

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 845</b>	<b>Date: January 21, 2011</b>
	<b>Change Request 7242</b>

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

**I. SUMMARY OF CHANGES:** The Electronic Correspondence System (ECRS) is changing from a Customer Information Control System based application to a Web-based application. A few codes have been added and a few removed.

**EFFECTIVE DATE: July 1, 2011**

**IMPLEMENTATION DATE: July 5, 2011**

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

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
N/A	

**III. FUNDING:**

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

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

**For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**IV. ATTACHMENT:**

**One-Time Notification**

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

# Attachment – One Time Notification

Pub. 100-20	Transmittal: 845	Date: January 21, 2011	Change Request: 7242
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**SUBJECT: Updates to the Electronic Correspondence Referral System (ECRS) Web User Guide v1.0 and Quick Reference Card v1.0 and VMS updates**

**Effective Date:** July 1, 2011

**Implementation Date:** July 5, 2011

## I. GENERAL INFORMATION

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

**B. Policy:** This transmittal is to update the VMS system to support the changes/updates that have been made to ECRS.

## II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility									
		A / B  M A C	D M  M A C	F I  M A C	C A  R I  E R	R H  R I  E R	Shared-System Maintainers				Other
						F I S S	M C S	V M S	C W F		
7242.1	System changes shall be made in the VMS system to remove all internal subsystem transportation to the ECRS effective with the July 2011 release which is scheduled to be implemented July 5, 2011.							X			
7242.2	The Enterprise Data Center servicing all DME MACs shall deactivate ECRS CICS 45 days after the issuance of this instruction.									EDC	

## III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility									
		A / B	D M E	F I	C A R R I E R	R H H I	Shared-System Maintainers				Other
							F I S S	M C S	V M S	C W F	
	None.										

**IV. SUPPORTING INFORMATION**

**Section A: Recommendations and supporting information associated with listed requirements: N/A**

X-Ref Requirement Number	Recommendations or other supporting information:

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

**V. CONTACTS**

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

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

**VI. FUNDING**

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

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

**Section B: For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**Attachment**

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

**Software Version 1.0  
User Guide Version 1.0**

**Rev. 2010-05/November**

**GHI-DI-1233.1.0**

## ECRS WEB USER GUIDE

### **Confidentiality and Disclosure of Information**

Section 1106 (a) of the Social Security Act as it applies to the Centers for Medicare & Medicaid Services (CMS) - (42 CFR Chapter IV Part 401 §§ 401.101 to 401.152) prohibits disclosure of any information obtained at any time by officers and employees of Medicare Intermediaries, Carriers, or Medicare Contractors in the course of carrying out agreements and/or contracts under Sections 1816, 1842, and 1874A of the Social Security Act, and any other information subject to Section 1106 (a) of the Social Security Act.

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

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

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

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## Chapter 1: Introduction

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

<b>If you want to see information about this...</b>	<b>See this page...</b>
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## ECRS WEB USER GUIDE

### About this Guide

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

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

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

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

### User Guide Conventions

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

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

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

**Application web page examples** are representative of the web pages that you see on your computer. The actual information may not be the same, unless otherwise noted in the guide.

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

## ECRS WEB USER GUIDE

### What is ECRS?

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

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

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

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

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

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

### ECRS Web CBTs

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

## ECRS WEB USER GUIDE

### Basic Functions

#### Logging On

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

1. Open an Internet Browser.
2. Connect to ECRS URL <https://www.cob.cms.hhs.gov/ECRS>
3. If you have not logged on with your IACS User ID and Password, the system will route you to the CMS Access Management Logon Page.
  - 3a. Using your IACS User ID and Password log on.
  - 3b. The system will route you to the ECRS Federal Systems Login Warning page.
4. Read the Federal Systems Login Warning and click [**Accept**] at the bottom of the page.
5. The system displays the COB Electronic Correspondence Referral System (ECRS) Contractor Sign In page, as shown in the example below.

The screenshot displays the ECRS Contractor Sign In page. At the top, there is a blue header with the CMS logo on the left and the text "Electronic Correspondence Referral System (ECRS)" in the center, with a COB logo on the right. Below the header is a navigation bar with "CMS" on the left and "Help", "Contact", "About", and "Sign out" on the right. The main content area is titled "Contractor Sign In" and contains a form with two required fields: "Contractor Number" and "Access Code", each with an input box. A "Continue" button is positioned below the form. On the right side, there is a "Quick Help" section with a link to "Help About This Page" and a "User" section displaying "ID: ECR1234", "Name: Dorothy Smith", and "Phone: (999)999-9999". A footer bar at the bottom contains links for "Privacy Policy" and "User Agreement".

## ECRS WEB USER GUIDE

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

If you are a...	Follow these steps:
Medicare contractor	<ol style="list-style-type: none"> <li>1. Type your contractor number (unique five-digit number assigned by CMS) in the CONTRACTOR NUMBER field.</li> <li>2. Type your access code (five-character authorization code assigned by the COB contractor) in the ACCESS CODE field.</li> </ol> <p>CASE SENSITIVE</p>
GHI, RO and CMS user	<ol style="list-style-type: none"> <li>1. Type your GHI, RO or CMS ID in the CONTRACTOR NUMBER field.</li> <li>2. Type your access code in the ACCESS CODE field.</li> </ol> <p>CASE SENSITIVE</p>

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

You now have the ability to access information in ECRS.

Electronic Correspondence Referral System (ECRS)

Home CMS
Help Contact About Sign out

### Main Menu

Create Requests or Inquiries

[CWF Assistance Request](#)  
[MSP Inquiry](#)  
[Prescription Coverage Inquiry](#)

Search for Requests or Inquiries

[CWF Assistance Request](#)  
[MSP Inquiries](#)  
[Prescription Coverage Inquiries](#)

Reports

[Contractor Work Load Tracking](#)  
[CMS Work Load Tracking](#)

Files

[Upload File](#)  
[Download Reponse File](#)

Change Contractor

[Change Contractor](#)

Quick Help

[Help About This Page](#)

Contractor

**ID:** 00131  
**Name:** Company ABC

User

**ID:** ECR1234  
**Name:** Dorothy Smith  
**Phone:** (999)999-9999

[Privacy Policy](#) | [User Agreement](#)

## ECRS WEB USER GUIDE

### Logging Off

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

# ECRS WEB USER GUIDE

## Contractor Sign In

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

**CMS** CENTERS FOR MEDICARE & MEDICAID SERVICES

**Electronic Correspondence Referral System (ECRS)**

Help Contact About Sign out

### Contractor Sign In

\* Required

\* Contractor Number:

\* Access Code:

Continue

**Quick Help**

[Help About This Page](#)

**User**

**ID:** ECR1234  
**Name:** Dorothy Smith  
**Phone:** (999)999-9999

[Privacy Policy](#) | [User Agreement](#)

## ECRS WEB USER GUIDE

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

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

## ECRS WEB USER GUIDE

### ECRS Main Menu Page Description

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

The screenshot displays the ECRS Main Menu page. At the top, the CMS logo is on the left, and the text "Electronic Correspondence Referral System (ECRS)" is centered. A navigation bar includes "Home", "CMS", "Help", "Contact", "About", and "Sign out". The main content area is titled "Main Menu" and is divided into several sections:

- Create Requests or Inquiries**: Contains links for "CWF Assistance Request", "MSP Inquiry", and "Prescription Coverage Inquiry".
- Search for Requests or Inquiries**: Contains links for "CWF Assistance Request", "MSP Inquiries", and "Prescription Coverage Inquiries".
- Reports**: Contains links for "Contractor Work Load Tracking" and "CMS Work Load Tracking".
- Files**: Contains links for "Upload File" and "Download Reponse File".

On the right side, there is a sidebar with user information:

- Change Contractor**: Includes a link for "Change Contractor".
- Quick Help**: Includes a link for "Help About This Page".
- Contractor**: Displays "ID: 00131" and "Name: Company ABC".
- User**: Displays "ID: ECR1234", "Name: Dorothy Smith", and "Phone: (999)999-9999".

At the bottom, a light blue bar contains the text "Privacy Policy | User Agreement".



## ECRS WEB USER GUIDE

<b>COB ECRS Main Menu page Navigation</b>	
<b>Create Requests or Inquiries</b>	<b>Description</b>
CWF ASSISTANCE REQUEST	Click [ <b>CWF Assistance Request</b> ] to enter a new Assistance Request.
MSP INQUIRY	Click [ <b>MSP Inquiry</b> ] to enter a new Inquiry.
PRESCRIPTION COVERAGE INQUIRY	Click [ <b>Prescription Coverage Inquiry</b> ] to enter a new Inquiry.
<b>Search for Requests or Inquiries</b>	<b>Description</b>
CWF ASSISTANCE REQUEST	Click [ <b>CWF Assistance Request</b> ] to enter search criteria.
MSP INQUIRIES	Click [ <b>MSP Inquiry</b> ] to enter search criteria.
PRESCRIPTION COVERAGE INQUIRIES	Click [ <b>Prescription Coverage Inquiry</b> ] to enter search criteria.
<b>Reports</b>	<b>Description</b>
CONTRACTOR WORKLOAD TRACKING	Click [ <b>Contractor Workload Tracking</b> ] to select criteria and display the workload tracking report for your contractor.
CMS WORKLOAD TRACKING	Click [ <b>CMS Workload Tracking</b> ] to select criteria and display the workload tracking report for contractors.  Note: Restricted to CMS and Regional Offices
<b>Files</b>	<b>Description</b>
<b>Note:</b> File Upload and Download is restricted to selected users. Please contact the EDI Help desk (646) 458-6740 for additional information.	
UPLOAD FILE	Click [ <b>Upload File</b> ] to upload ECRS transaction files.
DOWNLOAD RESPONSE FILE	Click [ <b>Download Response File</b> ] to download ECRS response files for transactions uploaded on ECRS web.
<b>Heading Bar Navigation</b>	
HOME	Click [ <b>Home</b> ] to return to Main Menu page.
CMS	Click [ <b>CMS</b> ] to link to CMS website <a href="http://www.cms.gov">www.cms.gov</a> .
HELP	Click [ <b>Help</b> ] to display information about ECRS menu options.
CONTACT	Click [ <b>Contact</b> ] to display information about contacting the COBC.

## ECRS WEB USER GUIDE

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

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

## ECRS WEB USER GUIDE

**Notes:**

## ECRS WEB USER GUIDE

# Chapter 2: Task and Web Page Reference

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## Introduction

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

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

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

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

For information about this task...	See this page...
Adding CWF Assistance Request Transactions	A-4
Retrieving Beneficiary Information for CWF Assistance Requests	A-4
Importing HIMR MSP Information for CWF Assistance Requests	A-43
Viewing a List of CWF Assistance Request Transactions	A-46
Viewing, Updating, and Deleting CWF Assistance Request Transactions	A-46
Adding MSP Inquiry Transactions	A-62
Retrieving Beneficiary Information for MSP Inquiries	A-62
Viewing a List of MSP Inquiry Transactions	A-104
Viewing, Updating, and Deleting MSP Inquiry Transactions	A-104
Adding Prescription Coverage Inquiry Transactions	A-120
Viewing a List of Prescription Coverage Inquiry Transactions	A-140
Viewing, Updating, and Deleting Prescription Coverage Inquiry Transactions	A-140
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## ECRS WEB USER GUIDE

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**ECRS WEB USER GUIDE**

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## ECRS WEB USER GUIDE

### Adding a CWF Assistance Request Transaction

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

**Note:** Use these web pages to add assistance request transactions for *changes to existing CWF MSP auxiliary occurrences*. If you want to submit an inquiry to the COB contractor about a possible MSP situation not yet documented at CWF, use the [ECRS MSP Inquiry] link on the Main Menu (A-62).

### Retrieving Beneficiary Information

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

### Common CWF Assistance Request Tasks

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

- Adding remark codes (AR)
- Making changes to:
  - attorney information (AI)
  - diagnosis codes (DX)
  - effective date (ED)
  - employer information and size (EI and ES)
  - insurer information (II)
  - insurance type (IT), MSP type (MT)
  - patient relationship (PR)
  - pre-paid health plan date (PH)
  - termination date (TD)
- Developing to an employer (DE), an insurer (DI), or an attorney (DA)
- Developing for termination date (DT), effective date (EF), or diagnosis codes (DD)
- Adding a duplicate no-fault record (NR)
- Requesting deletion of a CWF MSP auxiliary occurrence (DO)
- Updating a record for a vow of poverty (VP)
- Adding a duplicate liability record (LR)
- Redeveloping a deleted CWF record (DR)
- Changing termination date (CT)
- Change to injury/loss date (CD)
- Add policy and or group number (AP)
- Incorrect ESRD Coordination Period (CP)
- Notify COBC of updates to WCMSA cases (WN)

## ECRS WEB USER GUIDE

### Steps to add a CWF Assistance Request Transaction

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

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

### ECRS CWF Assistance Request, Action Requested Page

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

The screenshot displays the 'Action Requested' page in the ECRS system. The page header includes the CMS logo, 'Electronic Correspondence Referral System (ECRS)', and the COB logo. Navigation links for Home, CMS, Help, Contact, About, and Sign out are visible. The main content area is titled 'CWF Assistance Request' and contains a form with the following fields:

- \*DCN:** 1111111111
- \*HICN:** 999999999T
- \*Activity Code:** C - Claims (Pre-Payment)
- \*Action:** AI - Change Attorney Information
- II - Change insurer information**
- CT - Change Termination date**
- Select**
- \*Source:** CHEK - Unsolicited check
- Import HIMR MSP Data:**  Yes  No

Buttons for 'Continue' and 'Cancel' are located at the bottom of the form. The right sidebar contains sections for 'Change Contractor' (with a 'Change Contractor' link), 'Quick Help' (with a 'Help About This Page' link), 'Contractor' (ID: 00131, Name: Company ABC), and 'User' (ID: ECR1234, Name: Dorothy Smith, Phone: (999)999-9999). A footer bar at the bottom contains links for 'Privacy Policy' and 'User Agreement'.



## ECRS WEB USER GUIDE

2. Type/select data in all of the required fields on the ECRS CWF Assistance Request Action Requested web page, and click [**Continue**]. The required fields on this web page are noted with a red “\*” and are as follows:
  - DCN
  - BENEFICIARY  
HICN
  - ACTIVITY CODE
  - ACTION CODE
  - SOURCE

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

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

3. Type/select data in fields on the web pages following Action Requested as required by the action code(s) requested and selected in the ACTION(S) field. Information may be entered by clicking [**Continue**] on each page, or by selecting a page link from the left side bar.
4. After typing/selecting data in all of the required fields, review the summary page and click [**Submit**]. The system displays the Submit Confirmation page. At this point the assistance request is submitted and you may print the confirmation page.
5. If you want to exit the ECRS CWF Assistance Request Detail web pages, click [**Home**] to return to the ECRS Main Menu or [**Sign Out**] to exit ECRS.

## ECRS WEB USER GUIDE

### ECRS CWF Assistance Request, Action Requested Page Description

<b>ECRS CWF Assistance Request Action Requested</b>	
<b>Field Name</b>	<b>Description</b>
DCN	Document Control Number assigned by contractor to correspondence and/or paperwork associated with transaction ( <i>required field</i> ) The system will auto generate the DCN, but it may be changed.
HICN	Health Insurance Claim Number of beneficiary ( <i>required field</i> ). Type HICN without dashes, spaces, or other special characters.  Note: The system will look up the HICN on the COBC's HICN Xref database to assure the most current HICN has been entered. If the most current HICN has not been entered the system will replace the entered HICN with the most current HICN.
ACTIVITY CODE	Activity of contractor ( <i>required field</i> ). Valid values are: C Claims (Pre-Payment) (22001) D Debt Collection/Referral (42021) G Group Health Plan (42003) I General Inquires (42004) N Liability, No Fault, Workers' Compensation, and Federal Tort Claim Act (42002)
ACTION(S)	Two-character code defining action to take on CWF Auxiliary record ( <i>required field</i> ). Valid values are: AI Change attorney information AP Add policy and or group number AR Add CWF remark code CD DOI/DOL changes CP Incorrect ESRD Coordination Period CT Change the termination date DA Develop to the attorney DD Develop for the diagnosis code DE Develop to employer or develop for employer information DI Develop to insurer or develop for insurer information DO Mark occurrence for deletion DR Investigate/redevelop closed or deleted record DT Develop for termination date DX Change diagnosis codes EA Change employer address ED Change effective date EF Develop for the effective date EI Change employer information ES Employer size below minimum (20 for working aged, 100 for disability) II Change insurer information IT Change insurer type

## ECSR WEB USER GUIDE

<b><i>ECSR CWF Assistance Request Action Requested</i></b>	
<b>Field Name</b>	<b>Description</b>
	LR     Add duplicate liability record MT     Change MSP type MX     SSN/HICN mismatch NR     Add duplicate no-fault record PH     Add PHP date PR     Change patient relationship TD     Terminate open EGHP record with date less than six months prior to date of accretion VP     Beneficiary has taken a vow of poverty WN     WCMSA Notification  Enter up to four action codes unless CWF Assistance Request is to delete occurrence (DO), redevelop a deleted CWF record (DR), or note a vow of poverty (VP), develop for Employer Information (DE), or develop for Insurer Information (DI).. You cannot combine these five action codes with any other action codes.
SOURCE	Four-character code identifying source of CWF Assistance Request information ( <i>required field</i> ). Valid values are:  CHEK    Unsolicited check LTTR    Letter PHON    Phone call SCLM    Claim submitted to Medicare contractor for secondary payment CLAM    Claim SRVY    Survey
IMPORT HIMR MSP DATA	Defaults to “Yes” may be changed to “No”.

