CMS Manual System

Pub 100-05 Medicare Secondary Payer

Transmittal 46

Department of Health & Human Services (DHHS)

Centers for Medicare & Medicaid Services (CMS)

Date: DECEMBER 22, 2005

Change Request 4162

NOTE: Transmittal 44, dated November 10, 2005, is rescinded and replaced with Transmittal 46, dated December 22, 2005. This CR has been modified to reflect the correct effective/ implementation date January 3, 2006. All other information remains the same.

SUBJECT: Updates to the Electronic Correspondence Referral System (ECRS) User Guide v9.0 and Quick Reference Card v9.0

I. SUMMARY OF CHANGES:

NEW/REVISED MATERIAL
EFFECTIVE DATE: January 3, 2006
IMPLEMENTATION DATE: January 3, 2006

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R = REVISED, N = NEW, D = DELETED – *Only One Per Row.*

R/N/D	Chapter / Section / SubSection / Title
R	5/Table of Contents
R	5/10.2/COBC Electronic Referral System (ECRS) (includes the additon of Attachments 1 and 2)
D	5/70.5.4/Page after sub-section 70.5.4 that describes Attachments 1 and 2
D	5/70.5.4/Attachment 1 - Electronic Correspondence Referral Systeym (ECRS) User Guide Software Version 8.0 and User Guide Version 8.0

D	5/70.5.4/Attachment 2 - Electronic Correspondence Referral Systeym (ECRS)Quick Reference Card Version 8.0

III. FUNDING:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2006 operating budgets.

IV. ATTACHMENTS:

Business Requirements
Manual Instruction

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

Attachment - Business Requirements

Pub. 100-05	Transmittal: 46	Date: December 22, 2005	Change Request 4162

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SUBJECT: Updates to the Electronic Correspondence Referral System (ECRS) User Guide v9.0 and Quick Reference Card v9.0

I.   GENERAL INFORMATION

A.   Background: The ECRS was developed for transmittal of Medicare Secondary Payer (MSP) information from the contractors to the Coordination of Benefits Contractor (COBC). As needed, changes are made to ECRS to allow the contractors to correspond in a more efficient manner with COBC. Most of the changes in this release are changes needed to incorporate Title I of The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA).

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)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
4162.1	Contractors shall follow the new procedures in the ECRS User Guide v9.0. A list of the enhancements is in the Medicare Secondary Payer Internet Online Manual 5, Chapter 5, Attachment 1.	X	X	X	X					

III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
	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

Effective Date*: January 3, 2006 **Implementation Date:** January 3, 2006 **Pre-Implementation Contact(s):** GHI's help desk, technical support staff at 212-615-4357 **Post-Implementation Contact(s):** GHI's help desk, technical support staff at 212-615-4357	**No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2006 operating budgets.**

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

Medicare Secondary Payer (MSP) Manual

Chapter 5 - Contractor Prepayment Processing Requirements

Table of Contents

(Rev. 46, 12-22-05)

10.2 - COBC Electronic Correspondence Referral System (ECRS)

(Rev. 46, Issued: 12-22-05, Effective: 01-03-06, Implementation: 01-03-06)

As of January 1, 2001, the COBC assumed responsibility for virtually all activities related to establishing MSP periods of coverage at CWF that result from initial MSP development activities. Since contractors receive a great deal of MSP information, a system was needed to transfer that information to the COBC for its evaluation to determine if MSP development is necessary. In addition, since the contractors' ability to send update transactions to CWF had been severely restricted, there was a need for a system to allow it to easily submit requests to the COBC to apply changes to existing MSP records at CWF. In order to meet these requirements, the COBC developed and maintains a mainframe Customer Information Control System (CICS) application. This application, the ECRS allows contractor MSP representatives and Regional Office MSP staff to fill out various online forms and electronically transmit information to the COBC.

The ECRS is operational from 8:00 a.m. to 8:00 p.m. (EST), excluding weekends and holidays. The contractors' data centers shall 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. E-mailed questions or issues should be forwarded to the COBC via Internet address at COB@ghimedicare.com.

Contractors shall not contact GHI's help desk for routine ECRS processing issues. They shall report connection problems or systems failures or crashes directly to GHI's technical support staff at (212) 615-4357. If contractors are unable to receive technical assistance from GHI's Help Desk, or the issue has not been resolved, please contact Alberta Smythe (COBC) at (646) 458-6694 or other COBC designee. If contractors are still unable to obtain information or the issue continues to go unresolved, please contact Pat Murphy (CMS) at (410) 786-8123 or other CMS CO designee.

Effective March 2005, CMS started a demonstration project using Recovery Audit Contractors (RAC) to provide recovery audit services in the States of California and Florida 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 RACs Participating in the Demonstration (Medicare Secondary Payer, J-1).** The RAC shall follow the instructions for ECRS User Guide for the RAC, which shall be found in the Demonstration Manual.

Title I of The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) establishes a voluntary outpatient prescription drug benefit under a new Medicare Part D that begins on January 1, 2006. ECRS has been enhanced to allow Medicare contractors to submit Other Health Insurance drug leads.

Attachment 1 - ECRS User Guide Version 9.0

(Rev. 46, Issued: 12-22-05, Effective: 01-03-06, Implementation: 01-03-06)

To view Attachment 1, click here: Attachment 1, ECRS User Guide, Software Version 9.0, User Guide v9.0

Below are the enhancements and fixes that have been applied to ECRS User Guide v9.0.

ENHANCEMENTS:

The following enhancements are included as part of software version 9.0 and User Guide v9.0:

1. *ECRS shall be used by Parts A, B, and D Medicare contractors and the RACs.*

2. *A new Detail Prescription Drug Coverage Screen shall be added.*

3. *Two new menu items added:*

    Prescription Drug Coverage List Screen

    Prescription Drug Coverage Detail Screen

4. *New "RX" indicator on page 2 of the MSP Inquiry Screen.*

5. *Users should add MSP or Prescription Drug Inquiries or both.*

6. *Prescription Drug information shall be updated through a CWF Assistance Request.*

7. *New Reason Code 15 (update sent to MBD).*

8. *Two new Source Codes to be used by the RACs ONLY:*

    DMCH = Data Match

    OTHER = Other

9. *The system shall reject an Assistance Request with a change of venue action code if the request to change the lead contractor occurs 90 days after the initial assignment. A new reason code of 92 – Change of venue not allowed after 90 days, will be used to reject the record.*

Attachment 2 - ECRS - Quick Reference Card Version 9.0

(Rev. 46, Issued: 12-22-05, Effective: 01-03-06, Implementation: 01-03-06)

To view Attachment 2, click here: Attachment 2, ECRS User Guide Quick Reference Card v9.0

Electronic Correspondence Referral System (ECRS) User Guide

Software Version 9.0
User Guide Version 9.0

Rev. 2005-2/November

GHI-DI-501.9.0

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).

Table of Contents

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...
ECRS User Guide	1-2
User Guide Conventions	1-2
What is ECRS?	1-3
Logging On	1-4
Logging Off	1-5
COB ECRS Login Screen Description	1-6
COB ECRS Main Menu Screen Description	1-7

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 RRRRRRR  SSSS
            EE     CC      RR     R SS
            EE     CC      RR     R SS
            EEEEE  CC       RRRRRRR  SSSS
            EE     CC      RR  RR       SS
            EE     CC      RR  RR       SS
            EEEEEE  CCCCCC RR     RR SSSS

                    VERSION 9.0

   **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	1. Type your contractor number (unique five-digit number assigned by CMS) in the CONTRACTOR NUMBER field. 2. Type your access code (five-character authorization code assigned by the COB contractor) in the ACCESS CODE field. 3. Type the name of the contractor representative in the REPRESENTATIVE field. 4. Type the contractor representative's telephone number in the PHONE field.
CMS user	1. Type your CMS ID number in the CMS RO NUMBER field. 2. Type your access code in the ACCESS CODE field.

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
                     09  WORKERS COMP SET ASIDE DETAIL
                     10  WORKERS COMP SET ASIDE LIST
                     11  WORKLOAD TRACKING SCREEN
                     12  PRESCRIPTION DRUG COVERAGE DETAIL
                     13  PRESCRIPTION DRUG COVERAGE LIST


                        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: ___ - ___ - ____

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


                            PF12=EXIT
```

COB ECRS Login Screen	
Field Name	**Description**
CMS RO NUMBER	CMS Regional Office identification number. *Required field* for CMS users.
ACCESS CODE	Three-position alphabetic authorization code for CMS users. *Required field* for CMS users.
CONTRACTOR NUMBER	Unique five-digit identification number assigned to each Medicare contractor by CMS. *Required field* for contractors.
ACCESS CODE	Five-character authorization code assigned by COB contractor. *Required field* for contractors.
REPRESENTATIVE	Contact person at contractor site **Note:** 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 **Note:** 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

COB ECRS Login Screen	
PF Key	**Function**
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
                    09  WORKERS COMP SET ASIDE DETAIL
                    10  WORKERS COMP SET ASIDE LIST
                    11  WORKLOAD TRACKING SCREEN
                    12  PRESCRIPTION DRUG COVERAGE DETAIL
                    13  PRESCRIPTION DRUG COVERAGE LIST


                      F3=RETURN F12=EXIT
```

COB ECRS Main Menu Screen	
Field Name	**Description**
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.

COB ECRS Main Menu Screen	
Field Name	**Description**
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.
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.

COB ECRS Main Menu Screen	
Field Name	**Description**
SELECTION	Selection field. Options are: 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 09 Workers Comp Set Aside Detail 10 Workers Comp Set Aside List (for designated CMS users only) 11 Workload Tracking Screen 12 Prescription Drug Coverage Detail 13 Prescription Drug Coverage List **Note:** Use the chart below to determine valid search criteria for the various selection options.

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
13	User ID, Status, Reason, DCN, Date From, Through, Contractor Number, HICN

Transportation

COB ECRS Main Menu Screen	
PF Key	**Function**
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, and Updating Workers' Compensation Set-Aside Trust Cases	2-74
Deleting Workers' Compensation Set-Aside Trust Cases	2-84
Requesting Document Copies	2-92
Viewing Lead Contractor Assignments	2-95
Viewing Developing Contractors for a Case	2-99
Viewing Notifications for Cases with Developing Contractors	2-101
Viewing Notifications of Changed MSP Records	2-104

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
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ECRS MSP Inquiry Detail Screen, Page 2 of 2	2-39
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ECRS Workers' Compensation Set-Aside Detail Screen, Page 1 of 2	2-76
ECRS Workers' Compensation Set-Aside Detail Screen, Page 1 of 2	2-80
ECRS Workers' Compensation Set-Aside Inquiry Screen, Page 1 of 2	2-85
ECRS Workers' Compensation Set-Aside Inquiry Screen, Page 2 of 2	2-89
ECRS Workers' Compensation Set-Aside List Screen	2-72
ECRS Workload Tracking Screen (for Medicare Contractors)	2-65
ECRS Workload Tracking Screen (for CMS Users)	2-69

