the ECRS Main Menu for changes to existing CWF MSP auxiliary occurrences, and the [**MSP Inquiry**] link to submit an inquiry to the COB contractor about MSP overages that are not yet recorded at CWF. Both options are found under the heading Create Requests or Inquiries.

Why can I only update or delete an MSP inquiry or a CWF Assistance Request while it is in new (NW) status?

When an inquiry or assistance request is initially submitted, it has to wait until the ECRS batch application processes in the evening before changes or inquiries are actually processed.

During the time that the transaction sits in wait, it is considered to be in a status of new (NW). It is only during this time that you can delete or update a transaction, because it has not yet been processed.

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

When an assistance request is submitted with an action code of "DO", the delete is automated within the system, so three separate requests need to be submitted to assure all occurrences are deleted.

In the event a transaction 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. However, an MSP Inquiry will reject with a reason code 87 when a duplicate record is present on the Case Coverage Database.

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

Yes. You may user whatever contractor number is best for your work process.

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, and it is in new (NW) status. See page A-104.

If the error is discovered after the inquiry has been processed, then the contractor can submit a CWF Assistance Request, or notify their COB consortia.

What ECRS action code should contractors use when they receive information regarding a termination date for a 77777 or 11102 record that is more than six months from the date of accretion?

Contractors can submit this by selecting [**CWF Assistance Request**] under the heading Create Requests and Inquiries, from the ECRS Main Menu. The action code selected on the action requested page should be TD, and a termination date should be entered to be applied in the termination date field on the CWF MSP auxiliary occurrence.

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

On the ECRS CWF Assistance Request Detail Web page, the COB contractor views the comments as necessary for each ECRS type as described on page A-36. On the ECRS MSP Inquiry Detail Web page, the COMMENTS field has been removed and replaced with additional action and reason codes.

Comments entered for the COB contractor should provide explanation and additional information for the action code selected.

Example comments for CWF Actions are as follows:

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

Appendix F: 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
Beneficiary	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
DCN	Document Control Number
ECRS	Electronic Correspondence Referral System allows Medicare contractors to enter requests via a web application 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
GHI	Group Health Incorporated
HICN	Health Insurance Claim Number
HIMR	Health Insurance Master Record
IACS	Individuals Authorized Access to CMS Computer Services
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

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MSP Inquiry Transaction   Inquiry regarding possible MSP coverage

Prescription Coverage Inquiry Transaction   Inquiry regarding possible Drug coverage

RO   Regional Office

SSN   Social Security Number

Notes:

Electronic Correspondence Referral System (ECRS Web)

Quick Reference Card

2010-11 /November

GHI-DI-502.10

CWF Assistance Request Codes

Enter CWF assistance requests for existing MSP records.

Required Fields on ECRS CWF Assistance Request Detail Pages

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 (*pre-filled, protected*)
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

Required Fields for Source Codes

Value	Required Fields
CHEK	CHECK DATE, CHECK AMOUNT, CHECK NO, INFMT NAME, STREET, CITY, ST, ZIP, INFMT REL
LTTR	INFMT NAME, STREET, CITY, ST, ZIP, INFMT REL
PHON	INFMT NAME, STREET, CITY, ST, ZIP, INFMT REL

Action Codes

Value	Description
AI	Change attorney information
AP	Add policy and or group number
AR	Add CWF remark codes
CD	Change to injury/loss date
CP	Incorrect ESRD Coordination Period
CT	Change termination date
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
TD	Terminate open EGHP record with date less than six months prior to date of accretion
VP	Beneficiary has taken a vow of poverty
WN	Notify COBC of updates to WCMSA cases

Required Fields for Action Codes

Value	Required Fields	Description
AI	INFMT NAME, STREET, CITY, ST, ZIP INFMT REL will pre-fill with 'A'	Attorney information
AP	Policy Number/ and or Group Number Note: ** available for EGHP MSP types only***	Insurer information for drug records
AR	Remark Code (at least one)	Remarks
CD	Group Number Note: ** available for contractor 79001, NON EGHP MSP types D, E, and L only ***	DOI/DOL changes
CP	Note: ** available for ESRD MSP type B only ***	Verification of coordination period
CT	TERMINATION DATE	Termination Date
DX	DIAG (at least one)	Diagnosis codes
EA	EMPLR NAME	Employer information
EI	EMPLR NAME, STREET, CITY, ST, ZIP, Type data in all fields to update employer info at CWF.	Employer information
II	INSURANCE COMPANY NAME If you leave the following fields blank, the system overwrites the previous value on the MSP auxiliary record at CWF: STREET, CITY, ST,	Insurance Company Name

	ZIP, GROUP NO, POLICY NO, SUBSCRIBER NAME 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
MX	SSN	SSN/HICN mismatch
PH	PHP DATE	Pre-paid Health Plan date
TD	TERMINATION DATE	Termination date
WN	Note: ** available for Contractor 79001 only ***	WCMSA Notification

MSP Inquiry Codes

Enter inquiries to initiate MSP development.

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

Required Fields on ECRS MSP Inquiry Detail Pages

Field	Description
DCN	Document Control Number
ACTIVITY CODE	Activity code
SOURCE	Source of request information
BENE HICN	Beneficiary's Health Insurance Claim Number

Action Codes

Value	Description
CA	Class action suit
CL	Closed or settled case
DE	Develop to the employer
DI	Develop to the insurer

Required Fields for Action Codes

Value	Required Fields
CA	CMS GROUPING CD, PAT REL, MSP TYPE (must = L), EFF DT, INSURANCE COMPANY NAME, INSURANCE TYPE. Informant Name, Address, City, State and Zip are required unless Insurance Company Address, City, State and Zip have been entered. Note: Relationship will default to "A" Attorney representing beneficiary if Informant information is entered.
CL	PAT REL, MSP TYPE (must = D, E, or L), EFF DT, TERM DATE, INSURANCE COMPANY NAME, INSURANCE TYPE. Informant Name, Address, City, State and Zip are required unless Insurance Company Address, City, State and Zip have been entered. Note: Relationship will default to "A" Attorney representing beneficiary if Informant information is entered.
DE	EMPLR NAME, STREET, CITY, ST, ZIP
DI	INSURANCE COMPANY NAME, STREET, CITY, ST, ZIP

Required Fields for Source Codes

Value	Required Fields
CHEK	DCN, SOURCE, 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, 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, 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, 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

NON EGHP

Value	Description
D	Automobile Insurance, No Fault
E	Workers' Compensation
L	Liability
W	Workers' Compensation Set-Aside

EGHP

Value	Description
A	Working Aged
B	End-Stage Renal Disease (ESRD)
C	Conditional Payment
F	Federal (Public)
G	Disabled
H	Black Lung
I	Veterans

Source Codes

CHEK	Unsolicited check
LTTR	Letter
PHON	Phone call
SCLM	Medicare Secondary Claim payment
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
30	S.E.E. Approved Medicare primary
31	Action code and comments conflict
32	Record terminated/deleted due to OBRA 93
33	WCSA record – can only be updated by RO, record closed by CWF Analyst
34	Record is "N" validity – we do not develop for "N" records
36	Policy Holder Retired (G record)
37	Beneficiary verified existing record, no update needed
38	Development letter sent, waiting on response
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
93	No Part D Enrollment found

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/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)
R	GHP Health Reimbursement Arrangement
S	GHP Health Savings Account
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