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

## ECRS WEB USER GUIDE

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



## ECRS WEB USER GUIDE

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

## ECRS WEB USER GUIDE

### ECRS CWF Assistance Request, CWF Auxiliary Record Data Page

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


Electronic Correspondence Referral System (ECRS)


Home CMS
Help Contact About Sign out

#### CWF Assistance Request

- Action Requested
- CWF Auxiliary Record Data
- Informant Information
- Insurance Information
- Employment Information
- Additional Information
- Comments/Remarks
- Summary

#### CWF Auxiliary Record Data

**\* Required**

\*MSP Type:

\*Patient Relationship:

\*Auxiliary Record #:

\*Originating Contractor:

\*Effective Date:

Termination Date:

Accretion Date:

Change Contractor

[Change Contractor](#)

Quick Help

[Help About This Page](#)

Contractor

ID: 00131  
Name: Company ABC

User

ID: ECR1234  
Name: Dorothy Smith  
Phone: (999)999-9999

Beneficiary

HICN: 999999999T  
SSN: \*\*\*-\*\*-6789  
Name: William M. Smith  
Address: 123 Main Street  
Apt. B  
City, State: Baltimore, MD  
Zip: 21222-1234  
Phone: (999)999-9999  
Sex: Male  
DOB: 01/01/1930

DCN

ID: 1111111111  
Originating Date: 05/01/2010  
Status: New  
Reason: 01

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## ECRS WEB USER GUIDE

### ECRS CWF Assistance Request, CWF Auxiliary Record Data Page Description

<i>ECRS CWF Assistance Request CWF Auxiliary Record Data</i>											
Field Name	Description										
MSP TYPE	<p>One-character code identifying type of MSP coverage (<i>required field</i>). Description of code displays next to value. Valid values are:</p> <ul style="list-style-type: none"> <li>A Working Aged</li> <li>B ESRD</li> <li>C Conditional Payment</li> <li>D Automobile Insurance, No Fault</li> <li>E Workers' Compensation</li> <li>F Federal (Public)</li> <li>G Disabled</li> <li>H Black Lung</li> <li>I Veterans</li> <li>L Liability</li> <li>W Workers' Compensation Medicare Set Aside</li> </ul>										
PATIENT RELATIONSHIP	<p>Patient relationship between policyholder and beneficiary (<i>required field</i>). Description of code displays next to value. Valid values are:</p> <ul style="list-style-type: none"> <li>01 Patient is policy holder</li> <li>02 Spouse</li> <li>03 Natural child, insured has financial responsibility</li> <li>04 Natural child, insured does not have financial responsibility</li> <li>05 Stepchild</li> <li>06 Foster child</li> <li>07 Ward of the Court</li> <li>08 Employee</li> <li>09 Unknown</li> <li>10 Handicapped dependent</li> <li>11 Organ donor</li> <li>12 Cadaver donor</li> <li>13 Grandchild</li> <li>14 Niece/nephew</li> <li>15 Injured plaintiff</li> <li>16 Sponsored dependent</li> <li>17 Minor dependent of a minor dependent</li> <li>18 Parent</li> <li>19 Grandparent dependent</li> <li>20 Domestic partner (Effective April, 2004.)</li> </ul> <p>Note: For the following MSP Types below, the patient relationship codes listed to the right are the only valid values that can be used.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">MSP Type</th> <th style="text-align: left;">Patient Relationship Code</th> </tr> </thead> <tbody> <tr> <td colspan="2">-----</td> </tr> <tr> <td>A</td> <td>01, 02</td> </tr> <tr> <td>B</td> <td>01, 02, 03, 04, 05, 18, 20</td> </tr> <tr> <td>G</td> <td>01, 02, 03, 04, 05, 18, 20</td> </tr> </tbody> </table>	MSP Type	Patient Relationship Code	-----		A	01, 02	B	01, 02, 03, 04, 05, 18, 20	G	01, 02, 03, 04, 05, 18, 20
MSP Type	Patient Relationship Code										
-----											
A	01, 02										
B	01, 02, 03, 04, 05, 18, 20										
G	01, 02, 03, 04, 05, 18, 20										

## ECRS WEB USER GUIDE

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

<b>Action Code</b>	<b>Required Fields</b>
CT	Termination Date
TD	Termination Date

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



## ECRS WEB USER GUIDE

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

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



## ECRS WEB USER GUIDE

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

## ECRS WEB USER GUIDE

### ECRS CWF Assistance Request, Informant Information Page

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



Electronic Correspondence Referral System (ECRS)

Home CMS Help Contact About Sign out

**CWF Assistance Request**

<ul style="list-style-type: none"> <li>Action Requested</li> <li>CWF Auxilliary Record Data</li> <li style="background-color: #0056b3; color: white; padding: 2px;">Informant Information ▶</li> <li>Insurance Information</li> <li>Employment Information</li> <li>Additional Information</li> <li>Comments/Remarks</li> <li>Summary</li> </ul>	<h4 style="margin: 0;">Informant Information</h4> <p>*First Name: <input type="text" value="Mickey"/></p> <p>Middle Initial: <input type="text"/></p> <p>*Last Name: <input type="text" value="Mouse"/></p> <p>*Address: <input type="text" value="222 Miney Way"/></p> <p>*City: <input type="text" value="Whoville"/></p> <p>*State, Zip: <input type="text" value="MD"/> <input type="text" value="99999"/> - <input type="text" value="9999"/></p> <p>Phone: ( <input type="text" value="999"/> ) <input type="text" value="999"/> - <input type="text" value="9999"/></p> <p>*Relationship: <input type="text" value="A - Attorney Representing Beneficia"/></p> <p style="text-align: center;"> <input type="button" value="Continue"/> <input type="button" value="Cancel"/> </p>	<div style="background-color: #0056b3; color: white; padding: 2px; margin-bottom: 5px;"><b>Change Contractor</b></div> <p style="margin: 0;"><a href="#">Change Contractor</a></p> <div style="background-color: #0056b3; color: white; padding: 2px; margin-bottom: 5px;"><b>Quick Help</b></div> <p style="margin: 0;"><a href="#">Help About This Page</a></p> <div style="background-color: #0056b3; color: white; padding: 2px; margin-bottom: 5px;"><b>Contractor</b></div> <p style="margin: 0;">ID: 00131 Name: Company ABC</p> <div style="background-color: #0056b3; color: white; padding: 2px; margin-bottom: 5px;"><b>User</b></div> <p style="margin: 0;">ID: ECR1234 Name: Dorothy Smith Phone: (999)999-9999</p> <div style="background-color: #0056b3; color: white; padding: 2px; margin-bottom: 5px;"><b>Beneficiary</b></div> <p style="margin: 0;">HICN: 999999999T SSN: ***-**-6789 Name: William M. Smith Address: 123 Main Street Apt. B City, State: Baltimore, MD Zip: 21222-1234 Phone: (999)999-9999 Sex: Male DOB: 01/01/1930 Death Date:</p> <div style="background-color: #0056b3; color: white; padding: 2px; margin-bottom: 5px;"><b>DCN</b></div> <p style="margin: 0;">ID: 1111111111 Originating Date: 05/01/2010 Status: New Reason: 01</p>
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## ECRS WEB USER GUIDE

### ECRS CWF Assistance Request, Informant Information Page Description

<b>ECRS CWF Assistance Request Informant Information</b>	
<b>Field Name</b>	<b>Description</b>
FIRST NAME	First name of person informing contractor of change in MSP coverage. First name is a <i>required field</i> when SOURCE is CHEK , LTTR or PHON.
MIDDLE INITIAL	Middle initial of person informing contractor of change in MSP coverage.
LAST NAME	Last name of person informing contractor of change in MSP coverage. Last name is a <i>required field</i> when SOURCE is CHEK , LTTR or PHON.
ADDRESS	Informant's street address. Address is a <i>required field</i> when SOURCE is CHEK , LTTR or PHON.
CITY	Informant's city. <i>Required field</i> when SOURCE is CHEK , LTTR or PHON.
STATE	Informant's state. <i>Required field</i> when SOURCE is CHEK , LTTR or PHON.
ZIP	Informant's ZIP code. <i>Required field</i> when SOURCE is CHEK , LTTR or PHON.
PHONE	Informant's telephone number
RELATIONSHIP	<p>One-character code indicating relationship of informant to beneficiary. <i>Required field</i> when SOURCE is CHEK , LTTR or PHON. Valid values are:</p> <ul style="list-style-type: none"> <li>A Attorney representing beneficiary</li> <li>B Beneficiary</li> <li>C Child</li> <li>D Defendant's attorney</li> <li>E Employer</li> <li>F Father</li> <li>I Insurer</li> <li>M Mother</li> <li>N Non-relative</li> <li>O Other relative</li> <li>P Provider</li> <li>R Beneficiary representative (other than attorney)</li> <li>S Spouse</li> <li>U Unknown</li> </ul>

<b>Action Code</b>	<b>Required Fields</b>
--------------------	------------------------

## ECRS WEB USER GUIDE

Action Code	Required Fields
AI	Informant First Name, Last Name, Address, City, State, and Zip <b>Note: Relationship will default to “A” Attorney representing beneficiary.</b>

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

## ECRS WEB USER GUIDE

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

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

**ECRS WEB USER GUIDE**

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

## ECRS WEB USER GUIDE

### ECRS CWF Assistance Request, Insurance Information Page

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

Electronic Correspondence Referral System (ECRS)

Home CMS
Help Contact About Sign out

**CWF Assistance Request**

<ul style="list-style-type: none"> <li>Action Requested</li> <li>CWF Auxilliary Record Data</li> <li>Informant Information</li> <li style="background-color: #003366; color: white;"><b>Insurance Information</b></li> <li>Employment Information</li> <li>Additional Information</li> <li>Comments/Remarks</li> <li>Summary</li> </ul>	<h4 style="color: #003366;">Insurance Information</h4> <p><b>* Required</b></p> <p>*Insurance Company Name: <input type="text" value="TopDog Insurance"/></p> <p>*Address Line 1: <input type="text" value="678 Tail Way"/></p> <p>Address Line 2: <input type="text" value="Apt B"/></p> <p>*City: <input type="text" value="Baltimore"/></p> <p>*State, Zip: <input type="text" value="MD"/> <input type="text" value="99999"/> - <input type="text" value="9999"/></p> <p>Phone: ( <input type="text" value="999"/> ) <input type="text" value="999"/> - <input type="text" value="9999"/></p> <p>* Insurance Type: <input type="text" value="A - Other Types"/></p> <p>*Policy Number: <input type="text" value="99999"/></p> <p>*Group Number: <input type="text" value="99999A"/></p> <p>*Subscriber First Name: <input type="text" value="Max"/></p> <p>Subscriber Middle Initial: <input type="text"/></p> <p>*Subscriber Last Name: <input type="text" value="Lab"/></p> <p style="text-align: center;"> <input type="button" value="Continue"/> <input type="button" value="Cancel"/> </p>	<p><b>Change Contractor</b></p> <p><a href="#">Change Contractor</a></p> <p><b>Quick Help</b></p> <p><a href="#">Help About This Page</a></p> <p><b>Contractor</b></p> <p>ID: 00131 Name: Company ABC</p> <p><b>User</b></p> <p>ID: ECR1234 Name: Dorothy Smith Phone: (999)999-9999</p> <p><b>Beneficiary</b></p> <p>HICN: 999999999T SSN: ***-**-6789 Name: William M. Smith Address: 123 Main Street Apt. B City, State: Baltimore, MD Zip: 21222-1234 Phone: (999)999-9999 Sex: Male DOB: 01/01/1930</p> <p><b>DCN</b></p> <p>ID: 111111111 Originating Date: 05/01/2010 Status: New Reason: 01</p>
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## ECRS WEB USER GUIDE

### ECRS CWF Assistance Request, Insurance Information Page Description

<b>ECRS CWF Assistance Request Insurance Information</b>	
<b>Field Name</b>	<b>Description</b>
INSURANCE COMPANY NAME	<p>Name of insurance carrier for MSP coverage.</p> <p><b>Note:</b></p> <div style="border: 1px solid black; padding: 5px;"> <p>If Insurance Company name contains any of the values it is an error. NO, NONE, N/A, HCFA, ATTORNEY, UNK, MISC, CMS, NA, UNKNOWN,</p> <p>If Insurance Company name contains only one of the following values it is an error: BC, BS, BX, BCBX, Medicare, BLUE CROSS, COB, COBC, Coordination of Benefits Contractor.</p> </div>
ADDRESS LINE 1	First Line of insurance carrier's street address.
ADDRESS LINE 2	Second Line of insurance carrier's street address.
CITY	City associated with insurance carrier's street address.
STATE	State associated with insurance carrier's street address.
ZIP	Zip code associated with insurance carrier's street address.
PHONE	Phone Number of insurance carrier.
INSURANCE TYPE	<p>One-character code for type of insurance. Valid values are:</p> <p>A Insurance or Indemnity (OTHER TYPES)</p> <p>B Group Health Organization (GHO)</p> <p>C Preferred Provider Organization (PPO)</p> <p>D Third Party Administrator arrangement under an Administrative Service Only (ASO) contract without stop loss from any entity (TPA/ASO)</p> <p>E Third Party Administrator arrangement with stop loss insurance issued from any entity (STOP LOSS TPA)</p> <p>F Self-Insured/Self-Administered (SELF-INSURED)</p> <p>G Collectively-Bargained Health and Welfare Fund (HEALTH/WELFAR)</p> <p>H Multiple Employer Health Plan with at least one employer who has more than 100 full- and/or part-time employees (EMPLOYER+100)</p> <p>I Multiple Employer Health Plan with at least one employer who has more than 20 full- and/or part-time employees (EMPLOYER+20)</p> <p>J Hospitalization Only Plan covering inpatient hospital services (HOSPITAL ONLY)</p> <p>K Medical Services Only Plan covering only non-inpatient medical services (MEDICAL ONLY)</p> <p>M Medicare Supplemental Plan, Medigap, Medicare Wraparound Plan or Medicare Carve Out Plan (SUPPLEMENTAL)</p>

## ECRS WEB USER GUIDE

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

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

<b>ECRS CWF Assistance Request Insurance Information</b>	
<b>Navigation</b>	
Page Navigation	Description

## ECRS WEB USER GUIDE

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

## ECRS WEB USER GUIDE

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



**ECRS WEB USER GUIDE**

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

## ECRS WEB USER GUIDE

### ECRS CWF Assistance Request, Employment Information Page

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



Electronic Correspondence Referral System (ECRS)

Home CMS Help Contact About Sign out

**CWF Assistance Request**

<ul style="list-style-type: none"> <li>Action Requested</li> <li>CWF Auxilliary Record Data</li> <li>Informant Information</li> <li>Insurance Information</li> <li style="background-color: #0056b3; color: white;"><b>Employment Information</b></li> <li>Additional Information</li> <li>Comments/Remarks</li> <li>Summary</li> </ul>	<h4 style="color: #0056b3;">Employment Information</h4> <p><span style="color: red;">* Required</span></p> <p>Employer Name: <input type="text"/></p> <p>Address: <input type="text"/></p> <p>City: <input type="text"/></p> <p>State, Zip: <input type="text" value="Select"/> - <input type="text"/></p> <p>Phone: ( <input type="text"/> ) <input type="text"/> - <input type="text"/></p> <p>EIN: <input type="text"/></p> <p>Employee #: <input type="text"/></p> <p style="text-align: center;"> <input type="button" value="Continue"/> <input type="button" value="Cancel"/> </p>	<div style="background-color: #0056b3; color: white; padding: 2px; margin-bottom: 5px;"><b>Change Contractor</b></div> <p><a href="#" style="color: #0056b3;">Change Contractor</a></p> <div style="background-color: #0056b3; color: white; padding: 2px; margin-bottom: 5px;"><b>Quick Help</b></div> <p><a href="#" style="color: #0056b3;">Help About This Page</a></p> <div style="background-color: #0056b3; color: white; padding: 2px; margin-bottom: 5px;"><b>Contractor</b></div> <p><b>ID:</b> 00131 <b>Name:</b> Company ABC</p> <div style="background-color: #0056b3; color: white; padding: 2px; margin-bottom: 5px;"><b>User</b></div> <p><b>ID:</b> ECR1234 <b>Name:</b> Dorothy Smith <b>Phone:</b> (999)999-9999</p> <div style="background-color: #0056b3; color: white; padding: 2px; margin-bottom: 5px;"><b>Beneficiary</b></div> <p><b>HICN:</b> 999999999T <b>SSN:</b> ***-**-6789 <b>Name:</b> William M. Smith <b>Address:</b> 123 Main Street Apt. B <b>City, State:</b> Baltimore, MD <b>Zip:</b> 21222-1234 <b>Phone:</b> (999)999-9999 <b>Sex:</b> Male <b>DOB:</b> 01/01/1930</p> <div style="background-color: #0056b3; color: white; padding: 2px; margin-bottom: 5px;"><b>DCN</b></div> <p><b>ID:</b> 111111111 <b>Originating Date:</b> 05/01/2010 <b>Status:</b> New <b>Reason:</b> 01</p>
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## ECRS WEB USER GUIDE

### ECRS CWF Assistance Request, Employment Information Page Description

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

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

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

## ECRS WEB USER GUIDE

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

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





## ECRS WEB USER GUIDE

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

## ECRS WEB USER GUIDE

### ECRS CWF Assistance Request, Additional Information Page

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


Electronic Correspondence Referral System (ECRS)


Home CMS
Help Contact About Sign out

#### CWF Assistance Request

- Action Requested
- CWF Auxilliary Record Data
- Informant Information
- Insurance Information
- Employment Information
- Additional Information ▶
- Comments/Remarks
- Summary

#### Additional Information

\* Required

* Check Number: <input type="text" value="9999"/>	* Check Date: <input type="text" value="06/01/2010"/>
* Check Amount: <input type="text" value="100.00"/>	
* Pre-paid Health Plan Date: <input type="text"/>	
* Social Security Number: <input type="text"/>	
* Diagnosis Codes: <input type="text"/> <input type="text"/>	
<input type="text"/> <input type="text"/>	
<input type="text"/>	

Change Contractor

[Change Contractor](#)

Quick Help

[Help About This Page](#)

Contractor

ID: 00131  
Name: Company ABC

User

ID: ECR1234  
Name: Dorothy Smith  
Phone: (999)999-9999

Beneficiary

HICN: 999999999T  
SSN: \*\*\*-\*\*-6789  
Name: William M. Smith  
Address: 123 Main Street  
          Apt. B  
City, State: Baltimore, MD  
Zip: 21222-1234  
Phone: (999)999-9999  
Sex: Male  
DOB: 01/01/1930

DCN

ID: 1111111111  
Originating Date: 05/01/2010  
Status: New  
Reason: 01

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## ECRS WEB USER GUIDE

### ECRS CWF Assistance Request, Additional Information Page Description

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

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

**ECRS CWF Assistance Request Additional Information**  
**Navigation**

## ECRS WEB USER GUIDE

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

## ECRS WEB USER GUIDE

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

# ECRS WEB USER GUIDE

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

**Electronic Correspondence Referral System (ECRS)**

Home CMS
Help Contact About Sign out

**CWF Assistance Request**

<ul style="list-style-type: none"> <li>Action Requested</li> <li>CWF Auxilliary Record Data</li> <li>Informant Information</li> <li>Insurance Information</li> <li>Employment Information</li> <li>Additional Information</li> <li style="background-color: #004a99; color: white; padding: 2px;">Comments/Remarks ▶</li> <li>Summary</li> </ul>	<div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <p><b>Comments</b></p> <div style="border: 1px solid #ccc; height: 60px; width: 100%;"></div> </div> <div style="border: 1px solid #ccc; padding: 5px;"> <p><b>Remarks</b></p> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid #ccc; padding: 2px;">Select ▼</div> <div style="border: 1px solid #ccc; padding: 2px;">Select ▼</div> <div style="border: 1px solid #ccc; padding: 2px;">Select ▼</div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="button" value="Continue"/> <input type="button" value="Cancel"/> </div> </div>	<div style="background-color: #004a99; color: white; padding: 2px; margin-bottom: 5px;"><b>Change Contractor</b></div> <p style="color: #004a99;"><a href="#">Change Contractor</a></p> <div style="background-color: #004a99; color: white; padding: 2px; margin-bottom: 5px;"><b>Quick Help</b></div> <p style="color: #004a99;"><a href="#">Help About This Page</a></p> <div style="background-color: #004a99; color: white; padding: 2px; margin-bottom: 5px;"><b>Contractor</b></div> <p><b>ID:</b> 00131 <b>Name:</b> Company ABC</p> <div style="background-color: #004a99; color: white; padding: 2px; margin-bottom: 5px;"><b>User</b></div> <p><b>ID:</b> ECR1234 <b>Name:</b> Dorothy Smith <b>Phone:</b> (999)999-9999</p> <div style="background-color: #004a99; color: white; padding: 2px; margin-bottom: 5px;"><b>Beneficiary</b></div> <p><b>HICN:</b> 999999999T <b>SSN:</b> ***-**-6789 <b>Name:</b> William M. Smith <b>Address:</b> 123 Main Street Apt. B <b>City, State:</b> Baltimore, MD <b>Zip:</b> 21222-1234 <b>Phone:</b> (999)999-9999 <b>Sex:</b> Male <b>DOB:</b> 01/01/1930</p> <div style="background-color: #004a99; color: white; padding: 2px; margin-bottom: 5px;"><b>DCN</b></div> <p><b>ID:</b> 123456766556666 <b>Originating Date:</b> 05/01/2010 <b>Status:</b> New <b>Reason:</b> 01</p>
--	--	---

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## ECRS WEB USER GUIDE

### ECRS CWF Assistance Request, Comments/Remarks Page Description

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

Action Code	Required Fields
AR	At least one Remark code selected

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

## ECRS WEB USER GUIDE

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

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



## ECRS WEB USER GUIDE

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

# ECRS WEB USER GUIDE

## ECRS CWF Assistance Request, Summary Page

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

Electronic Correspondence Referral System (ECRS)

Home CMS
Help Contact About Sign out

CWF Assistance Request

- Action Requested
- CWF Auxiliary Record Data
- Informant Information
- Insurance Information
- Employment Information
- Additional Information
- Comments/Remarks
- Summary

### CWF Assistance Request Summary

Print Summary

**Action Requested**

DCN: 111111111 HICN: 999999999T

Activity Code: N - Liability, No Fault, Workers' Compensation, and Federal Tort Claim Act

Action Codes: AI - Change Attorney Information  
II - Change insurer information  
CT - Change Termination date

Source: CHEK-Check

**CWF Auxiliary Record Data**

MSP Type: A-working Aged Effective Date: 05/01/2010

Auxiliary Record Number: 001 Termination Date:

Originating Contractor : 000131 Patient Relationship: 01-Patient is policy holder

**Informant Information**

Name: Mickey Mouse Relationship: A - Attorney Representing Beneficiary

Address: 222 Miney Way

City, State, Zip: Whoville, MD 99999-9999

Phone: (999) 999-9999

**Insurance Information**

Insurance Company Name: TopDog Insurance Insurance Type: A-Other Types

Address: 678 Tail Way Policy Number: 99999

Apt B. Group Number: 99999A

City, State, Zip: Baltimore, MD 99999-9999

Phone: (999) 999-9999 Subscriber Name: Max Lab

**Employment Information**

Employer Name: Phone:

Address: EIN:

City, State, Zip:

Employee Number:

**Diagnosis Codes**

8602

80709

2859

**Check Information**

Check Date: 06/01/2010

Check Amount: \$100.00

Check Number: 9999

**Additional Information**

Pre-paid Health Plan Date:

Social Security Number:

**Comments/Remarks**

Comments:

Remarks:

Change Contractor

[Change Contractor](#)

Quick Help

[Help About This Page](#)

Contractor

ID: 000131  
Name: Company ABC

User

ID: ECR1234  
Name: Dorothy Smith  
Phone: (999)999-9999

Beneficiary

HICN: 999999999T  
SSN: \*\*\*-\*\*-6789  
Name: William M. Smith  
Address: 123 Main Street Apt. B  
City, State: Baltimore, MD  
Zip: 21222-1234  
Phone: (999)999-9999  
Sex: Male  
DOB: 01/01/1930

DCN

ID: 111111111  
Originating Date: 05/01/2010  
Status: New  
Reason: 01

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submission.