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, type the search criteria in the appropriate fields, and 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    ORGIN DT   LST UPDATE  USER ID
  _  XXXXXXXXXXXX   XXXXX   XXXXXXXXXXXXXXXXX      XX XX   99-99-9999 99-99-9999  XXXXXXXX
  _  XXXXXXXXXXXX   XXXXX   XXXXXXXXXXXXXXXXX      XX XX   99-99-9999 99-99-9999  XXXXXXXX
  _  XXXXXXXXXXXX   XXXXX   XXXXXXXXXXXXXXXXX      XX XX   99-99-9999 99-99-9999  XXXXXXXX
  _  XXXXXXXXXXXX   XXXXX   XXXXXXXXXXXXXXXXX      XX XX   99-99-9999 99-99-9999  XXXXXXXX
  _  XXXXXXXXXXXX   XXXXX   XXXXXXXXXXXXXXXXX      XX XX   99-99-9999 99-99-9999  XXXXXXXX
  _  XXXXXXXXXXXX   XXXXX   XXXXXXXXXXXXXXXXX      XX XX   99-99-9999 99-99-9999  XXXXXXXX
  _  XXXXXXXXXXXX   XXXXX   XXXXXXXXXXXXXXXXX      XX XX   99-99-9999 99-99-9999  XXXXXXXX
  _  XXXXXXXXXXXX   XXXXX   XXXXXXXXXXXXXXXXX      XX XX   99-99-9999 99-99-9999  XXXXXXXX
  _  XXXXXXXXXXXX   XXXXX   XXXXXXXXXXXXXXXXX      XX XX   99-99-9999 99-99-9999  XXXXXXXX
  _  XXXXXXXXXXXX   XXXXX   XXXXXXXXXXXXXXXXX      XX XX   99-99-9999 99-99-9999  XXXXXXXX
  _  XXXXXXXXXXXX   XXXXX   XXXXXXXXXXXXXXXXX      XX XX   99-99-9999 99-99-9999  XXXXXXXX
  _  XXXXXXXXXXXX   XXXXX   XXXXXXXXXXXXXXXXX      XX XX   99-99-9999 99-99-9999  XXXXXXXX
  _  XXXXXXXXXXXX   XXXXX   XXXXXXXXXXXXXXXXX      XX XX   99-99-9999 99-99-9999  XXXXXXXX
  _  XXXXXXXXXXXX   XXXXX   XXXXXXXXXXXXXXXXX      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
```

3. Change or delete the search criteria to initiate a new search. Perform searches using combinations of the following criteria: User ID, Status, Reason, Origin Date From, Through, Contractor Number, HICN, or DCN. 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

ECRS CWF Assistance Request List Screen	
Field Name	**Description**
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 **IP** 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 **S** in this field and press [Enter] to transport to the ECRS CWF Assistance Request Detail screen. Type **D** 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 *(protected field)*
CNTR	Contractor number *(protected field)*
DCN	Document Control Number assigned to CWF assistance request transaction by Medicare contractor *(protected field)*
ST	Status of CWF assistance request transaction *(protected field)*. For a list of valid status values, see page 2-9.

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

Transportation

ECRS CWF Assistance Request List Screen	
PF Key	**Function**
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 **D** 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 XXXXXXXX ORIG DT: 99-99-9999
  CNTR REP.: _____     STATUS  XX   XXXXXXXXXXXXXX
  ACTION(S): __ __ __ __  DCN: _____     REASON  XX   XXXXXXXXXXXXX
  ACTIVITY CODE: _    DVLP TO: _           RSP: _   SOURCE: ____  XXXXXXXXXXXXX
  BENE HICN: _____     SSN: ___-___-_____        DOB: _____  SEX: _
        NAME: _____ _____ PAT REL: __ XXXXXXXXXXXX
   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: __ XXXXXXXXXX

  EMPLR NAME: _____ EIN: _____
      STREET: _____         PHONE: ___-___-_____
       CITY: _____ ST: __ ZIP: _____-_____   EMPLOYEE NO: _____


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

   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) **Note:** 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) **Note:** Type data in *all* 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 XXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXX
         HICN XXXXXXXXXXX          DCN XXXXXXXXXXXXXXX

     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	INSURER NAME
	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.
	Note: Type data in *all* fields to update insurer information at CWF. Leave *all* fields blank to delete insurer information at CWF.
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   XXXXXXXXXXXXXX
ACTION(S): __ __ __ __  DCN: _____        REASON  XX   XXXXXXXXXXXXX
ACTIVITY CODE: _   DVLP TO: _                 RSP: _ SOURCE: ____ XXXXXXXXXXXXXX
BENE HICN: _____    SSN: ___-___-____           DOB: _____  SEX: _
     NAME: _____ _ _____ PAT REL: __ XXXXXXXXXXXX
 MSP TYPE: _ XXXXXXXXXXXXXXX     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: __ XXXXXXXXXXX

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.	**Medicare Contractors:** Contractor number entered on login screen *(protected field)* **CMS Users:** RO contractor number entered on main menu screen *(protected field)*
PHONE	Phone number of contractor representative
USER ID	User ID of operator who entered CWF assistance request transaction *(protected field)*
ORIG DT	Originating date in MM-DD-CCYY format *(protected field)*
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 *(protected field)*. 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)	Two-character code defining action to take on CWF Auxiliary record *(required field)*. Valid values are: AI Change attorney information AR Add CWF remark code (See Appendix B for a list of remark codes) CT Change the termination date CV Change venue (Permissible for Workers' Compensation only.) DA Develop to the attorney DD Develop for the diagnosis code DE Develop to employer or develop for employer information DI Develop to insurer or develop for insurer information DO Mark occurrence for deletion DR Investigate/redevelop closed or deleted record DT Develop for termination date DX Change diagnosis codes EA Change employer address ED Change effective date EF Develop for the effective date EI Change employer information ES Employer size below minimum (20 for working aged, 100 for disability) II Change insurer information IT Change insurer type LR Add duplicate liability record MT Change MSP type MX SSN/HICN mismatch NR Add duplicate no-fault record PH Add PHP date PR Change patient relationship RR Generate right of recovery lead contractor letter TD Terminate open EGHP record with date less than six months prior to date of accretion VP Beneficiary has taken a vow of poverty 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.
DCN	Document Control Number assigned by contractor to correspondence and/or paperwork associated with transaction *(required field)*

ECRS CWF Assistance Request Detail Screen, Page 1 of 2	
Field Name	**Description**
REASON	Two-character code explaining why the CWF assistance request is in a particular status *(protected field)*. Description of reason code displays next to value. Valid values are:

01	Not yet read by COB, used with NW status
02	Being processed by COB, used with IP status
03	Under development by COB, used with IP status
04	Update sent to CWF, used with IP status
05	Error received from CWF, being resolved by COB contractor, used with IP status
07	Auditor follow-up development in progress, used with IP status
10	Not processing
11	Not yet eligible for Medicare, used with HD status
14	Duplicate request, development already in progress, used with HD status
15	Prescription Drug Information sent to MBD
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 (More current information was received by the COB contractor in the form of a self-report. You will be notified of any changes in record status on the ECRS Changed Record Notification screen.)
69	Developed to GHP, no response
70	Developed to non-EGHP, no response
71	Developed to beneficiary, no response
72	Developed to informant, no response
73	Medicare beneficiary retired
74	Spouse retired
75	GHP lifetime of yearly benefits past maximum amount
76	No coverage with insurance company
77	Medicare Supplemental Plan
78	Employer has less than 20 employees
79	Per employer, Medicare beneficiary is not covered under spouse's GHP

| 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 *(protected field)*. 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 91 Duplicate Investigation in Process 92 Change of Venue not allowed after 90 days
ACTIVITY CODE	Activity of contractor *(required field)*. Valid values are: C Claims (Pre-Payment) (22001) D Debt Collection/Referral (42021) G Group Health Plan (42003) I General Inquires (42004) N Liability, No Fault, Workers' Compensation, and Federal Tort Claim Act (42002)
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 *(required field)*. 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 CLAM Claim SRVY Survey
BENE HICN	Health Insurance Claim Number of beneficiary *(required field)*. Type HICN without dashes, spaces, or other special characters.
SSN	Social Security Number of beneficiary
DOB	Beneficiary's date of birth

ECRS CWF Assistance Request Detail Screen, Page 1 of 2	
Field Name	**Description**
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 *required fields*.
PAT REL	Patient relationship between policyholder and beneficiary *(required field)*. Description of code displays next to value. Valid values are: 01 Patient is policy holder 02 Spouse 03 Natural child, insured has financial responsibility 04 Natural child, insured does not have financial responsibility 05 Stepchild 06 Foster child 07 Ward of the Court 08 Employee 09 Unknown 10 Handicapped dependent 11 Organ donor 12 Cadaver donor 13 Grandchild 14 Niece/nephew 15 Injured plaintiff 16 Sponsored dependent 17 Minor dependent of a minor dependent 18 Parent 19 Grandparent dependent 20 Domestic partner (Effective April, 2004.)
MSP TYPE	One-character code identifying type of MSP coverage *(required field)*. Description of code displays next to value. Valid values are: A Working Aged B ESRD C Conditional Payment D Automobile Insurance, No Fault E Workers' Compensation F Federal (Public) G Disabled H Black Lung I Veterans L Liability
EFF DT	Effective date of MSP coverage in MMDDCCYY format *(required field)*
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 **9** eight times in this field if you have conflicting dates for the termination date.
AUX REC	Record number of MSP auxiliary occurrence in CWF *(required field)*
ACCR DT	Accretion date of MSP coverage in MMDDCCYY format

| ECRS CWF Assistance Request Detail Screen, Page 1 of 2 ||
Field Name	Description
ORIG CNTR	Contractor number of contractor that created original MSP occurrence at CWF (*required field* except when ACTION(S) = CV)
CHANGE LEAD TO	New lead contractor number. *Required field* 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. **Note:** 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. *Required field* 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. *Required field* if value in SOURCE field = CHEK. You cannot future-date this field.
CHECK AMOUNT	Amount of check received. *Required field* if value in SOURCE field = CHEK.
CHECK NO	Number of check received. *Required field* 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 *required fields* 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 *required field* when SOURCE is CHEK or LTTR.
CITY	Informant's city. *Required field* when SOURCE is CHEK or LTTR.
ST	Informant's state. *Required field* when SOURCE is CHEK or LTTR.
ZIP	Informant's ZIP code. *Required field* when SOURCE is CHEK or LTTR.

| ECRS CWF Assistance Request Detail Screen, Page 1 of 2 ||
Field Name	Description
INFMT REL	One-character code indicating relationship of informant to beneficiary. *Required field* 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

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

```
                     ECRS CWF ASSISTANCE REQUEST DETAIL          PAGE 2 OF 2
   CNTR NBR. 99999            BENE XXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXX
      HICN XXXXXXXXXXX         DCN XXXXXXXXXXXXXXX

   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
```

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

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

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 XXXXXXX.XXXXXXXXXXX            DOD            SOURCE X

                                          VAL DEL    ORIG  UPDT
  SL REC    MSP     EFF DTE       TRM DTE    IND      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 **G** 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   XXXXXXXXXXXXXX
ACTION(S): __ __ __ __  DCN: _____        REASON  XX   XXXXXXXXXXXXX
ACTIVITY CODE: _                                    SOURCE: ____  XXXXXXXXXXXXX
BENE HICN: _____   SSN: ___-___-____        DOB: _____  SEX: _
    NAME: _____ _ _____ PAT REL: __ XXXXXXXXXXXX
 MSP TYPE: _ XXXXXXXXXXXXXXX      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: __ XXXXXXXXXX

EMPLR NAME: _____ EIN: _____
    STREET: _____           PHONE: ___ ___ ____
    CITY: _____ ST: __ ZIP: _____-____    EMPLOYEE NO: _____
```

```
                    ECRS CWF ASSISTANCE REQUEST DETAIL             PAGE 2 OF 2
CNTR NBR. 99999            BENE XXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXX
    HICN XXXXXXXXXXX        DCN XXXXXXXXXXXXXX

INSURER NAME: XXXXXXXXXXXXXXXXXXXXXXX       INS TYPE: X XXXXXXXXXXXXXXX
     STREET: XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXX   PHONE: ___-___-____
       CITY: XXXXXXXXXXXXXXX ST: XX ZIP: XXXXX-XXXX
    GROUP NO: XXXXXXXXXXXXX              POLICY NO: XXXXXXXXXXXXXXX
POLICY HOLDER/SUBSCRIBER NAME: XXXXXXXXXXXXXXXX X XXXXXXXXXXX
   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	1. Change information in any of the highlighted fields by typing the correct information over the imported information. 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. 3. After you complete both pages of the screen, press [PF5] on the second page to update the database.
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	1. Type the new beneficiary's HICN in the BENE HICN field on the first page. 2. Press [PF6] on the first page to overlay applicable fields with information from the new beneficiary's record.

HIMR MSP Data Screen Description

```
                        HIMR MSP DATA

 HIC   XXXXXXXXXX                                    DOB MM/DD/CCYY   SEX X
 CORR  XXXXXXXXXX      NAME XXXXXXX.XXXXXXXXXXX          DOD           SOURCE X

