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# CMS Manual System

## Pub. 100-05 Medicare Secondary Payer

Department of Health &  
Human Services (DHHS)  
Centers for Medicare &  
Medicaid Services (CMS)

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Transmittal 27

Date: MARCH 25, 2005

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CHANGE REQUEST 3787

**SUBJECT: Updates to the Electronic Correspondence Referral System (ECRS)  
User Guide v8.0 and Quick Reference Card v8.0**

**I. SUMMARY OF CHANGES:** The ECRS system is being updated to accommodate the MMA Section 306 Recovery Audit Contractors (RAC) Demonstration requirements.

**NEW/REVISED MATERIAL - EFFECTIVE DATE\*: April 25, 2005**

**IMPLEMENTATION DATE: April 25, 2005**

*Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. 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 not updated.)  
(R = REVISED, N = NEW, D = DELETED)**

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	5/TOC Attachment 1 ECRS Software Version 8.0 and User Guide v8.0
R	5/TOC Attachment 2 ECRS Quick Reference Card v8.0.
R	5/10.2 COBC Electronic Correspondence Referral System (ECRS)
R	5/10.3 Providing Written Documents to the COBC
R	5/Attachment 1 ECRS User Guide Enhancements
R	5/Attachment 2 ECRS Quick Reference Card (how to print)
D	5/hyperlink to old Attachment 1 ECRS Software Version 7.0 and User Guide v7.1
D	5/hyperlink to old Attachment 2 ECRS Quick Reference Card v7.0
N	5/hyperlink to new Attachment 1 ECRS Software Version 8.0 and User Guide v8.0
N	5/hyperlink to new Attachment 2 ECRS Quick Reference Card v8.0

**III. FUNDING: No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2005 operating budgets.**

#### **IV. ATTACHMENTS:**

<b>X</b>	<b>Business Requirements</b>
<b>X</b>	<b>Manual Instruction</b>
	<b>Confidential Requirements</b>
	<b>One-Time Notification</b>
	<b>Recurring Update Notification</b>

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

# Attachment - Business Requirements

Pub. 100-05	Transmittal: 27	Date: March 25, 2005	Change Request 3787
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**SUBJECT: Updates to the Electronic Correspondence Referral System (ECRS) User Guide v8.0 and Quick Reference Card v8.0**

## I. GENERAL INFORMATION

**A. Background:** The ECRS was developed for transmittal of MSP information from the Fiscal Intermediaries (FI) and carriers to the Coordination of Benefits Contractor (COBC). Changes are made throughout the year to ECRS that allows the Medicare contractors to correspond in a more efficient manner with COBC. The Centers for Medicare & Medicaid Services (CMS) has initiated a demonstration project using Recovery Audit Contractors (RACs) to provide recovery audit services in the states of California, Florida and New York to identify overpayments made as a result of Medicare Secondary Payer (MSP) provisions under the Medicare program for Part A and B of Title XVIII of the Social Security Act as outlined in the **Statement of Work for the Recovery Audit Contractors (RAC) Participating in the Demonstration (Medicare Secondary Payer, J-1)**.

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

## II. BUSINESS REQUIREMENTS

*"Shall" denotes a mandatory requirement*

*"Should" denotes an optional requirement*

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
3787.1	Contractors shall follow the new procedures in the ECRS User Guide v8.0. Two new reason codes were added and a subscriber social security number field for use by the Recovery Audit Contractors. These enhancements are listed in the MSP IOM-5, Chapter 5, Attachment 1.	X	X	X	X					

### III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
	None.									

### IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

#### A. Other Instructions: N/A

X-Ref Requirement #	Instructions

#### B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

#### C. Interfaces: N/A

#### D. Contractor Financial Reporting /Workload Impact: N/A

#### E. Dependencies: N/A

#### F. Testing Considerations: N/A

### V. SCHEDULE, CONTACTS, AND FUNDING

<b>Effective Date*:</b> April 25, 2005  <b>Implementation Date:</b> April 25, 2005  <b>Pre-Implementation Contact(s):</b> GHI’s help desk, technical support staff at 212-615-4357  <b>Post-Implementation Contact(s):</b> GHI’s help	<b>No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2005 operating budgets.</b>
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desk, technical support staff at 212-615-4357	
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**\*Unless otherwise specified, the effective date is the date of service.**

# Medicare Secondary Payer (MSP) Manual

## Chapter 5 - Contractor Prepayment Processing Requirements

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### Table of Contents

*(Rev. 27, 03-25-05)*

*Attachment 1 - Electronic Correspondence Referral System (ECRS) Software Version 8.0  
and User Guide v8.0*

*Attachment 2 - Electronic Correspondence Referral System (ECRS) Quick Reference  
Card v8.0*

## 10.2 - COBC Electronic Correspondence Referral System (ECRS)

*(Rev. 27, Issued: 03-25-05, Effective: 04-25-05, Implementation: 04-25-05)*

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 FIs and carriers received 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 FI and carrier 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 COB developed and maintains a mainframe Customer Information Control System (CICS) application. This application, the COBC ECRS, allows FI and carrier MSP representatives to fill out various online forms and electronically transmit MSP information and CWF MSP assistance requests to the COBC. For CWF assistance requests or MSP inquiry referrals, information should be electronically forwarded, via ECRS, to the COBC within 45 calendar days of the FI or carrier mailroom date-stamped receipt. Phone calls must be referred via ECRS within two calendar days of receipt of the phone call. If requested, the FI or carrier must fax to the COBC within five business days of request, a copy of any correspondence or substantiating information related to the electronic referrals. The COBC makes such a request via phone by contacting the initiator of the referral.

The COBC's ECRS is operational from 8:00 a.m. to 8:00 p.m. (EST), excluding weekends and holidays. The FI/carrier data centers will be notified during extended periods of ECRS downtime. *Problems encountered by data centers during testing should be reported to GHI's Help Desk technical support staff at (212) 615-4357.* You may also e-mail your questions or issues to the COBC via Internet address at [COB@ghimedicare.com](mailto:COB@ghimedicare.com). If you are unable to receive technical assistance from GHI's Help Desk, or your issue has not been resolved, please contact Alberta Smythe from Group Health Incorporated (GHI) at (646) 458-6694. *If you still cannot obtain information or your issue continues to go unresolved, please contact Pat Murphy (CMS) at 410-786-8123.*

ECRS issues can be e-mailed to the COBC at [cob@ghimedicare.com](mailto:cob@ghimedicare.com). If FIs and carriers do not receive a response to their inquiry or issue within seven business days, they should contact their RO for assistance.

FIs and carriers should not contact GHI's help desk for routine ECRS processing issues. They should report connection problems or systems failures or crashes directly to GHI's technical support staff at **212-615-4357**.

Congressional inquiries, however, will not be referred to the COBC using ECRS. If the question(s) posed in the congressional inquiry fall solely under the purview of the COBC, the FIs or carriers must telephone their dedicated COB Consortia contact below and notify him/her that they are faxing a copy of the inquiry. They should close these items in their correspondence control system. If the inquiry contains some questions that the FI

or carrier would appropriately answer and others that the COBC would appropriately answer, the FI or carrier will be responsible for sending a consolidated response to this inquiry. FIs/carriers should contact their dedicated COBC contact to request the necessary language to respond to the COBC's portion of the inquiry. The COBC will provide the necessary language within five business days of their request.

If an FI or carrier is preparing background information in association with a hearing, it may contact its COB consortia contact if further development or research is warranted in to validate the existence or nonexistence of an MSP situation. The COBC will handle these with the same urgency as a congressional inquiry.

*Effective March 2005, CMS started a demonstration project using Recovery Audit Contractors (RAC) to provide recovery audit services in the states of California, Florida and New York to identify overpayments made as a result of Medicare Secondary Payer (MSP) provisions under the Medicare program for Part A and B of Title XVIII of the Social Security Act as outlined in the **Statement of Work for the Recovery Audit Contractors (RAC) Participating in the Demonstration (Medicare Secondary Payer, J-1)**. Medicare contractors shall follow the regular ECRS instructions for FIs and carriers. The RAC shall follow the instructions for ECRS User Guide for the RAC, which shall be found in the Demonstration Manual.*

#### **A - COB Consortia Contacts**

There are only four instances in which the FI/carrier may contact its COB consortia representative. They are:

1. Congressional inquiries (see above);
2. Preparing background information for a hearing;
3. ECRS processing issues; and
4. Status of ECRS CWF assistance request.

Contact your CMS Regional Office MSP Representative for the most current list of Consortia Representatives.

#### **B - IEQ and IRS/SSA/CMS Data Match Referral Process**

Effective November 1, 2000, FIs and carriers request changes to IEQ and Data Match auxiliary records on the CWF using the ECRS, CWF Assistance Request option.

#### **C - MSP Activities**

Effective January 1, 2001, FIs and carriers request changes to all MSP auxiliary record types on the CWF using the ECRS, CWF assistance request option.



*ECRS User Guide v8.0 is contained in Attachment 1 of this chapter to assist FIs and carriers to effectively communicate their CWF Assistance requests and MSP Inquiries. Medicare contractors should contact their RO MSP Coordinator if they have questions regarding the changes within MSP Manual regarding ECRS 8.0. If you are unable to resolve your inquiry with the RO, you may contact Pat Murphy (CMS-CO) at [PMurphy2@cms.hhs.gov](mailto:PMurphy2@cms.hhs.gov) or at 410-786-8123.*

Submission of ECRS transaction; including but limited to cases where FIs and carriers receive ECRS errors/rejects which prevent successful transmissions to the COBC or in cases where there is difficulty understanding the information or instructions contained within the reference manual, they should contact their COBC Consortia Representative. Problems with an ECRS access code should be reported to Joanne Pierce-Morrison at 646-458-6680.

The FI and carrier must allow 15 days for the COBC to respond to their CWF assistance request. If, after 15 days, there has been no update to CWF or a response to their request, they may contact the COBC at the customer service number. However, if they have a high priority request (i.e., Congressional or a second request), they may contact the COBC at (646) 458-6600. This number is only to be used for requests related to an IEQ and/or Data Match priority.