## ECRS WEB USER GUIDE

### ECRS CWF Assistance Request, Summary Page Description

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

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

## ECRS WEB USER GUIDE

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

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

## ECRS WEB USER GUIDE

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

## ECRS WEB USER GUIDE

### Importing HIMR MSP Information for CWF Assistance Requests

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

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

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

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

The screenshot displays the ECRS web interface. At the top, there is a navigation bar with the CMS logo and the text 'Electronic Correspondence Referral System (ECRS)'. Below this, there are links for Home, CMS, Help, Contact, About, and Sign out. The main content area is titled 'CWF Assistance Request' and contains a table labeled 'HIMR MSP Data List'. The table has the following data:

Aux Rec #	MSP Type	Effective Date	Term Date	Delete Ind	Origin Contractor	Updating Contractor	Date of Accretion
<a href="#">001</a>	Working Aged	09/01/1994		D	00131	11110	02/25/2002
<a href="#">002</a>	Liability	01/16/2002		D	11110	11110	04/10/2002
<a href="#">004</a>	Liability	01/16/2002	02/14/2002		11110	11110	05/27/2004
<a href="#">005</a>	Liability	01/16/2002	04/21/2004		11110		06/02/2006
<a href="#">006</a>	No Fault	01/16/2002	06/18/2007		11109	11109	07/01/2006

Below the table is a 'Cancel' button. To the right of the table, there is a sidebar with the following sections:

- Change Contractor**: [Change Contractor](#)
- Quick Help**: [Help About This Page](#)
- Contractor**: ID: 00131, Name: Company ABC
- User**: ID: ECR1234, Name: Dorothy Smith, Phone: (999)999-9999

At the bottom of the page, there are links for [Privacy Policy](#) and [User Agreement](#).

2.

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

## ECRS WEB USER GUIDE

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

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

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

<b>ECRS CWF ASSISTANCE REQUEST PRE-POPULATED HIMR MSP DATA</b>
<b>CWF AUXILIARY RECORD DATA</b>
<ul style="list-style-type: none"> <li>• MSP Type</li> </ul>
<ul style="list-style-type: none"> <li>• Patient Relationship</li> </ul>
<ul style="list-style-type: none"> <li>• Auxiliary Record #</li> </ul>
<ul style="list-style-type: none"> <li>• Originating Contractor</li> </ul>
<ul style="list-style-type: none"> <li>• Effective Date</li> </ul>
<ul style="list-style-type: none"> <li>• Termination Date</li> </ul>
<ul style="list-style-type: none"> <li>• Accretion Date</li> </ul>
<b>INFORMANT INFORMATION</b>
<b>INSURANCE INFORMATION</b>
<ul style="list-style-type: none"> <li>• Insurance Company Name</li> </ul>
<ul style="list-style-type: none"> <li>• Address</li> </ul>
<ul style="list-style-type: none"> <li>• City</li> </ul>
<ul style="list-style-type: none"> <li>• State</li> </ul>
<ul style="list-style-type: none"> <li>• Zip</li> </ul>
<ul style="list-style-type: none"> <li>• Insurance Type</li> </ul>
<ul style="list-style-type: none"> <li>• Group Number</li> </ul>
<ul style="list-style-type: none"> <li>• Policy Number</li> </ul>
<ul style="list-style-type: none"> <li>• Subscriber Name</li> </ul>
<b>EMPLOYMENT INFORMATION</b>
<b>ADDITIONAL INFORMATION</b>
<input type="checkbox"/> Diagnosis Codes
<b>COMMENT/REMARKS</b>

## ECRS WEB USER GUIDE

3.

If you...	Follow these steps:
Don't get a list of HIMR records	<ol style="list-style-type: none"> <li>1. Check to make sure the HICN number entered is correct.</li> <li>2. Check what time it is...the HIMR application may be unavailable before 8 am and after 5 pm EST.</li> </ol>
Want to use this imported information	<ol style="list-style-type: none"> <li>1. Change information in any of the fields by typing the correct information over the imported information.</li> <li>2. Complete required fields for the Action Requested on each of the CWF Assistance Request Detail pages.</li> <li>3. Click [<b>Submit</b>] from the Summary page.</li> </ol>
Want to select a different MSP record for the beneficiary	From CWF AUXILIARY RECORD DATA page, click [ <b>Back To List</b> ], and click the Aux Rec # link, next to the record you want to select.
Do not want to use this imported information, but want to look up a new beneficiary	<ol style="list-style-type: none"> <li>1. Type the new beneficiary's HICN in the HICN field on the Action Requested page.</li> <li>2. Set Import HIMR MSP Data to "Yes".</li> <li>3. Click [<b>Continue</b>] to display the HIMR MSP DATA List.</li> <li>4. Click the Aux Rec # link, next to the record you want to select.</li> </ol>



## ECRS WEB USER GUIDE

### List CWF Assistance Request Transactions for Viewing, Updating and Deleting

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

1. From the COB ECRS Main Menu web page, click [**CWF Assistance Request**] under the heading Search for Requests or Inquiries, type the search criteria in the appropriate fields, and click [**Search**]. The system displays a list of ECRS CWF Assistance Requests, as shown in the example below.
2. If you wish to create a list of all CWF Assistance Requests for a HICN, type the HICN in the search criteria, and space out the Contractor Number. Click [**Search**], the system will display a list of ECRS CWF Assistance Requests for that HICN.

Delete	HICN	Contractor	DCN	Status	Reason	Origin Date	Last Update	User ID
	<a href="#">888888888888</a>	00131	987654321987654	Completed		01/01/2010	01/05/2010	ECR2323
X	<a href="#">2345523455</a>	00131	CD05152010	New		05/01/2010	05/01/2010	ECR1234

3. Change or delete the search criteria to initiate a new search. Perform searches using combinations of the following criteria: User ID, Status, Reason, Origin Date From, Origin Date To, Contractor Number, HICN, DCN or SSN. You cannot combine DCN, HICN, and SSN searches. In addition, you must combine searches on Origin Date From and/or To, User ID, Status, and Reason with a DCN, HICN, SSN or Contractor Number search.

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

4. Pagination will be used to scroll forward through the list of CWF Assistance Request transactions. You will see 20 items per page, and use the First/Prev and Next/Last navigation at the top of the list to view other transactions on other pages.
5. If you want to view summary information for a CWF Assistance Request transaction, click the [**HICN**] link for the transaction for which you want to view summary information. The system displays the summary page of the ECRS CWF Assistance Request selected transaction.
6. If you want to update information on a CWF Assistance Request transaction in NW status, click the [**HICN**] link for the transaction and the system will display the summary page of the ECRS CWF Assistance Request selected transaction, along with page links to the information, to allow for updates.

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

7. If you want to mark a CWF Assistance Request transaction in NW status for deletion, click the [**X**] link next to the HICN and when presented with the confirmation page, confirm by clicking [**Continue**], or decline by clicking [**Cancel**].

**Note: You can only update or delete an assistance request transaction if it is in NW (new) status. If the COB system has started processing the information, you cannot request an update**

## ECRS WEB USER GUIDE

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

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

### ECRS CWF Assistance Request Search Page

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

Electronic Correspondence Referral System (ECRS)

Home CMS
Help Contact About Sign out

#### CWF Assistance Request

Contractor #:

HICN:

SSN:

Status:

User ID:

Origin Date From:

Origin Date To:

DCN:

Reason:

Delete	HICN	Contractor	DCN	Status	Reason	Origin Date	Last Update	User ID
	<a href="#">999999999A</a>	00131	1111111111	Completed		01/01/2010	01/05/2010	ECR2323
X	<a href="#">8888888888</a>	00131	CD05152010	New		05/01/2010	05/01/2010	ECR1234

Change Contractor

  
[Change Contractor](#)  

Quick Help

  
[Help About This Page](#)  

Contractor

  
**ID:** 00131  
**Name:** Company ABC  

User

  
**ID:** ECR1234  
**Name:** Dorothy Smith  
**Phone:** (999)999-9999

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## ECRS WEB USER GUIDE

### ECRS CWF Assistance Request Search Page Description

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

## ECRS WEB USER GUIDE

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

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

## ECRS WEB USER GUIDE

QUICK HELP	Click [ <b>Help About This Page</b> ] to display helpful information for completing the page.
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<b>COB ECRS CWF Assistance Request Search Page</b>	
<b>RIGHT SIDE BAR INFORMATION</b>	
<b>Note: The system will carry this data forward to other pages, eliminating the need to re-enter it.</b>	
<b>Contractor</b>	<b>Description</b>
ID	Contractor Number or CMS ID entered on Contractor Sign In page. <i>(protected field)</i>
NAME	Name of Contractor associated with the Contractor Number, or Regional Office associated with the CMS ID. <i>(protected field)</i>
<b>User</b>	<b>Description</b>
ID	User ID of person logged in. <i>(protected field)</i>
NAME	Name of person associated with User ID. <i>(protected field)</i>
PHONE	Phone number associated with the User ID. <i>(protected field)</i>

## ECRS WEB USER GUIDE

### **ECRS CWF Assistance Summary Page**

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

# ECRS WEB USER GUIDE

**ECRS Web User Guide**

Electronic Correspondence Referral System (ECRS)

Home | CMS | Help | Contact | About | Sign out

### CWF Assistance Request

#### CWF Assistance Request Summary

[Print Summary](#)

**Action Requested**

DCN: 1111111111 HICN: 999999999A

Activity Code: N - Liability, No Fault, Workers' Compensation, and Federal Tort Claim Act

Action Codes: AI - Change Attorney Information

Source: CHEX-Check

**CWF Auxiliary Record Data**

MSP Type: D - Automobile Insurance, No Fault Effective Date: 01/16/2002

Auxiliary Record Number: 001 Termination Date: 06/18/2007

Originating Contractor: 11109 Patient Relationship: 01 - Patient is policy holder

**Informant Information**

Name: Minnie W. Mouse Relationship: B - Beneficiary

Address: 111 Market Lane

City, State, Zip: Whoville, AL 66543

Phone: (999) 999-9999

**Insurance Information**

Insurance Company Name: TopDog Insurance Insurance Type: A-Other Type8

Address: 786 Spring Street Policy Number: 99999

Building 202 Group Number: 99999A

City, State, Zip: Baltimore, MD 32323-3432

Phone: (999) 999-9999 Subscriber Name: Max Lab

**Employment Information**

Employer Name: Good Company Phone: (999) 999-9999

Address: 333 Happy Street EIN: 1212121212

City, State, Zip: Anywhere, MD 21232

Employee Number: 99999

**Diagnosis Codes**

**Check Information**

Check Date: 03/01/2010

Check Amount: \$350.00

Check Number: 12345

**Additional Information**

Pre-paid Health Plan Date:

Social Security Number:

**Comments/Remarks**

Contractor Comments: This is a sample comment

User ID: ECR2323

Remarks:

**COB Response Information**

COB Comments: This is a sample comment

User ID: 12345

Development Response Indicator: Employer

Developed To (Initial): Employer

Developed To (Subsequent):

[Return To List](#)

**Change Contractor**

[Change Contractor](#)

**Quick Help**

[Help About This Page](#)

**Contractor**

ID: 00131

Name: Company ABC

**User**

ID: ECR2323

Name: Lucy Sky

Phone: (999)999-9999

**Beneficiary**

HICN: 999999999A

SSN: \*\*\*-\*\*-0720

Name: Brian Sparks

Address: 122 Main Street Apt. B

City, State: Baltimore, MD

Zip: 21222-1234

Phone: (999)999-9999

Sex: Male

DOB: 01/01/1930

**DCN**

ID: 88888888888

Originating Date: 01/01/2010

Status: Completed

Reason:

Privacy Policy | User Agreement

transaction...

## ECRS CWF Assistance Request Summary Page Description

**ECRS CWF Assistance Request Summary Page**

## ECRS WEB USER GUIDE

Field Name	Description
<b>ACTION REQUESTED</b>	
DCN	Document Control Number assigned by contractor to correspondence and/or paperwork associated with transaction.
HICN	Health Insurance Claim Number of beneficiary.
ACTIVITY CODE	<p>Activity of contractor .</p> <p>Valid values are:</p> <p>C    Claims (Pre-Payment) (22001)</p> <p>D    Debt Collection/Referral (42021)</p> <p>G    Group Health Plan (42003)</p> <p>I    General Inquires (42004)</p> <p>N    Liability, No Fault, Workers' Compensation, and Federal Tort Claim Act (42002)</p>
ACTION(S)	<p>Two-character code defining action to take on CWF Auxiliary record.</p> <p>Valid values are:</p> <p>AI    Change attorney information</p> <p>AP    Add policy and or group number</p> <p>AR    Add CWF remark code</p> <p>CD    DOI/DOL changes</p> <p>CP    Incorrect ESRD Coordination Period</p> <p>CT    Change the termination date</p> <p>DA    Develop to the attorney</p> <p>DD    Develop for the diagnosis code</p> <p>DE    Develop to employer or develop for employer information</p> <p>DI    Develop to insurer or develop for insurer information</p> <p>DO    Mark occurrence for deletion</p> <p>DR    Investigate/redevelop closed or deleted record</p> <p>DT    Develop for termination date</p> <p>DX    Change diagnosis codes</p> <p>EA    Change employer address</p> <p>ED    Change effective date</p> <p>EF    Develop for the effective date</p> <p>EI    Change employer information</p> <p>ES    Employer size below minimum (20 for working aged, 100 for disability)</p> <p>II    Change insurer information</p> <p>IT    Change insurer type</p> <p>LR    Add duplicate liability record</p> <p>MT    Change MSP type</p> <p>MX    SSN/HICN mismatch</p> <p>NR    Add duplicate no-fault record</p> <p>PH    Add PHP date</p> <p>PR    Change patient relationship</p> <p>TD    Terminate open EGHP record with date less than six months prior to date of accretion</p> <p>VP    Beneficiary has taken a vow of poverty</p> <p>WN    WCMSA Notification</p>
SOURCE	Four-character code identifying source of CWF Assistance Request



## ECRS WEB USER GUIDE

<b>ECRS CWF Assistance Request Summary Page</b>	
<b>Field Name</b>	<b>Description</b>
	<p>information.</p> <p>Valid values are:</p> <p>CHEK    Unsolicited check            LTTR    Letter            PHON    Phone call            SCLM    Claim submitted to Medicare contractor for secondary payment            CLAM    Claim            SRVY    Survey</p>
<b>CWF AUXILIARY RECORD DATA</b>	
MSP TYPE	<p>One-character code identifying type of MSP coverage.</p> <p>Valid values are:</p> <p>A    Working Aged            B    ESRD            C    Conditional Payment            D    Automobile Insurance, No Fault            E    Workers' Compensation            F    Federal (Public)            G    Disabled            H    Black Lung            I    Veterans            L    Liability            W    Workers' Compensation Medicare Set Aside</p>
PATIENT RELATIONSHIP	<p>Patient relationship between policyholder and beneficiary.</p> <p>Valid values are:</p> <p>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.)</p>
AUXILIARY RECORD #	Record number of MSP auxiliary occurrence in CWF.
ORIGINATING CONTRATOR	Contractor number of contractor that created original MSP occurrence at CWF.

## ECRS WEB USER GUIDE

<b>ECRS CWF Assistance Request Summary Page</b>	
<b>Field Name</b>	<b>Description</b>
EFFECTIVE DATE	Effective date of MSP coverage.
TERMINATION DATE	Termination date of MSP coverage.
ACCRETION DATE	Accretion date of MSP coverage.
<b>INFORMANT INFORMATION</b>	
FIRST NAME	First name of person informing contractor of change in MSP coverage.
MIDDLE INITIAL	Middle initial of person informing contractor of change in MSP coverage.
LAST NAME	Last name of person informing contractor of change in MSP coverage.
ADDRESS	Informant's street address.
CITY	Informant's city.
STATE	Informant's state.
ZIP	Informant's ZIP code.
PHONE	Informant's telephone number.
RELATIONSHIP	<p>One-character code indicating relationship of informant to beneficiary. Valid values are:</p> <ul style="list-style-type: none"> <li>A Attorney representing beneficiary</li> <li>B Beneficiary</li> <li>C Child</li> <li>D Defendant's attorney</li> <li>E Employer</li> <li>F Father</li> <li>I Insurer</li> <li>M Mother</li> <li>N Non-relative</li> <li>O Other relative</li> <li>P Provider</li> <li>R Beneficiary representative (other than attorney)</li> <li>S Spouse</li> <li>U Unknown</li> </ul>
<b>INSURANCE INFORMATION</b>	
INSURANCE COMPANY NAME	Name of insurance carrier for MSP coverage.
ADDRESS LINE 1	First Line of insurance carrier's street address.
ADDRESS LINE 2	Second Line of insurance carrier's street address.
CITY	City associated with insurance carrier's street address.
STATE	State associated with insurance carrier's street address.
ZIP	Zip code associated with insurance carrier's street address.
PHONE	Phone Number of insurance carrier.
INSURANCE TYPE	<p>One-character code for type of insurance. Valid values are:</p>

## ECRS WEB USER GUIDE

<b>ECRS CWF Assistance Request Summary Page</b>	
<b>Field Name</b>	<b>Description</b>
	A Insurance or Indemnity (OTHER TYPES) B Group Health Organization (GHO) C Preferred Provider Organization (PPO) D Third Party Administrator arrangement under an Administrative Service Only (ASO) contract without stop loss from any entity (TPA/ASO) E Third Party Administrator arrangement with stop loss insurance issued from any entity (STOP LOSS TPA) F Self-Insured/Self-Administered (SELF-INSURED) G Collectively-Bargained Health and Welfare Fund (HEALTH/WELFAR) H Multiple Employer Health Plan with at least one employer who has more than 100 full- and/or part-time employees (EMPLOYER+100) I Multiple Employer Health Plan with at least one employer who has more than 20 full- and/or part-time employees (EMPLOYER+20) J Hospitalization Only Plan covering inpatient hospital services (HOSPITAL ONLY) K Medical Services Only Plan covering only non-inpatient medical services (MEDICAL ONLY) M Medicare Supplemental Plan, Medigap, Medicare Wraparound Plan or Medicare Carve Out Plan (SUPPLEMENTAL) R GHP Health Reimbursement Arrangement S GHP Health Savings Account Blank Unknown (UNKNOWN); defaults to A.
POLICY NUMBER	Policy number of insurance coverage.
GROUP NUMBER	Group number of insurance coverage.
SUBSCRIBER FIRST NAME	First name of individual covered by this insurance.
SUBSCRIBER MIDDLE INITIAL	Middle initial of individual covered by this insurance.
SUBSCRIBER LAST NAME	Last name of individual covered by this insurance.
<b>EMPLOYMENT INFORMATION</b>	
EMPLOYER NAME	Name of employer providing group health insurance under which beneficiary is covered.
ADDRESS	Employer's street address.
CITY	City associated with Employer's street address.
STATE	State associated with Employer's street address.
ZIP	Zip Code associated with Employer's street address.
PHONE	Phone Number of Employer.
EIN	Employer Identification Number.
EMPLOYEE #	Employee number of policy holder.
<b>DIAGNOSIS CODES</b>	
DIAGNOSIS CODES 1-5	Five-digit diagnosis code that applies to this MSP occurrence.