                                        VAL DEL    ORIG  UPDT
  SL REC    MSP     EFF DTE      TRM DTE    IND    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
```

HIMR MSP Data Screen	
Field Name	**Description**
HIC	Beneficiary's HICN *(protected field)*
DOB	Beneficiary's Date of Birth in MMDDCCYY format *(protected field)*

HIMR MSP Data Screen	
Field Name	**Description**
SEX	Beneficiary's sex *(protected field)*. Valid values are: F Female M Male
CORR	Corrected HICN *(protected field)*
NAME	Beneficiary's first name (up to seven characters) and last name (up to 11 characters), separated by a period *(protected field)*
DOD	Date of death *(protected field)*
SOURCE	Source code *(protected field)*. Valid values are CMS-defined values received from HIMR.
SL	Selection field. Type **G** 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 *(protected field)*
MSP	One-character code identifying type of MSP coverage *(protected field)*. 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 *(protected field)*
TRM DTE	Termination date of MSP coverage in MM/DD/CCYY format *(protected field)*
VAL DEL IND	Validity indicator *(protected field)*. The system only displays records with validity indicator Y on this screen.
ORIG CONTRACTOR	Originating contractor number *(protected field)*
UPDT CONTRACTOR	Contractor number of contractor who last updated correspondence item *(protected field)*
DOA	Date of accretion in MM/DD/CCYY format *(protected field)*

Transportation

HIMR MSP Data Screen	
PF Key	**Function**
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   ORIGIN DT  LST UPDATE USER ID
  _  XXXXXXXXXXXX   XXXXX   XXXXXXXXXXXXXXXXX      XX XX   99-99-9999 99-99-9999 XXXXXXXX
  _  XXXXXXXXXXXX   XXXXX   XXXXXXXXXXXXXXXXX      XX XX   99-99-9999 99-99-9999 XXXXXXXX
  _  XXXXXXXXXXXX   XXXXX   XXXXXXXXXXXXXXXXX      XX XX   99-99-9999 99-99-9999 XXXXXXXX
  _  XXXXXXXXXXXX   XXXXX   XXXXXXXXXXXXXXXXX      XX XX   99-99-9999 99-99-9999 XXXXXXXX
  _  XXXXXXXXXXXX   XXXXX   XXXXXXXXXXXXXXXXX      XX XX   99-99-9999 99-99-9999 XXXXXXXX
  _  XXXXXXXXXXXX   XXXXX   XXXXXXXXXXXXXXXXX      XX XX   99-99-9999 99-99-9999 XXXXXXXX
  _  XXXXXXXXXXXX   XXXXX   XXXXXXXXXXXXXXXXX      XX XX   99-99-9999 99-99-9999 XXXXXXXX
  _  XXXXXXXXXXXX   XXXXX   XXXXXXXXXXXXXXXXX      XX XX   99-99-9999 99-99-9999 XXXXXXXX
  _  XXXXXXXXXXXX   XXXXX   XXXXXXXXXXXXXXXXX      XX XX   99-99-9999 99-99-9999 XXXXXXXX
  _  XXXXXXXXXXXX   XXXXX   XXXXXXXXXXXXXXXXX      XX XX   99-99-9999 99-99-9999 XXXXXXXX
  _  XXXXXXXXXXXX   XXXXX   XXXXXXXXXXXXXXXXX      XX XX   99-99-9999 99-99-9999 XXXXXXXX
  _  XXXXXXXXXXXX   XXXXX   XXXXXXXXXXXXXXXXX      XX XX   99-99-9999 99-99-9999 XXXXXXXX
  _  XXXXXXXXXXXX   XXXXX   XXXXXXXXXXXXXXXXX      XX XX   99-99-9999 99-99-9999 XXXXXXXX
  _  XXXXXXXXXXXX   XXXXX   XXXXXXXXXXXXXXXXX      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
    _  XXXXXXXXXXXX   XXXXX   XXXXXXXXXXXXXXX    XX XX   99-99-9999  99-99-9999 XXXXXXXX
    _  XXXXXXXXXXXX   XXXXX   XXXXXXXXXXXXXXX    XX XX   99-99-9999  99-99-9999 XXXXXXXX
    _  XXXXXXXXXXXX   XXXXX   XXXXXXXXXXXXXXX    XX XX   99-99-9999  99-99-9999 XXXXXXXX
    _  XXXXXXXXXXXX   XXXXX   XXXXXXXXXXXXXXX    XX XX   99-99-9999  99-99-9999 XXXXXXXX
    _  XXXXXXXXXXXX   XXXXX   XXXXXXXXXXXXXXX    XX XX   99-99-9999  99-99-9999 XXXXXXXX
    _  XXXXXXXXXXXX   XXXXX   XXXXXXXXXXXXXXX    XX XX   99-99-9999  99-99-9999 XXXXXXXX
    _  XXXXXXXXXXXX   XXXXX   XXXXXXXXXXXXXXX    XX XX   99-99-9999  99-99-9999 XXXXXXXX
    _  XXXXXXXXXXXX   XXXXX   XXXXXXXXXXXXXXX    XX XX   99-99-9999  99-99-9999 XXXXXXXX
    _  XXXXXXXXXXXX   XXXXX   XXXXXXXXXXXXXXX    XX XX   99-99-9999  99-99-9999 XXXXXXXX
    _  XXXXXXXXXXXX   XXXXX   XXXXXXXXXXXXXXX    XX XX   99-99-9999  99-99-9999 XXXXXXXX
    _  XXXXXXXXXXXX   XXXXX   XXXXXXXXXXXXXXX    XX XX   99-99-9999  99-99-9999 XXXXXXXX
    _  XXXXXXXXXXXX   XXXXX   XXXXXXXXXXXXXXX    XX XX   99-99-9999  99-99-9999 XXXXXXXX
    _  XXXXXXXXXXXX   XXXXX   XXXXXXXXXXXXXXX    XX XX   99-99-9999  99-99-9999 XXXXXXXX
    _  XXXXXXXXXXXX   XXXXX   XXXXXXXXXXXXXXX    XX XX   99-99-9999  99-99-9999 XXXXXXXX
    _  XXXXXXXXXXXX   XXXXX   XXXXXXXXXXXXXXX    XX XX   99-99-9999  99-99-9999 XXXXXXXX


   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

ECRS MSP Inquiry List Screen	
Field Name	**Description**
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 **IP** 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.

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

Transportation

ECRS MSP Inquiry List Screen	
PF Key	**Function**
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 **D** 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 XXXXXXXX ORIG DT: 99-99-9999
CNTR REP.: _____    STATUS XX   XXXXXXXXXXXXXX
ACTION(S): __ __ __ __  DCN: _____    REASON XX   XXXXXXXXXXXXXX
ACTIVITY CODE: _ 1.DVLP TO: _ 2.DVLP TO: _ RSP: _  SOURCE: ____ XXXXXXXXXXXXXX
 BENE HICN: _____     SSN: ___ - __ - ____     DOB: _____  SEX: _
     NAME: _____ _ _____ PAT REL: __ XXXXXXXXXXXX
  MSP TYPE: _ XXXXXXXXXXXXXXX    EFF DT: _____  TERM DT: _____
 SEND TO CWF? (Y/N) _ CA __


BENE STRT: _____ _____
      CITY: _____ ST: __ ZIP: _____ - ____   PHONE: ___ - ___ - ____

   CHECK DATE: _____ CHECK AMOUNT: $___,___,___.__ CHECK NO: _____
INFMT NAME: _____ _ _____ PHONE: ___ - ___ - ____
     STREET: _____ _____
      CITY: _____ ST: __ ZIP: _____ - ____   INFMT REL: __ XXXXXXXXXX

EMPLR NAME: _____ EIN: _____
    STREET: _____          PHONE: ___-___-____
      CITY: _____ ST: __ ZIP: _____ - ____   EMPLOYEE NO: _____


           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.	**Page 1:**	BENE HICN, PAT REL, MSP TYPE (must = L), EFF DT, CA, **INFMT (attorney) NAME, STREET, CITY, ST, ZIP
		Page 2:	*INSURER NAME, *INS TYPE, **STREET, CITY, ST, ZIP, DIAG
CL	**Note:** This action code is only valid for closed and settled liability, workers' compensation, and/or auto/no fault cases. 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.	**Page 1:**	BENE HICN, PAT REL, MSP TYPE (must = D, E, or L), EFF DT, TERM DT, **INFMT (attorney) NAME, STREET, CITY, ST, ZIP
		Page 2:	*INSURER NAME, *INS TYPE, **STREET, CITY, ST, ZIP, DIAG
DE	This action code sends a development letter to the employer.	**Page 1:**	EMPLR NAME, STREET, CITY, ST, ZIP
		Page 2:	N/A
DI	This action code sends a development letter to the insurer.	**Page 1:**	N/A
		Page 2:	INSURER NAME, STREET, CITY, ST, ZIP
SC	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. **Note:** For MSP Types other than D, E, or L, the informant *must* be the beneficiary.	**Page 1:**	BENE HICN, PAT REL, MSP TYPE, EFF DT, **INFMT (attorney) NAME, STREET, CITY, ST, ZIP
		Page 2:	*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.

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.	**Page 1:**	BENE HICN, PAT REL, MSP TYPE (must = D, E, or L), EFF DT, **INFMT (attorney) NAME, STREET, CITY, ST, ZIP
		Page 2:	*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.	**Page 1:**	BENE HICN, PAT REL, MSP TYPE (must = D, E, or L), EFF DT, **INFMT (attorney) NAME, STREET, CITY, ST, ZIP
		Page 2:	*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.

3. Type a valid code in the ACTIVITY CODE field.

4. 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 **or** 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 **or** 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 XXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXX
   HICN XXXXXXXXXXX         DCN XXXXXXXXXXXXXX
 INSURER NAME: _____       INS TYPE: _ XXXXXXXXXXXXXXX
       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: _ XXXXXXXXXXXXX

 SEND TO CWF? (Y/N) _        PRESCRIPTION DRUG COVERAGE? (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   XXXXXXXXXXXXXX
ACTION(S): __ __ __ __  DCN: _____  REASON  XX   XXXXXXXXXXXXXX
ACTIVITY CODE: _ 1.DVLP TO: _ 2.DVLP TO: _ RSP: _  SOURCE: ____ XXXXXXXXXXXXXX
 BENE HICN: _____   SSN: ___ - __ - ____     DOB: _____  SEX: _
      NAME: _____ _ _____ PAT REL: __ XXXXXXXXXXXX
 MSP TYPE: _ XXXXXXXXXXXXXXX    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: __ XXXXXXXXXX

EMPLR NAME: _____  EIN: _____
    STREET: _____  PHONE: ___-___-____
      CITY: _____ ST: __ ZIP: _____ - ____  EMPLOYEE NO: _____
```

ECRS MSP Inquiry Detail Screen, Page 1 of 2	
Field Name	**Description**
CNTR NBR.	**Medicare Contractors:** Contractor number entered on login screen *(protected field)* **CMS Users:** RO contractor number entered on main menu screen *(protected field)*
PHONE	Phone number of contractor representative
USER ID	User ID of operator who entered MSP inquiry transaction *(protected field)*
ORIG DT	Originating date in MM-DD-CCYY format *(protected field)*
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 *(protected field)*. 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)	Action code indicating type of special processing to perform on MSP Inquiry record. Valid values are: CA Class Action Suit CL Closed or Settled Case DE Develop to the Employer DI Develop to the Insurer SC Suppress Confirmation Letter SL Suppress Lead Contractor Assignment SR Suppress Right of Recovery Letters
DCN	Document Control Number assigned by contractor to correspondence and/or paperwork associated with transaction *(required field)*
REASON	Two-character code explaining why the MSP inquiry is in a particular status *(protected field)*. Description of reason code displays next to value. Valid values are: 01 Not yet read by COB, used with NW status 02 Being processed by COB, used with IP status 03 Under development by COB, used with IP status 04 Update sent to CWF, used with IP status 05 Error received from CWF, being resolved by COB contractor, used with IP status 07 Auditor follow-up development in progress, used with IP status 10 Not processing 11 Not yet eligible for Medicare, used with HD status 14 Duplicate request, development already in process, used with HD status 15 Prescription Drug Information sent to MBD 45 Insufficient information to process, used with HD status (RAC only) 46 RAC did not update hold records, used with DE status (RAC only) 50 Posted to CWF, response received with no errors, used with CM status 51 No changes (additions, 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

ECRS MSP Inquiry Detail Screen, Page 1 of 2	
Field Name	**Description**
REASON (continued)	Two-character code explaining why the MSP inquiry is in a particular status *(protected field)*. Description of reason code displays next to value. Valid values (continued from page 2-32) are: 68 Closed for Self-Report (More current information was received by the COB contractor in the form of a self-report. You will be notified of any changes in record status on the ECRS Changed Record Notification screen.) 69 Developed to GHP, no response 70 Developed to non-EGHP, no response 71 Developed to beneficiary, no response 72 Developed to informant, no response 73 Medicare beneficiary retired 74 Spouse retired 75 GHP lifetime of yearly benefits past maximum amount 76 No coverage with insurance company 77 Medicare Supplemental Plan 78 Employer has less than 20 employees 79 Per employer, Medicare beneficiary is not covered under spouse's GHP 80 Employer has less than 100 employees 81 Medicare is primary due to ESRD coordination period 82 Per insurance, seasonal employee and not eligible for the month 83 Incoming request conflicts with information on file 84 Insufficient information to update CWF 85 Venue changed 87 MSP record exists, used with CM status (check HIMR or resubmit as assistance request) 88 No update, not lead contractor 91 Duplicate investigation in process 92 Change of Venue not allowed after 90 days.
ACTIVITY CODE	Activity of contractor *(required field)*. Valid values are: C Claims (Pre-Payment) (22001) D Debt Collection/Referral (42021) G Group Health Plan (42003) I General Inquires (42004) N Liability, No Fault, Workers' Compensation, and Federal Tort Claim Act (42002)
1. DVLP TO	Development source code indicating where initial development letter was sent. Valid values are: A Attorney B Beneficiary E Employer I Insurer P Provider R Beneficiary Representative (other than attorney)

| ECRS 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 *(required field)*. 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 CLAM Claim SRVY Survey
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 *required fields*.

ECRS MSP Inquiry Detail Screen, Page 1 of 2	
Field Name	**Description**
PAT REL	Patient relationship between policyholder and beneficiary. Description of code displays next to value. Valid values are: 01 Patient is policy holder 02 Spouse 03 Natural child, insured has financial responsibility 04 Natural child, insured does not have financial responsibility 05 Stepchild 06 Foster child 07 Ward of the Court 08 Employee 09 Unknown 10 Handicapped dependent 11 Organ donor 12 Cadaver donor 13 Grandchild 14 Niece/nephew 15 Injured plaintiff 16 Sponsored dependent 17 Minor dependent of a minor dependent 18 Parent 19 Grandparent dependent 20 Domestic partner (Effective April, 2004.)
MSP TYPE	One-character code identifying type of MSP coverage. 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 Health) G Disabled H Black Lung I Veterans L Liability
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)	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 *protected field*) N Do not send to CWF *For EGHP MSP Types*: 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. *For Non-EGHP MSP Types*: 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.
CA	Indicates type of Class Action suit. Code entered determines lead contractor assignment. Valid values are: 01 Gel Implants (TrailBlazers, 00400) 02 Gel Implants (Alabama, 00010) 03 Bone Screw Recoveries (United Government Services, 00454) 04 Diet Drug Recoveries (Cahaba BCBS Alabama, 00010) 05 Sulzer Inter-Op Acetabular Shells for Hip Implant Recoveries (Chisholm Administrative Services, 00340) 06 Sulzer Orthopedic and Defective Knee Replacement Recoveries (Chisholm Administrative Services, 00340) 07 Baycol Litigation 08 Dexatrim (90000) 09 Rhode Island Receivership Recoveries (00180) 10 Propulsid (00010)
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). *Required field* if value in SOURCE field = CHEK. You cannot future-date this field.
CHECK AMOUNT	Amount of check received (for development letter to provider). *Required field* if value in SOURCE field = CHEK.

| ECRS MSP Inquiry Detail Screen, Page 1 of 2 ||
Field Name	Description
CHECK NO	Number of check received (for development letter to provider). *Required field* 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. *Required field* if value in SOURCE field = CHEK, LTTR, or PHON.
PHONE	Informant's telephone number
ADDR[*]	First and second lines of informant's street address. *Required field* if value in SOURCE field = CHEK, LTTR, or PHON.
CITY[*]	Informant's city. *Required field* if value in SOURCE field = CHEK, LTTR, or PHON.
ST	Informant's state. *Required field* if value in SOURCE field = CHEK, LTTR, or PHON.
ZIP	Informant's ZIP code. *Required field* 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. *Required field* 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

---

[*] 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.