### **10.3 - Providing Written Documents to the COBC**

*(Rev. 27, Issued: 03-25-05, Effective: 04-25-05, Implementation: 04-25-05)*

#### **AB-00-107**

Fiscal intermediaries and carriers do not routinely submit paper documentation to the COBC. However, if requested by the COBC, they must submit written supporting documentation via fax to the COBC within five business days of their receipt of the request. The request consists of a phone call asking the FI to fax this information. The COBC *fax number is (646) 458-6762.*

In those instances when the FI or carrier must mail paper documents to the COBC, it uses the following address:

MEDICARE - Coordination of Benefits Contractor  
MSP Claims Investigation Project  
P.O. Box 5041  
New York, NY 10274-5041

## ***Attachment 1 - Electronic Correspondence Referral System (ECRS) User Guide v8.0***

***(Rev. 27, Issued: 03-25-05, Effective: 04-25-05, Implementation: 04-25-05)***

View [Attachment 1](#), Electronic Correspondence Referral System (ECRS) User Guide, ***Software Version 8.0, User Guide Version v8.0***

Below are the enhancements and fixes that have been applied to ECRS User Guide v8.0.

### **ENHANCEMENTS:**

The following enhancements are included as part of software version 8.0 ***and User Guide v8.0***. For more information regarding ECRS 8.0 enhancements, refer to ***CR3026***.

***1) New Reason Code for MSP Inquiries for RAC use only.***

***Reason Codes 45 and 46 shall be sent to the RACs only.***

***2) Enhancement to MSP Inquiry Detail Screen***

***Subscriber Social Security Number (SSN) is added to Page 2 in the MSP Inquiry Detail Screen. This shall be a required field for the RACs when the insurance coverage is under a spouse or family member's plan. If the Medicare contractor has the subscriber SSN, that information should be put in this field, however, it is not mandatory for Medicare contractors.***

## **Attachment 2 - Electronic Correspondence Referral System (ECRS) - Quick Reference Card**

***(Rev. 27, Issued: 03-25-05, Effective: 04-25-05, Implementation: 04-25-05)***

View [Attachment 2](#), Electronic Correspondence Referral System (ECRS) User Guide Quick Reference Card ***v8.0***

**The ECRS Quick Reference Card should be printed on 8 ½" x 14" paper.** To print the ECRS Quick Reference Card:

1. When printing the ECRS Quick Reference Card, print only the first page, then manually feed the paper back into the printer to print the second page.

To fold the ECRS Quick Reference in a Z-fold:

2. With the title page side up, bring the right edge of the sheet up to meet the dotted line on the left and fold it.
3. Turn the page over clockwise. Bring the right side of the sheet up to meet the crease just made and fold it.

# **Electronic Correspondence Referral System (ECRS) User Guide**

**Software Version 8.0  
User Guide Version 8.0**

**Rev. 2005-1/March**

**GHI-DI-501.8.0**

## **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 or Carriers in the course of carrying out agreements under Sections 1816 and 1842 of the Social Security Act, and any other information subject to Section 1106 (a) of the Social Security Act.

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

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

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

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

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## Chapter 1: Introduction

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

If you want to see information about this...	See this page...
<i>ECRS User Guide</i>	1-2
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## About this Guide

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

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

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

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

## User Guide Conventions

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

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

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

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

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

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

## What is ECRS?

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

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

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

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

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

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

## Basic Functions

### Logging On

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

```

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

          VERSION 8.0

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

          PRESS <ENTER> TO CONTINUE

```

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

```

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

          CMS RO NUMBER: _____ ACCESS CODE: _____

          CONTRACTOR NUMBER: _____ ACCESS CODE: _____

          REPRESENTATIVE: _____
          PHONE: _____ - _____ - _____

          COB CONTRACTOR BULLETIN BOARD

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

          PF12=EXIT

```

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

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

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

COB ELECTRONIC CORRESPONDENCE REFERRAL SYSTEM (ECRS)		MM/DD/YY
CONTRACTOR NUMBER: _____		
USER ID: _____	STATUS: ____	REASON: ____ HICN: _____ DCN: _____
SEARCH ORIGIN DATE FROM: _____ THROUGH: _____		SSN: _____
SELECTION ____		
01 CWF ASSISTANCE REQUEST DETAIL 02 CWF ASSISTANCE REQUEST LIST 03 DOCUMENT COPIES 04 MSP INQUIRY DETAIL 05 MSP INQUIRY LIST 06 LEAD CONTRACTOR ASSIGNMENT 07 DEVELOPING CONTRACTOR NOTIFICATION 08 MSP CHANGED RECORD NOTIFICATION 10 WORKERS COMP SET ASIDE LIST 11 WORKLOAD TRACKING SCREEN		
F3=RETURN F2=EXIT		

You now have the ability to access information in ECRS.

## Logging Off

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

## COB ECRS Login Screen Description

COB ELECTRONIC CORRESPONDENCE REFERRAL SYSTEM (ECRS)		MM/DD/YY
CMS RO NUMBER: _____	ACCESS CODE: _____	
CONTRACTOR NUMBER: _____	ACCESS CODE: _____	
REPRESENTATIVE: _____		
PHONE: ____ - ____ - ____		
<u>COB CONTRACTOR BULLETIN BOARD</u>		
<div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>_____</p> <p>_____</p> <p>THE COB CONTRACTOR</p> <p>_____</p> <p>WELCOMES</p> <p>_____</p> <p>YOU TO ECRS</p> <p>_____</p> <p>_____</p> </div>		
PF12=EXIT		

COB ECRS Login Screen	
Field Name	Description
CMS RO NUMBER	CMS Regional Office identification number. <i>Required field</i> for CMS users.
ACCESS CODE	Three-position alphabetic authorization code for CMS users. <i>Required field</i> for CMS users.
CONTRACTOR NUMBER	Unique five-digit identification number assigned to each Medicare contractor by CMS. <i>Required field</i> for contractors.
ACCESS CODE	Five-character authorization code assigned by COB contractor. <i>Required field</i> for contractors.
REPRESENTATIVE	Contact person at contractor site  <b>Note:</b> Although this field is not required, contractors are encouraged to enter information here, as the system carries this data forward to other screens, eliminating the need to re-enter it.
PHONE	Phone number of contractor representative  <b>Note:</b> Although this field is not required, contractors are encouraged to enter information here, as the system carries this data forward to other screens, eliminating the need to re-enter it.
COB CONTRACTOR BULLETIN BOARD	Bulletins created in COB system

## Transportation

<b>COB ECRS Login Screen</b>	
<b>PF Key</b>	<b>Function</b>
12	Exit ECRS

## COB ECRS Main Menu Screen Description

COB ELECTRONIC CORRESPONDENCE REFERRAL SYSTEM (ECRS)		MM/DD/YY
CONTRACTOR NUMBER: _____		
USER ID: _____	STATUS: ____	REASON: ____ HICN: _____ DCN: _____
SEARCH ORIGIN DATE FROM: _____ THROUGH: _____		SSN: _____
SELECTION ____		
01	CWF ASSISTANCE REQUEST DETAIL	
02	CWF ASSISTANCE REQUEST LIST	
03	DOCUMENT COPIES	
04	MSP INQUIRY DETAIL	
05	MSP INQUIRY LIST	
06	LEAD CONTRACTOR ASSIGNMENT	
07	DEVELOPING CONTRACTOR NOTIFICATION	
08	MSP CHANGED RECORD NOTIFICATION	
10	WORKERS COMP SET ASIDE LIST	
11	WORKLOAD TRACKING SCREEN	
F3=RETURN F12=EXIT		

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

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

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

**Transportation**

<b>COB ECRS Main Menu Screen</b>	
<b>PF Key</b>	<b>Function</b>
03	Return to login screen
12	Exit ECRS



**Notes:**

## Chapter 2: Task and Screen Reference

### Introduction

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

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

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

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

For information about this task...	See this page...
Viewing the List of CWF Assistance Request Transactions	2-3
Adding, Viewing, and Updating CWF Assistance Request Transactions	2-6
Screen Scraping Beneficiary Information for CWF Assistance Requests	2-19
Deleting a CWF Assistance Request Transaction	2-23
Viewing the List of MSP Inquiry Transactions	2-24
Adding, Viewing, and Updating MSP Inquiry Transactions	2-27
Screen Scraping Beneficiary Information for MSP Inquiries	2-43
Deleting an MSP Inquiry Transaction	2-45
Searching for ECRS Codes	2-46
Reviewing Your Contractor Site Workload (for Medicare Contractors)	2-48
Reviewing Contractor Workloads (for CMS Users)	2-51
Viewing the List of Workers' Compensation Set-Aside Trust Cases	2-54
Viewing, and Updating Workers' Compensation Set-Aside Trust Cases	2-57
Deleting Workers' Compensation Set-Aside Trust Cases	2-67
Requesting Document Copies	2-75

For information about this task...	See this page...
Viewing Lead Contractor Assignments	2-78
Viewing Developing Contractors for a Case	2-82
Viewing Notifications for Cases with Developing Contractors	2-84
Viewing Notifications of Changed MSP Records	2-87

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

For information about this screen...	See this page...
ECRS CWF Assistance Request Detail Screen, Page 1 of 2	2-9
ECRS CWF Assistance Request Detail Screen, Page 2 of 2	2-16
ECRS CWF Assistance Request List Screen	2-4
HIMR MSP Data Screen	2-21
ECRS Document Copies Request Screen	2-76
ECRS MSP Inquiry Detail Screen, Page 1 of 2	2-31
ECRS MSP Inquiry Detail Screen, Page 2 of 2	2-38
ECRS MSP Inquiry List Screen	2-25
ECRS Code Selection Screen	2-47
ECRS MSP Lead Contractor Assignment Screen	2-79
ECRS Developing Contractors for Lead Screen	2-83
ECRS MSP Developing Contractor Notification Screen	2-85
ECRS MSP Changed Record Notification Screen	2-88
ECRS Workers' Compensation Set-Aside Detail Screen, Page 1 of 2	2-59
ECRS Workers' Compensation Set-Aside Detail Screen, Page 1 of 2	2-63
ECRS Workers' Compensation Set-Aside Inquiry Screen, Page 1 of 2	2-68
ECRS Workers' Compensation Set-Aside Inquiry Screen, Page 2 of 2	2-72
ECRS Workers' Compensation Set-Aside List Screen	2-55
ECRS Workload Tracking Screen (for Medicare Contractors)	2-48
ECRS Workload Tracking Screen (for CMS Users)	2-52

## Viewing the List of CWF Assistance Request Transactions

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

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

ECRS CWF ASSISTANCE REQUEST LIST

USER ID: \_\_\_\_\_ STATUS: \_\_\_\_ REASON: \_\_\_\_

ORIGIN DATE FROM: \_\_\_\_\_ THROUGH: \_\_\_\_\_ CNTR NBR: \_\_\_\_\_ HICN: \_\_\_\_\_

DCN: \_\_\_\_\_

SEL	HICN	CNTR	DCN	ST	RS	ORIGIN DT	LST UPDATE	USER ID
-	XXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999	99-99-9999	XXXXXXXXXX

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

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

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

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

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

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

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

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

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

## ECRS CWF Assistance Request List Screen Description

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

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

### Transportation

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

## Adding, Viewing, and Updating CWF Assistance Request Transactions

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

**Note:** Use these screens to add assistance request transactions for *changes to existing CWF MSP auxiliary occurrences*. If you want to submit an inquiry to the COB contractor about a *possible MSP situation not yet documented at CWF*, use the ECRS MSP Inquiry Detail screens (see page 2-27).