## ECRS WEB USER GUIDE

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

## ECRS WEB USER GUIDE

<i>ECRS CWF Assistance Request Summary Page</i>	
Field Name	Description
DEVELOPED TO (SUBSEQUENT)	<p>Development Source Code indicating where subsequent development letter was sent. Valid values are:</p> <ul style="list-style-type: none"> <li>A Attorney</li> <li>B Beneficiary</li> <li>E Employer</li> <li>I Insurer</li> <li>P Provider</li> <li>R Beneficiary Representative (other than attorney)</li> </ul>

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

<i>ECRS CWF Assistance Request Summary</i>
<b>RIGHT SIDE BAR INFORMATION</b>

## ECRS WEB USER GUIDE

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

### ECRS CWF Assistance Request Summary

REASON	
	Two-character code explaining why the CWF Assistance Request is in a particular status ( <i>protected field</i> ) Valid values are:
	01 Not yet read by COB, used with NW status
	02 Being processed by COB, used with IP status
	03 Under development by COB, used with IP status
	04 Update sent to CWF, used with IP status
	05 Error received from CWF, being resolved by COB contractor, used with IP status
	07 Auditor follow-up development in progress, used with IP status
	10 Not processing
	11 Not yet eligible for Medicare, used with HD status
	14 Duplicate request, development already in progress, used with HD status
	15 Prescription Drug Information sent to MBD
	30 – S.E.E. approved Medicare primary
	31 – CWF will indicate to the contractor the incorrect action code was submitted on the Assistance Request
	32 – Record terminated/deleted due to Obra 93
	33 – WCSA record – request must go to regional office
	34 – Record is “N” validity – we do not develop for “N” records
	36 – Policy Holder Retired (G record)
	37 – Beneficiary verified existing record, no update needed
	38 – Development in process
	50 Posted to CWF, response received with no errors, used with CM status
	51 No changes (additions, 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

## ECRS WEB USER GUIDE

<b><i>ECRS CWF Assistance Request Summary</i></b>	
75	GHP lifetime of yearly benefits past maximum amount
76	No coverage with insurance company
77	Medicare Supplemental Plan
78	Employer has less than 20 employees
79	Per employer, Medicare beneficiary is not covered under spouse's GHP
80	Employer has less than 100 employees
81	Medicare is primary due to ESRD coordination period
82	Per insurance, seasonal employee and not eligible for the month
83	Incoming request conflicts with information on file
84	Insufficient information to update CWF
85	Venue changed
86	Unable to verify address, used with CM status
88	No update, not lead contractor
91	Duplicate Investigation in Process
92	Change of Venue not allowed after 90 days
93	No Part D Enrollment found



## ECRS WEB USER GUIDE

### Adding an MSP Inquiry Transaction

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

**Note:** Use these web pages to submit an MSP inquiry to forward information to the COB contractor about a *possible MSP situation not yet documented at CWF*. If you want to enter CWF Assistance Request transactions for *changes to existing CWF MSP auxiliary occurrences*, use the ECRS CWF Assistance Request Detail transaction (see page A-4).

### Retrieving Beneficiary Information

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

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

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

### Steps to add an MSP Inquiry Transaction

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

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

### ECRS MSP Inquiry, Action Requested Page

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

## ECRS WEB USER GUIDE

this page will determine required information on subsequent pages.

The screenshot displays the ECRS Web User Guide interface for the MSP Inquiry Action Requested page. The page features a blue header with the CMS logo and the text 'Electronic Correspondence Referral System (ECRS)'. Below the header is a navigation bar with links for Home, CMS, Help, Contact, About, and Sign out. The main content area is titled 'MSP Inquiry' and contains a form with the following fields:

- Action Requested** (Section Header)
- \* Required** (Red asterisk indicating required fields)
- \*DCN:** 2222222222 (Text input field)
- \*HICN:** (Text input field)
- \*Activity Code:** (Dropdown menu with 'Select' option)
- Action:** (Dropdown menu with 'Select' option)
- (Two additional dropdown menus with 'Select' options)
- \*Source:** (Dropdown menu with 'Select' option)

At the bottom of the form are two buttons: **Continue** and **Cancel**. The right sidebar contains links for **Change Contractor**, **Quick Help**, and **Contractor** information (ID: 00131, Name: Company ABC, User: Dorothy Smith, Phone: (999)999-9999). A footer bar at the bottom contains links for **Privacy Policy** and **User Agreement**.

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

- DCN
- HICN
- ACTIVITY CODE
- ACTION CODE
- SOURCE

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

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

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

## ECRS WEB USER GUIDE

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

## ECRS WEB USER GUIDE

### ECRS MSP Inquiry, Action Requested Page Description

<b>ECRS MSP Inquiry Action Requested</b>							
<b>Field Name</b>	<b>Description</b>						
DCN	Document Control Number assigned by contractor to correspondence and/or paperwork associated with transaction ( <i>required field</i> ) The system will auto generate the DCN, but it may be changed.						
HICN	Health Insurance Claim Number of beneficiary ( <i>required field</i> ). Type HICN without dashes, spaces, or other special characters.  <b>Note: The system will look up the HICN on the COBC's HICN Xref database to assure the most current HICN has been entered. If the most current HICN has not been entered the system will replace the entered HICN with the most current HICN.</b>						
ACTIVITY CODE	Activity of contractor ( <i>required field</i> ). Valid values are: C Claims (Pre-Payment) (22001) D Debt Collection/Referral (42021) G Group Health Plan (42003) I General Inquires (42004) N Liability, No Fault, Workers' Compensation, and Federal Tort Claim Act (42002)						
ACTION(S)	Action code indicating type of special processing to perform on MSP Inquiry record. ( <i>This is not a required field</i> )  <b>Note: You can combine CA and CL action codes to use simultaneously. You cannot combine any of the other action codes.</b> <table border="1" style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="text-align: center;"><b>Action Code</b></th> <th style="text-align: center;"><b>Description</b></th> </tr> </thead> <tbody> <tr> <td>CA</td> <td>Class Action Suit  <b>Note: This action code assigns the designated lead contractor according to the type of class action suit. The system does not send the beneficiary an MSP confirmation letter.</b></td> </tr> <tr> <td>CL</td> <td>Closed or Settled Case  <b>Note: This action code is only valid for closed and settled cases. This action code suppresses lead contractor</b></td> </tr> </tbody> </table>	<b>Action Code</b>	<b>Description</b>	CA	Class Action Suit  <b>Note: This action code assigns the designated lead contractor according to the type of class action suit. The system does not send the beneficiary an MSP confirmation letter.</b>	CL	Closed or Settled Case  <b>Note: This action code is only valid for closed and settled cases. This action code suppresses lead contractor</b>
<b>Action Code</b>	<b>Description</b>						
CA	Class Action Suit  <b>Note: This action code assigns the designated lead contractor according to the type of class action suit. The system does not send the beneficiary an MSP confirmation letter.</b>						
CL	Closed or Settled Case  <b>Note: This action code is only valid for closed and settled cases. This action code suppresses lead contractor</b>						

## ECRS WEB USER GUIDE

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

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

## ECRS WEB USER GUIDE

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

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

**ECRS WEB USER GUIDE**

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

# ECRS WEB USER GUIDE

## ECRS MSP Inquiry, MSP Information Page

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

The screenshot displays the 'MSP Inquiry' page within the 'Electronic Correspondence Referral System (ECRS)'. The page features a CMS logo and navigation links (Home, CMS, Help, Contact, About, Sign out). A left sidebar lists various information categories: Action Requested, MSP Information (selected), Informant Information, Insurance Information, Employment Information, Additional Information, Prescription Coverage, and Summary. The main content area is titled 'MSP Information' and contains the following form fields:

- MSP Type:
- Patient Relationship:
- Effective Date:
- Termination Date:
- CMS Grouping Code:
- Dialysis Train Date:
- Black Lung Benefits:  Yes  No
- Black Lung Effective Date:
- Send to CWF:  Yes  No

At the bottom of the form are 'Continue' and 'Cancel' buttons. A right sidebar provides additional options: 'Change Contractor' (with a link), 'Quick Help' (with a link), 'Contractor' (ID: 00131, Name: Company ABC), 'User' (ID: ECR1234, Name: Dorothy Smith, Phone: (999)999-9999), 'Beneficiary' (HICN: 999999999T, SSN: \*\*\*-\*\*-6789, Name: William M. Smith, Address: 123 Main Street Apt. B, City, State: Baltimore, MD, Zip: 21222-1234, Phone: (999)999-9999, Sex: Male, DOB: 01/01/1930), and 'DCN' (ID: 222222222, Originating Date: 01/01/2010, Status: New, Reason: 01). A footer bar contains links for 'Privacy Policy | User Agreement'.



## ECRS WEB USER GUIDE

### ECRS MSP Inquiry, MSP Information Page Description

<i>ECRS MSP Inquiry, MSP Information</i>	
Field Name	Description
MSP TYPE	<p>One-character code identifying type of MSP coverage. <i>Required when source is PHON.</i></p> <p>Valid values are:</p> <ul style="list-style-type: none"> <li>A Working Aged</li> <li>B ESRD</li> <li>C Conditional Payment</li> <li>D Automobile Insurance, No Fault</li> <li>E Workers' Compensation</li> <li>F Federal (Public)</li> <li>G Disabled</li> <li>H Black Lung</li> <li>I Veterans</li> <li>L Liability</li> <li>W Workers' Compensation Medicare Set Aside</li> </ul> <p><b>Note: MSP Type cannot be selected when Prescription Coverage Record Type is supplemental.</b></p>
PATIENT RELATIONSHIP	<p>Patient relationship between policyholder and beneficiary. <i>Required when action code is not entered and MSP type is EGHP.</i></p> <p>Valid values are:</p> <ul style="list-style-type: none"> <li>01 Patient is policy holder</li> <li>02 Spouse</li> <li>03 Natural child, insured has financial responsibility</li> <li>04 Natural child, insured does not have financial responsibility</li> <li>05 Stepchild</li> <li>06 Foster child</li> <li>07 Ward of the Court</li> <li>08 Employee</li> <li>09 Unknown</li> <li>10 Handicapped dependent</li> <li>11 Organ donor</li> <li>12 Cadaver donor</li> <li>13 Grandchild</li> <li>14 Niece/nephew</li> <li>15 Injured plaintiff</li> <li>16 Sponsored dependent</li> <li>17 Minor dependent of a minor dependent</li> <li>18 Parent</li> <li>19 Grandparent dependent</li> <li>20 Domestic partner (Effective April, 2004.)</li> </ul> <p><b>Note: For the following MSP Types below, the patient relationship</b></p>

## ECRS WEB USER GUIDE

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

**ECRS WEB USER GUIDE**

<i>ECRS MSP Inquiry, MSP Information</i>																			
Field Name	Description																		
	<p><b><u>AND MSP TYPE IS ENTERED</u></b></p> <p><b>FOR EGHP MSP TYPES (F and H)</b></p> <table border="1"> <thead> <tr> <th>EMPLOYMENT INFORMATION</th> </tr> </thead> <tbody> <tr> <td>EMPLOYER NAME</td> </tr> <tr> <td>ADDRESS</td> </tr> <tr> <td>CITY</td> </tr> <tr> <td>STATE</td> </tr> <tr> <td>ZIP</td> </tr> </tbody> </table> <p><b>FOR NON EGHP MSP TYPES (C and I)</b></p> <table border="1"> <thead> <tr> <th>INFORMANT INFORMATION</th> <th>ADDITIONAL INFORMATION</th> </tr> </thead> <tbody> <tr> <td>INFORMANT NAME</td> <td>DIAGNOSIS CODES (at least one)</td> </tr> <tr> <td>ADDRESS</td> <td>ILLNESS/INJURY DATE</td> </tr> <tr> <td>CITY</td> <td></td> </tr> <tr> <td>STATE</td> <td></td> </tr> <tr> <td>ZIP</td> <td></td> </tr> </tbody> </table>	EMPLOYMENT INFORMATION	EMPLOYER NAME	ADDRESS	CITY	STATE	ZIP	INFORMANT INFORMATION	ADDITIONAL INFORMATION	INFORMANT NAME	DIAGNOSIS CODES (at least one)	ADDRESS	ILLNESS/INJURY DATE	CITY		STATE		ZIP	
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ADDRESS	ILLNESS/INJURY DATE																		
CITY																			
STATE																			
ZIP																			

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

<i>ECRS MSP Inquiry, MSP Information</i>	
<i>Navigation</i>	
Page Navigation	Description

## ECRS WEB USER GUIDE

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



## ECRS WEB USER GUIDE

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

## ECRS WEB USER GUIDE

### ECRS MSP Inquiry Informant Information Page

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



Electronic Correspondence Referral System (ECRS)

Home CMS Help Contact About Sign out

### MSP Inquiry

- Action Requested
- MSP Information
- Informant Information ▶
- Insurance Information
- Employment Information
- Additional Information
- Prescription Coverage
- Summary

#### Informant Information

First Name:

Middle Initial:

Last Name:

Address:

City:

State, Zip: Select ▼  -

Phone: (  )  -

Relationship: Select ▼

Continue
Cancel

- Change Contractor
- [Change Contractor](#)
- Quick Help
- [Help About This Page](#)
- Contractor
- ID: 00131  
Name: Company ABC
- User
- ID: ECR1234  
Name: Dorothy Smith  
Phone: (999)999-9999
- Beneficiary
- HICN: 999999999T  
SSN: \*\*\*-\*\*-6789  
Name: William M. Smith  
Address: 123 Main Street  
Apt. B  
City, State: Baltimore, MD  
Zip: 21222-1234  
Phone: (999)999-9999  
Sex: Male  
DOB: 01/01/1930
- DCN
- ID: 222222222  
Originating Date: 01/01/2010  
Status: New  
Reason: 01

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## ECRS WEB USER GUIDE

### ECRS MSP Inquiry, Informant Information Page Description

<b>ECRS MSP Inquiry Informant Information</b>	
<b>Field Name</b>	<b>Description</b>
FIRST NAME	First name of person informing contractor of change in MSP coverage. First name is a <i>required field</i> when SOURCE is CHEK, LTTR or PHON.
MIDDLE INITIAL	Middle initial of person informing contractor of change in MSP coverage.
LAST NAME	Last name of person informing contractor of change in MSP coverage. Last name is a <i>required field</i> when SOURCE is CHEK, LTTR or PHON.
ADDRESS	Informant's street address. Address is a <i>required field</i> when SOURCE is CHEK, LTTR or PHON.
CITY	Informant's city. <i>Required field</i> when SOURCE is CHEK, LTTR or PHON.
STATE	Informant's state. <i>Required field</i> when SOURCE is CHEK , LTTR or PHON.
ZIP	Informant's ZIP code. <i>Required field</i> when SOURCE is CHEK , LTTR or PHON.
PHONE	Informant's telephone number
RELATIONSHIP	<p>One-character code indicating relationship of informant to beneficiary. <i>Required field</i> when SOURCE is CHEK , LTTR or PHON. Valid values are:</p> <ul style="list-style-type: none"> <li>A Attorney representing beneficiary</li> <li>B Beneficiary</li> <li>C Child</li> <li>D Defendant's attorney</li> <li>E Employer</li> <li>F Father</li> <li>I Insurer</li> <li>M Mother</li> <li>N Non-relative</li> <li>O Other relative</li> <li>P Provider</li> <li>R Beneficiary representative (other than attorney)</li> <li>S Spouse</li> <li>U Unknown</li> </ul>

## ECRS WEB USER GUIDE

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

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



## ECRS WEB USER GUIDE

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

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



## ECRS WEB USER GUIDE

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

## ECRS WEB USER GUIDE

### ECRS MSP Inquiry, Insurance Information Page

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


Electronic Correspondence Referral System (ECRS)


Home CMS
Help Contact About Sign out

#### MSP Inquiry

- Action Requested
- MSP Information
- Informant Information
- Insurance Information ▶
- Employment Information
- Additional Information
- Prescription Coverage
- Summary

#### Insurance Information

Insurance Company Name:

Address Line 1:

Address Line 2:

City, State, Zip:  , Select ▼  -

Phone: (  )  -

Insurance Type: Select ▼

Policy Number:

Group Number:

Subscriber First Name:

Subscriber Middle Initial:

Subscriber Last Name:

Subscriber SSN:

Change Contractor

[Change Contractor](#)

Quick Help

[Help About This Page](#)

Contractor

**ID:** 00131  
**Name:** Company ABC

User

**ID:** ECR1234  
**Name:** Dorothy Smith  
**Phone:** (999)999-9999

Beneficiary

**HICN:** 999999999T  
**SSN:** \*\*\*-\*\*-6789  
**Name:** William M. Smith  
**Address:** 123 Main Street  
Apt. B  
**City, State:** Baltimore, MD  
**Zip:** 21222-1234  
**Phone:** (999)999-9999  
**Sex:** Male  
**DOB:** 01/01/1930

DCN

**ID:** 222222222  
**Originating Date:** 01/01/2010  
**Status:** New  
**Reason:** 01

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## ECRS WEB USER GUIDE

### ECRS MSP Inquiry, Insurance Information Page Description

<b>ECRS MSP Inquiry, Insurance Information</b>			
<b>Field Name</b>	<b>Description</b>		
INSURANCE COMPANY NAME	<p>Name of insurance carrier for MSP coverage (<i>Required field</i>) unless action code is blank or action code is 'DE'</p> <p><b>Note:</b></p> <table border="1" style="width: 100%;"> <tr> <td> <p>If Insurance Company name contains any of the values it is an error. NO, NONE, N/A, HCFA, ATTORNEY, UNK, MISC, CMS, NA, UNKNOWN,</p> </td> </tr> <tr> <td> <p>If Insurance Company name contains only one of the following values it is an error: BC, BS, BX, BCBX, Medicare, BLUE CROSS, COB, COBC, COORDINATION OF BENEFITS CONTRACTOR.</p> </td> </tr> </table>	<p>If Insurance Company name contains any of the values it is an error. NO, NONE, N/A, HCFA, ATTORNEY, UNK, MISC, CMS, NA, UNKNOWN,</p>	<p>If Insurance Company name contains only one of the following values it is an error: BC, BS, BX, BCBX, Medicare, BLUE CROSS, COB, COBC, COORDINATION OF BENEFITS CONTRACTOR.</p>
<p>If Insurance Company name contains any of the values it is an error. NO, NONE, N/A, HCFA, ATTORNEY, UNK, MISC, CMS, NA, UNKNOWN,</p>			
<p>If Insurance Company name contains only one of the following values it is an error: BC, BS, BX, BCBX, Medicare, BLUE CROSS, COB, COBC, COORDINATION OF BENEFITS CONTRACTOR.</p>			
ADDRESS LINE 1	First Line of insurance carrier's street address.		
ADDRESS LINE 2	Second Line of insurance carrier's street address.		
CITY	City associated with insurance carrier's street address.		
STATE	State associated with insurance carrier's street address.		
ZIP	Zip code associated with insurance carrier's street address.		
PHONE	Phone Number of insurance carrier.		
INSURANCE TYPE	<p>One-character code for type of insurance. (<i>Required field</i>)</p> <p>Valid values are:</p> <p>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)</p>		

## ECRS WEB USER GUIDE

	K Medical Services Only Plan covering only non-inpatient medical services (MEDICAL ONLY) M Medicare Supplemental Plan, Medigap, Medicare Wraparound Plan or Medicare Carve Out Plan (SUPPLEMENTAL) R GHP Health Reimbursement Arrangement S GHP Health Savings Account Blank Unknown (UNKNOWN); defaults to A.
POLICY NUMBER	Policy number of insurance coverage
GROUP NUMBER	Group number of insurance coverage
SUBSCRIBER FIRST NAME	First name of individual covered by this insurance.
SUBSCRIBER MIDDLE INITIAL	Middle initial of individual covered by this insurance.
SUBSCRIBER LAST NAME	Last name of individual covered by this insurance.
SUBSCRIBER SSN	Social Security Number of Subscriber.