[*] 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 1 of 2	
Field Name	**Description**
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

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

```
                              ECRS MSP INQUIRY DETAIL                PAGE 2 OF 2
CNTR NBR. 99999                  BENE XXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXX
    HICN XXXXXXXXXXX          DCN XXXXXXXXXXXXXX
INSURER NAME: _____            INS TYPE: _ XXXXXXXXXXXXXXX
    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: _ XXXXXXXXXXXX

SEND TO CWF? (Y/N) _  PRESCRIPTION DRUG COVERAGE?   (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.	**Medicare Contractors:** Contractor number entered on login screen *(protected field)* **CMS Users:** RO contractor number entered on main menu screen *(protected field)*
BENE	Name of beneficiary in first name/middle initial/last name format *(protected field)*
HICN	Health Insurance Claim Number for beneficiary *(protected field)*
DCN	Document Control Number assigned by contractor to correspondence and/or paperwork associated with this transaction *(protected field)*
INSURER NAME[*]	Name of insurance carrier for MSP coverage. Insurer name cannot contain a space in position two.

---

[*] 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**
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/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); 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.
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)

ECRS MSP Inquiry Detail Screen, Page 2 of 2	
Field Name	**Description**
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 *protected field*) N Do not send to CWF *For EGHP MSP Types*: 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. *For Non-EGHP MSP Types*: 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.
PRESCRIPTION DRUG COVERAGE?	Y Yes N No
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
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 **Y**.

---

[*] 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 2 of 2 ||
PF Key	Function
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 XXXXXXXX ORIG DT: 99-99-9999
 CNTR REP.: _____            STATUS  XX   XXXXXXXXXXXXXX
 ACTION(S): __ __ __ __  DCN: _____     REASON  XX   XXXXXXXXXXXXXX
 ACTIVITY CODE: _ 1.DVLP TO: _ 2.DVLP TO: _ RSP: _   SOURCE: ____  XXXXXXXXXXXXXX
  BENE HICN: XXXXXXXXXXXX    SSN: XXX - XX - XXXX      DOB: MMDDCCYY  SEX: X
     NAME: XXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXX PAT REL: __ XXXXXXXXXXXXX
  MSP TYPE: _ XXXXXXXXXXXXXXXXX    EFF DT: _____  TERM DT: _____
  SEND TO CWF? (Y/N) _ CA __

  BENE STRT: XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXX
        CITY: XXXXXXXXXXXXXXX ST: XX ZIP: XXXXX - XXXX  PHONE: XXX - XXX - XXXX

   CHECK DATE: _____ CHECK AMOUNT: $___,___,___.__ CHECK NO: _____
 INFMT NAME: _____ _ _____ PHONE: ___ - ___ - ____
        ADDR: _____ _____
        CITY: _____ ST: __ ZIP: _____ - ____   INFMT REL: __ XXXXXXXXXX

 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	1. Change information in any of the highlighted fields by typing the correct information over the imported information. 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. 3. After you complete both pages of the screen, press [PF5] on the second page to update the database.
Do not want to use this imported information, but want to look up a new beneficiary	1. Type the new beneficiary's HICN in the BENE HICN field on the first page. 2. Press [PF6] on the first page to overlay applicable fields with information from the new beneficiary's record.

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
  _  XXXXXXXXXXXX  XXXXX  XXXXXXXXXXXXXXX   XX XX  99-99-9999  99-99-9999 XXXXXXXX
  _  XXXXXXXXXXXX  XXXXX  XXXXXXXXXXXXXXX   XX XX  99-99-9999  99-99-9999 XXXXXXXX
  _  XXXXXXXXXXXX  XXXXX  XXXXXXXXXXXXXXX   XX XX  99-99-9999  99-99-9999 XXXXXXXX
  _  XXXXXXXXXXXX  XXXXX  XXXXXXXXXXXXXXX   XX XX  99-99-9999  99-99-9999 XXXXXXXX
  _  XXXXXXXXXXXX  XXXXX  XXXXXXXXXXXXXXX   XX XX  99-99-9999  99-99-9999 XXXXXXXX
  _  XXXXXXXXXXXX  XXXXX  XXXXXXXXXXXXXXX   XX XX  99-99-9999  99-99-9999 XXXXXXXX
  _  XXXXXXXXXXXX  XXXXX  XXXXXXXXXXXXXXX   XX XX  99-99-9999  99-99-9999 XXXXXXXX
  _  XXXXXXXXXXXX  XXXXX  XXXXXXXXXXXXXXX   XX XX  99-99-9999  99-99-9999 XXXXXXXX
  _  XXXXXXXXXXXX  XXXXX  XXXXXXXXXXXXXXX   XX XX  99-99-9999  99-99-9999 XXXXXXXX
  _  XXXXXXXXXXXX  XXXXX  XXXXXXXXXXXXXXX   XX XX  99-99-9999  99-99-9999 XXXXXXXX
  _  XXXXXXXXXXXX  XXXXX  XXXXXXXXXXXXXXX   XX XX  99-99-9999  99-99-9999 XXXXXXXX
  _  XXXXXXXXXXXX  XXXXX  XXXXXXXXXXXXXXX   XX XX  99-99-9999  99-99-9999 XXXXXXXX
  _  XXXXXXXXXXXX  XXXXX  XXXXXXXXXXXXXXX   XX XX  99-99-9999  99-99-9999 XXXXXXXX
  _  XXXXXXXXXXXX  XXXXX  XXXXXXXXXXXXXXX   XX XX  99-99-9999  99-99-9999 XXXXXXXX

 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)
    - ACTIVITY CODE (Page 1)
    - SOURCE (Page 1)
    - INFMT REL (Page 1)

    - PAT REL (Page 1)
    - MSP Type (Page 1)
    - INS TYPE (Page 2)
    - 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).

```
                         ECRS CODE SELECTION SCREEN
                         PATIENT RELATIONSHIP CODES

 SEL   CODE    DESCRIPTION
  _    XXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  _    XXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  _    XXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  _    XXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  _    XXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  _    XXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  _    XXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  _    XXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  _    XXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  _    XXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  _    XXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  _    XXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  _    XXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  _    XXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  _    XXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  _    XXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  _    XXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  _    XXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

 TYPE AN S NEXT TO THE REQUIRED FIELD
 PF3=RETURN PF7=BACKWARD PF8=FORWARD
```

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

ECRS Code Selection Screen	
Field Name	**Description**
SEL	Selection field. Type **S** 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

ECRS Code Selection Screen	
PF Key	**Function**
02	Return to ECRS main menu
07	Scroll backward
08	Scroll forward

Viewing the Prescription Drug Coverage Inquiry List

The ECRS Prescription Drug Coverage Inquiry List is used to:

▪ Search for a Detail transaction to view

▪ Delete a Detail transaction

To view the Prescription Drug Coverage Inquiry List screen:

1. From the COB ECRS main menu screen, enter the appropriate search criteria.

2. Type **13** in the SELECTION field.

3. Press [Enter]. The ECRS Prescription Drug Coverage Inquiry List screen, as shown in the example below.

```
                    ECRS PRESCRIPTION DRUG COVERAGE INQUIRY LIST
 USER ID:_____  STATUS:__  REASON: __   DCN: _____
 ORIGIN DATE FROM:_____  THROUGH:_____  CNTR NBR: _____   HICN: _____


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


 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
```

4. To view all Prescription Drug Coverage Inquiries for a HICN, on the ECRS Main Menu screen space out the contractor number, type the HICN in the HICN field and **13** in the selection field, and press [Enter].

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

    User ID, Status, Reason, DCN, Origin Date From, (date) Through, Contractor Number, and/or HICN

    You can use the criteria in any combination with the following stipulations:

    •   You cannot combine DCN and HICN searches.

    •   You must combine searches on User ID, Status, Reason, Origin Date From, and/or Through, 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 Prescription Drug Coverage inquiries related to a specific beneficiary, type that beneficiary's HICN in the HICN field and press [Enter]. The system displays all inquiries for that beneficiary.

6. Press [PF7] to scroll backward or [PF8] to scroll forward through the list of inquiry transactions.

7. If you want to view detailed information, type **S** in the SEL field next to the transaction you want to view. Press [Enter]. The system displays the first page of the ECRS PDC Detail screen for the selected transaction.

8. To exit the ECRS Prescription Drug Coverage Inquiries 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

    - [PF12] to exit ECRS

ECRS Prescription Drug Coverage (PDC) Inquiry List Screen Description

ECRS Prescription Drug Coverage (PDC) Inquiry List Screen	
Field Name	**Description**
USER ID	Enter a User ID as search criteria, if applicable. Enter a different User ID to perform additional searches.
STATUS	Enter a Status code as search criteria, if applicable. Enter a different status code to perform additional searches. To view all in-process PDC inquiry transactions, type **IP** in the STATUS field and press [Enter].
REASON	Enter a Reason code as search criteria, if applicable. Enter a different reason code to perform additional searches.
ORIGIN DATE FROM	Enter a Starting date of date range as search criteria, if applicable. Enter a different From date in MMDDCCYY format to perform additional searches.
THROUGH	Enter an Ending date of date range as search criteria, if applicable. 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 PDC inquiry transactions for a specific contractor or your Regional Office.
HICN	Enter a Health Insurance Claim Number as search criteria, if applicable. Enter a different HICN to perform additional searches.
DCN	Enter a Medicare contractor-assigned Document Control Number as search criteria, if applicable. Enter a different DCN to perform additional searches.

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

Transportation

ECRS PDC Inquiry List Screen	
PF Key	**Function**
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 PDC inquiry transactions that have **D** in the SEL field for deletion
07	Scroll backward
08	Scroll forward
12	Exit ECRS

Adding, Viewing, and Updating Prescription Drug Coverage (PDC) Inquiry Transactions

Use the ECRS Prescription Drug Coverage (PDC) Detail screen to add, view, and update an ECRS PDC inquiry transaction. You can only update a PDC inquiry transaction if it is in NW01 (new) status. If the COB system has started processing the information, you cannot update the transaction.

There are two methods of accessing the Detail screen:

- From an ECRS MSP Inquiry Detail screen – this option allows you to associate prescription drug information with the MSP detail you have already entered.

- From the COB ECRS main menu screen – this option allows you to enter prescription drug information independent of a MSP inquiry.

Tracking

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

When prescription drug information is entered as a stand-alone inquiry using option 12 from the ECRS main menu, the following status and reason codes are used to track the inquiry:

NW01   Not yet read by COB
DE01   Deleted by Medicare Contractor
CM15   Update Sent to MBD
CM53   Duplicate ECRS Request
CM60   Invalid HICN
CM92   Change of Venue not allowed after 90 days
       Note: CM92 refers to a request to change the lead contractor more than 90 days after the
       initial assignment; this request will be rejected.

To add, view, or update an ECRS PDC Detail screen from MSP Detail:

From the ECRS MSP Inquiry Detail screen, Type Y in the Prescription Drug Coverage field and press [Enter].

The system displays the second page of the ECRS PDC Detail screen, as shown on page 2-53. Continue with the instructions on that page.

To add, view, or update an ECRS PDC Detail screen from MSP Detail from the COB ECRS main menu screen:

1. Type 12 in the SELECTION field and press [Enter].

    The system displays the first page of the ECRS PDC Detail screen, as shown in the example below.

```
        ECRS PRESCRIPTION DRUG COVERAGE DETAIL          PAGE 1 OF 2
 CNTR NBR.  99999  PHONE:   ___ - ___ - ____ USER ID XXXXXXXX ORIG DT: 99-99-9999
 CNTR REP.: _____       STATUS  XX   XXXXXXXXXXXXXX
                  DCN: _____          REASON  XX   XXXXXXXXXXXXXX
                  1.DVLP TO: _ 2.DVLP TO: _ RSP: _   SOURCE: ____ XXXXXXXXXXXXXX
  BENE HICN: _____     SSN: ___ - __ - ____      DOB: _____  SEX: _
       NAME: _____ _ _____ PAT REL: __ XXXXXXXXXXXX
  SEND TO MBD? (Y/N) _

  BENE STRT: _____ _____
       CITY: _____ ST: __ ZIP: _____ - ____   PHONE: ___ - ___ - ____

 CHECK DATE: _____ CHECK AMOUNT: $___,___,___.__ CHECK NO: _____
 INFMT NAME: _____ _ _____ PHONE: ___ - ___ - ____
     STREET: _____ _____
       CITY: _____ ST: __ ZIP: _____ - ____   INFMT REL: __ XXXXXXXXXX

 EMPLR NAME: _____ EIN: _____
     STREET: _____          PHONE: ___-___-____
       CITY: _____ ST: __ ZIP: _____ - ____ EMPLOYEE NO: _____



             F2=MENU F3=RETURN F8=FWD F9=CODES F12=EXIT
```

2. Enter a source code in the SOURCE field. Valid source codes are:

    CHEK - Unsolicited Check

    LTTR - Letter

    PHON - Phone

    SCLM - Medicare Secondary Claim Payment

    CLAM - Claim

    SRVY - Survey

3. Type data in the fields required by the code typed in the SOURCE field. 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	SCLM	DCN, SOURCE, BENE HICN, NAME
LTTR	CLAM	**or**
PHON	SRVY	DCN, SOURCE, SSN, NAME, BENE STRT, CITY, ST, ZIP

Note: The following fields can be filled by referring to the *ECRS Quick Reference Card* or by accessing the ECRS Code Selection screen [PF9]: Source codes, Patient Relationship codes, and Informant Relationship codes.

ECRS PDC Detail screen, Page 2 of 2

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

```
                    ECRS PRESCRIPTION DRUG COVERAGE DETAIL          PAGE 2 OF 2

  CNTR NBR. 99999  PHONE  999-999-9999  USER ID XXXXXXXX  ORIG DT: 99-99-9999
  CNTR REP. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  BENE NAME XXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXX  PATIENT REL _ XXXXXX
       HICN XXXXXXXXXXXX  DCN XXXXXXXXXXXXXX   SSN: 999-99-9999
 INFMT NAME XXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXX
 EMPLR NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

    PERSON CODE: ____  XXXXX
       SUP TYPE: _ XXXXXXXXXXXXXXXXXXXXXXXXXXXX
       MSP TYPE: _ XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
           TYPE: _ XXXXXXXXXXXXXXXXXXXXXX
       REC TYPE: _ XXXXXXXXXXXX
    INSURER NAME: _____
           ADDR1: _____ _____
            CITY: _____ ST: __ ZIP: _____ - ____
        EFF DATE: _____  TERM DATE: _____
      POLICY NO: _____
          RX BIN: _____          RX PCN: _____
        RX GROUP: _____ RX ID:  _____
        RX PHONE: _____

            F2=MENU F3=RETURN F5=UPDATE F7=BWD F9=CODES F12=EXIT
```

5. Type data in the appropriate fields.

    Note: These fields can be filled by referring to the ECRS Quick Reference Card or by accessing the ECRS Code Selection screen [PF9]: Patient Relationship, Policy Type, and Coverage Type.

6. After typing data in all of the appropriate fields, press [PF5]. The system adds or updates the PDC information, then displays the message, "TRANSACTION COMPLETED SUCCESSFULLY."

7. To return to the ECRS PDC Detail, Page 1 of 2 screen, press [PF7].