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

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

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

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

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

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

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

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

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

For information on selecting ECRS codes, see page 2-46.

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

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



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

ECRS CWF ASSISTANCE REQUEST DETAIL		PAGE 2 OF 2
CNTR NBR. 99999	BENE XXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXX	
HICN XXXXXXXXXXXX	DCN XXXXXXXXXXXXXXXX	
INSURER NAME: _____	INS TYPE: _ XXXXXXXXXXXXXXXX	
STREET: _____	PHONE: ____-____-____	
CITY: _____ ST: _ ZIP: _____		
GROUP NO: _____	POLICY NO: _____	
POLICY HOLDER/SUBSCRIBER NAME: _____		
PHP DATE: _____		
REMARKS: _ _ _	DIAG: _ _ _ _ _	
COMMENTS: CNTR: (OPERID) _____		
_____		
_____		
COB: (OPERID) _____		
_____		
_____		
F2=MENU F3=RETURN F5=UPDATE F7=BWD F9=CODES F12=EXIT		

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

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

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

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

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

ECRS CWF Assistance Request Detail Screen, Page 1 of 2	
Field Name	Description
CNTR NBR.	<b>Medicare Contractors:</b> Contractor number entered on login screen ( <i>protected field</i> )  <b>CMS Users:</b> RO contractor number entered on main menu screen ( <i>protected field</i> )
PHONE	Phone number of contractor representative
USER ID	User ID of operator who entered CWF assistance request transaction ( <i>protected field</i> )
ORIG DT	Originating date in MM-DD-CCYY format ( <i>protected field</i> )
CNTR REP.	Name of contractor representative to contact for further information or clarification regarding CWF assistance request
STATUS	Two-character code explaining where CWF assistance request transaction is in the COB system process ( <i>protected field</i> ). Description of status code displays next to value. Valid values are:  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

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

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

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

ECRS CWF Assistance Request Detail Screen, Page 1 of 2	
Field Name	Description
NAME	Name of beneficiary in first name/middle initial/last name format. First and last names are <i>required fields</i> .
PAT REL	<p>Patient relationship between policyholder and beneficiary (<i>required field</i>). Description of code displays next to value. Valid values are:</p> <ul style="list-style-type: none"> <li>01 Patient is policy holder</li> <li>02 Spouse</li> <li>03 Natural child, insured has financial responsibility</li> <li>04 Natural child, insured does not have financial responsibility</li> <li>05 Stepchild</li> <li>06 Foster child</li> <li>07 Ward of the Court</li> <li>08 Employee</li> <li>09 Unknown</li> <li>10 Handicapped dependent</li> <li>11 Organ donor</li> <li>12 Cadaver donor</li> <li>13 Grandchild</li> <li>14 Niece/nephew</li> <li>15 Injured plaintiff</li> <li>16 Sponsored dependent</li> <li>17 Minor dependent of a minor dependent</li> <li>18 Parent</li> <li>19 Grandparent dependent</li> <li>20 Domestic partner (Effective April, 2004.)</li> </ul>
MSP TYPE	<p>One-character code identifying type of MSP coverage (<i>required field</i>). Description of code displays next to value. Valid values are:</p> <ul style="list-style-type: none"> <li>A Working Aged</li> <li>B ESRD</li> <li>C Conditional Payment</li> <li>D Automobile Insurance, No Fault</li> <li>E Workers' Compensation</li> <li>F Federal (Public)</li> <li>G Disabled</li> <li>H Black Lung</li> <li>I Veterans</li> <li>L Liability</li> </ul>
EFF DT	Effective date of MSP coverage in MMDDCCYY format ( <i>required field</i> )
TERM DT	Termination date of MSP coverage in MMDDCCYY format. Type one or more zeroes in this field to remove an existing termination date. Type <b>9</b> eight times in this field if you have conflicting dates for the termination date.
AUX REC	Record number of MSP auxiliary occurrence in CWF ( <i>required field</i> )
ACCR DT	Accretion date of MSP coverage in MMDDCCYY format
ORIG CNTR	Contractor number of contractor that created original MSP occurrence at CWF ( <i>required field</i> except when ACTION(S) = CV)

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

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

### Transportation

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



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

ECRS CWF ASSISTANCE REQUEST DETAIL		PAGE 2 OF 2
CNTR NBR. 99999	BENE XXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXX	
HICN XXXXXXXXXXXXXXXX	DCN XXXXXXXXXXXXXXXX	
INSURER NAME: _____ INS TYPE: _ XXXXXXXXXXXXXXXXXXXX STREET: _____ PHONE: ____-____-____ CITY: _____ ST: ____ ZIP: ____-____ GROUP NO: _____ POLICY NO: _____ POLICY HOLDER/SUBSCRIBER NAME: _____ PHP DATE: _____ REMARKS: ____-____-____ DIAG: _____		
COMMENTS: CNTR: (OPERID) _____ _____ _____ COB: (OPERID) _____ _____ _____		
F2=MENU F3=RETURN F5=UPDATE F7=BWD F9=CODES F12=EXIT		

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

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

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

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

### Transportation

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

## Screen Scraping Beneficiary Information for CWF Assistance Requests

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

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

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

HIMR MSP DATA										
HIC	XXXXXXXXXX					DOB	MM/DD/CCYY		SEX	X
CORR	XXXXXXXXXX					NAME	XXXXXXXX.XXXXXXXXXXX		DOD	SOURCE X
SL	REC	MSP	EFF DTE	TRM DTE	VAL DEL	ORIG	UPDT	CONTRACTOR		DOA
—	001	X	MM/DD/CCYY	MM/DD/CCYY	X	XXXXX	XXXXX	MM/DD/CCYY		
—	002	X	MM/DD/CCYY	MM/DD/CCYY	X	XXXXX	XXXXX	MM/DD/CCYY		
TYPE G IN THE SELECT FIELD TO RETRIEVE THE DESIRED RECORD										
F3=RETURN										

2.

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

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

If you chose to “grab” data, the system highlights the fields where information was imported from the COB database and CWF, as shown in the examples below.

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

ECRS CWF ASSISTANCE REQUEST DETAIL		PAGE 2 OF 2
CNTR NBR. 99999	BENE XXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXX	
HICN XXXXXXXXXXXX	DCN XXXXXXXXXXXXXXXX	
INSURER NAME: XXXXXXXXXXXXXXXXXXXXXXXX	INS TYPE: X XXXXXXXXXXXXXXXX	
STREET: XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX	PHONE: ____-____-____	
CITY: XXXXXXXXXXXXXXXX ST: XX ZIP: XXXXX-XXXX		
GROUP NO: XXXXXXXXXXXXXXXX	POLICY NO: XXXXXXXXXXXXXXXX	
POLICY HOLDER/SUBSCRIBER NAME: XXXXXXXXXXXXXXXX X XXXXXXXXXXXX		
PHP DATE: MMDDCCYY		
REMARKS: XX XX XX	DIAG: XXXXX XXXXX XXXXX XXXXX XXXXX	
COMMENTS: CNTR: (OPERID)_____		
_____		
_____		
COB: (OPERID)_____		
_____		
_____		
F2=MENU F3=RETURN F5=UPDATE F7=BWD F9=CODES F12=EXIT		

3.

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

## HIMR MSP Data Screen Description

HIMR MSP DATA																																							
HIC		XXXXXXXXXX		NAME		XXXXXXXX.XXXXXXXXXXX		DOB MM/DD/CCYY SEX X																															
CORR		XXXXXXXXXX		DOD				SOURCE X																															
<table border="1"> <thead> <tr> <th>SL</th> <th>REC</th> <th>MSP</th> <th>EFF DTE</th> <th>TRM DTE</th> <th>VAL DEL</th> <th>IND</th> <th>ORIG</th> <th>UPDT</th> <th>DOA</th> </tr> </thead> <tbody> <tr> <td>—</td> <td>001</td> <td>X</td> <td>MM/DD/CCYY</td> <td>MM/DD/CCYY</td> <td>X</td> <td>XXXXX</td> <td>XXXXX</td> <td>MM/DD/CCYY</td> <td></td> </tr> <tr> <td>—</td> <td>002</td> <td>X</td> <td>MM/DD/CCYY</td> <td>MM/DD/CCYY</td> <td>X</td> <td>XXXXX</td> <td>XXXXX</td> <td>MM/DD/CCYY</td> <td></td> </tr> </tbody> </table>										SL	REC	MSP	EFF DTE	TRM DTE	VAL DEL	IND	ORIG	UPDT	DOA	—	001	X	MM/DD/CCYY	MM/DD/CCYY	X	XXXXX	XXXXX	MM/DD/CCYY		—	002	X	MM/DD/CCYY	MM/DD/CCYY	X	XXXXX	XXXXX	MM/DD/CCYY	
SL	REC	MSP	EFF DTE	TRM DTE	VAL DEL	IND	ORIG	UPDT	DOA																														
—	001	X	MM/DD/CCYY	MM/DD/CCYY	X	XXXXX	XXXXX	MM/DD/CCYY																															
—	002	X	MM/DD/CCYY	MM/DD/CCYY	X	XXXXX	XXXXX	MM/DD/CCYY																															
TYPE G IN THE SELECT FIELD TO RETRIEVE THE DESIRED RECORD																																							
F3=RETURN																																							

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

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

### Transportation

<b>HIMR MSP Data Screen</b>	
<b>PF Key</b>	<b>Function</b>
03	Return to previous level

## Deleting a CWF Assistance Request Transaction

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

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

```

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

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

ENTER S IN SEL FIELD TO VIEW DETAILED INFO FOR THE TRANSACTION OR D TO DELETE
F2=MENU F3=RETURN F5=UPDATE F7=BWD F8=FWD F12=EXIT