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

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

## ECRS WEB USER GUIDE

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

<b>ECRS MSP Inquiry, Insurance Information</b>	
<b>RIGHT SIDE BAR INFORMATION</b>	
<b>Note: The system will carry this data forward to other pages, eliminating the need to re-enter it.</b>	
<b>Contractor</b>	<b>Description</b>
ID	Contractor Number or CMS ID entered on Contractor Sign In page. <i>(protected field)</i>
NAME	Name of Contractor associated with the Contractor Number, or Regional Office associated with the CMS ID. <i>(protected field)</i>
<b>User</b>	<b>Description</b>

## ECRS WEB USER GUIDE

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

# ECRS WEB USER GUIDE

## ECRS MSP Inquiry, Employment Information Page

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

**CMS** Electronic Correspondence Referral System (ECRS)

Home CMS Help Contact About Sign out

### MSP Inquiry

- Action Requested
- MSP Information
- Informant Information
- Insurance Information
- Employment Information**
- Additional Information
- Prescription Coverage
- Summary

#### Employment Information

Employer Name:

Address:

City, State, Zip:  , Select  -

Phone: (  )  -

EIN:

Employee #:

#### Change Contractor

[Change Contractor](#)

#### Quick Help

[Help About This Page](#)

#### Contractor

**ID:** 00131  
**Name:** Company ABC

#### User

**ID:** ECR1234  
**Name:** Dorothy Smith  
**Phone:** (999)999-9999

#### Beneficiary

**HICN:** 999999999T  
**SSN:** \*\*\*-\*\*-6789  
**Name:** William M. Smith  
**Address:** 123 Main Street  
Apt. B  
**City, State:** Baltimore, MD  
**Zip:** 21222-1234  
**Phone:** (999)999-9999  
**Sex:** Male  
**DOB:** 01/01/1930

#### DCN

**ID:** 222222222  
**Originating Date:** 01/01/2010  
**Status:** New  
**Reason:** 01

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## ECRS WEB USER GUIDE

### ECRS MSP Inquiry, Employment Information Page Description

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

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

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

## ECRS WEB USER GUIDE

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

## ECRS WEB USER GUIDE

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

**ECRS WEB USER GUIDE**

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

# ECRS WEB USER GUIDE

## ECRS MSP Inquiry, Additional Information Page

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

**CMS**  
CENTERS for MEDICARE & MEDICAID SERVICES

**Electronic Correspondence Referral System (ECRS)**

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### MSP Inquiry

**Action Requested**

**MSP Information**

**Informant Information**

**Insurance Information**

**Employment Information**

**Additional Information**

**Prescription Coverage**

**Summary**

#### Additional Information

\* Required

\*Check Number:  \*Check Date:

\*Check Amount:

Diagnosis Codes:

Illness/Injury Date:

#### Beneficiary Representative Information

Type:

Name:

Address:

City, State, Zip:  ,  -

#### Change Contractor

[Change Contractor](#)

#### Quick Help

[Help About This Page](#)

#### Contractor

**ID:** 00131  
**Name:** Company ABC

#### User

**ID:** ECR1234  
**Name:** Dorothy Smith  
**Phone:** (999)999-9999

#### Beneficiary

**HICN:** 999999999T  
**SSN:** \*\*\*,\*\*-6789  
**Name:** William M. Smith  
**Address:** 123 Main Street  
Apt. B  
**City, State:** Baltimore, MD  
**Zip:** 21222-1234  
**Phone:** (999)999-9999  
**Sex:** Male  
**DOB:** 01/01/1930

#### DCN

**ID:** 222222222  
**Originating Date:** 01/01/2010  
**Status:** New  
**Reason:** 01

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## ECRS WEB USER GUIDE

### ECRS MSP Inquiry, Additional Information Page Description

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

## ECRS WEB USER GUIDE

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

## ECRS WEB USER GUIDE

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



**ECRS WEB USER GUIDE**

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

# ECRS WEB USER GUIDE

## ECRS MSP Inquiry, Prescription Coverage Information Page

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

**CMS** (CENTERS for MEDICARE & MEDICAID SERVICES)

**Electronic Correspondence Referral System (ECRS)**

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**Prescription Coverage Information**

Record Type:

Coverage Type:

BIN:

PCN:

Group:

ID:

Supplemental Type:

Person Code:

**Change Contractor**  
[Change Contractor](#)

**Quick Help**  
[Help About This Page](#)

**Contractor**  
ID: 00131  
Name: Company ABC

**User**  
ID: ECR1234  
Name: Dorothy Smith  
Phone: (999)999-9999

**Beneficiary**  
HICN: 999999999T  
SSN: \*\*\*-\*\*-6789  
Name: William M. Smith  
Address: 123 Main Street  
Apt. B  
City, State: Baltimore, MD  
Zip: 21222-1234  
Phone: (999)999-9999  
Sex: Male  
DOB: 01/01/1930

**DCN**  
ID: 2222222222  
Originating Date: 01/01/2010  
Status: New  
Reason: 01

## ECRS WEB USER GUIDE

### ECRS MSP Inquiry, Prescription Coverage Information Page Description

<i>ECRS MSP Inquiry, Prescription Coverage</i>	
Field Name	Description
RECORD TYPE	<p>Prescription Coverage Record Type.</p> <p>Valid values are:</p> <p style="padding-left: 40px;">PRI      Primary</p> <p style="padding-left: 40px;">SUP      Supplemental</p> <p><b>Note: Record Type must be “SUP” when Supplemental Type is “L”.</b></p>
COVERAGE TYPE	<p>Prescription Coverage type of insurance.</p> <p>Valid values are:</p> <p style="padding-left: 40px;">U      Drug Network</p> <p style="padding-left: 40px;">V      Drug Non-network</p> <p style="padding-left: 40px;">Z      Health account (such as a flexible spending account provided by other party to pay prescription drug costs or premiums)</p>
BIN	<p>Prescription Drug BIN number (<i>required if TYPE of “U” is entered</i>).</p> <p>Must be six numeric characters.</p>
PCN	<p>Prescription Drug PCN number (<i>required if TYPE of “U” is entered</i>).</p> <p>Must not contain special characters.</p>
GROUP	<p>Prescription Drug group number (<i>required if TYPE of “U” is entered</i>).</p> <p>Must not contain special characters.</p>
ID	<p>Prescription Drug ID number (<i>required if TYPE of “U” is entered</i>).</p> <p>Must not contain special characters.</p>
SUPPLEMENTAL TYPE	<p>Prescription Drug policy type.</p> <p>Valid values are:</p> <p style="padding-left: 40px;">L      Supplemental</p> <p style="padding-left: 40px;">M      Medigap</p> <p style="padding-left: 40px;">N      Non-qualified State Program</p> <p style="padding-left: 40px;">O      Other</p> <p style="padding-left: 40px;">P      PAP</p> <p style="padding-left: 40px;">Q      Qualified State Program</p> <p style="padding-left: 40px;">R      Charity</p> <p style="padding-left: 40px;">S      ADAP</p> <p style="padding-left: 40px;">T      Federal Government Programs</p> <p style="padding-left: 40px;">1      Medicaid</p> <p style="padding-left: 40px;">2      Tricare</p> <p style="padding-left: 40px;">3      Major Medical</p>
PERSON CODE	<p>Person Code. Plan specific (relationship assigned plan administrator at the</p>

## ECRS WEB USER GUIDE

	<p>plan level. (<i>required field</i> when Record Type is Supplemental).</p> <p>Values are:</p> <p style="padding-left: 40px;">001    Self</p> <p style="padding-left: 40px;">002    Spouse</p> <p style="padding-left: 40px;">003    Other</p>
--	---

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

## ECRS WEB USER GUIDE

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

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

**ECRS WEB USER GUIDE**

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

# ECRS WEB USER GUIDE

## ECRS MSP Inquiry, Summary Page

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

**Electronic Correspondence Referral System (ECRS)**

Home CMS Help Contact About Sign out

MSP Inquiry

- Action Requested
- MSP Information
- Informant Information
- Insurance Information
- Employment Information
- Additional Information
- Prescription Coverage
- Summary

### MSP Inquiry Summary [Print Summary](#)

**Action Requested**

DCN: 88855577444222      HICN: 987654321012

Activity Code: I-General Inquiries

Action Codes: DI-Develop To the Insurer

Source: SCLM-Claim submitted to Medicare Contractor for alternate payment

**MSP Information**

MSP Type: A-Working Aged      Effective Date: 01/01/2008

Patient Relationship: 02-Spouse      Termination Date: 04/30/2010

CMS Grouping Code: Gel Implants (Trailblazers, 00400)

Dialysis Train Date: 02/01/2010

Black Lung Benefits: Yes      Black Lung Effective Date: 01/01/2008

Send to CWF: Yes

**Informant Information**

Name: Mary Washington      Relationship: B-Beneficiary

Address: 333 President Lane

City, State, Zip: Washington, DC 22121-3232

Phone: (999) 999-9999

**Insurance Information**

Insurance Company Name: Aetna      Insurance Type: C-PPO

Address: 8989 Well Avenue      Policy Number: B23454

Suite 3209      Group Number: 3478938

City, State, Zip: Birmingham, AL 32323

Phone: (999) 999-9999      Subscriber Name: Kathy L. Wilson

**Employment Information**

Employer Name: Good Company      Illness/Injury Date: 04/15/2009

Address: 333 Happy Street

City, State, Zip: Anywhere, MD 21232

Employee Number: 99999

**Check Information**

Check Date:

Check Amount:

Check Number:

**Beneficiary Representative Information**

Type: A-Attorney

Name: ABC Attorneys      Phone: (999) 999-9999

Address: 123 Main Street      EIN: 1212121212

City, State, Zip: Baltimore, MD 21221

**Diagnosis Codes**

67676

**Prescription Coverage Information**

Record Type: PRI-Primary

Coverage Type: Z - Health Account (Flexible Spending Account)

BIN: 222      Group:

PCN:      ID:

Supplemental Type:      Record Type: PRI-Primary

Person Code: 001-Self

**Change Contractor**

Change Contractor

**Quick Help**

Help About This Page

**Contractor**

ID: 00131  
Name: Company ABC

**User**

ID: ECR1234  
Name: Dorothy Smith  
Phone: (999)999-9999

**Beneficiary**

HICN: 999999999T  
SSN: \*\*\*-\*\*-6789  
Name: William M. Smith  
Address: 123 Main Street  
Apt. B  
City, State: Baltimore, MD  
Zip: 21222-1234  
Phone: (999)999-9999  
Sex: Male  
DOB: 01/01/1930

**DCN**

ID: 2222222222  
Originating Date: 01/01/2010  
Status: New  
Reason: 01

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## ECRS WEB USER GUIDE

### ECRS MSP Inquiry, Summary Page Description

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

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



## ECRS WEB USER GUIDE

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

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

## ECRS WEB USER GUIDE

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

## ECRS WEB USER GUIDE

### List MSP Inquiry Transactions for Viewing, Updating, and Deleting

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

- From the COB ECRS Main Menu web page, click [**MSP Inquiry**] under the heading Search for Requests or Inquiries, type the search criteria in the appropriate fields, and click [**Search**]. The system displays a list of ECRS MSP Inquiries, as shown in the example below.
- If you wish to create a list of all MSP Inquiries for a HICN, type the HICN in the search criteria, and space out the Contractor Number. Click [**Search**], the system will display a list of ECRS MSP Inquiries for that HICN.

Delete	HICN	Contractor	DCN	Status	Reason	Origin Date	Last Update	User ID
	<a href="#">888888888888</a>	00131	987654321987654	Completed		01/01/2010	01/05/2010	ECR2323
X	<a href="#">2345523455</a>	00131	CD05152010	New		05/01/2010	05/01/2010	ECR1234

- Change or delete the search criteria to initiate a new search. Perform searches using combinations of the following criteria: User ID, Status, Reason, Origin Date From, Origin Date To, Contractor Number, HICN, DCN or SSN. You cannot combine DCN, HICN, and SSN searches. In addition, you must combine searches on Origin Date From and/or To, User ID, Status, and Reason with a DCN, HICN, SSN or Contractor Number search.

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

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

- Pagination will be used to scroll forward through the list of MSP Inquiry transactions. You will see 20 items per page, and use the First/Prev and Next/Last navigation at the top of the list to view other transactions on other pages.
- If you want to view summary information for an MSP Inquiry transaction, click the [**HICN**] link for the transaction for which you want to view summary information. The system displays the summary page of the ECRS MSP Inquiry selected transaction.
- If you want to update information on an MSP Inquiry transaction in NW status, click the [**HICN**] link for the transaction and the system will display the summary page of the ECRS MSP Inquiry selected transaction, along with page links to the information, to allow for updates.

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

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

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

## ECRS WEB USER GUIDE

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



## ECRS WEB USER GUIDE

### ECRS MSP Inquiry Search Page Description

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

## ECRS WEB USER GUIDE

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

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

## ECRS WEB USER GUIDE



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



## ECRS WEB USER GUIDE

### ECRS MSP Inquiry Summary Page

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

 **Electronic Correspondence Referral System (ECRS)**


Home CMS
Help Contact About Sign out

#### MSP Inquiry

#### MSP Inquiry Summary [Print Summary](#)

**Action Requested**

DCN: 2222222222      HICN: 8888888888

Activity Code: I-General Inquiries

Action Codes: DI-Develop To the Insurer

Source: SCLM-Claim submitted to Medicare Contractor for alternate payment

**MSP Information**

MSP Type: A-Working Aged      Effective Date: 01/01/2008

Patient Relationship: 02-Spouse      Termination Date: 04/30/2010

CMS Grouping Code: Gel Implants (Trailblazers, 00400)

Dialysis Train Date: 02/01/2010

Black Lung Benefits: Yes      Black Lung Effective Date: 01/01/2008

Send to CWF: Yes

**Informant Information**

Name: Mary Washington      Relationship: B-Beneficiary

Address: 333 President Lane

City, State, Zip: Washington, DC 22121-3232

Phone: (999) 999-9999

**Insurance Information**

Insurance Company Name: Aetna      Insurance Type: C-PPO

Address: 8989 Well Avenue      Policy Number: 99999

Suite 3209      Group Number: 99999B

City, State, Zip: Birmingham, AL 32323

Phone: (999) 999-9999      Subscriber Name: Kathy L. Wilson

**Employment Information**

Employer Name: Good Company      Illness/Injury Date: 04/15/2009

Address: 333 Happy Street

City, State, Zip: Anywhere, MD 21232

Employee Number: W203401

**Check Information**

Check Date: 03/01/2010

Check Amount: \$350.00

Check Number: 12345

**Beneficiary Representative Information**

Type: A-Attorney

Name: ABC Attorneys      Phone: (999) 999-9999

Address: 123 Main Street      EIN: 1212121212

City, State, Zip: Baltimore, MD 21221

**Diagnosis Codes**

67676

**Prescription Coverage Information**

Record Type: PRI-Primary

Coverage Type: Z - Health Account (Flexible Spending Account)

BIN: 222      Group:

PCN:      ID:

Supplemental Type:      Record Type: PRI-Primary

Person Code: 001-Self

**Developed To**

Initial: Employer      Subsequent:

**Change Contractor**

[Change Contractor](#)

**Quick Help**

[Help About This Page](#)

**Contractor**

ID: 00131  
Name: Company ABC

**User**

ID: ECR1234  
Name: Dorothy Smith  
Phone: (999) 999-9999

**Beneficiary**

HICN: 8888888888  
SSN: \*\*\*-\*\*-6789  
Name: Kathy Russell  
Address: 123 Main Street  
Apt. 8  
City, State: Baltimore, MD  
Zip: 21222-1234  
Phone: (999) 999-9999  
Sex: Female  
DOB: 01/01/1930

**DCN**

ID: 987654321987654  
Originating Date: 01/01/2010  
Status: Completed  
Reason:

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## ECRS WEB USER GUIDE

### ECRS MSP Inquiry Summary Page Description

<b>ECRS MSP Inquiry Summary Page</b>	
<b>Field Name</b>	<b>Description</b>
<b>ACTION REQUESTED</b>	
DCN	Document Control Number assigned by contractor to correspondence and/or paperwork associated with transaction.
HICN	Health Insurance Claim Number of beneficiary.
ACTIVITY CODE	Activity of contractor . Valid values are: C Claims (Pre-Payment) (22001) D Debt Collection/Referral (42021) G Group Health Plan (42003) I General Inquires (42004) N Liability, No Fault, Workers' Compensation, and Federal Tort Claim Act (42002)
ACTION(S)	Action code indicating type of special processing to perform on MSP Inquiry record. Valid values are: CA Class Action Suit CL Closed or Settled Case DE Develop to the Employer DI Develop to the Insurer
SOURCE	Four-character code identifying source of MSP Inquiry information. Valid values are: CHEK Unsolicited check LTTR Letter PHON Phone call SCLM Claim submitted to Medicare contractor for secondary payment CLAM Claim SRVY Survey
<b>MSP INFORMATION</b>	
MSP TYPE	One-character code identifying type of MSP coverage. Valid values are: A Working Aged B ESRD C Conditional Payment D Automobile Insurance, No Fault E Workers' Compensation F Federal (Public) G Disabled H Black Lung I Veterans L Liability W Workers' Compensation Medicare Set Aside

## ECRS WEB USER GUIDE

<b>ECRS MSP Inquiry Summary Page</b>	
<b>Field Name</b>	<b>Description</b>
PATIENT RELATIONSHIP	<p>Patient relationship between policyholder and beneficiary.</p> <p>Valid values are:</p> <ul style="list-style-type: none"> <li>01 Patient is policy holder</li> <li>02 Spouse</li> <li>03 Natural child, insured has financial responsibility</li> <li>04 Natural child, insured does not have financial responsibility</li> <li>05 Stepchild</li> <li>06 Foster child</li> <li>07 Ward of the Court</li> <li>08 Employee</li> <li>09 Unknown</li> <li>10 Handicapped dependent</li> <li>11 Organ donor</li> <li>12 Cadaver donor</li> <li>13 Grandchild</li> <li>14 Niece/nephew</li> <li>15 Injured plaintiff</li> <li>16 Sponsored dependent</li> <li>17 Minor dependent of a minor dependent</li> <li>18 Parent</li> <li>19 Grandparent dependent</li> <li>20 Domestic partner (Effective April, 2004.)</li> </ul>
AUXILIARY RECORD #	Record number of MSP auxiliary occurrence in CWF.
ORIGINATING CONTRATOR	Contractor number of contractor that created original MSP occurrence at CWF.
EFFECTIVE DATE	Effective date of MSP coverage.
TERMINATION DATE	Termination date of MSP coverage.
ACCRETION DATE	Accretion date of MSP coverage.
<b>INFORMANT INFORMATION</b>	
FIRST NAME	First name of person informing contractor of change in MSP coverage.
MIDDLE INITIAL	Middle initial of person informing contractor of change in MSP coverage.
LAST NAME	Last name of person informing contractor of change in MSP coverage.
ADDRESS	Informant's street address.
CITY	Informant's city.
STATE	Informant's state.
ZIP	Informant's ZIP code.
PHONE	Informant's telephone number
RELATIONSHIP	<p>One-character code indicating relationship of informant to beneficiary.</p> <p>Valid values are:</p> <ul style="list-style-type: none"> <li>A Attorney representing beneficiary</li> <li>B Beneficiary</li> <li>C Child</li> <li>D Defendant's attorney</li> </ul>

## ECRS WEB USER GUIDE

<b>ECRS MSP Inquiry Summary Page</b>	
<b>Field Name</b>	<b>Description</b>
	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
<b>INSURANCE INFORMATION</b>	
INSURANCE COMPANY NAME	Name of insurance carrier for MSP coverage.
ADDRESS LINE 1	First Line of insurance carrier's street address.
ADDRESS LINE 2	Second Line of insurance carrier's street address.
CITY	City associated with insurance carrier's street address.
STATE	State associated with insurance carrier's street address.
ZIP	Zip code associated with insurance carrier's street address.
PHONE	Phone Number of insurance carrier.
INSURANCE TYPE	One-character code for type of insurance. Valid values are: A Insurance or Indemnity (OTHER TYPES) B Group Health Organization (GHO) C Preferred Provider Organization (PPO) D Third Party Administrator arrangement under an Administrative Service Only (ASO) contract without stop loss from any entity (TPA/ASO) E Third Party Administrator arrangement with stop loss insurance issued from any entity (STOP LOSS TPA) F Self-Insured/Self-Administered (SELF-INSURED) G Collectively-Bargained Health and Welfare Fund (HEALTH/WELFAR) H Multiple Employer Health Plan with at least one employer who has more than 100 full- and/or part-time employees (EMPLOYER+100) I Multiple Employer Health Plan with at least one employer who has more than 20 full- and/or part-time employees (EMPLOYER+20) J Hospitalization Only Plan covering inpatient hospital services (HOSPITAL ONLY) K Medical Services Only Plan covering only non-inpatient medical services (MEDICAL ONLY) M Medicare Supplemental Plan, Medigap, Medicare Wraparound Plan or Medicare Carve Out Plan (SUPPLEMENTAL) R GHP Health Reimbursement Arrangement S GHP Health Savings Account Blank Unknown (UNKNOWN); defaults to A.