```
                    ECRS PRESCRIPTION DRUG COVERAGE DETAIL          PAGE 2 OF 2

  CNTR NBR. 99999  PHONE  999-999-9999  USER ID XXXXXXXX  ORIG DT: 99-99-9999
  CNTR REP. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  BENE NAME XXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXX  PATIENT REL _ XXXXXX
       HICN XXXXXXXXXXXX  DCN XXXXXXXXXXXXXX   SSN: 999-99-9999
 INFMT NAME XXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXX
 EMPLR NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

    PERSON CODE: ____  XXXXX
       SUP TYPE: _ XXXXXXXXXXXXXXXXXXXXXXXXXXXX
       MSP TYPE: _ XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
           TYPE: _ XXXXXXXXXXXXXXXXXXXXXX
       REC TYPE: ___ XXXXXXXXXXXX
    INSURER NAME: _____
           ADDR1: _____ _____
            CITY: _____ ST: __ ZIP: _____ - ____
        EFF DATE: _____  TERM DATE: _____
      POLICY NO: _____
          RX BIN: _____          RX PCN: _____
        RX GROUP: _____ RX ID:  _____
        RX PHONE: _____

           F2=MENU F3=RETURN F5=UPDATE F7=BWD F9=CODES F12=EXIT
```

8. To exit ECRS PDC Detail, press [PF2] to return to the ECRS main menu *or* [PF12] to exit ECRS.

ECRS Prescription Drug Coverage (PDC) Detail Screen, Page 1 of 2

```
                        ECRS PRESCRIPTION DRUG COVERAGE DETAIL          PAGE 1 OF 2
  CNTR NBR.  99999  PHONE:  ___ - ___ - ____ USER ID XXXXXXXX ORIG DT: 99-99-9999
  CNTR REP.: _____       STATUS  XX   XXXXXXXXXXXXXX
                   DCN: _____              REASON  XX   XXXXXXXXXXXXXX
                       1.DVLP TO: _ 2.DVLP TO: _ RSP: _   SOURCE: ____ XXXXXXXXXXXXXX
   BENE HICN: _____     SSN: ___ - __ - ____      DOB: _____  SEX: _
         NAME: _____ _ _____ PAT REL: __ XXXXXXXXXXXX
   SEND TO MBD? (Y/N) _

   BENE STRT: _____  _____
         CITY: _____ ST: __ ZIP: _____ - ____   PHONE: ___ - ___ - ____

  CHECK DATE: _____ CHECK AMOUNT: $___,___,___.__ CHECK NO: _____
  INFMT NAME: _____ _ _____ PHONE: ___ - ___ - ____
      STREET: _____  _____
         CITY: _____ ST: __ ZIP: _____ - ____   INFMT REL: __ XXXXXXXXXXX

  EMPLR NAME: _____ EIN: _____
      STREET: _____          PHONE: ___-___-____
         CITY: _____ ST: __ ZIP: _____ - ____   EMPLOYEE NO: _____



            F2=MENU F3=RETURN F8=FWD F9=CODES F12=EXIT
```

ECRS Prescription Drug Coverage Detail (PDC) Screen, Page 1 of 2	
Field Name	**Description**
CNTR NBR	Contractor number entered on login screen *(protected field)*.
PHONE	Phone number of contractor representative *(not required field)*.
USER ID	User ID of operator who entered the Supplemental Prescription Drug inquiry transaction *(protected field)*.
ORIG DT	Originating date in MM-DD-CCYY format *(protected field)*.
CNTR REP.	Name of contractor representative to contact for further information or clarification regarding Supplemental Prescription Drug Coverage inquiry *(not required field)*.
DCN	Document Control Number assigned by contractor to correspondence and/or paperwork associated with transaction *(required field)*.
1. DVLP TO	Development source code indicating where initial development letter was sent *(not required field)*. Valid values are:
	A Attorney
	B Beneficiary
	E Employer
	I Insurer
	P Provider
	R Beneficiary Representative (other than attorney)

ECRS Prescription Drug Coverage Detail (PDC) Screen, Page 1 of 2	
Field Name	**Description**
2. DVLP TO	Development source code indicating where initial development letter was sent *(not required field)*. Valid values are: A Attorney B Beneficiary E Employer I Insurer P Provider R Beneficiary Representative (other than attorney)
RSP	Development response indicator *(not required field)*. Values are: A Attorney B Beneficiary E Employer I Insurer P Provider R Beneficiary Representative
SOURCE	Four-character code identifying source of Supplemental Prescription Drug inquiry information *(not required field)*. 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 CLAM Claim SRVY Survey
BENE HICN	Health Insurance Claim Number of beneficiary *(Required field if SSN is not entered)*. Type HICN without dashes, spaces, or other special characters.
SSN	Social Security Number of beneficiary *(Required field if BENE HICN is not entered)*.
DOB	Date of birth of the beneficiary in MM-DD-CCYY format *(required field)*.
SEX	Sex of beneficiary *(required field)*. Valid values are: M Male F Female U Unknown
NAME	Name of beneficiary in first name/middle initial/last name format *(first and last name are required fields)*.
STREET	First and second lines of beneficiary's street address *(not required field)*.
CITY	Beneficiary's city *(not required field)*.

ECRS Prescription Drug Coverage Detail (PDC) Screen, Page 1 of 2	
Field Name	**Description**
STATE	Beneficiary's state *(not required field).*
ZIP	Beneficiary's ZIP *(not required field).*
PHONE	Beneficiary's phone number *(not required field).*
PATIENT REL	Patient relationship between policyholder and beneficiary *(required field).* Description of code displays next to value. Valid values are: 01 Patient is policy holder 02 Spouse 03 Child 04 Other
SEND TO MBD? (Y/N)	Indicates whether to send MSP inquiry to MBD *(required field).* Valid values are: Y Send to MBD (default) N Do not send to MBD
INFMT NAME *	Name of person (in first name/middle initial/last name format) informing contractor of change in MSP coverage. *(not required field).*
INFMT REL	One-character code indicating relationship of informant to beneficiary *(required field).* 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 W Pharmacy

---

* 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 Prescription Drug Coverage Detail (PDC) Screen, Page 1 of 2 ||
Field Name	Description
ADDR*	First and second lines of informant's street address. *(not required field)*
CITY*	Informant's city. *(not required field)*
ST	Informant's state. *(not required field)*
ZIP	Informant's ZIP code. *(not required field)*
PHONE	Informant's telephone number *(not required field)*.
EMPLR NAME	Name of employer providing group health insurance under which beneficiary is covered *(not required field)*.
EIN	Employer Identification Number *(not required field)*.
STREET	Employer's street address *(not required field)*.
EMPLOYEE NO	Policyholder's employee number *(not required field)*.
CITY*	Employer's city *(not required field)*.
ST	Employer's state *(not required field)*.
ZIP	Employer's ZIP code *(not required field)*.
PHONE	Employer's phone number *(not required field)*.

Transportation

| ECRS PDC 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
09	Transport to ECRS Code Selection screen
12	Exit ECRS

---

* 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 Prescription Drug Coverage (PDC) Detail Screen, Page 2 of 2

```
            ECRS PRESCRIPTION DRUG COVERAGE DETAIL          PAGE 2 OF 2
 CNTR NBR. 99999  PHONE  999-999-9999  USER ID XXXXXXXX  ORIG DT: 99-99-9999
 CNTR REP. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 BENE NAME XXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXX  PATIENT REL _ XXXXXX
     HICN XXXXXXXXXXXX  DCN XXXXXXXXXXXXXX   SSN: 999-99-9999
 INFMT NAME XXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXX
 EMPLR NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX


   PERSON CODE: ____ XXXXX
       SUP TYPE: _ XXXXXXXXXXXXXXXXXXXXXXXXXX
       MSP TYPE: _ XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
          TYPE: _ XXXXXXXXXXXXXXXXXXXX
       REC TYPE: ___ XXXXXXXXXXXX
   INSURER NAME: _____
          ADDR1: _____ _____
           CITY: _____ ST: __ ZIP: _____ - ____
       EFF DATE: _____  TERM DATE: _____
      POLICY NO: _____
         RX BIN: _____      RX PCN: _____
       RX GROUP: _____ RX ID:  _____
       RX PHONE: _____


          F2=MENU F3=RETURN F5=UPDATE F7=BWD F9=CODES F12=EXIT
```

Prescription Drug Coverage (PDC) Detail Screen Page 2 of 2	
Field Name	**Description**
CNTR NBR.	Contractor number entered on login screen *(protected field).*
PHONE	Phone number of contractor representative entered on the MSP Inquiry Detail Screen page 1 of 1.
USER ID	User ID of operator who entered MSP inquiry transaction *(protected field).*
ORIG DT	Originating date in MM-DD-CCYY format *(protected field).*
CNTR REP.	Name of contractor representative to contact for further information or clarification regarding MSP inquiry entered on the MSP Inquiry Detail Screen page 1 of 1.
BENE NAME	Name of beneficiary in first name/middle initial/last name format entered on the MSP Inquiry Detail Screen page 1 of 1 *(protected field).*
HICN	Health Insurance Claim Number of beneficiary entered on the MSP Inquiry Detail Screen page 1 of 1 *(protected field).*
DCN	Document Control Number entered on the MSP Inquiry Detail Screen page 1 of 1 *(protected field)* assigned by contractor to correspondence and/or paperwork associated with transaction.
SSN	Social Security Number of beneficiary entered on the MSP Inquiry Detail Screen page 1 of 1 *(protected field).*
INFMT NAME	Name of person (in first name/middle initial/last name format) informing contractor of change in MSP coverage *(protected field).*

Prescription Drug Coverage (PDC) Detail Screen Page 2 of 2	
Field Name	**Description**
EMPLR NAME	Name of employer providing group health insurance under which beneficiary is covered that was entered on the MSP Inquiry Detail Screen page 1 of 1 *(protected field)*.
PATIENT REL	Patient relationship between policyholder and beneficiary *(protected field)*. Use value entered on MSP Inquiry page 1 of 1 translating values other than self, spouse or child to other. Description of code displays next to value. Valid values are: 01 Patient is policy holder 02 Spouse 03 Child 04 Other
PERSON CD	Person Code. Plan specific (relationship assigned plan administrator at the plan level). Only applicable for Supplemental Drug Coverage records *(required field* for these records). Values are: 001 Self 002 Other
SUP TYPE	Prescription Drug policy type *(not required field)*. Description of code displays next to value. Valid values are: L Supplemental M Medigap N Non-qualified SPAP O Other P PAP Q Qualified SPAP R Charity S ADAP T Federal Government Programs 1 Medicaid 2 Tricare 3 Major Medical

Prescription Drug Coverage (PDC) Detail Screen Page 2 of 2	
Field Name	**Description**
MSP TYPE	MSP Type (not required field). Description of code displays next to value. Valid values are: A Working Aged B ESRD D Automobile Insurance, No-Fault E Workers' Compensation F Federal (Public Health) G Disabled H Black Lung I Veterans L Liability
TYPE	Prescription Drug Coverage type of insurance *(not required field)*. Description of code displays next to value. Valid values are: U Drug Network V Drug Non-network Z Health account (such as a flexible spending account provided by other party to pay prescription drug costs or premiums)
REC TYPE	Prescription Drug Coverage Record Type*(not required field)*. Description of code displays next to the value. Valid values are: PRI Primary SUP Supplemental
INSURER NAME	Name of insurer providing Supplemental Prescription Drug insurance under which beneficiary is covered *(not required field)*.
STREET*	Prescription Drug Insurer's street address *(not required field)*.
CITY*	Prescription Drug Insurer's city *(not required field)*. Must be alpha.
ST	Prescription Drug Insurer's state *(not required field)*. Must be alpha.

---

* 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.

Prescription Drug Coverage (PDC) Detail Screen Page 2 of 2	
Field Name	**Description**
ZIP	Prescription Drug Insurer's ZIP code *(not required field)*. Must be numeric.
EFF DATE	Prescription Drug Insurer's ZIP code *(not required field)*. Must be numeric and a valid date.
POLICY NO	Prescription Drug policy number *(not required field)*. Must not contain special characters.
RX BIN	Prescription Drug bin number *(not required field)*. Must not contain special characters.
RX PCN	Prescription Drug PCN number *(not required field)*. Must not contain special characters.
RX GROUP	Prescription Drug group number *(not required field)*. Must not contain special characters.
RX ID	Prescription Drug id number *(not required field)*. Must not contain special characters.
RX PHONE	Prescription Drug phone number *(not required field)*. Free form.

Transportation

ECRS PDC Detail Screen, Page 2 of 2	
PF Key	**Function**
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

Deleting a Prescription Drug Coverage Transaction

Follow the steps below to delete a new (status NW01) Prescription Drug Coverage 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 **13** in the SELECTION field, and type the search criteria in the appropriate fields. Press [Enter]. The system displays the ECRS Prescription Drug Coverage Inquiry List screen, as shown in the example below.

```
                    ECRS PRESCRIPTION DRUG COVERAGE INQUIRY LIST
            USER ID:_____  STATUS:__              REASON: __  DCN: _____
   ORIG DATE FROM:_____  THRU :_____      CNTR NBR: _____   HICN: _____

 SEL HICN           CNTR   DCN               ST RS   ORIG DT     LST UPDATE USER ID
  _  XXXXXXXXXXXX   XXXXX  XXXXXXXXXXXXXXX   XX XX   99-99-9999  99-99-9999 XXXXXXXX
  _  XXXXXXXXXXXX   XXXXX  XXXXXXXXXXXXXXX   XX XX   99-99-9999  99-99-9999 XXXXXXXX
  _  XXXXXXXXXXXX   XXXXX  XXXXXXXXXXXXXXX   XX XX   99-99-9999  99-99-9999 XXXXXXXX
  _  XXXXXXXXXXXX   XXXXX  XXXXXXXXXXXXXXX   XX XX   99-99-9999  99-99-9999 XXXXXXXX
  _  XXXXXXXXXXXX   XXXXX  XXXXXXXXXXXXXXX   XX XX   99-99-9999  99-99-9999 XXXXXXXX
  _  XXXXXXXXXXXX   XXXXX  XXXXXXXXXXXXXXX   XX XX   99-99-9999  99-99-9999 XXXXXXXX
  _  XXXXXXXXXXXX   XXXXX  XXXXXXXXXXXXXXX   XX XX   99-99-9999  99-99-9999 XXXXXXXX
  _  XXXXXXXXXXXX   XXXXX  XXXXXXXXXXXXXXX   XX XX   99-99-9999  99-99-9999 XXXXXXXX
  _  XXXXXXXXXXXX   XXXXX  XXXXXXXXXXXXXXX   XX XX   99-99-9999  99-99-9999 XXXXXXXX
  _  XXXXXXXXXXXX   XXXXX  XXXXXXXXXXXXXXX   XX XX   99-99-9999  99-99-9999 XXXXXXXX
  _  XXXXXXXXXXXX   XXXXX  XXXXXXXXXXXXXXX   XX XX   99-99-9999  99-99-9999 XXXXXXXX
  _  XXXXXXXXXXXX   XXXXX  XXXXXXXXXXXXXXX   XX XX   99-99-9999  99-99-9999 XXXXXXXX
  _  XXXXXXXXXXXX   XXXXX  XXXXXXXXXXXXXXX   XX XX   99-99-9999  99-99-9999 XXXXXXXX
  _  XXXXXXXXXXXX   XXXXX  XXXXXXXXXXXXXXX   XX XX   99-99-9999  99-99-9999 XXXXXXXX

 ENTER S TO VIEW DETAILED INFO OR D TO DELETE AN INQUIRY
             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.