```

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

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

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

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

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

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



## Viewing the List of MSP Inquiry Transactions

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

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

ECRS MSP INQUIRY LIST

USER ID: \_\_\_\_\_ STATUS: \_\_\_\_ REASON: \_\_\_\_  
 ORIGIN DATE FROM: \_\_\_\_\_ THROUGH: \_\_\_\_\_ CNTR NBR: \_\_\_\_\_ HICN: \_\_\_\_\_  
 DCN: \_\_\_\_\_

SEL	HICN	CNTR	DCN	ST RS	ORGIN DT	LST UPDATE	USER ID
-	XXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXX	XX XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXX	XX XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXX	XX XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXX	XX XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXX	XX XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXX	XX XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXX	XX XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXX	XX XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXX	XX XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXX	XX XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXX	XX XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXX	XX XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXX	XX XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXX	XX XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXX	XX XX	99-99-9999	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXX	XX XX	99-99-9999	99-99-9999	XXXXXXXXXX

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

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

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

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

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

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

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

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

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

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

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

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

## ECRS MSP Inquiry List Screen Description

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

<b>ECRS MSP Inquiry List Screen</b>	
<b>Field Name</b>	<b>Description</b>
SEL	Selection field. Type <b>S</b> in this field and press [Enter] to transport to the ECRS MSP Inquiry Detail screen. Type <b>R</b> in this field and press [Enter] to transport to the ECRS CWF Assistance Request Detail screen. Type <b>D</b> in this field and press [PF5] to mark a new (status NW) MSP inquiry transaction for deletion.
HICN	Health Insurance Claim Number for MSP inquiry transaction ( <i>protected field</i> )
CNTR	Contractor number ( <i>protected field</i> )
DCN	Document Control Number assigned to MSP inquiry transaction by Medicare contractor ( <i>protected field</i> )
ST	Status of MSP inquiry transaction ( <i>protected field</i> ). For a list of valid status values, see page 2-31.
RS	Reason of MSP inquiry transaction ( <i>protected field</i> ). For a list of valid reason values, see page 2-33.
ORIGIN DT	Originating date in MM-DD-CCYY format ( <i>protected field</i> )
LST UPDATE	Date MSP inquiry transaction was last changed in MMDDCCYY format ( <i>protected field</i> )
USER ID	User ID of operator who entered MSP inquiry transaction ( <i>protected field</i> )

### Transportation

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

## Adding, Viewing, and Updating MSP Inquiry Transactions

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

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

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

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

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

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

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

For information on screen scraping beneficiary information for MSP inquiries, see page 2-43.

For information on selecting ECRS codes, see page 2-46.

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

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

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

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

\* INSURER NAME and INS TYPE are always required fields.

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

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

### Action Code Compatibility

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

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

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

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

\* INSURER NAME and INS TYPE are always required fields.

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

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

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

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

6. Type data in the appropriate fields.
7. If you typed action code(s) in the ACTION(S) field on the ECRS MSP Inquiry Detail, Page 1 of 2 screen, you must type data in the fields required on this screen by those action code(s). See the table on page 2-28 for a list of applicable action codes, related special processing, and corresponding required fields on this screen and the previous screen.
8. After typing data in all of the appropriate fields, press [PF5]. The system adds or updates the MSP inquiry transaction, then displays the message, "TRANSACTION COMPLETED SUCCESSFULLY."
9. If you want to return to the ECRS MSP Inquiry Detail, Page 1 of 2 screen, press [PF7].
- If you want to exit the ECRS MSP Inquiry Detail screens, press [PF2] to return to the ECRS main menu or [PF12] to exit ECRS.

## ECRS MSP Inquiry Detail, Page 1 of 2 Screen Description

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

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



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

ECRS MSP Inquiry Detail Screen, Page 1 of 2	
Field Name	Description
REASON (continued)	<p>Two-character code explaining why the MSP inquiry is in a particular status (<i>protected field</i>). Description of reason code displays next to value. Valid values (continued from page 2-32) are:</p> <ul style="list-style-type: none"> <li>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.)</li> <li>69 Developed to GHP, no response</li> <li>70 Developed to non-EGHP, no response</li> <li>71 Developed to beneficiary, no response</li> <li>72 Developed to informant, no response</li> <li>73 Medicare beneficiary retired</li> <li>74 Spouse retired</li> <li>75 GHP lifetime of yearly benefits past maximum amount</li> <li>76 No coverage with insurance company</li> <li>77 Medicare Supplemental Plan</li> <li>78 Employer has less than 20 employees</li> <li>79 Per employer, Medicare beneficiary is not covered under spouse's GHP</li> <li>80 Employer has less than 100 employees</li> <li>81 Medicare is primary due to ESRD coordination period</li> <li>82 Per insurance, seasonal employee and not eligible for the month</li> <li>83 Incoming request conflicts with information on file</li> <li>84 Insufficient information to update CWF</li> <li>85 Venue changed</li> <li>87 MSP record exists, used with CM status (check HIMR or resubmit as assistance request)</li> <li>88 No update, not lead contractor</li> <li>91 Duplicate investigation in process</li> </ul>
ACTIVITY CODE	<p>Activity of contractor (<i>required field</i>). Valid values are:</p> <ul style="list-style-type: none"> <li>C Claims (Pre-Payment) (22001)</li> <li>D Debt Collection/Referral (42021)</li> <li>G Group Health Plan (42003)</li> <li>I General Inquires (42004)</li> <li>N Liability, No Fault, Workers' Compensation, and Federal Tort Claim Act (42002)</li> </ul>
1. DVLP TO	<p>Development source code indicating where initial development letter was sent. Valid values are:</p> <ul style="list-style-type: none"> <li>A Attorney</li> <li>B Beneficiary</li> <li>E Employer</li> <li>I Insurer</li> <li>P Provider</li> <li>R Beneficiary Representative (other than attorney)</li> </ul>

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

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

ECRS MSP Inquiry Detail Screen, Page 1 of 2	
Field Name	Description
SEND TO CWF? (Y/N)	<p>Indicates whether to send MSP inquiry to CWF. Valid values are:</p> <p>Y     Send to CWF (default unless ACTION(S) field = DE or DI or INFMT REL field = D, in which case default is N and this is a <i>protected field</i>)</p> <p>N     Do not send to CWF</p> <p><i>For EGHP MSP Types:</i> In addition to the minimum HUSP fields, the EMPLR NAME, STREET, CITY, ST, and ZIP fields are required or the system will set this switch to N and develop the record.</p> <p><i>For Non-EGHP MSP Types:</i> In addition to the minimum HUSP fields, the ATTORNEY or INSURER NAME, STREET, CITY, ST, ZIP, DIAG, and ILLNESS/INJURY DT fields are required or the system will set this switch to N and develop the record.</p>
CA	<p>Indicates type of Class Action suit. Code entered determines lead contractor assignment. Valid values are:</p> <p>01     Gel Implants (TrailBlazers, 00400)</p> <p>02     Gel Implants (Alabama, 00010)</p> <p>03     Bone Screw Recoveries (United Government Services, 00454)</p> <p>04     Diet Drug Recoveries (Cahaba BCBS Alabama, 00010)</p> <p>05     Sulzer Inter-Op Acetabular Shells for Hip Implant Recoveries (Chisholm Administrative Services, 00340)</p> <p>06     Sulzer Orthopedic and Defective Knee Replacement Recoveries (Chisholm Administrative Services, 00340)</p> <p>07     Baycol Litigation</p>
BENE STRT	First and second lines of beneficiary's street address
CITY	Beneficiary's city
ST	Beneficiary's state
ZIP	Beneficiary's ZIP code
PHONE	Beneficiary's telephone number
CHECK DATE	Date of check received (for development letter to provider). <i>Required field</i> if value in SOURCE field = CHEK. You cannot future-date this field.
CHECK AMOUNT	Amount of check received (for development letter to provider). <i>Required field</i> if value in SOURCE field = CHEK.
CHECK NO	Number of check received (for development letter to provider). <i>Required field</i> if value in SOURCE field = CHEK.
INFMT NAME*	Name of person (in first name/middle initial/last name format) informing contractor of change in MSP coverage. <i>Required field</i> if value in SOURCE field = CHEK, LTTR, or PHON.

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

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

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

## Transportation

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

## ECRS MSP Inquiry Detail, Page 2 of 2 Screen Description

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

ECRS MSP Inquiry Detail Screen, Page 2 of 2	
Field Name	Description
CNTR NBR.	<b>Medicare Contractors:</b> Contractor number entered on login screen ( <i>protected field</i> )  <b>CMS Users:</b> RO contractor number entered on main menu screen ( <i>protected field</i> )
BENE	Name of beneficiary in first name/middle initial/last name format ( <i>protected field</i> )
HICN	Health Insurance Claim Number for beneficiary ( <i>protected field</i> )

ECRS MSP Inquiry Detail Screen, Page 2 of 2	
Field Name	Description
DCN	Document Control Number assigned by contractor to correspondence and/or paperwork associated with this transaction ( <i>protected field</i> )
INSURER NAME*	Name of insurance carrier for MSP coverage. Insurer name cannot contain a space in position two.
INS TYPE	One-character code for type of insurance. Valid values are: A Insurance or Indemnity (OTHER TYPES) B Group Health Organization (GHO) C Preferred Provider Organization (PPO) D Third Party Administrator arrangement under an Administrative Service Only (ASO) contract without stop loss from any entity (TPA/ASO) E Third Party Administrator arrangement with stop loss insurance issued from any entity (STOP LOSS TPA) F Self-Insured/Self-Administered (SELF-INSURED) G Collectively-Bargained Health and Welfare Fund (HEALTH/WELFARE) H Multiple Employer Health Plan with at least one employer who has more than 100 full- and/or part-time employees (EMPLOYER+100) I Multiple Employer Health Plan with at least one employer who has more than 20 full- and/or part-time employees (EMPLOYER+20) J Hospitalization Only Plan covering inpatient hospital services (HOSPITAL ONLY) K Medical Services Only Plan covering only non-inpatient medical services (MEDICAL ONLY) M Medicare Supplemental Plan, Medigap, Medicare Wraparound Plan or Medicare Carve Out Plan (SUPPLEMENTAL) Blank Unknown (UNKNOWN); defaults to A.
STREET*	First and second lines of insurer's street address
PHONE	Insurer's phone number
CITY*	Insurer's city
ST	Insurer's state
ZIP	Insurer's ZIP code
GROUP NO	Group number of insurance coverage
POLICY NO	Policy number of insurance coverage
POLICY HOLDER/SUBSCRIBER NAME	Name of individual covered by this insurance in first name/middle initial/last name format
SUBSCRIBER SSN	Social Security Number of the policy holder/subscriber.