## ECRS WEB USER GUIDE

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

## ECRS WEB USER GUIDE

<b>ECRS MSP Inquiry Summary Page</b>	
<b>Field Name</b>	<b>Description</b>
<b>PRESCRIPTION COVERAGE</b>	
RECORD TYPE	Prescription Coverage Record Type. Valid values are: PRI      Primary SUP      Supplemental <b>Note: Record Type must be “SUP” when Supplemental Type is “L”.</b>
COVERAGE TYPE	Prescription Coverage type of insurance. Valid values are: U      Drug Network V      Drug Non-network Z      Health account (such as a flexible spending account provided by other party to pay prescription drug costs or premiums)
BIN	Prescription Drug BIN number.
PCN	Prescription Drug PCN number.
GROUP	Prescription Drug group number.
ID	Prescription Drug ID number.
SUPPLEMENTAL TYPE	Prescription Drug policy type. Valid values are: L      Supplemental M      Medigap N      Non-qualified State Program O      Other P      PAP Q      Qualified State Program R      Charity S      ADAP T      Federal Government Programs 1      Medicaid 2      Tricare 3      Major Medical
RECORD TYPE	Prescription Coverage Record Type. Valid values are: PRI      Primary SUP      Supplemental <b>Note: Record Type must be “SUP” when Supplemental Type is “L”.</b>
COVERAGE TYPE	Prescription Coverage type of insurance.

## ECRS WEB USER GUIDE

<b>ECRS MSP Inquiry Summary Page</b>	
<b>Field Name</b>	<b>Description</b>
	Valid values are: U Drug Network V Drug Non-network Z Health account (such as a flexible spending account provided by other party to pay prescription drug costs or premiums)
DEVELOPED TO (INITIAL)	Development Source Code indicating where initial development letter was sent. Valid values are: A Attorney B Beneficiary E Employer I Insurer P Provider R Beneficiary Representative (other than attorney)
DEVELOPED TO (SUBSEQUENT)	Development Source Code indicating where subsequent development letter was sent. Valid values are: A Attorney B Beneficiary E Employer I Insurer P Provider R Beneficiary Representative (other than attorney)

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

## ECRS WEB USER GUIDE

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

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



## ECRS WEB USER GUIDE

<b>ECRS MSP Inquiry Summary</b>	
<b>STATUS</b>	<p>Two-character code explaining where MSP Inquiry transaction is in the COB system process (<i>protected field</i>)</p> <p>CM    Completed  DE    Delete (do not process) ECRS MSP Inquiry  IP    In process, being edited by COB  NW    New, not yet read by COB</p>
<b>REASON</b>	<p>Two-character code explaining why the MSP inquiry is in a particular status (<i>protected field</i>) Description of reason code displays next to value. Valid values are:</p> <p>01    Not yet read by COB, used with NW status  02    Being processed by COB, used with IP status  03    Under development by COB, used with IP status  04    Update sent to CWF, used with IP status  05    Error received from CWF, being resolved by COB contractor, used with IP status  07    Auditor follow-up development in progress, used with IP status  10    Not processing  11    Not yet eligible for Medicare, used with HD status  14    Duplicate request, development already in process, used with HD status  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</p>

## ECRS WEB USER GUIDE

<b><i>ECRS MSP Inquiry Summary</i></b>	
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.

## ECRS WEB USER GUIDE

### Adding a Prescription Coverage Inquiry Transaction

There are two methods of entering a Prescription Coverage Inquiry.

1. From an ECRS MSP Inquiry – this option allows you to see Prescription Coverage information associated with an MSP Inquiry.
  - a) From the COB ECRS Main Menu web page, click [**MSP Inquiries**] under the heading Create Requests or Inquiries, The system displays the first page of the ECRS MSP Inquiry.
  - b) Follow instructions for Adding an MSP Inquiries, and complete the Prescription Coverage information on the Prescription Coverage page.  
See page A-62.

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

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

### Retrieving Beneficiary Information

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

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

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

### Steps to add a Prescription Coverage Inquiry Transaction

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

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

## ECRS WEB USER GUIDE

### ECRS Prescription Coverage Inquiry, Initial Information Page

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

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

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

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

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

## ECRS WEB USER GUIDE

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

4. After typing/selecting data in all of the required fields, review the summary page and click [**Submit**]. The system displays the Submit Confirmation page. At this point the inquiry is submitted and you may print the confirmation page.
5. If you want to exit the ECRS Prescription Coverage Inquiry Detail web pages, click [**Home**] to return to the ECRS Main Menu or [Sign Out] to exit ECRS.

## ECRS WEB USER GUIDE

### ECRS Prescription Coverage Inquiry, Initial Information Page Description

<i>ECRS Prescription Coverage Initial Information</i>	
Field Name	Description
DCN	Document Control Number assigned by contractor to correspondence and/or paperwork associated with transaction ( <i>required field</i> ) The system will auto generate the DCN, but it may be changed.
HICN	Health Insurance Claim Number of beneficiary ( <i>required field</i> ). Type HICN without dashes, spaces, or other special characters.  <b>Note: The system will look up the HICN on the COBC's HICN Xref database to assure the most current HICN has been entered. If the most current HICN has not been entered the system will replace the entered HICN with the most current HICN.</b>
ACTIVITY CODE	Activity of contractor ( <i>required field</i> ). Valid values are: C Claims (Pre-Payment) (22001) D Debt Collection/Referral (42021) G Group Health Plan (42003) I General Inquires (42004) N Liability, No Fault, Workers' Compensation, and Federal Tort Claim Act (42002)
SOURCE	Four-character code identifying source of the MSP Inquiry information ( <i>required field</i> ). Valid values are: CHEK Unsolicited check LTTR Letter PHON Phone call SCLM Claim submitted to Medicare contractor for secondary payment CLAM Claim SRVY Survey
PATIENT RELATIONSHIP	Patient relationship between policyholder and beneficiary. Valid values are: 01 POLICY HOLDER 02 SPOUSE 03 CHILD 04 OTHER
SEND TO MDB	Indicates whether to send MSP inquiry to MBD ( <i>required field</i> ). Valid values are: YES Send to MBD (default) NO Do not send to MBD
MSP TYPE	One-character code identifying type of MSP coverage.

## ECRS WEB USER GUIDE

<b>ECRS Prescription Coverage Initial Information</b>	
<b>Field Name</b>	<b>Description</b>
	<p>Valid values are:</p> <ul style="list-style-type: none"> <li>A Working Aged</li> <li>B ESRD</li> <li>C Conditional Payment</li> <li>D Automobile Insurance, No Fault</li> <li>E Workers' Compensation</li> <li>F Federal (Public)</li> <li>G Disabled</li> <li>H Black Lung</li> <li>I Veterans</li> <li>L Liability</li> <li>W Workers' Compensation Medicare Set Aside</li> </ul> <p><b>Note: MSP Type cannot be selected when Prescription Coverage Record Type is supplemental.</b></p>

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

## ECRS WEB USER GUIDE

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

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



# ECRS WEB USER GUIDE

## ECRS Prescription Coverage Inquiry, Additional Information Page

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

**CMS** CENTERS FOR MEDICARE & MEDICAID SERVICES **Electronic Correspondence Referral System (ECRS)** **COB**

Home CMS Help Contact About Sign out

### Prescription Coverage Inquiry

- Initial Information
- Additional Information**
- Prescription Coverage
- Summary

**Additional Information**

*\* Required*

**Informant Information**

First Name:

Middle Initial:

Last Name:

Address:

City, State, Zip:  ,   -

Phone: (  )  -

\*Relationship:

**Employment Information**

Employer Name:

Address:

City, State, Zip:  ,   -

**Check Information**

\*Check Date:

\*Check Amount:

\*Check Number:

**Change Contractor**

[Change Contractor](#)

**Quick Help**

[Help About This Page](#)

**Contractor**

ID: 00131  
Name: Company ABC

**User**

ID: ECR1234  
Name: Dorothy Smith  
Phone: (999)999-9999

**Beneficiary**

HICN: 999999999A  
SSN: \*\*\*-\*\*-6789  
Name: William M. Smith  
Address: 123 Main Street  
Apt. B  
City, State: Baltimore, MD  
Zip: 21222-1234  
Phone: (999)999-9999  
Sex: Male  
DOB: 01/01/1930

**DCN**

ID: 1111111111  
Originating Date: 01/01/2010  
Status: New  
Reason:

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## ECRS WEB USER GUIDE

### ECRS Prescription Coverage Inquiry, Additional Information Page Description

<b>ECRS Prescription Coverage, Additional Information</b>	
<b>Field Name</b>	<b>Description</b>
<b>INFORMANT INFORMATION</b>	
FIRST NAME	First name of person informing contractor of change in MSP coverage. First name is a <i>required field</i> when SOURCE is CHEK, LTTR or PHON.
MIDDLE INITIAL	Middle initial of person informing contractor of change in MSP coverage.
LAST NAME	Last name of person informing contractor of change in MSP coverage. Last name is a <i>required field</i> when SOURCE is CHEK, LTTR or PHON.
ADDRESS	Informant's street address. Address is a <i>required field</i> when SOURCE is CHEK, LTTR or PHON.
CITY	Informant's city. <i>Required field</i> when SOURCE is CHEK, LTTR or PHON.
STATE	Informant's state. <i>Required field</i> when SOURCE is CHEK , LTTR or PHON.
ZIP	Informant's ZIP code. <i>Required field</i> when SOURCE is CHEK , LTTR or PHON.
PHONE	Informant's telephone number
RELATIONSHIP	<p>One-character code indicating relationship of informant to beneficiary. <i>Required field</i> when SOURCE is CHEK , LTTR or PHON. Valid values are:</p> <ul style="list-style-type: none"> <li>A Attorney representing beneficiary</li> <li>B Beneficiary</li> <li>C Child</li> <li>D Defendant's attorney</li> <li>E Employer</li> <li>F Father</li> <li>I Insurer</li> <li>M Mother</li> <li>N Non-relative</li> <li>O Other relative</li> <li>P Provider</li> <li>R Beneficiary representative (other than attorney)</li> <li>S Spouse</li> <li>U Unknown</li> </ul>
<b>EMPLOYMENT INFORMATION</b>	
EMPLOYER NAME	Name of employer providing group health insurance under which beneficiary is covered
ADDRESS	Employer's street address
CITY	City associated with Employer's street address.
STATE	State associated with Employer's street address.
ZIP	Zip Code associated with Employer's street address.

## ECRS WEB USER GUIDE

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

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

## ECRS WEB USER GUIDE

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

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

## ECRS WEB USER GUIDE

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

# ECRS WEB USER GUIDE

## ECRS Prescription Coverage, Prescription Coverage Information Page

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

**Electronic Correspondence Referral System (ECRS)**

Home CMS Help Contact About Sign out

### Prescription Coverage Inquiry

**Prescription Coverage Information**

Record Type:

Coverage Type:

BIN:

PCN:

Insurance Company Name:

Address Line 1:

Address Line 2:

City, State, Zip:  ,   -

Phone: (  )  -

Effective Date :

Policy #:

Group:

ID:

Supplemental Type:

Person Code:

**Change Contractor**  
[Change Contractor](#)

**Quick Help**  
[Help About This Page](#)

**Contractor**  
ID: 00131  
Name: Company ABC

**User**  
ID: ECR1234  
Name: Dorothy Smith  
Phone: (999)999-9999

**Beneficiary**  
HICN: 999999999A  
SSN: \*\*\*-\*\*-6789  
Name: William M. Smith  
Address: 123 Main Street Apt. B  
City, State: Baltimore, MD  
Zip: 21222-1234  
Phone: (999)999-9999  
Sex: Male  
DOB: 01/01/1930

**DCN**  
ID: 1111111111  
Originating Date: 01/01/2010  
Status: New  
Reason:

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## ECRS WEB USER GUIDE

### ECRS Prescription Coverage, Prescription Coverage Information Page Description

<i>ECRS Prescription Coverage, Prescription Coverage</i>	
Field Name	Description
RECORD TYPE	<p>Prescription Coverage Record Type.</p> <p>Valid values are:</p> <p style="padding-left: 40px;">PRI      Primary</p> <p style="padding-left: 40px;">SUP      Supplemental</p> <p><b>Note: Record Type must be “SUP” when Supplemental Type is “L”.</b></p>
COVERAGE TYPE	<p>Prescription Coverage type of insurance.</p> <p>Valid values are:</p> <p style="padding-left: 40px;">U      Drug Network</p> <p style="padding-left: 40px;">V      Drug Non-network</p> <p style="padding-left: 40px;">Z      Health account (such as a flexible spending account provided by other party to pay prescription drug costs or premiums)</p>
BIN	<p>Prescription Drug BIN number (<i>required if TYPE of “U” is entered</i>).</p> <p>Must be six numeric characters.</p>
PCN	<p>Prescription Drug PCN number (<i>required if TYPE of “U” is entered</i>).</p> <p>Must not contain special characters.</p>
GROUP	<p>Prescription Drug group number (<i>required if TYPE of “U” is entered</i>).</p> <p>Must not contain special characters.</p>
ID	<p>Prescription Drug ID number (<i>required if TYPE of “U” is entered</i>).</p> <p>Must not contain special characters.</p>
SUPPLEMENTAL TYPE	<p>Prescription Drug policy type.</p> <p>Valid values are:</p> <p style="padding-left: 40px;">L      Supplemental</p> <p style="padding-left: 40px;">M      Medigap</p> <p style="padding-left: 40px;">N      Non-qualified State Program</p> <p style="padding-left: 40px;">O      Other</p> <p style="padding-left: 40px;">P      PAP</p> <p style="padding-left: 40px;">Q      Qualified State Program</p> <p style="padding-left: 40px;">R      Charity</p> <p style="padding-left: 40px;">S      ADAP</p> <p style="padding-left: 40px;">T      Federal Government Programs</p> <p style="padding-left: 40px;">1      Medicaid</p> <p style="padding-left: 40px;">2      Tricare</p> <p style="padding-left: 40px;">3      Major Medical</p>
PERSON CODE	<p>Person Code. Plan specific (relationship assigned plan administrator at the</p>

## ECRS WEB USER GUIDE

<b>ECRS Prescription Coverage, Prescription Coverage</b>	
<b>Field Name</b>	<b>Description</b>
	<p>plan level. (<i>required field</i> when Record Type is Supplemental, or Record Type is blank and Supplemental Type is “L”.)</p> <p>Values are:</p> <p style="padding-left: 40px;">001    Self</p> <p style="padding-left: 40px;">002    Spouse</p> <p style="padding-left: 40px;">003    Other</p>

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



## ECRS WEB USER GUIDE

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



**ECRS WEB USER GUIDE**

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

## ECRS WEB USER GUIDE

### ECRS Prescription Coverage Inquiry, Summary Page

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


Electronic Correspondence Referral System (ECRS)


Home CMS
Help Contact About Sign out

#### Prescription Coverage Inquiry

- Initial Information
- Additional Information
- Prescription Coverage
- Summary

### Prescription Coverage Inquiry Summary

[Print Summary](#)

**Initial Information**

DCN: 111111111 HICN: 999999999A

Source: CHEK-Unsolicited check

Patient Relationship: 01-Patient is policy holder

Send to MBD: Yes

MSP Type:

**Informant Information**

Name: Brian Fellows Relationship: B-Beneficiary

Address: 4567 Many Days

City, State, Zip: Columbia, MD 21020

Phone: (999) 999-9999

**Employment Information**

Employer Name: Zurich

Address: 3201 Campus Drive

City, State, Zip: Mt. Washington, AL 33223

**Check Information**

Check Date: 01/01/2010

Check Amount: \$2022.00

Check Number: 2345

**Prescription Coverage Information**

Record Type: SUP-Supplemental

Coverage Type: U-Drug Network

Insurance Company Name: Aetna

Address Line 1: 555 Second Street

Address Line 2:

City, State, Zip: Baltimore, MD 21234

Phone: (999) 999-9999

Effective Date: 01/01/2010 Policy #: 123456789

BIN: 2345 Group: AB341

PCN: 444332 ID: Y876789

Supplemental Type: L-Supplemental Record Type: PRI-Primary

Person Code: 001-Self

Change Contractor

Change Contractor

Quick Help

Help About This Page

Contractor

ID: 00131  
Name: Company ABC

User

ID: ECR1234  
Name: Dorothy Smith  
Phone: (999)999-9999

Beneficiary

HICN: 999999999A  
SSN: \*\*\*-\*\*-6789  
Name: William M. Smith  
Address: 123 Main Street  
Apt. B  
City, State: Baltimore, MD  
Zip: 21222-1234  
Phone: (999)999-9999  
Sex: Male  
DOB: 01/01/1930

DCN

ID: 111111111  
Originating Date: 01/01/2010  
Status: New  
Reason:

[Privacy Policy | User Agreement](#)

### ECRS Prescription Coverage Inquiry, Summary Page Description

## ECRS WEB USER GUIDE

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

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

## ECRS WEB USER GUIDE

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

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

**ECRS WEB USER GUIDE**

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

## ECRS WEB USER GUIDE

### List Prescription Coverage Inquiry for Viewing, Updating and Deleting

#### *Note: Tracking of Prescription Coverage Inquiries*

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

When Prescription Coverage information is entered as a stand-alone inquiry, the following status and reason codes are used to track the inquiry:

- NW01 Not yet read by COB
- DE01 Deleted by Medicare Contractor
- CM15 Update Sent to MBD
- CM53 Duplicate ECRS Request
- CM60 Invalid HICN
- CM92 Change of Venue not allowed after 90 days

**Note: CM92 refers to a request to change the lead contractor more than 90 days after the initial assignment; this request will be rejected.**

There are two methods of accessing Prescription Coverage Inquiries:

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

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

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

1. From the COB ECRS Main Menu web page, click [**Prescription Coverage Inquiries**] under the heading Search for Requests or Inquiries, type the search criteria in the appropriate fields, and click [**Search**]. The system displays a list of ECRS Prescription Coverage Inquiries, as shown in the example below.
2. If you wish to create a list of all Prescription Coverage Inquiries for a HICN, type the HICN in the search criteria, and space out the Contractor Number. Click [**Search**], the system will display a list of ECRS Prescription Coverage Inquiries for that HICN.