3. Press [PF7] to scroll backward or [PF8] to scroll forward through the list of PDC inquiry transactions.

4. Type **D** in the SEL field next to new (status NW) PDC inquiry transaction you want to delete. Press [Enter]. The system marks the PDC inquiry transaction for deletion.

5. If you want to exit the ECRS PDC 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.

Searching for ECRS Prescription Drug Coverage Codes

Use the ECRS Code Selection screen to choose the appropriate action, activity, informant relationship, insurance type, and source codes on the ECRS PDC Detail screen.

To search for a Prescription Drug Coverage code:

1. From the first or second page of the ECRS PDC Detail screen, tab the cursor to one of the following fields:

    PDC Informant Relationship Code (Page 1)   PDC Sup Type Code (Page 2)

    PDC Source Code (Page 1)   PDC Type Code (Page 2)

    PDC Patient Relationship Code (Page 1)   PDC MSP Type Code (Page 2)

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).

```
                             ECRS CODE SELECTION SCREEN
                             PATIENT RELATIONSHIP CODES

     SEL   CODE    DESCRIPTION
      _    XXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
      _    XXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
      _    XXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
      _    XXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
      _    XXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
      _    XXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
      _    XXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
      _    XXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
      _    XXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
      _    XXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
      _    XXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
      _    XXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
      _    XXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
      _    XXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
      _    XXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
      _    XXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
      _    XXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
      _    XXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

     TYPE AN S NEXT TO THE REQUIRED FIELD
     PF3=RETURN PF7=BACKWARD PF8=FORWARD
```

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 PDC Detail screen and automatically fills the appropriate field with the code you selected.

ECRS Code Selection Screen Description

ECRS Code Selection Screen	
Field Name	**Description**
SEL	Selection field. Type **S** in this field to transport a code back to the ECRS PDC Detail screen.
CODE	ECRS codes that apply to field selected. Refer to the ECRS Quick Reference Card for charts of PDC Activity Codes, Source Codes, Patient Relationship Codes, Informant Relationship Codes, Policy Type Codes, and Codes.
DESCRIPTION	Explanations of ECRS codes. Refer to the ECRS Quick Reference Card for charts of PDC Activity Codes, Source Codes, Patient Relationship Codes, Informant Relationship Codes, Policy Type Codes, and Codes.

Transportation

ECRS Code Selection Screen	
PF Key	**Function**
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     ACT      CWF      REJECTS     MSP      REJECTS       GROSS         NET
     CODE    NUM    ASST REQ            INQUIRY                  TOTAL        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)

ECRS Workload Tracking Screen (for Medicare Contractors)	
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 contactor currently logged onto ECRS *(protected field)*

ECRS Workload Tracking Screen (for Medicare Contractors)	
Field Name	**Description**
ACT CODE	Activity code *(protected field)*. Valid values are: C Claims (Pre-Payment) (22001) D Debt Collection/Referral (42021) G Group Health Plan (42003) I General Inquires (42004) N Liability, No Fault, Workers' Compensation, and Federal Tort Claim Act (42002)
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 *(protected field)*
REJECTS	Number of duplicate CWF assistance requests submitted by contractor for each activity code (CM53) *(protected field)*
MSP INQUIRY	Number of MSP inquires submitted by contractor for each activity code *(protected field)*
REJECTS	Number of duplicate MSP inquires submitted by contractor for each activity code (CM53), combined with number of MSP inquires submitted by contractor that should have been a CWF assistance request (CM87) *(protected field)*
GROSS TOTAL	Total number of CWF assistance requests and MSP inquires submitted by contractor for each activity code, including duplicates *(protected field)*
NET TOTAL	Total number of CWF assistance requests and MSP inquires submitted by contractor for each activity code, excluding duplicates *(protected field)*
GRAND TOTAL	Six grand totals consist of the following: • Grand total of CWF assistance requests submitted by contractor for all activity codes • Grand total of all duplicate/rejected CWF assistance requests submitted by contractor for all activity codes • Grand total of all MSP inquiries submitted by contractor for all activity codes • Grand total of all duplicate/rejected MSP inquiries submitted by contractor for all activity codes • Grand total of Net Totals for CWF assistance requests and MSP inquiries submitted by the contractor for all activity codes, including duplicates • Grand total of Gross Totals for CWF assistance requests and MSP inquiries submitted by contractor for all activity codes, excluding duplicates

Transportation

ECRS Workload Tracking Screen (for Medicare Contractors)	
PF Key	**Function**
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    CWF    REJECTS    MSP    REJECTS    GROSS     NET
            CODE  ASST REQ          INQUIRY             TOTAL    TOTAL
     NAT TTL:     999,999  99,999   999,999  99,999   999,999  999,999

     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)

ECRS Workload Tracking Screen (for CMS Users)	
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.
SEL	Selection fields. Type **X** 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 *(protected field)*
ACT CODE	Activity code *(protected field)*. 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 *(protected field)*
REJECTS	Number of duplicate CWF assistance requests submitted by contractor for each activity code (CM53) *(protected field)*
MSP INQUIRY	Number of MSP inquires submitted by contractor for each activity code *(protected field)*
REJECTS	Number of duplicate MSP inquires submitted by contractor for each activity code (CM53), combined with number of MSP inquires submitted by contractor that should have been a CWF assistance request (CM87) *(protected field)*
NET TOTAL	Total number of CWF assistance requests and MSP inquires submitted by contractor for each activity code, excluding duplicates *(protected field)*
GROSS TOTAL	Total number of CWF assistance requests and MSP inquires submitted by contractor for each activity code, including duplicates *(protected field)*

| ECRS Workload Tracking Screen (for CMS Users) ||
Field Name	Description
NAT TTL	Six national totals consist of the following: • National total of CWF assistance requests submitted by all contractors for all activity codes selected • National total of all duplicate/rejected CWF assistance requests submitted by all contractors for all activity codes selected • National total of all MSP inquiries submitted by all contractors for all activity codes selected • National total of all duplicate/rejected MSP inquiries submitted by all contractors for all activity codes selected • National total of Net Totals for CWF assistance requests and MSP inquiries submitted by all contractors for all activity codes, including duplicates • National total of Gross Totals for CWF assistance requests and MSP inquiries submitted by all contractors for all activity codes, excluding duplicates

Transportation

| ECRS Contractor Tracking Screen (for CMS Users) ||
PF Key	Function
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
  _  XXXXXXXXXXXX  XXXXXXXXX  XX XX  XXXXXXXXXXXXXXX 99-99-9999  99-99-9999 XXXXXXXX
  _  XXXXXXXXXXXX  XXXXXXXXX  XX XX  XXXXXXXXXXXXXXX 99-99-9999  99-99-9999 XXXXXXXX
  _  XXXXXXXXXXXX  XXXXXXXXX  XX XX  XXXXXXXXXXXXXXX 99-99-9999  99-99-9999 XXXXXXXX
  _  XXXXXXXXXXXX  XXXXXXXXX  XX XX  XXXXXXXXXXXXXXX 99-99-9999  99-99-9999 XXXXXXXX
  _  XXXXXXXXXXXX  XXXXXXXXX  XX XX  XXXXXXXXXXXXXXX 99-99-9999  99-99-9999 XXXXXXXX
  _  XXXXXXXXXXXX  XXXXXXXXX  XX XX  XXXXXXXXXXXXXXX 99-99-9999  99-99-9999 XXXXXXXX
  _  XXXXXXXXXXXX  XXXXXXXXX  XX XX  XXXXXXXXXXXXXXX 99-99-9999  99-99-9999 XXXXXXXX
  _  XXXXXXXXXXXX  XXXXXXXXX  XX XX  XXXXXXXXXXXXXXX 99-99-9999  99-99-9999 XXXXXXXX
  _  XXXXXXXXXXXX  XXXXXXXXX  XX XX  XXXXXXXXXXXXXXX 99-99-9999  99-99-9999 XXXXXXXX
  _  XXXXXXXXXXXX  XXXXXXXXX  XX XX  XXXXXXXXXXXXXXX 99-99-9999  99-99-9999 XXXXXXXX
  _  XXXXXXXXXXXX  XXXXXXXXX  XX XX  XXXXXXXXXXXXXXX 99-99-9999  99-99-9999 XXXXXXXX
  _  XXXXXXXXXXXX  XXXXXXXXX  XX XX  XXXXXXXXXXXXXXX 99-99-9999  99-99-9999 XXXXXXXX
  _  XXXXXXXXXXXX  XXXXXXXXX  XX XX  XXXXXXXXXXXXXXX 99-99-9999  99-99-9999 XXXXXXXX
  _  XXXXXXXXXXXX  XXXXXXXXX  XX XX  XXXXXXXXXXXXXXX 99-99-9999  99-99-9999 XXXXXXXX


 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

ECRS Workers' Comp Set-Aside List Screen	
Field Name	**Description**
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 *S* in this field and press [Enter] to transport to the ECRS Workers' Compensation Set-Aside screen. Type *D* 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 *(protected field)*
SSN	Social Security Number of injured individual, if available *(protected field)*
ST	Status of workers' compensation set-aside trust case *(protected field)*. Valid values are: CM Completed HD Hold IP In process NW New

ECRS Workers' Comp Set-Aside List Screen	
Field Name	**Description**
RS	Reason for status *(protected field)*. 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 *(protected field)*
ORIGIN DATE	Date workers' compensation set-aside trust case was entered in MM-DD-CCYY format *(protected field)*
LST UPDATE	Date workers' compensation set-aside trust case was last changed in MMDDCCYY format *(protected field)*
USER ID	User ID of operator who last updated workers' compensation set-aside trust case *(protected field)*

Transportation

ECRS Workers' Comp Set-Aside List Screen	
PF Key	**Function**
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: _   FINAL: _      APPROVED: _      DENIED: _
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: _         DOD: _____
      SSN: _____      HICN _____    DCN _____


  INSURER NAME: _____   INS TYPE: _ XXXXXXXXXXXXXXX
        STREET: _____
          CITY: _____ ST: __ ZIP: _____-____
       GROUP NO: _____            POLICY NO: _____


  INSURED NAME: _____ _ _____    INS REL: __  XXXXXXXXXXXXXXX
      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: _  FINAL: _     APPROVED: _     DENIED: _
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
```

ECRS Workers' Compensation Set-Aside Inquiry Screen, Page 1 of 2	
Field Name	**Description**
RO NUMBER	Regional Office contractor number *(protected field)*
STATUS	Status of request *(protected field)*. Valid values are: 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 IP In process, record is being processed by COB CM Completed, applied response received from CWF or date of death entered on HD record **Note:** 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.
USER ID	Identification number of user currently logged on system *(protected field)*

ECRS Workers' Compensation Set-Aside Inquiry Screen, Page 1 of 2	
Field Name	**Description**
REASON	Reason for status *(protected field)*. 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 *(protected field)*
UPDATE DATE	Date workers' compensation set-aside trust case was updated by Regional Office *(protected field)*
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. *Required field* if the FINAL indicator is marked and the DENIED field is blank. An indicator in this field *requires* information in the EFFECTIVE (SETTLEMENT DATE) and ADMINISTRATOR fields.
DENIED	Indicates the workers' compensation set-aside arrangement was denied. *Required field* if the FINAL indicator is marked and the APPROVED field is blank.
DATE OF LOSS	Start date of illness or injury in MMDDCCYY format *(required field)*. You cannot future-date this field.
EFFECTIVE (SETTLEMENT DATE)	Start date of set-aside arrangement (equal to settlement date) in MMDDCCYY format. *Required field* if FINAL and APPROVED fields are marked.

ECRS Workers' Compensation Set-Aside Inquiry Screen, Page 1 of 2	
Field Name	**Description**
NAME	Name of injured individual in first name/middle initial/last name format *(required field)*
DOB	Injured individual's date of birth *(required field)*
SEX	Sex of beneficiary *(required field)*. Valid values are: M Male F Female U Unknown
STATE	Abbreviation of state in which injured individual resides *(required field)*
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 *(required field)*. 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. *Required field* 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. *Required field* if MEDICARE BENE? field contains a value of Y.
DCN	CMS Regional Office Document Control Number **Note:** 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 *(required field)*. At CWF, the system adds attorney information to the employer fields.
STREET	Attorney's street address *(required field)*
CITY	Attorney's city (required field)

<table>
<tr><td colspan="2" align="center">***ECRS Workers' Compensation Set-Aside Inquiry Screen, Page 1 of 2***</td></tr>
<tr><td align="center">**Field Name**</td><td align="center">**Description**</td></tr>
<tr><td>ST</td><td>Attorney's state abbreviation (*required field*)</td></tr>
<tr><td>ZIP</td><td>Attorney's ZIP code (*required field*)</td></tr>
<tr><td>PHONE</td><td>Attorney's telephone number</td></tr>
<tr><td>DEFENDANT ATTY?</td><td>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</td></tr>
<tr><td>DIAG</td><td>Diagnosis codes. Enter as many as five codes.</td></tr>
<tr><td>DESCRIPTION</td><td>Describes illness or injury when diagnosis code is unknown. Required field if DIAG field is blank.</td></tr>
</table>

Transportation

***ECRS Workers' Compensation Set-Aside Inquiry Screen, Page 1 of 2***	
PF Key	**Function**
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: _ XXXXXXXXXXXXXXX
       STREET: _____
         CITY: _____ ST: __ ZIP: _____-____
      GROUP NO: _____           POLICY NO: _____


 INSURED NAME: _____ _ _____    INS REL: __   XXXXXXXXXXXXXXX
     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 *(protected field)*
STATUS	Status of request *(protected field)*. Valid values are: 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 IP In process, record is being processed by COB CM Completed, applied response received from CWF or date of death entered on HD record **Note:** 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).
USER ID	Identification number of user currently logged on system *(protected field)*
REASON	Reason for status *(protected field)*. Valid values are: 01 Not yet read by COB (used with status NW) 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 *(protected field)*

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 *(protected field)*
DOB	Injured individual's date of birth *(protected field)*
SEX	Sex of beneficiary *(protected field)*. Valid values are: M Male F Female U Unknown
STATE	Abbreviation of state in which injured individual resides *(protected field)*
LEAD CONTRACTOR	Lead contractor number *(protected field)*
MEDICARE BENE?	Allows Regional Office to indicate whether injured individual has Medicare coverage *(protected field)*. Valid values are: Y Yes N No
DOD	Date of death *(protected field)*
SSN	Social Security Number of injured individual *(protected field)*
HICN	Health Insurance Claim Number of injured individual *(protected field)*
DCN	CMS Regional Office Document Control Number *(protected field)*
INSURER NAME	Name of insurer **Note:** 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)

| ECRS Workers' Compensation Set-Aside Detail Screen, Page 2 of 2 ||
Field Name	**Description**
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 **Note:** 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

ECRS Workers' Compensation Set-Aside Detail Screen, Page 2 of 2	
PF Key	**Function**
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
   _   XXXXXXXXXXXX  XXXXXXXXX  XX XX  XXXXXXXXXXXXXXX 99-99-9999  99-99-9999 XXXXXXXX
   _   XXXXXXXXXXXX  XXXXXXXXX  XX XX  XXXXXXXXXXXXXXX 99-99-9999  99-99-9999 XXXXXXXX
   _   XXXXXXXXXXXX  XXXXXXXXX  XX XX  XXXXXXXXXXXXXXX 99-99-9999  99-99-9999 XXXXXXXX
   _   XXXXXXXXXXXX  XXXXXXXXX  XX XX  XXXXXXXXXXXXXXX 99-99-9999  99-99-9999 XXXXXXXX
   _   XXXXXXXXXXXX  XXXXXXXXX  XX XX  XXXXXXXXXXXXXXX 99-99-9999  99-99-9999 XXXXXXXX
   _   XXXXXXXXXXXX  XXXXXXXXX  XX XX  XXXXXXXXXXXXXXX 99-99-9999  99-99-9999 XXXXXXXX
   _   XXXXXXXXXXXX  XXXXXXXXX  XX XX  XXXXXXXXXXXXXXX 99-99-9999  99-99-9999 XXXXXXXX
   _   XXXXXXXXXXXX  XXXXXXXXX  XX XX  XXXXXXXXXXXXXXX 99-99-9999  99-99-9999 XXXXXXXX
   _   XXXXXXXXXXXX  XXXXXXXXX  XX XX  XXXXXXXXXXXXXXX 99-99-9999  99-99-9999 XXXXXXXX
   _   XXXXXXXXXXXX  XXXXXXXXX  XX XX  XXXXXXXXXXXXXXX 99-99-9999  99-99-9999 XXXXXXXX
   _   XXXXXXXXXXXX  XXXXXXXXX  XX XX  XXXXXXXXXXXXXXX 99-99-9999  99-99-9999 XXXXXXXX
   _   XXXXXXXXXXXX  XXXXXXXXX  XX XX  XXXXXXXXXXXXXXX 99-99-9999  99-99-9999 XXXXXXXX
   _   XXXXXXXXXXXX  XXXXXXXXX  XX XX  XXXXXXXXXXXXXXX 99-99-9999  99-99-9999 XXXXXXXX
   _   XXXXXXXXXXXX  XXXXXXXXX  XX XX  XXXXXXXXXXXXXXX 99-99-9999  99-99-9999 XXXXXXXX

   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 2-72.

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
XXXXXXXX
 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
```