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



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

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

<b>ECRS MSP Inquiry Detail Screen, Page 2 of 2</b>	
<b>Field Name</b>	<b>Description</b>
EFF DT	Date beneficiary began receiving benefits under the Black Lung Program in MMDDCCYY format. This field is only valid when BLACK LUNG BENEFITS field value is <b>Y</b> .

**Transportation**

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

## Screen Scraping Beneficiary Information for MSP Inquiries

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

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

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

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

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

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

ECRS MSP INQUIRY DETAIL				PAGE 1 OF 2	
CNTR NBR.	99999	PHONE:	___ - ___ - ___	USER ID	XXXXXXXXX
CNTR REP.:				STATUS	XX
ACTION(S):	___	DCN:	___	REASON	XX
ACTIVITY CODE:	___	1.DVLP TO:	___	RSP:	___
BENE HICN:	XXXXXXXXXXXX	SSN:	XXX - XX - XXXX	DOB:	MMDDCCYY
NAME:	XXXXXXXXXXXXXXXXX	X	XXXXXXXXXXXXXXXXX	PAT REL:	___
MSP TYPE:	___	XXXXXXXXXXXX	EFF DT:	___	TERM DT:
SEND TO CWF?	(Y/N)	___	CA	___	
BENE STRT:	XXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXX			
CITY:	XXXXXXXXXXXXXXXXX	ST:	XX	ZIP:	XXXXX - XXXX
CHECK DATE:	___	CHECK AMOUNT:	\$___, ___, ___.	CHECK NO:	___
INFMT NAME:	___	___	___	PHONE:	___ - ___ - ___
ADDR:	___	___	___		
CITY:	___	ST:	___	ZIP:	___ - ___
EMPLR NAME:	___	___	___	EIN:	___
STREET:	___	___	___	PHONE:	___ - ___ - ___
CITY:	___	ST:	___	ZIP:	___ - ___
				EMPLOYEE NO:	___
F2=MENU F3=RETURN F6=COB/HIMR F8=FWD F9=CODES F12=EXIT					

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

2.

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

## Deleting an MSP Inquiry Transaction

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

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

ECRS MSP INQUIRY LIST

USER ID: \_\_\_\_\_ STATUS: \_\_\_\_ REASON: \_\_\_\_  
 ORIGIN DATE FROM: \_\_\_\_\_ THROUGH: \_\_\_\_\_ CNTR NBR: \_\_\_\_\_ HICN: \_\_\_\_\_  
 DCN: \_\_\_\_\_

SEL	HICN	CNTR	DCN	ST	RS	ORGIN	DT	LST	UPDATE	USER	ID
—	XXXXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999		99-99-9999		XXXXXXXXXX	
—	XXXXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999		99-99-9999		XXXXXXXXXX	
—	XXXXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999		99-99-9999		XXXXXXXXXX	
—	XXXXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999		99-99-9999		XXXXXXXXXX	
—	XXXXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999		99-99-9999		XXXXXXXXXX	
—	XXXXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999		99-99-9999		XXXXXXXXXX	
—	XXXXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999		99-99-9999		XXXXXXXXXX	
—	XXXXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999		99-99-9999		XXXXXXXXXX	
—	XXXXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999		99-99-9999		XXXXXXXXXX	
—	XXXXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999		99-99-9999		XXXXXXXXXX	
—	XXXXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999		99-99-9999		XXXXXXXXXX	
—	XXXXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999		99-99-9999		XXXXXXXXXX	
—	XXXXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999		99-99-9999		XXXXXXXXXX	
—	XXXXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999		99-99-9999		XXXXXXXXXX	
—	XXXXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999		99-99-9999		XXXXXXXXXX	
—	XXXXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999		99-99-9999		XXXXXXXXXX	
—	XXXXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999		99-99-9999		XXXXXXXXXX	
—	XXXXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999		99-99-9999		XXXXXXXXXX	
—	XXXXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXX	XX	XX	99-99-9999		99-99-9999		XXXXXXXXXX	

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

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

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

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

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

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

**Note:** For the ECRS MSP Inquiry List Screen Description, see page 2-25.

## Searching for ECRS Codes

Use the ECRS Code Selection screen to choose the appropriate action, activity, informant relationship, insurance type, and source codes on the ECRS CWF Assistance Request Detail and ECRS MSP Inquiry Detail screens.

Follow the steps below to select an ECRS code.

1. From the first or second page of the ECRS CWF Assistance Request Detail or ECRS MSP Inquiry Detail screen, tab the cursor to one of the following fields:
  - ACTION(S) (Page 1)
  - PAT REL (Page 1)
  - ACTIVITY CODE (Page 1)
  - MSP Type (Page 1)
  - SOURCE (Page 1)
  - INS TYPE (Page 2)
  - INFMT REL (Page 1)
  - CA (Page 1)
2. Press [PF9]. The system displays the ECRS Code Selection screen, as shown in the example below. The type of code you selected appears below the screen name (the example shows Patient Relationship Codes).

[illegible]

3. If necessary, press [PF8] to scroll forward or [PF7] to scroll backward through the list of applicable codes for that field.
4. When you find the appropriate code, type **S** in the SEL field next to that code and press [Enter]. The system returns to the ECRS CWF Assistance Request Detail screen or the ECRS MSP Inquiry Detail screen and automatically fills the appropriate field with the code you selected.

## ECRS Code Selection Screen Description

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

### Transportation

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



## Reviewing Your Contractor Site Workload (for Medicare Contractors)

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

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

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

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

F2=MENU F3=RETURN 12=EXIT

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

## ECRS Workload Tracking Screen Description (for Medicare Contractors)

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

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

**Transportation**

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

## Reviewing Contractor Workloads (for CMS Users)

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

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

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

ECRS WORKLOAD TRACKING SCREEN							
FROM: MMDDCCYY				THROUGH: MMDDCCYY			
SEL: X C X N _G _I _D _ ALL							
CONTR: _____							
_____							
CONTR	ACT CODE	CWF ASST REQ	REJECTS	MSP INQUIRY	REJECTS	GROSS TOTAL	NET TOTAL
<b>NAT TTL:</b>		<b>999,999</b>	<b>99,999</b>	<b>999,999</b>	<b>99,999</b>	<b>999,999</b>	<b>999,999</b>
00010	C	4,000	30	2,000	10	5,960	6,000
00010	N	1,000	10	6,000	20	6,970	7,000
00020	C	1,200	0	12,000	0	13,500	13,500
00020	N	1,500	10	2,000	15	3,475	3,500
00030	C	900	3	400	1	1,296	1,300
00030	N	1,100	0	300	0	1,400	1,400
00040	C	900	0	800	0	1,500	1,500

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

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

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

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

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

**ECRS Workload Tracking Screen Description (for CMS Users)**

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

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

### Transportation

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

## Viewing the List of Workers' Compensation Set-Aside Trust Cases

**Note:** The ECRS Workers' Compensation Set-Aside List screen is for authorized CMS Regional Office users only. Medicare contractor users do not have access to this screen.

With the release of ECRS 7.0, the Workers Compensation Set-Aside List Screen is used only by the Regional Offices to update Workers Compensation Set-Aside cases that have a Hold (HD) status and cases that have an In Process (IP) status. On or about May 3, 2004 (subject to change), new Workers Compensation Set-Aside cases will be entered through the Workers Compensation Set Aside Case Control System (WCCCS). The WCCCS will update the new ECRS WCSA screens to provide information about the case to the lead contractor.

Follow the steps below to view the list of workers' compensation set-aside trust cases. You only have the ability to view cases that were added by your Regional Office.

1. From the COB ECRS main menu screen, type **10** in the SELECTION field, and type the search criteria in the appropriate fields. Press [Enter]. The system displays the ECRS Workers' Comp Set-Aside List screen, as shown in the example below.

```

ECRS WORKERS COMP SET-ASIDE LIST SCREEN
STATUS:___ REASON: __ HICN: _____ SSN: _____ DCN: _____
ORIGIN DATE FROM: _____ THROUGH: _____

SEL HICN          SSN          ST RS          DCN          ORIGIN DATE  LST UPDATE  USER ID
-  XXXXXXXXXXXXX  XXXXXXXXXX  XX XX  XXXXXXXXXXXXXXXX  99-99-9999  99-99-9999  XXXXXXXXX
-  XXXXXXXXXXXXX  XXXXXXXXXX  XX XX  XXXXXXXXXXXXXXXX  99-99-9999  99-99-9999  XXXXXXXXX
-  XXXXXXXXXXXXX  XXXXXXXXXX  XX XX  XXXXXXXXXXXXXXXX  99-99-9999  99-99-9999  XXXXXXXXX
-  XXXXXXXXXXXXX  XXXXXXXXXX  XX XX  XXXXXXXXXXXXXXXX  99-99-9999  99-99-9999  XXXXXXXXX
-  XXXXXXXXXXXXX  XXXXXXXXXX  XX XX  XXXXXXXXXXXXXXXX  99-99-9999  99-99-9999  XXXXXXXXX
-  XXXXXXXXXXXXX  XXXXXXXXXX  XX XX  XXXXXXXXXXXXXXXX  99-99-9999  99-99-9999  XXXXXXXXX
-  XXXXXXXXXXXXX  XXXXXXXXXX  XX XX  XXXXXXXXXXXXXXXX  99-99-9999  99-99-9999  XXXXXXXXX
-  XXXXXXXXXXXXX  XXXXXXXXXX  XX XX  XXXXXXXXXXXXXXXX  99-99-9999  99-99-9999  XXXXXXXXX
-  XXXXXXXXXXXXX  XXXXXXXXXX  XX XX  XXXXXXXXXXXXXXXX  99-99-9999  99-99-9999  XXXXXXXXX
-  XXXXXXXXXXXXX  XXXXXXXXXX  XX XX  XXXXXXXXXXXXXXXX  99-99-9999  99-99-9999  XXXXXXXXX
-  XXXXXXXXXXXXX  XXXXXXXXXX  XX XX  XXXXXXXXXXXXXXXX  99-99-9999  99-99-9999  XXXXXXXXX
-  XXXXXXXXXXXXX  XXXXXXXXXX  XX XX  XXXXXXXXXXXXXXXX  99-99-9999  99-99-9999  XXXXXXXXX
-  XXXXXXXXXXXXX  XXXXXXXXXX  XX XX  XXXXXXXXXXXXXXXX  99-99-9999  99-99-9999  XXXXXXXXX
-  XXXXXXXXXXXXX  XXXXXXXXXX  XX XX  XXXXXXXXXXXXXXXX  99-99-9999  99-99-9999  XXXXXXXXX
-  XXXXXXXXXXXXX  XXXXXXXXXX  XX XX  XXXXXXXXXXXXXXXX  99-99-9999  99-99-9999  XXXXXXXXX

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

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

```

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

SSN, HICN, Reason, Status, Origin Date From, and Through

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

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

3. Press [PF7] to scroll backward or [PF8] to scroll forward through the list of workers' compensation set-aside trust cases.
4. If you want to view detailed information for a workers' compensation set-aside trust case, type **S** in the SEL field next to the case for which you want to view detailed information. Press [Enter]. The system displays the ECRS Workers' Compensation Set-Aside screen for the selected case.