## ECRS WEB USER GUIDE

Delete	HICN	Contractor	DCN	Status	Reason	Origin Date	Last Update	User ID
	<a href="#">888888888888</a>	00131	987654321987654	Completed		01/01/2010	01/05/2010	ECR2323
X	<a href="#">2345523455</a>	00131	CD05152010	New		05/01/2010	05/01/2010	ECR1234

- Change or delete the search criteria to initiate a new search. Perform searches using combinations of the following criteria: User ID, Status, Reason, Origin Date From, Origin Date To, Contractor Number, HICN, DCN or SSN. You cannot combine DCN, HICN, and SSN searches. In addition, you must combine searches on Origin Date From and/or To, User ID, Status, and Reason with a DCN, HICN, SSN or Contractor Number search.

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

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

- Pagination will be used to scroll forward through the list of Prescription Coverage Inquiry transactions. You will see 20 items per page, and use the First/Prev and Next/Last navigation at the top of the list to view other transactions on other pages.
- If you want to view summary information for a Prescription Coverage Inquiry, click the [**HICN**] link for the transaction for which you want to view summary information. The system displays the summary page of the ECRS Prescription Coverage Inquiry selected transaction.
- If you want to update information on a Prescription Coverage Inquiry transaction in NW status, click the [**HICN**] link for the transaction and the system will display the summary page of the ECRS Prescription Coverage Inquiry selected transaction, along with page links to the information, to allow for updates.

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

- If you want to mark a Prescription Coverage Inquiry transaction in NW status for deletion, click the [**X**]

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

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



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



## ECRS WEB USER GUIDE

### ECRS Prescription Coverage Inquiry Search Page

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


Electronic Correspondence Referral System (ECRS)


Home CMS
Help Contact About Sign out

#### Prescription Coverage Inquiry

Contractor #:       Origin Date From:

HICN:       Origin Date To:

SSN:       DCN:

Status:       Reason:

User ID:

Change Contractor

[Change Contractor](#)

Quick Help

[Help About This Page](#)

Contractor

ID: 00131

Name: Company ABC

User

ID: ECR1234

Name: Dorothy Smith

Phone: (999)999-9999

Delete	HICN	Contractor	DCN	Status	Reason	Origin Date	Last Update	User ID
	<a href="#">9999944444333</a>	00131	123451234512345	Completed		01/01/2010	01/05/2010	ECR1234
X	<a href="#">888555777444222</a>	00131	987654321987654	New		01/01/2010	01/01/2010	ECR1234

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## ECRS WEB USER GUIDE

### ECRS Prescription Coverage Inquiry Search Page Description

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

## ECRS WEB USER GUIDE

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

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

## ECRS WEB USER GUIDE

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

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

**ECRS WEB USER GUIDE**

**ECRS Prescription Coverage Summary Page**

# ECRS WEB USER GUIDE

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

Electronic Correspondence Referral System (ECRS)

Home CMS
Help Contact About Sign out

### Prescription Coverage Inquiry

#### Prescription Coverage Inquiry Summary

[Print Summary](#)

**Initial Information**

DCN: 123451234512345      HICN: 9999944444333

Source: CHEK-Unsolicited check

Patient Relationship: 01-Patient is policy holder

Send to MBD: Yes

MSP Type:

**Informant Information**

Name: Brian Fellows      Relationship: B-Beneficiary

Address: 4567 Many Days

City, State, Zip: Columbia, MD 21020

Phone: (999) 999-9999

**Employment Information**

Employer Name: Zurich

Address: 3201 Campus Drive

City, State, Zip: Mt. Washington, AL 33223

**Check Information**

Check Date: 01/01/2010

Check Amount: \$2022.00

Check Number: 2345

**Prescription Coverage Information**

Record Type: PRI-Primary

Coverage Type: Z - Health Account (Flexible Spending Account)

Insurance Company Name: Aetna

Address Line 1: 555 Second Street

Address Line 2:

City, State, Zip: Baltimore, MD 21234

Phone: (999) 999-9999

Effective Date : 01/01/2010      Policy #: 123456789

BIN: 222      Group:

PCN:      ID:

Supplemental Type:      Record Type: PRI-Primary

Person Code: 001-Self

**COB Response Information**

Development Response Indicator: Employer

Developed To (Initial): Employer

Developed To (Subsequent):

**Change Contractor**

[Change Contractor](#)

**Quick Help**

[Help About This Page](#)

**Contractor**

**ID:** 00131  
**Name:** Company ABC

**User**

**ID:** ECR1234  
**Name:** Dorothy Smith  
**Phone:** (999)999-9999

**Beneficiary**

**HICN:** 9999944444333  
**SSN:** \*\*\*-\*\*-6789  
**Name:** Nicholas M. Smith  
**Address:** 123 Main Street  
Apt. B  
**City, State:** Baltimore, MD  
**Zip:** 21222-1234  
**Phone:** (99)999-9999  
**Sex:** Male  
**DOB:** 01/01/1930

**DCN**

**ID:** 123451234512345  
**Originating Date:** 01/01/2010  
**Status:** New  
**Reason:**

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## ECRS WEB USER GUIDE

### ECRS Prescription Coverage Inquiry Summary Page Description

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

## ECSRS WEB USER GUIDE

<b>ECSRS Prescription Coverage Inquiry Summary Page</b>	
<b>Field Name</b>	<b>Description</b>
	Valid values are: A Working Aged B ESRD C Conditional Payment D Automobile Insurance, No Fault E Workers' Compensation F Federal (Public) G Disabled H Black Lung I Veterans L Liability W Workers' Compensation Medicare Set Aside
<b>INFORMANT INFORMATION</b>	
FIRST NAME	First name of person informing contractor of change in MSP coverage.
MIDDLE INITIAL	Middle initial of person informing contractor of change in MSP coverage.
LAST NAME	Last name of person informing contractor of change in MSP coverage.
ADDRESS	Informant's street address.
CITY	Informant's city.
STATE	Informant's state.
ZIP	Informant's ZIP code.
PHONE	Informant's telephone number
RELATIONSHIP	One-character code indicating relationship of informant to beneficiary. Valid values are: A Attorney representing beneficiary B Beneficiary C Child D Defendant's attorney E Employer F Father I Insurer M Mother N Non-relative O Other relative P Provider R Beneficiary representative (other than attorney) S Spouse U Unknown
<b>INSURANCE INFORMATION</b>	
INSURANCE COMPANY NAME	Name of insurance carrier for MSP coverage.
ADDRESS LINE 1	First Line of insurance carrier's street address.
ADDRESS LINE 2	Second Line of insurance carrier's street address.
CITY	City associated with insurance carrier's street address.



## ECRS WEB USER GUIDE

<b>ECRS Prescription Coverage Inquiry Summary Page</b>	
<b>Field Name</b>	<b>Description</b>
STATE	State associated with insurance carrier's street address.
ZIP	Zip code associated with insurance carrier's street address.
PHONE	Phone Number of insurance carrier.
INSURANCE TYPE	<p>One-character code for type of insurance. Valid values are:</p> <p>A Insurance or Indemnity (OTHER TYPES)</p> <p>B Group Health Organization (GHO)</p> <p>C Preferred Provider Organization (PPO)</p> <p>D Third Party Administrator arrangement under an Administrative Service Only (ASO) contract without stop loss from any entity (TPA/ASO)</p> <p>E Third Party Administrator arrangement with stop loss insurance issued from any entity (STOP LOSS TPA)</p> <p>F Self-Insured/Self-Administered (SELF-INSURED)</p> <p>G Collectively-Bargained Health and Welfare Fund (HEALTH/WELFAR)</p> <p>H Multiple Employer Health Plan with at least one employer who has more than 100 full- and/or part-time employees (EMPLOYER+100)</p> <p>I Multiple Employer Health Plan with at least one employer who has more than 20 full- and/or part-time employees (EMPLOYER+20)</p> <p>J Hospitalization Only Plan covering inpatient hospital services (HOSPITAL ONLY)</p> <p>K Medical Services Only Plan covering only non-inpatient medical services (MEDICAL ONLY)</p> <p>M Medicare Supplemental Plan, Medigap, Medicare Wraparound Plan or Medicare Carve Out Plan (SUPPLEMENTAL)</p> <p>R GHP Health Reimbursement Arrangement</p> <p>S GHP Health Savings Account</p> <p>Blank Unknown (UNKNOWN); defaults to A.</p>
POLICY NUMBER	Policy number of insurance coverage
GROUP NUMBER	Group number of insurance coverage
SUBSCRIBER FIRST NAME	First name of individual covered by this insurance.
SUBSCRIBER MIDDLE INITIAL	Middle initial of individual covered by this insurance.
SUBSCRIBER LAST NAME	Last name of individual covered by this insurance.
<b>EMPLOYMENT INFORMATION</b>	
EMPLOYER NAME	Name of employer providing group health insurance under which beneficiary is covered.
ADDRESS	Employer's street address.
CITY	City associated with Employer's street address.
STATE	State associated with Employer's street address.
ZIP	Zip Code associated with Employer's street address.
PHONE	Phone Number of Employer.

## ECRS WEB USER GUIDE

<b>ECRS Prescription Coverage Inquiry Summary Page</b>	
<b>Field Name</b>	<b>Description</b>
EIN	Employer Identification Number.
EMPLOYEE #	Employee number of policy holder.
<b>CHECK INFORMATION</b>	
CHECK NUMBER	Number of check received.
CHECK AMOUNT	Amount of check received.
CHECK DATE	Date of check received.
<b>PRESCRIPTION COVERAGE</b>	
RECORD TYPE	Prescription Coverage Record Type. Valid values are: PRI      Primary SUP      Supplemental <b>Note: Record Type must be “SUP” when Supplemental Type is “L”.</b>
COVERAGE TYPE	Prescription Coverage type of insurance. Valid values are: U      Drug Network V      Drug Non-network Z      Health account (such as a flexible spending account provided by other party to pay prescription drug costs or premiums)
BIN	Prescription Drug BIN number.
PCN	Prescription Drug PCN number.
GROUP	Prescription Drug group number.
ID	Prescription Drug ID number.
SUPPLEMENTAL TYPE	Prescription Drug policy type. Valid values are: L      Supplemental M      Medigap N      Non-qualified State Program O      Other P      PAP Q      Qualified State Program R      Charity S      ADAP T      Federal Government Programs

## ECRS WEB USER GUIDE

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

## ECRS WEB USER GUIDE

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

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

## ECRS WEB USER GUIDE

<b>ECRS Prescription Coverage Inquiry Summary Page</b>															
ADDRESS	Street address of beneficiary. <i>(protected field)</i>														
CITY, STATE	City and State associated with street address of beneficiary. <i>(protected field)</i>														
ZIP	Zip code associated with street address of beneficiary. <i>(protected field)</i>														
SEX	Sex of the beneficiary. <i>(protected field)</i>														
DOB	Date of Birth of the beneficiary. <i>(protected field)</i>														
DCN	Description														
ID	Document Control Number assigned by contractor to correspondence and/or paperwork associated with transaction. <i>(protected field)</i>														
ORIGIN DATE	Date CWF Assistance Request transaction was submitted. <i>(protected field)</i>														
STATUS	Two-character code explaining where CWF Assistance Request transaction is in the COB system process <i>(protected field)</i> CM    Completed DE    Delete (do not process) ECRS CWF Assistance Request IP    In process, being edited by COB NW    New, not yet read by COB														
REASON	Two-character code associated with status explaining why the Prescription Coverage Inquiry is in a particular status <i>(protected field)</i> Valid values are: <table border="1" style="margin-left: 20px;"> <thead> <tr> <th>STATUS</th> <th>REASON</th> </tr> </thead> <tbody> <tr> <td>NW</td> <td>01    Not yet read by COB</td> </tr> <tr> <td>DE</td> <td>01    Deleted by Medicare contractor</td> </tr> <tr> <td>CM</td> <td>15    Update Sent to MBD</td> </tr> <tr> <td>CM</td> <td>53    Duplicate ECRS Request</td> </tr> <tr> <td>CM</td> <td>60    Invalid HICN</td> </tr> <tr> <td>CM</td> <td>92    Change of Venue not allowed after 90 days   <b>Note: CM92 refers to a request to change the lead contractor more than 90 days after the initial assignment; this request will be rejected.</b></td> </tr> </tbody> </table>	STATUS	REASON	NW	01    Not yet read by COB	DE	01    Deleted by Medicare contractor	CM	15    Update Sent to MBD	CM	53    Duplicate ECRS Request	CM	60    Invalid HICN	CM	92    Change of Venue not allowed after 90 days  <b>Note: CM92 refers to a request to change the lead contractor more than 90 days after the initial assignment; this request will be rejected.</b>
STATUS	REASON														
NW	01    Not yet read by COB														
DE	01    Deleted by Medicare contractor														
CM	15    Update Sent to MBD														
CM	53    Duplicate ECRS Request														
CM	60    Invalid HICN														
CM	92    Change of Venue not allowed after 90 days  <b>Note: CM92 refers to a request to change the lead contractor more than 90 days after the initial assignment; this request will be rejected.</b>														

## ECRS WEB USER GUIDE

### Reviewing the Contractor Workload Tracking Report (for Medicare Contractors)

Use the [**Contractor Workload Tracking**] link on the Main Menu under the Reports section, to access ECRS Contractor Work Load Tracking. The ECRS Contractor Workload Tracking web page provides you with statistics on the number of CWF Assistance Requests, MSP inquiries and PDC inquiries (sorted by activity code) that your contractor site submitted during a user-specified time period. The statistics also include information about the number of CWF Assistance Requests, MSP inquiries and Prescription Coverage (PDC) inquiries that were rejected, as well as gross and net totals.

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

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

The screenshot shows the ECRS Contractor Workload Tracking interface. At the top, there is a navigation bar with the CMS logo and the text 'Electronic Correspondence Referral System (ECRS)'. Below this, there are links for Home, CMS, Help, Contact, About, and Sign out. The main heading is 'Contractor Workload Tracking'. The search form includes the following elements:

- Date From: 03/15/2010
- Date To: 04/15/2010
- Reason: Select (dropdown menu)
- Action Code: (text input field)
- Status: NW - New  CM - Completed  IP - In Process  ALL
- Buttons: Search, Reset

Below the search form is a table with the following columns:

Act Code	Acct Number	CWF Assist Requests	MSP Inquiries	PDC Inquiries	Gross Total	CWF Rejects	MSP Rejects	PDC Rejects	Net Total

On the right side, there is a 'Quick Help' section with the following information:

- Help About This Page
- Contractor: ID: 123456, Name: Company ABC
- User: ID: 12345678, Name: Dorothy Smith, Phone: (999)999-9999

At the bottom of the page, there are links for Privacy Policy and User Agreement.

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

## ECRS WEB USER GUIDE

3. The system searches the ECRS system and re-displays the Contractor Workload Tracking web page. The counts displayed on the detail lines (report) reflect the search criteria.
4. You may create a hard copy print of the report by clicking the **Print Report** link (uses the standard Print dialog box) or export the report to a file by clicking the **Export Data** link (uses the standard File Save dialog box).
5. You may change the Contractor Workload Tracking Report criteria in the search fields and click the Search button to re-create the report using the revised criteria. Click **[Reset]** to clear the search criteria and reinstate the default date range.
6. If you want to exit the ECRS Contractor Workload Tracking web page, click the **[Home]** link in the upper navigation bar. This will return the user to the ECRS Main Menu.

## ECRS WEB USER GUIDE

### ECRS Contractor Workload Tracking Report Description (for Medicare Contractors)

<b>ECRS Contractor Workload Tracking Web page (for Medicare Contractors)</b>	
Field Name	Description
<b>WORKLOAD TRACKING REPORT SELECTION CRITERIA</b>	
DATE FROM	Start date of reporting period. Defaults to first day of previous month. Type another date in this field to change the start of the reporting period.
DATE TO	End date of reporting period. Defaults to last day of previous month. Type another date in this field to change the end of the reporting period.
REASON	Two-character code explaining why the inquiry is in a particular status
STATUS (check box)	Two-character code explaining where CWF Assistance Request or MSP Inquiry transaction is in the COB system process Valid values are: NW - New CM – Completed IP – In Process ALL – All statuses
<b>WORKLOAD TRACKING REPORT DETAIL</b>	
ACT CODE	Activity code ( <i>protected field</i> ) Valid values are: C Claims (Pre-Payment) (22001) D Debt Collection/Referral (42021) G Group Health Plan (42003) I General Inquires (42004) N Liability, No Fault, Workers' Compensation, and Federal Tort Claim Act (42002)
ACCT NUMBER	Corresponding account number for each activity code. Valid values are: 22001 Claims (Pre-Payment) 42002 Liability, No Fault, Workers' Compensation, and Federal Tort Claim Act 42003 Group Health Plan 42004 General Inquires 42021 Debt Collection/Referral
CWF ASSIST REQUESTS	Number of CWF Assistance Requests submitted by contractor for each activity code ( <i>protected field</i> )
MSP INQUIRIES	Number of MSP inquires submitted by contractor for each activity code ( <i>protected field</i> )
PDC INQUIRIES	Number of PDC inquires submitted by contractor for each activity code ( <i>protected field</i> )



## ECRS WEB USER GUIDE

<b>ECRS Contractor Workload Tracking Web page (for Medicare Contractors)</b>	
<b>Field Name</b>	<b>Description</b>
<b>WORKLOAD TRACKING REPORT SELECTION CRITERIA</b>	
GROSS TOTAL	Total number of CWF Assistance Requests, MSP inquires and PDC inquires submitted by contractor for each activity code, including duplicates ( <i>protected field</i> )
CWF REJECTS	Number of duplicate CWF Assistance Requests submitted by contractor for each activity code (CM53) ( <i>protected field</i> )
MSP REJECTS	Number of duplicate MSP inquires submitted by contractor for each activity code (CM53), combined with number of MSP inquires submitted by contractor that should have been a CWF Assistance Request (CM87) ( <i>protected field</i> )
PDC REJECTS	Number of duplicate PDC assistance requests submitted by contractor for each activity code ( <i>protected field</i> )
NET TOTAL	Total number of CWF Assistance Requests, MSP inquires and PDC inquires submitted by contractor for each activity code, excluding duplicates ( <i>protected field</i> )
GRAND TOTAL	<p>Eight grand totals consist of the following:</p> <ul style="list-style-type: none"> <li>• Grand total of CWF Assistance Requests submitted by contractor for all activity codes</li> <li>• Grand total of all MSP inquiries submitted by contractor for all activity codes</li> <li>• Grand total of all PDC inquiries submitted by contractor for all activity codes</li> <li>• Grand total of Gross Totals for CWF Assistance Requests, MSP inquiries and PDC inquiries submitted by contractor for all activity codes, including duplicates</li> <li>• Grand total of all duplicate/rejected CWF Assistance Requests submitted by contractor for all activity codes</li> <li>• Grand total of all duplicate/rejected MSP inquiries submitted by contractor for all activity codes</li> <li>• Grand total of all duplicate/rejected PDC inquiries submitted by contractor for all activity codes</li> <li>• Grand total of Net Totals for CWF Assistance Requests, MSP inquiries and PDC inquiries submitted by the contractor for all activity codes, excluding duplicates</li> </ul>

## ECRS WEB USER GUIDE

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

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

## ECRS WEB USER GUIDE

## ECRS WEB USER GUIDE

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

The ECRS CMS Workload Tracking web page provides you with statistics on the number of CWF Assistance Requests; MSP inquiries and Prescription Coverage (PDC) inquiries (sorted by activity code) that contractor sites submitted during a user-specified time period. The statistics also include information about the number of CWF Assistance Requests, MSP inquiries and PDC inquiries that were rejected, as well as net, gross, and national totals.