ECRS Workers' Compensation Set-Aside Inquiry Screen, Page 1 of 2	
Field Name	**Description**
REVIEWING RO/WCRC NUMBER	The contractor number of the RO or Workers' Compensation Review Contractor investigating the case.
STATUS	Status of request *(protected field)*. 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 *(protected field)*. 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 *(protected field)*
UPDATE DATE	Date workers' compensation set-aside trust case was updated by Regional Office *(protected field)*
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.

ECRS Workers' Compensation Set-Aside Inquiry Screen, Page 1 of 2	
Field Name	**Description**
APPROVED	Indicates the workers' compensation set-aside arrangement has been approved. *Required field* if the FINAL indicator is marked and the DENIED field is blank. An indicator in this field *requires* information in the EFFECTIVE (SETTLEMENT DATE) and ADMINISTRATOR fields.
DENIED	Indicates the workers' compensation set-aside arrangement was denied. *Required field* 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 *(required field)*
DOB	Injured individual's date of birth *(required field)*
SEX	Sex of beneficiary *(required field)*. Valid values are: M Male F Female U Unknown
STATE	Abbreviation of state in which injured individual resides *(required field)*
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 *(required field)*. 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. *Required field* 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. *Required field* if MEDICARE BENE? field contains a value of Y.
DCN	CMS Regional Office Document Control Number **Note:** 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.

ECRS Workers' Compensation Set-Aside Inquiry Screen, Page 1 of 2	
Field Name	**Description**
EFFECTIVE (SETTLEMENT DATE)	Start date of set-aside arrangement (equal to settlement date) in MMDDCCYY format. *Required field* 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	The amount of the Total Settlement, Medicare Set-aside, Lump Sum, Initial Deposit, or Subsequent Annual Payments of the structured settlements.
	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.

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: _ XXXXXXXXXXXXXXX
          STREET: _____
            CITY: _____ ST: __ ZIP: _____-____
        GROUP NO: _____             POLICY NO: _____


     INSURED NAME: _____ _ _____    INS REL: __  XXXXXXXXXXXXXXX
        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 *(protected field)*
STATUS	Status of request *(protected field)*. 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 *(protected field)*
REASON	Reason for status *(protected field)*. 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 *(protected field)*
NAME	Name of injured individual in first name/middle initial/last name format *(protected field)*
DOB	Injured individual's date of birth *(protected field)*

ECRS Workers' Compensation Set-Aside Inquiry Screen, Page 2 of 2	
Field Name	**Description**
SEX	Sex of beneficiary *(protected field)*. Valid values are: M Male F Female U Unknown
STATE	Abbreviation of state in which injured individual resides *(protected field)*
LEAD CONTRACTOR	Lead contractor number *(protected field)*
MEDICARE BENE?	Allows Regional Office to indicate whether injured individual has Medicare coverage *(protected field)*. Valid values are: Y Yes N No
DOD	Date of death *(protected field)*
SSN	Social Security Number of injured individual *(protected field)*
HICN	Health Insurance Claim Number of injured individual *(protected field)*
DCN	CMS Regional Office Document Control Number *(protected field)*
INSURER NAME	Name of insurer **Note:** 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.

| ECRS Workers' Compensation Set-Aside Inquiry Screen, Page 2 of 2 ||
Field Name	**Description**
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 **Note:** 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: _____  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

     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

ECRS Document Copies Request Screen	
Field Name	**Description**
CNTR NO.	Five-digit number identifying the Medicare contractor *(protected field)*
PHONE	Phone number of contractor representative *(required field)*
DCN	Document Control Number assigned by contractor to correspondence and/or paperwork associated with this request *(required field)*
CNTR REP.	Name of contractor representative to contact for further information and/or clarification regarding this request *(required field)*
USER ID	User ID of operator who entered document copy request *(protected field)*
SEND TO	Name and address of recipient or other instructions regarding where document copies should be sent *(required field)*
DOCUMENT REQUESTED	Four-character code indicating documents requested *(required field)*. 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 *(required field)*. Type HICN without dashes, spaces, or other special characters.
SSN	Social Security Number for beneficiary
SOURCE	Source for related MSP occurrence. *Required field* 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 *(required field)*
STREET	First and second lines of beneficiary's street address
CITY	Beneficiary's city
ST	Beneficiary's state
ZIP	Beneficiary's ZIP code

<table>
<tr><th colspan="2">*ECRS Document Copies Request Screen*</th></tr>
<tr><th>Field Name</th><th>Description</th></tr>
<tr>
<td>MSP TYPE</td>
<td>One-character code identifying type of MSP coverage *(required field)*. Description of code displays next to value. Valid values are:

A   Working Aged
B   ESRD
C   Conditional Payment
D   Automobile Insurance, No Fault
E   Workers' Compensation
F   Federal (Public)
G   Disabled
H   Black Lung
I   Veterans
L   Liability</td>
</tr>
<tr>
<td>EFF DT</td>
<td>Effective date of MSP coverage in MMDDCCYY format *(required field)*</td>
</tr>
<tr>
<td>TERM DT</td>
<td>Termination date of MSP coverage in MMDDCCYY format</td>
</tr>
<tr>
<td>EMPLR NAME</td>
<td>Name of employer providing group health insurance under which beneficiary is covered</td>
</tr>
<tr>
<td>EIN</td>
<td>Employer Identification Number. *Required field* if document requested is DMQ (Data Match questionnaire).</td>
</tr>
</table>

Transportation

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

Viewing Lead Contractor Assignments

Use the ECRS MSP Lead Contractor Assignment screen to see cases assigned to a lead contractor for coordination of Medicare activities with other contractors and insurance companies.

Note: Only lead contractors have the ability to select cases from this screen and view detail specific to the case. Non-lead contractors have the ability to view the only the list of assignments.

If contractors are considered developing contractors for a case, they can research the lead contractor assignment from the MSP Developing Contractor Notification screen.

CMS users can view the case assignment list for any lead contractor by entering that contractor's number as search criteria.

Follow the steps below to view assignments for a lead contractor.

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.