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

### ECRS Workers' Comp Set-Aside List Screen Description

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



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

### Transportation

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

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

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

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

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

### Prior to May 3, 2004

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

ECRS WORKERS COMPENSATION SET-ASIDE DETAIL		PAGE 1 OF 2
RO NUMBER: XXX	STATUS: XX XXXXXXXX	
USER ID: XXXXXXXX	REASON: XX XXXXXXXX	
ORIGIN DATE: 99-99-9999	UPDATE DATE: 99-99-9999	
IN PROCESS: <input type="checkbox"/> FINAL: <input type="checkbox"/>	APPROVED: <input type="checkbox"/> DENIED: <input type="checkbox"/>	
DATE OF LOSS: _____	EFFECTIVE (SETTLEMENT DATE): _____	
NAME: _____	DOB: _____ SEX: _____	
STATE: _____ LEAD CONTRACTOR: _____	MEDICARE BENE? Y/N: _____ DOD: _____	
SSN: _____ HICN: _____	DCN: _____	
ADMINISTRATOR: _____	AMOUNT: \$____,____,____.____	
STREET: _____		
CITY: _____ ST: _____ ZIP: _____-____-____	PHONE: _____-____-____	
ATTORNEY: _____		
STREET: _____		
CITY: _____ ST: _____ ZIP: _____-____-____	PHONE: _____-____-____	
DEFENDANT ATTY? Y/N: _____		
DIAG: _____		
DESCRIPTION: _____		
_____		
_____		
F2=MENU F3=RETURN F8=FORWARD F12=EXIT		

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

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

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

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

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

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

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

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

ECRS WORKERS COMPENSATION SET-ASIDE DETAIL PAGE 1 OF 2	
RO NUMBER: XXX	STATUS: XX XXXXXXXX
USER ID: XXXXXXXX	REASON: XX XXXXXXXX
ORIGIN DATE: 99-99-9999	UPDATE DATE: 99-99-9999
IN PROCESS: <input type="checkbox"/> FINAL: <input type="checkbox"/> APPROVED: <input type="checkbox"/> DENIED: <input type="checkbox"/>	
DATE OF LOSS: _____	EFFECTIVE (SETTLEMENT DATE): _____
NAME: _____	DOB: _____ SEX: <input type="checkbox"/>
STATE: <input type="checkbox"/> LEAD CONTRACTOR: _____	MEDICARE BENE? Y/N: <input type="checkbox"/> DOD: _____
SSN: _____	HICN _____ DCN _____
ADMINISTRATOR: _____	AMOUNT: \$____,____,____.____
STREET: _____	
CITY: _____	ST: <input type="checkbox"/> ZIP: _____-____ PHONE: ____-____-____
ATTORNEY: _____	
STREET: _____	
CITY: _____	ST: <input type="checkbox"/> ZIP: _____-____ PHONE: ____-____-____
DEFENDANT ATTY? Y/N: <input type="checkbox"/>	
DIAG: _____	
DESCRIPTION: _____	
_____	
_____	
F2=MENU F3=RETURN F8=FORWARD F12=EXIT	

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

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

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

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

### Transportation

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

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

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

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



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

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

**Transportation**

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

## Deleting a Workers' Compensation Set-Aside Trust Case

**Note:** The ECRS Workers' Compensation Set-Aside List screen is for authorized CMS Regional Office users only. Medicare contractor users do not have access to this screen.

Use the ECRS Workers' Compensation Set-Aside List screen to delete a workers' compensation set-aside trust case. You can only delete a case if you work in the Regional Office that entered it, and the case status is HD (hold). If the COB system has started processing the case, you cannot delete it.

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

1. From the COB ECRS main menu screen, type **10** in the SELECTION field, and type the search criteria in the appropriate fields. Press [Enter]. The system displays the ECRS Workers' Comp Set-Aside List screen, as shown in the example below.

```

ECRS WORKERS COMP SET-ASIDE LIST SCREEN
STATUS:___ REASON:___ HICN:___ SSN:___ DCN:___
ORIGIN DATE FROM:___ THROUGH:___

SEL HICN          SSN          ST RS          DCN          ORIGIN DATE  LST UPDATE  USER ID
-  XXXXXXXXXXXXX  XXXXXXXXXX  XX XX  XXXXXXXXXXXXXXXX  99-99-9999  99-99-9999  XXXXXXXXX
-  XXXXXXXXXXXXX  XXXXXXXXXX  XX XX  XXXXXXXXXXXXXXXX  99-99-9999  99-99-9999  XXXXXXXXX
-  XXXXXXXXXXXXX  XXXXXXXXXX  XX XX  XXXXXXXXXXXXXXXX  99-99-9999  99-99-9999  XXXXXXXXX
-  XXXXXXXXXXXXX  XXXXXXXXXX  XX XX  XXXXXXXXXXXXXXXX  99-99-9999  99-99-9999  XXXXXXXXX
-  XXXXXXXXXXXXX  XXXXXXXXXX  XX XX  XXXXXXXXXXXXXXXX  99-99-9999  99-99-9999  XXXXXXXXX
-  XXXXXXXXXXXXX  XXXXXXXXXX  XX XX  XXXXXXXXXXXXXXXX  99-99-9999  99-99-9999  XXXXXXXXX
-  XXXXXXXXXXXXX  XXXXXXXXXX  XX XX  XXXXXXXXXXXXXXXX  99-99-9999  99-99-9999  XXXXXXXXX
-  XXXXXXXXXXXXX  XXXXXXXXXX  XX XX  XXXXXXXXXXXXXXXX  99-99-9999  99-99-9999  XXXXXXXXX
-  XXXXXXXXXXXXX  XXXXXXXXXX  XX XX  XXXXXXXXXXXXXXXX  99-99-9999  99-99-9999  XXXXXXXXX
-  XXXXXXXXXXXXX  XXXXXXXXXX  XX XX  XXXXXXXXXXXXXXXX  99-99-9999  99-99-9999  XXXXXXXXX
-  XXXXXXXXXXXXX  XXXXXXXXXX  XX XX  XXXXXXXXXXXXXXXX  99-99-9999  99-99-9999  XXXXXXXXX
-  XXXXXXXXXXXXX  XXXXXXXXXX  XX XX  XXXXXXXXXXXXXXXX  99-99-9999  99-99-9999  XXXXXXXXX
-  XXXXXXXXXXXXX  XXXXXXXXXX  XX XX  XXXXXXXXXXXXXXXX  99-99-9999  99-99-9999  XXXXXXXXX
-  XXXXXXXXXXXXX  XXXXXXXXXX  XX XX  XXXXXXXXXXXXXXXX  99-99-9999  99-99-9999  XXXXXXXXX
-  XXXXXXXXXXXXX  XXXXXXXXXX  XX XX  XXXXXXXXXXXXXXXX  99-99-9999  99-99-9999  XXXXXXXXX
-  XXXXXXXXXXXXX  XXXXXXXXXX  XX XX  XXXXXXXXXXXXXXXX  99-99-9999  99-99-9999  XXXXXXXXX

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

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

```

2. From this screen, you can change or delete the search criteria to initiate a new search. You can perform searches using the following criteria:  
SSN, HICN, Reason, Status, Origin Date From, and Through  
Typing information in the appropriate fields and pressing [Enter] narrows or widens your search.
3. Press [PF7] to scroll backward or [PF8] to scroll forward through the list of workers' compensation set-aside trust cases.
4. Type **D** in the SEL field next to the workers' compensation set-aside trust case that you want to delete. Press [Enter]. The system marks the case for deletion.
5. If you want to exit the ECRS Workers' Comp Set-Aside List screen, press [PF2] to return to the ECRS main menu without retaining current search criteria, [PF3] to return to the ECRS main menu while retaining current search criteria, or [PF12] to exit ECRS.

**Note:** For the ECRS Workers' Comp Set-Aside List Screen Description, see page 2-55.

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

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

The WCCCS updates ECRS when:

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

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

ECRS WORKERS COMPENSATION SET-ASIDE INQUIRY			PAGE 1 OF 2
REVIEWING RO/WCC NUMBER: XXX			STATUS: XX XXXXXXXX
APPROVING/DENYING RO NUMBER: XXX			REASON: XX
XXXXXXXXXX			
CASE CONTROL NUMBER: XXXXXXXXXX	ORIG DATE: 99-99-9999	UPDATE DATE: 99-99-9999	
IN PROCESS: _	FINAL: _	APPROVED: _	DENIED: _
NAME: _____	DOB: _____	SEX: _	
STATE: __	LEAD CONTRACTOR: _____	MEDICARE BENE? Y/N: _	DOD: _____
SSN: _____	HICN: _____	DCN: _____	
DIAG: _____	DATE OF LOSS: _____		
TOTAL SETTLEMENT: \$9999999.99		MEDICARE SET-ASIDE AMT: \$9999999.99	
LUMP SUM AMOUNT: \$9999999.99			
NUMBER OF YEARS: XX EFFECTIVE DATE (SETTLEMENT DATE): 99-99-9999			
ANNIVERSARY DATE: 99-99-9999			
STRUCTURED PAYMENT SCHEDULE:			
INITIAL DEPOSIT (SEED MONEY): \$999999.99			
SUBSEQUENT ANNUAL PAYMENTS:			
99-99-9999: \$9999999.99	99-99-9999: \$9999999.99	99-99-9999: \$9999999.99	
99-99-9999: \$9999999.99	99-99-9999: \$9999999.99	99-99-9999: \$9999999.99	
99-99-9999: \$9999999.99	99-99-9999: \$9999999.99	99-99-9999: \$9999999.99	
F2=MENU F3=RETURN F8=FORWARD F12=EXIT			

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

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

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



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

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

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

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

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

## Requesting Document Copies

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

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

Follow the steps below to request a document copy.

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

ECRS DOCUMENT COPIES REQUEST			
CNTR NO. 99999	PHONE: ____-____-____	DCN: _____	
CNTR REP.: _____		USER ID XXXXXXXX	
SEND TO: _____			
_____			
_____			
_____			
DOCUMENT REQUESTED: ____ XX			
BENE HICN: _____	SSN: ____ - ____ - ____	SOURCE: _____	
NAME: _____			
STREET: _____			
CITY: _____	ST: ____	ZIP: _____	
MSP TYPE: _ XXXXXXXXXXXXXXXX	EFF DT: _____	TERM DT: _____	
EMPLR NAME: _____		EIN: _____	
F2=MENU F3=RETURN F5=UPDATE F12=EXIT			

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

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

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

## ECRS Document Copies Request Screen Description

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

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

### Transportation

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



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

### ECRS MSP Lead Contractor Assignment Screen Description

<b>ECRS MSP Lead Contractor Assignment Screen</b>	
<b>Field Name</b>	<b>Description</b>
SEL	Selection field. Type <b>S</b> in this field and press [Enter] to display a list of developing contractors associated with this HICN.
HICN	Health Insurance Claim Number entered as search criteria, if applicable. This field is updateable; enter a different HICN to perform additional searches.
CNTR	Type a CMS-issued Medicare contractor number or your RO contractor number to search for assignment records for a specific contractor or your Regional Office.
ORIGIN DATE FROM	Starting date of date range entered as search criteria, if applicable. This field is updateable; enter a different From date in MMDDCCYY format to perform additional searches.
THROUGH	Ending date of date range entered as search criteria, if applicable. This field is updateable; enter a different Through date in MMDDCCYY format to perform additional searches.
HICN	Health Insurance Claim Number for MSP inquiry transaction ( <i>protected field</i> )
BENEFICIARY	First 16 characters of last name and first initial of beneficiary for case assigned to contractor ( <i>protected field</i> )
CONTR	Lead contractor number ( <i>protected field</i> )
TYPE	MSP type for case assigned to contractor ( <i>protected field</i> ). For a list of valid type values, see page 2-35.



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

**Transportation**

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

## Viewing Developing Contractors for a Lead Assignment

Use the ECRS Developing Contractors for Lead screen to see a list of contractors other than the lead contractor that may be interested or involved in the MSP case.

Follow the steps below to view developing contractors for a case.

1. From the COB ECRS main menu screen, type **06** in the SELECTION field, and type search criteria in the SEARCH ORIGIN DATE FROM, THROUGH, and/or HICN fields. Press [Enter]. The system displays the ECRS MSP Lead Contractor Assignment screen showing records found in the COB database for the contractor matching the selection criteria entered. If no selection criteria were entered, the screen displays all assignments in the COB database for the contractor.
2. From the ECRS MSP Lead Contractor Assignment screen, type **S** in the SEL field next to the appropriate case. Press [Enter]. The system displays the ECRS Developing Contractors for Lead screen for the HICN selected. If there are no developing contractors for the selected HICN, the system displays a message stating so.

ECRS DEVELOPING CONTRACTORS FOR LEAD

ATTORNEY NAME: \_\_\_\_\_ PHONE NO: \_\_\_\_-\_\_\_\_-\_\_\_\_

INSURER NAME : \_\_\_\_\_ PHONE NO: \_\_\_\_-\_\_\_\_-\_\_\_\_

  

HICN	BENEFICIARY	TYPE	EFF DATE	ORIGN DATE
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X X	99-99-9999	99-99-9999

  

NUMBER	NAME	PHONE
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	999-999-9999
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	999-999-9999
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	999-999-9999
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	999-999-9999
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	999-999-9999
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	999-999-9999
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	999-999-9999
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	999-999-9999
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	999-999-9999
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	999-999-9999
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	999-999-9999
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	999-999-9999
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	999-999-9999
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	999-999-9999
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	999-999-9999
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	999-999-9999

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

3. Press [PF7] to scroll backward or [PF8] to scroll forward through the list of developing contractors for a case.
4. If you want to view the next lead contractor assignment, press [Enter].
5. If you want to return to the ECRS MSP Lead Contractor Assignment screen, press [PF3].

If you want to exit the ECRS Developing Contractors for Lead screen, press [PF2] to return to the ECRS main menu or [PF12] to exit ECRS.

## ECRS Developing Contractors for Lead Screen Description

<b>ECRS Developing Contractors for Lead Screen</b>	
<b>Field Name</b>	<b>Description</b>
ATTORNEY NAME	Name of attorney as entered on original MSP inquiry or self report
PHONE NO	Phone number of attorney as entered on original MSP inquiry or self report
INSURER NAME	Name of insurer as entered on original MSP inquiry or self report
PHONE NO	Phone number of insurer as entered on original MSP inquiry or self report
HICN	Health Insurance Claim Number for MSP inquiry ( <i>protected field</i> )
BENEFICIARY	First 15 characters of last name and first initial of beneficiary for case assigned to contractor ( <i>protected field</i> )
TYPE	MSP type for case assigned to contractor ( <i>protected field</i> ). For a list of valid values, see page 2-35.
EFF DATE	Effective date of MSP coverage case assigned to contractor ( <i>protected field</i> )
ORIGN DATE	Originating date in MMDDCCYY format ( <i>protected field</i> )
<i>(DEVELOPING CONTRACTORS)</i>	
NUMBER	Contractor number of other Medicare contractors that may be interested or involved in the case assigned ( <i>protected field</i> )
NAME	Name of other Medicare contractors that may be interested or involved in the case assigned ( <i>protected field</i> )
PHONE	Phone number for other Medicare contractors that may be interested or involved in the case assigned ( <i>protected field</i> )

### Transportation

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

## Viewing Notifications for Cases with Developing Contractors

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

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

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

ECRS MSP DEVELOPING CONTRACTOR NOTIFICATION						
HICN: _____	CNTR: 11111	ORIGIN DATE FROM: _____	THRU: 08/27/2002			
HICN	BENEFICIARY	TYPE	WC	EFF DATE	ORIG DATE	LEAD
111111111A	SMITH	M	L	01/01/2002	04/12/2002	22222
111111111A	SMITH	M	D	01/01/2002	04/12/2002	22222
222222222A	BROWN	L	L	Y 03/02/2002	04/10/2002	33333
333333333A	JONES	E	D	12/15/2001	12/27/2001	44444
F2=MENU F3=RETURN F7=BWD F8=FWD F12=EXIT						

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

## ECRS MSP Developing Contractor Notification Screen Description

<b>ECRS MSP Developing Contractor Notification Screen</b>	
<b>Field Name</b>	<b>Description</b>
HICN	Health Insurance Claim Number entered as search criteria, if applicable. This field is updateable; enter a different HICN to perform additional searches.
CNTR	<b>Medicare Contractors:</b> Contractor number entered on login screen ( <i>protected field</i> )  <b>CMS Users:</b> Type a CMS-issued Medicare contractor number or your RO contractor number to search for developing records for a specific contractor or your Regional Office.
ORIGIN DATE FROM	Starting date of date range entered as search criteria, if applicable. This field is updateable; enter a different From date in MMDDCCYY format to perform additional searches.
THROUGH	Ending date of date range entered as search criteria, if applicable. This field is updateable; enter a different Through date in MMDDCCYY format to perform additional searches.
HICN	Health Insurance Claim Number for case ( <i>protected field</i> )
BENEFICIARY	First 15 characters of last name and first initial of beneficiary for case ( <i>protected field</i> )
TYPE	MSP type for case ( <i>protected field</i> ). For a list of valid type values, see page 2-35.
WC	Indicates whether case is a workers' compensation set-aside assignment. Valid values are:  Y        Yes, it is N        No, it is not Blank    Default
EFF DATE	Effective date of MSP coverage case ( <i>protected field</i> )
ORIGN DATE	Originating date in MMDDCCYY format ( <i>protected field</i> )
LEAD	Contractor number of Medicare contractor assigned as lead for case ( <i>protected field</i> )

**Transportation**

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

## Viewing Notifications of Changed MSP Records

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

Follow the steps below view notifications of changed MSP records.

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

ECRS MSP CHANGED RECORD NOTIFICATION						
HICN: _____	CNTR: 11111	ORIGIN DATE FROM: _____	THRU: 08/27/2002			
HICN	BENEFICIARY	TYPE	EFF DATE	ORIG DATE	ACTION	
111111111A	SMITH	M L	01/01/2002	04/12/2002	ADD/UPDATE	
111111111A	SMITH	M D	01/01/2002	04/12/2002	ADD/UPDATE	
222222222A	BROWN	L L	03/02/2002	04/10/2002	ADD/UPDATE	
333333333A	JONES	E D	12/15/2001	12/27/2001	LEAD=55555	

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

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



## ECRS MSP Changed Record Notification Screen Description

<b>ECRS MSP Changed Record Notification Screen</b>							
<b>Field Name</b>	<b>Description</b>						
HICN	Health Insurance Claim Number entered as search criteria, if applicable. This field is updateable; enter a different HICN to perform additional searches.						
CNTR	<b>Medicare Contractors:</b> Contractor number entered on login screen ( <i>protected field</i> )  <b>CMS Users:</b> Type a CMS-issued Medicare contractor number or your RO contractor number to search for changed records for a specific contractor or your Regional Office.						
LAST UPDATED FROM	Starting date of date range entered as search criteria, if applicable. This field is updateable; enter a different From date in MMDDCCYY format to perform additional searches.						
THROUGH	Ending date of date range entered as search criteria, if applicable. This field is updateable; enter a different Through date in MMDDCCYY format to perform additional searches.						
HICN	Health Insurance Claim Number for case ( <i>protected field</i> )						
BENEFICIARY	First 15 characters of last name and first initial of beneficiary for case ( <i>protected field</i> )						
TYPE	MSP type for case ( <i>protected field</i> ). For a list of valid type values, see page 2-35.						
EFF DATE	Effective date of MSP coverage case ( <i>protected field</i> )						
LAST UPDATE	Date notification record was last changed in MMDDCCYY format ( <i>protected field</i> )						
ACTION	Action performed by COB Contractor on this occurrence ( <i>protected field</i> ). Valid values are:  <table> <tr> <td>ADDED</td><td>New occurrence added to CWF</td></tr> <tr> <td>DELETED</td><td>Occurrence deleted from CWF</td></tr> <tr> <td>UPDATED</td><td>Occurrence updated on CWF</td></tr> </table>	ADDED	New occurrence added to CWF	DELETED	Occurrence deleted from CWF	UPDATED	Occurrence updated on CWF
ADDED	New occurrence added to CWF						
DELETED	Occurrence deleted from CWF						
UPDATED	Occurrence updated on CWF						

**Transportation**

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

**Notes:**

## Appendix A: ECRS CICS Error Messages

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

### ECRS CICS Error Message Chart

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

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

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

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

## Appendix B: CWF Remark Codes

This appendix contains a list of CWF remark codes.