    To view all Lead Contractor assignments for a HICN, space out the contractor number and enter the HICN in the HICN field.

```
                       ECRS MSP LEAD CONTRACTOR ASSIGNMENT
    HICN: _____   CNTR:_____   ORIGIN DATE FROM: _____   THROUGH: _____

    SEL   HICN          BENEFICIARY        CONTR   TYPE IN    EFF DATE    ORIGN DATE
    _    XXXXXXXXXXXX XXXXXXXXXXXXXXX X XXXXX     X  XX    99-99-9999  99-99-9999
    _    XXXXXXXXXXXX XXXXXXXXXXXXXXX X XXXXX     X  XX    99-99-9999  99-99-9999
    _    XXXXXXXXXXXX XXXXXXXXXXXXXXX X XXXXX     X  XX    99-99-9999  99-99-9999
    _    XXXXXXXXXXXX XXXXXXXXXXXXXXX X XXXXX     X  XX    99-99-9999  99-99-9999
    _    XXXXXXXXXXXX XXXXXXXXXXXXXXX X XXXXX     X  XX    99-99-9999  99-99-9999
    _    XXXXXXXXXXXX XXXXXXXXXXXXXXX X XXXXX     X  XX    99-99-9999  99-99-9999
    _    XXXXXXXXXXXX XXXXXXXXXXXXXXX X XXXXX     X  XX    99-99-9999  99-99-9999
    _    XXXXXXXXXXXX XXXXXXXXXXXXXXX X XXXXX     X  XX    99-99-9999  99-99-9999
    _    XXXXXXXXXXXX XXXXXXXXXXXXXXX X XXXXX     X  XX    99-99-9999  99-99-9999
    _    XXXXXXXXXXXX XXXXXXXXXXXXXXX X XXXXX     X  XX    99-99-9999  99-99-9999
    _    XXXXXXXXXXXX XXXXXXXXXXXXXXX X XXXXX     X  XX    99-99-9999  99-99-9999
    _    XXXXXXXXXXXX XXXXXXXXXXXXXXX X XXXXX     X  XX    99-99-9999  99-99-9999
    _    XXXXXXXXXXXX XXXXXXXXXXXXXXX X XXXXX     X  XX    99-99-9999  99-99-9999
    _    XXXXXXXXXXXX XXXXXXXXXXXXXXX X XXXXX     X  XX    99-99-9999  99-99-9999
    _    XXXXXXXXXXXX XXXXXXXXXXXXXXX X XXXXX     X  XX    99-99-9999  99-99-9999
    _    XXXXXXXXXXXX XXXXXXXXXXXXXXX X XXXXX     X  XX    99-99-9999  99-99-9999
    _    XXXXXXXXXXXX XXXXXXXXXXXXXXX X XXXXX     X  XX    99-99-9999  99-99-9999

         KEY 1 IN THE SEL FIELD TO VIEW DEVLP CONR. KEY 2 TO VIEW WC DETAIL
                  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 HICNs assigned to the lead contractor.

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

    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 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

ECRS MSP Lead Contractor Assignment Screen	
Field Name	**Description**
SEL	Selection field. Type **S** 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 *(protected field)*
BENEFICIARY	First 16 characters of last name and first initial of beneficiary for case assigned to contractor *(protected field)*
CONTR	Lead contractor number *(protected field)*
TYPE	MSP type for case assigned to contractor *(protected field)*. For a list of valid type values, see page 2-35.

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

Transportation

ECRS MSP Lead Contractor Assignment Screen	
PF Key	**Function**
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 XXXXXXXXXXXXXXXXXXXXXXXX X   X    99-99-9999  99-99-9999

         NUMBER  NAME                                  PHONE
         XXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  999-999-9999
         XXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  999-999-9999
         XXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  999-999-9999
         XXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  999-999-9999
         XXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  999-999-9999
         XXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  999-999-9999
         XXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  999-999-9999
         XXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  999-999-9999
         XXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  999-999-9999
         XXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  999-999-9999
         XXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  999-999-9999
         XXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  999-999-9999
         XXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  999-999-9999
         XXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  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

ECRS Developing Contractors for Lead Screen	
Field Name	**Description**
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 *(protected field)*
BENEFICIARY	First 15 characters of last name and first initial of beneficiary for case assigned to contractor *(protected field)*
TYPE	MSP type for case assigned to contractor *(protected field)*. For a list of valid values, see page 2-35.
EFF DATE	Effective date of MSP coverage case assigned to contractor *(protected field)*
ORIGN DATE	Originating date in MMDDCCYY format *(protected field)*
(DEVELOPING CONTRACTORS)	
NUMBER	Contractor number of other Medicare contractors that may be interested or involved in the case assigned *(protected field)*
NAME	Name of other Medicare contractors that may be interested or involved in the case assigned *(protected field)*
PHONE	Phone number for other Medicare contractors that may be interested or involved in the case assigned *(protected field)*

Transportation

ECRS Developing Contractors for Lead Screen	
PF Key	**Function**
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

ECRS MSP Developing Contractor Notification Screen	
Field Name	**Description**
HICN	Health Insurance Claim Number entered as search criteria, if applicable. This field is updateable; enter a different HICN to perform additional searches.
CNTR	**Medicare Contractors:** Contractor number entered on login screen *(protected field)* **CMS Users:** 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 *(protected field)*
BENEFICIARY	First 15 characters of last name and first initial of beneficiary for case *(protected field)*
TYPE	MSP type for case *(protected field)*. 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 *(protected field)*
ORIGN DATE	Originating date in MMDDCCYY format *(protected field)*
LEAD	Contractor number of Medicare contractor assigned as lead for case *(protected field)*

Transportation

ECRS MSP Developing Contractor Notification Screen	
PF Key	**Function**
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

<table>
<tr><th colspan="2">ECRS MSP Changed Record Notification Screen</th></tr>
<tr><th>Field Name</th><th>Description</th></tr>
<tr>
<td>HICN</td>
<td>Health Insurance Claim Number entered as search criteria, if applicable. This field is updateable; enter a different HICN to perform additional searches.</td>
</tr>
<tr>
<td>CNTR</td>
<td>Medicare Contractors:
Contractor number entered on login screen (protected field)

CMS Users:
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.</td>
</tr>
<tr>
<td>LAST UPDATED FROM</td>
<td>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.</td>
</tr>
<tr>
<td>THROUGH</td>
<td>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.</td>
</tr>
<tr>
<td>HICN</td>
<td>Health Insurance Claim Number for case (protected field)</td>
</tr>
<tr>
<td>BENEFICIARY</td>
<td>First 15 characters of last name and first initial of beneficiary for case (protected field)</td>
</tr>
<tr>
<td>TYPE</td>
<td>MSP type for case (protected field). For a list of valid type values, see page 2-35.</td>
</tr>
<tr>
<td>EFF DATE</td>
<td>Effective date of MSP coverage case (protected field)</td>
</tr>
<tr>
<td>LAST UPDATE</td>
<td>Date notification record was last changed in MMDDCCYY format (protected field)</td>
</tr>
<tr>
<td>ACTION</td>
<td>Action performed by COB Contractor on this occurrence (protected field). Valid values are:

ADDED   New occurrence added to CWF
DELETED   Occurrence deleted from CWF
UPDATED   Occurrence updated on CWF</td>
</tr>
</table>

Transportation

<table>
<tr><td colspan="2" align="center">***ECRS MSP Changed Record***
Notification Screen</td></tr>
<tr><th>PF Key</th><th>Function</th></tr>
<tr><td>02</td><td>Return to ECRS main menu, current search criteria is not retained</td></tr>
<tr><td>03</td><td>Return to ECRS main menu, current search criteria is retained</td></tr>
<tr><td>07</td><td>Scroll backward</td></tr>
<tr><td>08</td><td>Scroll forward</td></tr>
<tr><td>12</td><td>Exit ECRS</td></tr>
</table>

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 **S**elect a transaction or **D**elete 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 **Y** (yes) or **N** (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.

Message	Action
DIAGNOSIS REQUIRED FOR DX (Change Diagnosis Code) ACTION	Enter valid diagnosis code.
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 XXXXXXXX (Field Name)	Enter valid value for field specified.

Message	Action
LAST PAGE DISPLAYED	N/A
MORE THAN ONE REQUEST FOR DETAIL INFORMATION WAS FOUND	Type **S** 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 **S** 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 **S** 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.
XXXXXXXXX (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.

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

Appendix 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	• View a list of all CWF assistance requests submitted by the contractor • Check the progress of a CWF assistance request transaction
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	• View a list of all MSP inquiries submitted by the contractor • Check the progress of an MSP inquiry
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	• View a list of all workers' compensation set-aside trust cases • Check the progress of a workers' compensation set-aside trust case

Main Menu Option	Screen Name	Use this screen to:
ECRS 11	Workload Tracking Screen	• Review your contractor site's workload (for Medicare contractors) • Review contractor workloads (for CMS users)

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 view information associated with other contractors if they have a valid HICN.

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.

Appendix D: Glossary

Action Codes	Used to determine what information should be changed at CWF. For example, if the action code is MT, the system updates information in the MSP TYPE field at CWF.
Assistance Request Transaction	Request to add, update, or delete an existing CWF MSP auxiliary occurrence
Bene	Medicare beneficiary
CMS	Centers for Medicare & Medicaid Services, federal agency that administers the Medicare program
COB	Coordination of Benefits is a written statement that tells which plan or insurance policy pays first if two health plans or insurance policies cover the same benefits. If one of the plans is a Medicare health plan, federal law may decide who pays first.
Contractor Number	Unique five-digit number assigned to Medicare contractors by CMS. Transactions are entered and viewed in ECRS by contractor number.
CWF	Common Working File, the Medicare Part A/Part B benefit coordination system that uses localized databases maintained by a host contractor
Data Match	Process by which information on employers and employees is analyzed by CMS for use in contacting employers concerning possible periods of MSP
DCN	Document Control Number
Developing Contractor	Contractor that may have an interest or involvement in an MSP case that was assigned to another contractor for coordination of Medicare activities
ECRS	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.
EIN	Employer Identification Number
HICN	Health Insurance Claim Number
IEQ	Initial Enrollment Questionnaire, used to gather Medicare Secondary Payer information for newly-eligible beneficiaries
Lead Contractor	CMS-appointed Medicare intermediary that coordinates Medicare recovery activities for MSP cases with interested contractors, attorneys, insurance companies, and other liable entities

Medicare Contractor	Organization contracting with CMS to process claims, pay for or provide medical services, or enhance the agency's capability to administer the Medicare program
MBD	Medicare Beneficiary Database
MSP	Medicare Secondary Payer, statutory requirement that private or other government insurance plans or programs providing health care coverage of Medicare beneficiaries pay before Medicare
MSP Inquiry Transaction	Inquiry regarding possible MSP coverage
Set-Aside Trust Case	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.
SSN	Social Security Number
Venue Letter	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.
Workers' Compensation	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. 2005-2 /NOVEMBER

GHI-DI-502.9.0

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
DX	DIAG	Diagnosis codes
ED	EFF DATE	Effective date
EI	EMPLR NAME, STREET, CITY, ST, ZIP, EIN, EMPLOYER NO Type data in all fields to update employer info at CWF.	Employer information
EI	EMPLR NAME, STREET, CITY, ST, ZIP, EIN, EMPLOYER NO Type data in all fields to update employer info at CWF.	Employer information
II	INSURER NAME If you leave the following fields blank, the system overwrites the previous value on the MSP auxiliary record at CWF: STREET, CITY, ST, ZIP, GROUP NO, POLICY NO, INSURED NAME, INS REL Type data in all fields to update insurer info at CWF. Leave all fields blank to delete insurer info at CWF.	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 **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
PHON	DCN, SOURCE, BENE HICN, NAME, MSP TYPE, INFMT NAME, ADDR, CITY, ST, ZIP, INFMT REL **or** DCN, SOURCE, SSN, NAME, BENE STRT, CITY, ST, ZIP, MSP TYPE, INFMT NAME, ADDR, CITY, ST, ZIP, INFMT REL
SCLM	DCN, SOURCE, BENE HICN, NAME **or** DCN, SOURCE, SSN, NAME, BENE STRT, CITY, ST, ZIP

General Codes

The following codes apply to CWF assistance requests, MSP inquiries, and workers' compensation set-aside trust cases.

Activity Codes

Value	Description
C	Claims (Pre-Payment) (22001)
D	Debt Collection (42021)
G	Group Health Plan (42003)
I	General Inquiry (42004)
N	Liability, No-Fault, Workers' Compensation, and Federal Tort Claim Act (FTCA) (42002)

MSP Type Codes

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

CHEK	Unsolicited check
LTTR	Letter
PHON	Phone call
SCLM	Medicare Secondary Claim payment

Status Codes

CM	Completed
DE	Delete (do not process) ECRS request
HD	Hold, individual not yet a Medicare beneficiary (WC) (RAC)
IP	In process, being edited by COB
NW	New, not yet read by COB

Reason Codes

01	Not yet read by COB, used with NW status
02	Being processed by COB, used with IP status
03	Under development by COB, used with IP status
04	Update sent to CWF, used with IP status
05	Error received from CWF, being resolved by COB contractor, used with IP status
06	Sent to EDB for beneficiary info, used with IP status
07	Auditor follow-up development in progress, used with IP status
10	Not processing
11	Not yet eligible for Medicare, used with HD status
12	Needs diagnosis, used with HD status (for WC set-aside trust cases only)
13	Future-dated workers' compensation case, used with HD status (for WC set-aside trust cases only)
14	Duplicate request, development already in process, used with HD status
15	Prescription Drug Coverage update sent to MBD
45	Insufficient information to process, used with HD status (RAC only)
46	RAC did not update hold records, used with DE status (RAC only)
50	Posted to CWF, response received with no errors, used with CM status
51	No changes (additions, modifications, or deletions) made to CWF, used with CM status
52	Returned—rejected by CWF, used with CM status
53	Returned—duplicate ECRS request, used with CM status
54	100 or more threshold met
55	20 or more threshold met
56	OBRA does not apply, no update
57	Record already updated
58	Non-compliant GHP
59	Employer verified existing record, no update
60	Invalid HICN
61	No Part A entitlement
62	Closed, no response to development
63	Development complete, no MSP
64	Letter sent
65	Deceased, used with CM status
66	ESRD/DIB conflict
67	No response from CWF
68	Closed for Self-Report
69	Developed to GHP, no response
70	Developed to non-EGHP, no response
71	Developed to beneficiary, no response
72	Developed to informant, no response
73	Medicare beneficiary retired
74	Spouse retired
75	GHP lifetime of yearly benefits past maximum amount
76	No coverage with insurance company
77	Medicare Supplemental Plan
78	Employer has less than 20 employees
79	Per employer, Medicare beneficiary is not covered under spouse's GHP
80	Employer has less than 100 employees
81	Medicare is primary due to ESRD coordination period
82	Per insurance, seasonal employee and not eligible for the month
83	Incoming request conflicts with information on file
84	Insufficient information to update CWF
85	Venue changed
86	Unable to verify address, used with CM status (for CWF assistant requests only)
87	MSP record exists, used with CM status (for MSP inquiries only)
88	No update, not lead contractor
91	Duplicate in process
92	Change of Venue not allowed after 90 days

Patient Relationship Codes

01	Patient is policy holder
02	Spouse
03	Natural child, insured has financial responsibility
04	Natural child, insured has no financial responsibility
05	Stepchild
06	Foster child
07	Ward of the Court
08	Employee
09	Unknown
10	Handicapped dependent
11	Organ donor
12	Cadaver donor
13	Grandchild
14	Niece/nephew
15	Injured plaintiff
16	Sponsored dependent
17	Minor dependent of a minor dependent
18	Parent
19	Grandparent dependent
20	Domestic partner (Effective April, 2004.)

Informant Relationship Codes

A	Attorney representing beneficiary
B	Beneficiary
C	Child
D	Defendant's attorney
E	Employer
F	Father
M	Mother
N	Non-relative
O	Other relative
P	Provider
R	Beneficiary representative (other than attorney)
S	Spouse
U	Unknown

Relationship to Insured Codes

B	Beneficiary
C	Child
E	Employer
F	Father
M	Mother
N	Non-relative
O	Other relative
S	Spouse
U	Unknown

Insurance Type Codes

A	Insurance or Indemnity (OTHER TYPES)
B	Group Health Organization (GHO)
C	Preferred Provider Organization (PPO)
D	Third Party Administrator arrangement under an Administrative Service Only (ASO) contract without stop loss from any entity (TPA/ASO)
E	Third Party Administrator arrangement with stop loss insurance issued from any entity (STOP LOSS TPA)
F	Self-Insured/Self-Administered (SELF-INSURED)
G	Collectively-Bargained Health and Welfare Fund (HEALTH/WELFAR)
H	Multiple Employer Health Plan with at least one employer who has more than 100 full- and/or part-time employees (EMPLOYER+100)
I	Multiple Employer Health Plan with at least one employer who has more than 20 full- and/or part-time employees (EMPLOYER+20)
J	Hospitalization Only Plan covering inpatient hospital services (HOSPITAL ONLY)
K	Medical Services Only Plan covering only non-inpatient medical services (MEDICAL ONLY)
M	Medicare Supplemental Plan, Medigap, Medicare Wraparound Plan, or Medicare Carve Out Plan (SUPPLEMENTAL)
Blank	Unknown (UNKNOWN)

Prescription Drug Coverage Codes

Prescription Drug Source Codes

CHEK	Unsolicited check
LTTR	Letter
PHON	Phone
SCLM	Medicare Secondary Claim Payment
CLAM	Claim
DMCH	Datamatch (RACs only)
OTHR	Other (RACs only)
SRVY	Survey

> **Comment [-jxc1]:** New Prescription Drug Source Code – Please add

Prescription Drug Patient Relationship Codes

0	Patient is policy holder
1	Spouse
2	Child
3	Other

Prescription Drug Informant Relationship Codes

A	Attorney Representing Beneficiary
B	Beneficiary
C	Child
D	Defendant's Attorney
E	Employer
F	Father
I	Insurer
M	Mother
N	Non-relative
O	Other relative
P	Provider
R	Beneficiary Representative (Other than attorney)
S	Spouse
U	Unknown
W	Pharmacy

Prescription Drug Policy Type Codes

M	Medigap
L	Supplemental
N	Non-qualified SPAP
O	Other
P	PAP
Q	Qualified SPAP
R	Charity
S	ADAP
T	Federal Government Programs
1	Medicaid
2	Tricare
3	Major Medical

> **Comment [-jxc2]:** Insert Supplemental

Prescription Drug Type Codes

U	Drug Network
V	Drug Non-network
Z	Health Reimbursement account

> **Comment [-jxc3]:** Delete Codes Highlighted in Green
> Valid Codes are as follows
> U – Drug Only(network RX)
> V - Drug with Major Medical (non-network RX)
> Z -Health Reimbursement Account