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



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

## Appendix C: Frequently Asked Questions (FAQs)

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

### Am I Using the Correct Screen?

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

Main Menu Option	Screen Name	Use this screen to:
ECRS 11	Workload Tracking Screen	<ul style="list-style-type: none"> <li>Review your contractor site's workload (for Medicare contractors)</li> <li>Review contractor workloads (for CMS users)</li> </ul>

## General Issues

### What are the operating hours for the ECRS application?

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

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

ECRS information is restricted by contractor number and access code. Contractors can only view information associated with their own contractor number and access code.

### Can users generate screen prints in ECRS?

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

## MSP Inquiry and CWF Assistance Request Issues

### Are completed ECRS MSP inquiries and CWF assistance requests purged?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## **Lead Contractor Issue**

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

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

## Notification Issues

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

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

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

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

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

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

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## Appendix D: Glossary

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<b>Action Codes</b>	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.
<b>Assistance Request Transaction</b>	Request to add, update, or delete an existing CWF MSP auxiliary occurrence
<b>Bene</b>	Medicare beneficiary
<b>CMS</b>	Centers for Medicare & Medicaid Services, federal agency that administers the Medicare program
<b>COB</b>	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.
<b>Contractor Number</b>	Unique five-digit number assigned to Medicare contractors by CMS. Transactions are entered and viewed in ECRS by contractor number.
<b>CWF</b>	Common Working File, the Medicare Part A/Part B benefit coordination system that uses localized databases maintained by a host contractor
<b>Data Match</b>	Process by which information on employers and employees is analyzed by CMS for use in contacting employers concerning possible periods of MSP
<b>DCN</b>	Document Control Number
<b>Developing Contractor</b>	Contractor that may have an interest or involvement in an MSP case that was assigned to another contractor for coordination of Medicare activities
<b>ECRS</b>	Electronic Correspondence Referral System allows Medicare contractors to enter requests online through CICS screens to change Data Match and IEQ MSP records on CWF. Request transactions are sent to the COB contractor, where a batch process reads the transactions and processes the requests.
<b>EIN</b>	Employer Identification Number
<b>HICN</b>	Health Insurance Claim Number
<b>IEQ</b>	Initial Enrollment Questionnaire, used to gather Medicare Secondary Payer information for newly-eligible beneficiaries
<b>Lead Contractor</b>	CMS-appointed Medicare intermediary that coordinates Medicare recovery activities for MSP cases with interested contractors, attorneys, insurance companies, and other liable entities

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

# Electronic Correspondence Referral System (ECRS)

## Quick Reference Card

Rev. 2005-1/March

GHI-DI-502.8.0

### CWF Assistance Request Codes

Enter CWF assistance requests for existing MSP records.

Required Fields on ECRS CWF Assistance Request Detail Screens	
Field	Description
ACTION(S)	Action codes
DCN	Document Control Number
ACTIVITY CODE	Activity code
SOURCE	Source of request information
BENE HICN	Beneficiary's Health Insurance Claim Number
NAME	Beneficiary's name
PAT REL	Patient relationship
MSP TYPE	Type of MSP coverage
EFF DT	Effective date of MSP coverage
AUX REC	Record number of MSP auxiliary occurrence at CWF
ORIG CNTR	Contract number of contractor that created original MSP occurrence at CWF
INS TYPE	Type of insurance

Required Fields for Source Codes		
Value	Required Fields	
CHEK	CHECK DATE, CHECK AMOUNT, CHECK NO, INFMT NAME, STREET, CITY, ST, ZIP, INFMT REL	
LTTR	INFMT NAME, STREET, CITY, ST, ZIP, INFMT REL	
Action Codes		
Value	Description	
AI	Change attorney information	
AR	Add CWF remark codes	
CT	Change termination date	
CV	Change of venue	
DA	Develop to the attorney	
DD	Develop for the diagnosis code	
DE	Develop to employer or for employer info	
DI	Develop to insurer or for insurer info	
DO	Mark occurrence for deletion	
DR	Investigate/redevelop closed or deleted record	
DT	Develop for termination date	
DX	Change diagnosis codes	
EA	Change employer address	
ED	Change effective date	
EF	Develop for the effective date	
EI	Change employer information	
ES	Employer size below minimum (20 for working aged; 100 for disability)	
II	Change insurer information	
IT	Change insurer type	
LR	Add duplicate liability record	
MT	Change MSP type	
MX	SSN/HICN mismatch	
NR	Create duplicate no-fault record	
PH	Add PHP date	
PR	Change patient relationship	
RR	Generate right-of-recovery letter to lead contractor	
TD	Terminate open EGHP record with date less than six months prior to date of accretion	
VP	Beneficiary has taken a vow of poverty	
Required Fields for Action Codes		
Value	Required Fields	Description
AI	INFMT NAME, PHONE, STREET, CITY, ST, ZIP	Attorney information (when MSP TYPE = D, E, or L and INFMT REL = A)
CV	CHANGE LEAD TO, SEND VENUE LETTER? Y/N	New lead contractor number; venue letter indicator

Required Fields for Action Codes (continued)		
Value	Required Fields	Description
DX	DIAG	Diagnosis codes
ED	EFF DATE	Effective date
EI	EMPLR NAME, STREET, CITY, ST, ZIP, EIN, EMPLOYER NO	Employer information
II	INSURER NAME	Insurer name
IT	INS TYPE	Insurance type
MT	MSP TYPE	MSP type
MX	SSN	SSN/HICN mismatch
PH	PHP DATE	Pre-paid Health Plan date
PR	PAT REL	Patient relationship
TD	TERM DT	Termination date

### MSP Inquiry Codes

Enter inquiries to initiate MSP development.

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

Action Codes	
Value	Description
CA	Class action suit
CL	Closed or settled case
DE	Develop to the employer
DI	Develop to the insurer
SC	Suppress confirmation letter
SL	Suppress lead contractor assignment
SR	Suppress right of recovery letters

Required Fields for Action Codes	
Value	Required Fields
CA	BENE HICN, PAT REL, MSP TYPE (must = L), EFF DT, CA, **INFMT (attorney) NAME, STREET, CITY, ST, ZIP, *INSURER NAME, *INS TYPE, **STREET, CITY, ST, ZIP, DIAG
CL	BENE HICN, PAT REL, MSP TYPE (must = D, E, or L), EFF DT, TERM DATE, **INFMT (attorney) NAME, STREET, CITY, ST, ZIP, *INSURER NAME, *INS TYPE, **STREET, CITY, ST, ZIP, DIAG
DE	EMPLR NAME, STREET, CITY, ST, ZIP
DI	INSURER NAME, STREET, CITY, ST, ZIP
SC	BENE HICN, PAT REL, MSP TYPE, EFF DT, **INFMT (attorney) NAME, STREET, CITY, ST, ZIP, *INSURER NAME, *INS TYPE, **STREET, CITY, ST, ZIP, DIAG
SL	BENE HICN, PAT REL, MSP TYPE (must = D, E, or L), EFF DT, **INFMT (attorney) NAME, STREET, CITY, ST, ZIP, *INSURER NAME, *INS TYPE, **STREET, CITY, ST, ZIP, DIAG
SR	BENE HICN, PAT REL, MSP TYPE (must = D, E, or L), EFF DT, **INFMT (attorney) NAME, STREET, CITY, ST, ZIP, *INSURER NAME, *INS TYPE, **STREET, CITY, ST, ZIP, DIAG

\* INSURER NAME and INS TYPE are always required fields.

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

Required Fields for Source Codes	
Value	Required Fields
CHEK	DCN, SOURCE, BENE HICN, NAME, CHECK DATE, CHECK AMOUNT, CHECK NO, INFMT NAME, ADDR, CITY, ST, ZIP, INFMT REL <b>or</b> DCN, SOURCE, SSN, NAME, BENE STRT, CITY, ST, ZIP, CHECK DATE, CHECK AMOUNT, CHECK NO, INFMT NAME, ADDR, CITY, ST, ZIP, INFMT REL
LTTR	DCN, SOURCE, BENE HICN, NAME, INFMT NAME, ADDR, CITY, ST, ZIP, INFMT REL <b>or</b> DCN, SOURCE, SSN, NAME, BENE STRT, CITY, ST, ZIP, INFMT NAME, ADDR, CITY, ST, ZIP, INFMT REL
PHON	DCN, SOURCE, BENE HICN, NAME, MSP TYPE, INFMT NAME, ADDR, CITY, ST, ZIP, INFMT REL <b>or</b> DCN, SOURCE, SSN, NAME, BENE STRT, CITY, ST, ZIP, MSP TYPE, INFMT NAME, ADDR, CITY, ST, ZIP, INFMT REL
SCLM	DCN, SOURCE, BENE HICN, NAME <b>or</b> 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	
Value	Description
A	Working Aged
B	End-Stage Renal Disease (ESRD)
C	Conditional Payment
D	Automobile Insurance, No Fault
E	Workers' Compensation
F	Federal (Public)
G	Disabled
H	Black Lung
I	Veterans
L	Liability

Source Codes	
Value	Description
CHEK	Unsolicited check
LTTR	Letter
PHON	Phone call
SCLM	Medicare Secondary Claim payment

Status Codes	
Value	Description
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	
Value	Description
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
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

Reason Codes (continued)	
Value	Description
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

Patient Relationship Codes	
Value	Description
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.)
Informant Relationship Codes	
Value	Description
A	Attorney representing beneficiary
B	Beneficiary
C	Child
D	Defendant's attorney
E	Employer
F	Father

Informant Relationship Codes (continued)	
Value	Description
M	Mother
N	Non-relative
O	Other relative
P	Provider
R	Beneficiary representative (other than attorney)
S	Spouse
U	Unknown

Relationship to Insured Codes	
Value	Description
B	Beneficiary
C	Child
E	Employer
F	Father
M	Mother
N	Non-relative
O	Other relative
S	Spouse
U	Unknown

Insurance Type Codes	
Value	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)
Blank	Unknown (UNKNOWN)