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

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

The screenshot displays the ECRS CMS Workload Tracking interface. At the top, the header includes the CMS logo, the text "Electronic Correspondence Referral System (ECRS)", and the COB logo. Navigation links for Home, CMS, Help, Contact, About, and Sign out are present. The main content area is titled "CMS Workload Tracking" and contains a search form with the following fields and options:

- Date From: 03/15/2010
- Date To: 04/15/2010
- Reason: Select (dropdown menu)
- Action Code: (text input)
- Status: NW - New  CM - Completed  IP - In Process  ALL
- Act Code/ Acct Number: C / 22001  N / 42002  G / 42003  I / 42004  D / 42021  ALL
- Contractor Number: (text input)

Buttons for "Search" and "Reset" are located below the search form. To the right of the search form, there are links for "Print Report" and "Export Data". Below the search form, a table header is visible with the following columns:

Contractor	Act Code / Acct Number	CWF Assist Requests	MSP Inquiries	PDC Inquiries	Gross Total	CWF Rejects	MSP Rejects	PDC Rejects	Net Total
------------	------------------------	---------------------	---------------	---------------	-------------	-------------	-------------	-------------	-----------

On the right side of the page, there is a "Quick Help" section with a link "Help About This Page". Below that, the "Contractor" information is displayed: ID: 123456, Name: Company ABC. The "User" information is also displayed: ID: 12345678, Name: Dorothy Smith, Phone: (999)999-9999. At the bottom of the page, there are links for "Privacy Policy" and "User Agreement".

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

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

## ECRS WEB USER GUIDE

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

3. Click the Search button to create the report.
4. The system searches the ECRS system and re-displays the CMS Workload Tracking web page. The counts displayed on the detail lines (report) reflect the search criteria.
5. You may create a hard copy print of the report by clicking the [**Print Report**] link (uses the standard Print dialog box) or export the report to a file by clicking the [**Export Data**] link (uses the standard File Save dialog box).
6. You may change the CMS Workload Tracking Report criteria in the search fields and click [**Search**] to re-create the report using the revised criteria. Click [**Reset**] to clear the search criteria and reinstate the default date range.
7. If you want to exit the ECRS Contractor Workload Tracking web page, click [**Home**] in the upper navigation bar. This will return the user to the ECRS Main Menu.

## ECRS WEB USER GUIDE

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

<i>ECRS CMS Workload Tracking Page</i>	
Field Name	Description
<b>WORKLOAD TRACKING REPORT SELECTION CRITERIA</b>	
DATE FROM	Start date of reporting period. Defaults to first day of previous month. Type another date in this field to change the start of the reporting period.
DATE TO	End date of reporting period. Defaults to last day of previous month. Type another date in this field to change the end of the reporting period.
REASON	Two-character code explaining why the inquiry is in a particular status.
STATUS (checkbox)	Two-character code explaining where CWF Assistance Request or MSP Inquiry transaction is in the COB system process Valid values are: NW - New CM – Completed IP – In Process ALL – All statuses
ACT CODE/ACCT NUMBER (checkbox)	Act (activity) Code. Valid values are: C/22001 N/42002 G/42003 I/42004 D/42021 ALL – All Act Code/Acct Numbers <b>Note: See below for further explanation.</b> C    Claims (Pre-Payment) (22001) N    Liability, No Fault, Workers' Compensation, and Federal Tort Claim Act (42002) G    Group Health Plan (42003) I    General Inquires (42004) D    Debt Collection/Referral (42021)  Acct Number - Corresponding account number for each activity code. Valid values are: 22001    Claims (Pre-Payment) 42002    Liability, No Fault, Workers' Compensation, and Federal Tort Claim Act 42003    Group Health Plan 42004    General Inquires 42021    Debt Collection/Referral

## ECRS WEB USER GUIDE

<b>ECRS CMS Workload Tracking Page</b>	
<b>Field Name</b>	<b>Description</b>
CONTRACTOR NUMBER	Five-digit contractor numbers the field provided to display CMS workload statistics for specific contractor. Leave field blank for all contractors.
<b>WORKLOAD TRACKING REPORT DETAIL</b>	
CONTRACTOR	Unique five-digit contractor numbers assigned to Medicare contractors by CMS. Used to identify the Medicare contractors.
ACT CODE/ACCT NUMBER	<p>Activity Code/Account Number - Valid values are: C/22001, N/42002, G/42003, I/42004 and D/42021.</p> <p><b>Note: See below for further explanation.</b></p> <p>C    Claims (Pre-Payment) (22001)  N    Liability, No Fault, Workers' Compensation, and Federal Tort Claim Act (42002)  G    Group Health Plan (42003)  I    General Inquires (42004)  D    Debt Collection/Referral (42021)</p> <p>Account Number - Valid values are:  22001    Claims (Pre-Payment)  42002    Liability, No Fault, Workers' Compensation, and Federal Tort Claim Act  42003    Group Health Plan  42004    General Inquires  42021    Debt Collection/Referral</p>
CWF ASSIST REQUESTS	Number of CWF Assistance Requests submitted by contractor for each activity code ( <i>protected field</i> )
MSP INQUIRIES	Number of PDC inquires submitted by contractor for each activity code ( <i>protected field</i> )
PDC INQUIRIES	Number of MSP inquires submitted by contractor for each activity code ( <i>protected field</i> )
GROSS TOTAL	Total number of CWF Assistance Requests, MSP inquires and PDC inquires submitted by contractor for each activity code, including duplicates ( <i>protected field</i> )
CWF REJECTS	Number of duplicate CWF Assistance Requests submitted by contractor for each activity code (CM53) ( <i>protected field</i> )
MSP REJECTS	Number of duplicate MSP inquires submitted by contractor for each activity code (CM53), combined with number of MSP inquires submitted by contractor that should have been a CWF Assistance Request (CM87) ( <i>protected field</i> )
PDC REJECTS	Number of duplicate PDC assistance requests submitted by contractor for each activity code ( <i>protected field</i> )
NET TOTAL	Total number of CWF Assistance Requests, MSP inquires and PDC inquires submitted by contractor for each activity code, excluding rejects ( <i>protected field</i> )

## ECRS WEB USER GUIDE

<b>ECRS CMS Workload Tracking Page</b>	
<b>Field Name</b>	<b>Description</b>
GRAND TOTAL	<p>Eight grand totals consist of the following:</p> <ul style="list-style-type: none"> <li>• Grand total of CWF Assistance Requests submitted by all contractors for all activity codes</li> <li>• Grand total of all MSP inquiries submitted by all contractors for all activity codes</li> <li>• Grand total of all PDC inquiries submitted by all contractors for all activity codes</li> <li>• Grand total of Gross Totals for CWF Assistance Requests, MSP inquiries and PDC inquiries submitted by all contractors for all activity codes, including duplicates/rejects</li> <li>• Grand total of all duplicate/rejected CWF Assistance Requests submitted by all contractors for all activity codes</li> <li>• Grand total of all duplicate/rejected MSP inquiries submitted by all contractors for all activity codes</li> <li>• Grand total of all duplicate/rejected PDC inquiries submitted by all contractors for all activity codes</li> <li>• Grand total of Net Totals for CWF Assistance Requests, MSP inquiries and PDC inquiries submitted by all contractors for all activity codes, excluding duplicates/rejects</li> </ul>

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



## ECRS WEB USER GUIDE

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

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

## ECRS WEB USER GUIDE

### Upload ECRS Assistance Request and Inquiry files

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

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

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

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

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

## ECRS WEB USER GUIDE

The screenshot displays the Electronic Correspondence Referral System (ECRS) web interface. At the top, there is a blue header with the CMS logo on the left, the text "Electronic Correspondence Referral System (ECRS)" in the center, and the COB logo on the right. Below the header, a navigation bar contains links for "Home", "CMS", "Help", "Contact", "About", and "Sign out".

The main content area is titled "Main Menu" and is divided into several sections:

- Create Requests or Inquiries**: Contains links for [CWF Assistance Request](#), [MSP Inquiry](#), and [Prescription Coverage Inquiry](#).
- Search for Requests or Inquiries**: Contains links for [CWF Assistance Request](#), [MSP Inquiries](#), and [Prescription Coverage Inquiries](#).
- Reports**: Contains links for [Contractor Work Load Tracking](#) and [CMS Work Load Tracking](#).
- Files**: Contains links for [Upload File](#) and [Download Reponse File](#).

On the right side of the main menu, there is a sidebar with the following sections:

- Change Contractor**: Contains a link for [Change Contractor](#).
- Quick Help**: Contains a link for [Help About This Page](#).
- Contractor**: Displays user information: **ID:** 00131, **Name:** Company ABC.
- User**: Displays user information: **ID:** ECR1234, **Name:** Dorothy Smith, **Phone:** (999)999-9999.

At the bottom of the page, there is a light blue footer with the text "Privacy Policy | User Agreement".

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

## ECRS WEB USER GUIDE

Home CMS Help Contact About Sign out

### Upload File

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

Click 'Continue' to upload the file.

\* Required

File to Upload: \*

#### Files Previously Uploaded

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

[Privacy Policy](#) | [User Agreement](#)

**Change Contractor**  
[Change Contractor](#)

**Quick Help**  
[Help About This Page](#)

**Contractor**  
ID: 123456  
Name: Company ABC

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

9. Enter the file path in the 'File to Upload' field; or click the Browse button and select the file to upload.
10. Click [**Upload**].
11. The system uploads the file to ECRS and displays the Upload File Confirmation page. The page contains the file name and date/time of the upload.

## ECRS WEB USER GUIDE

**CMS**  
CENTERS for MEDICARE & MEDICAID SERVICES

**Electronic Correspondence Referral System (ECRS)**

Home CMS Help Contact About Sign out

Upload File Confirmation

[Print Confirmation](#)

**Upload Confirmation**

The following file was uploaded successfully:

MyFile.txt

Uploaded on 4/1/2010 at 5:56 pm.

**Change Contractor**  
[Change Contractor](#)

**Quick Help**  
[Help About This Page](#)

**Contractor**  
**ID:** 123456  
**Name:** Company ABC

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

[Privacy Policy](#) | [User Agreement](#)

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

## ECRS WEB USER GUIDE

### Upload ECRS Assistance Request and Inquiry Files

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

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

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

## ECRS WEB USER GUIDE

QUICK HELP	Click [ <b>Help About This Page</b> ] to display helpful information for completing the page.
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<i>Upload ECRS Assistance Request and Inquiry Files</i>	
RIGHT SIDE BAR INFORMATION	
Contractor	Description
ID	Contractor Number or CMS ID entered on Contractor Sign In page. <i>(protected field)</i>
NAME	Name of Contractor associated with the Contractor Number, or Regional Office associated with the CMS ID. <i>(protected field)</i>
User	Description
ID	User ID of person logged in. <i>(protected field)</i>
NAME	Name of person associated with User ID. <i>(protected field)</i>
PHONE	Phone number associated with the User ID. <i>(protected field)</i>

## ECRS WEB USER GUIDE

### Download ECRS Assistance Request and Inquiry Response files

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

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

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

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

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

The screenshot displays the ECRS Web Portal Main Menu. The header includes the CMS logo, the title 'Electronic Correspondence Referral System (ECRS)', and the COBC logo. Navigation links for Home, CMS, Help, Contact, About, and Sign out are visible. The main menu is organized into several sections:

- Create Requests or Inquiries:** Contains links for CWF Assistance Request, MSP Inquiry, and Prescription Coverage Inquiry.
- Search for Requests or Inquiries:** Contains links for CWF Assistance Request, MSP Inquiries, and Prescription Coverage Inquiries.
- Reports:** Contains links for Contractor Work Load Tracking and CMS Work Load Tracking.
- Files:** Contains links for Upload File and Download Response File.

On the right side, there is a sidebar with user information:

- Change Contractor:** Includes a link to Change Contractor.
- Quick Help:** Includes a link to Help About This Page.
- Contractor:** ID: 00131, Name: Company ABC.
- User:** ID: ECR1234, Name: Dorothy Smith, Phone: (999)999-9999.

At the bottom of the page, there are links for Privacy Policy and User Agreement.



## ECRS WEB USER GUIDE

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

Below are the response files available for download.  
To download a file, click on the file name.

File Name	Date
<a href="#">ResponseFile10.txt</a>	09/15/2008
<a href="#">ResponseFile9.txt</a>	08/23/2008
<a href="#">ResponseFile8.txt</a>	08/23/2008
<a href="#">ResponseFile7.txt</a>	08/23/2008
<a href="#">ResponseFile6.txt</a>	08/23/2008
<a href="#">ResponseFile5.txt</a>	08/23/2008
<a href="#">ResponseFile4.txt</a>	08/23/2008
<a href="#">ResponseFile3.txt</a>	08/23/2008
<a href="#">ResponseFile2.txt</a>	08/23/2008
<a href="#">ResponseFile1.txt</a>	08/23/2008

**\*Note: if files are not available for download, the user will see the following message:**

There are currently no response files available for downloading.

[Privacy Policy](#) | [User Agreement](#)

**Change Contractor**  
[Change Contractor](#)

**Quick Help**  
[Help About This Page](#)

**Contractor**  
ID: 123456  
Name: Company ABC

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

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

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

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

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H00104H0104MSP20100403 ECRS0104 R058983326	I01913055	BLUE CROSS 00000000	BLUE SHIELD 00000000	AL8002169920CM71	G	SRVY417767669A	41776766919510922	USHARON	DICKERSON
ECRS0104PPA860981231	I02214882	BLUE CROSS 00000000	BLUE SHIELD 00000000	AL8002169920CM71	G	SRVY421029182A	42102918219640302	MDANNY	WADE
ECRS0104PPA806099725	I02308563	BLUE CROSS 00000000	BLUE SHIELD 00000000	AL8002169920CM71	G	SRVY235941379A	23594137919560826	DUDEBRA	EBBERT
ECRS0104PPA884004824	I03214013	BLUE CROSS 00000000	BLUE SHIELD 00000000	AL8002169920CM71	G	SRVY424255174T	42425517419800720	FERIN	YENULIS
ECRS0104PPA807291023	I04114013	BLUE CROSS 00000000	BLUE SHIELD 00000000	AL8002169920CM76	G	SRVY175302893A	17530289319430127	MHARRY	MCCLELLAND
ECRS0104BAG812792843	I08908199	BLUE CROSS 00000000	BLUE SHIELD 00000000	AL8002169920CM71	G	SRVY593904891A	59090489119830624	UALISON	VIGNOLO
ECRS0104XA886063502	I089999999999	BLUE CROSS 00000000	BLUE SHIELD 00000000	AL8002169920CM71	G	SRVY422462451A	42246245119390328	MJAMES	TAYLOR
ECRS0104PPA839872351	I10903598	BLUE CROSS 00000000	BLUE SHIELD 00000000	AL8002169920CM71	G	SRVY418923852A	41892385219581001	UGRACE	HARBISON
ECRS0104EIB901305014	I13707972	BLUE CROSS 00000000	BLUE SHIELD 00000000	AL8002169920CM71	G	SRVY420404515A	42040451519330518	FMINNIE	LOCKETT
ECRS0104EIB901350479	I15006236	BLUE CROSS 00000000	BLUE SHIELD 00000000	AL8002169920CM63	G	SRVY424241382A	42424138219230220	FDOROTHY	CAMPBELL
ECRS0104STP805539348	I15699999	BLUE CROSS 00000000	BLUE SHIELD 00000000	AL8002169920CM71	G	SRVY224507845A	22450784519371023	MDOUGLAS	MOSKALSKI
ECRS0104EIB901305401	I15699999	BLUE CROSS 00000000	BLUE SHIELD 00000000	AL8002169920CM71	G	SRVY420460834A	42046083419270330	FLAURETTA	RICE
ECRS0104EIB901312634	I15699999	BLUE CROSS 00000000	BLUE SHIELD 00000000	AL8002169920CM71	G	SRVY421012920A	42101292019150914	FWILMA	FERRELL
ECRS0104EIB901316667	I15699999	BLUE CROSS 00000000	BLUE SHIELD 00000000	AL8002169920CM71	G	SRVY421365018A	42136501819321130	MWILLIAM	SALTER
ECRS0104EIB901348567	I15699999	BLUE CROSS 00000000	BLUE SHIELD 00000000	AL8002169920CM71	G	SRVY424096579A	4240965791915012	6MS	MCGILL
ECRS0104EIB901352657	I15699999	BLUE CROSS 00000000	BLUE SHIELD 00000000	AL8002169920CM71	G	SRVY424508220A	42450822019390904	MJOHNNIE	BROWN
ECRS0104EIB901253207	I15699999	BLUE CROSS 00000000	BLUE SHIELD 00000000	AL8002169920CM71	G	SRVY411328634A	41132863419250731	FLUCILLE	MADDOX
ECRS0104EIB901260783	I15699999	BLUE CROSS 00000000	BLUE SHIELD 00000000	AL8002169920CM71	G	SRVY416642062A	41664206219490126	FELINDA	BUSH
ECRS0104EIB901269441	I15699999	BLUE CROSS 00000000	BLUE SHIELD 00000000	AL8002169920CM71	G	SRVY417286267A	41728626719240210	FELAINE	MASSEY
ECRS0104EIB901282682	I15699999	BLUE CROSS 00000000	BLUE SHIELD 00000000	AL8002169920CM71	G	SRVY418522298C1	41711629619651022	UWILLIAM	BOWMAN
ECRS0104EIB901284717	I15699999	BLUE CROSS 00000000	BLUE SHIELD 00000000	AL8002169920CM71	G	SRVY418707116A	41870711619441201	FSHIRLEY	BARNES
ECRS0104EIB901293377	I16799999	BLUE CROSS 00000000	BLUE SHIELD 00000000	AL8002169920CM76	G	SRVY419381927A	41938192719300307	FRUTH	STOUDENMIER
ECRS0104EDU010034570	I40108563	BLUE CROSS 00000000	BLUE SHIELD 00000000	AL8002169920CM76	G	SRVY417508210A	41750821019390309	FMARJORIE	BLAIR
T00104H0104MSP20100403000000023									

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

## ECRS WEB USER GUIDE

### Download ECRS Assistance Request and Inquiry Response Files

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

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

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

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

## ECRS WEB USER GUIDE

Notes:

## ECRS WEB USER GUIDE

### How to use Required Data Reference

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

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

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

Example:

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

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

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

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## Appendix A: CWF Assistance Request Required Data Reference

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

SEE FOOTNOTES BELOW:

<sup>1</sup> Required data for all CWF Assistance Request Transactions. Part 'D' contractors should enter '001' for aux record number.

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<sup>2</sup> Required for action code 'TD' and 'CT' all source codes.

<sup>3</sup> Required for all action codes when source code is 'CHEK', 'LTTR', 'PHON'.

<sup>4</sup> Required for action code 'II' all source codes.

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

<sup>5</sup> Required for action code 'AI' all source codes.

<sup>5a</sup> Required for action code 'IT' all source codes.

<sup>6</sup> Required if the action code is 'CD', and the MSP type is 'D', 'E', or 'L'.

<sup>7</sup> Policy or Group Number required if the action code is 'AP' and the MSP type is not 'D', 'E', 'L', or 'W'.

<sup>8</sup> Required if the action code is 'EA' or 'EI'.

<sup>9</sup> Required if the action code is 'EI'.

<sup>10</sup> Required if source code is 'CHEK'.

<sup>11</sup> Required if action code is 'PH'.

<sup>12</sup> Required if action code is 'MX'.

<sup>13</sup> Required if action code is 'DX' also Required for MSP types 'D', 'E', 'L'.

<sup>14</sup> Required for action code 'AR'.

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## Appendix B: MSP Inquiry Required Data Reference

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

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SEE FOOTNOTES BELOW:

<sup>15</sup> Required data for all MSP Inquiry Transactions

<sup>15b</sup> Required unless action code is blank or 'DE'

<sup>16</sup> Required when source is 'PHON'

<sup>17</sup> Required for action code 'CA'

<sup>18</sup> Required for action code 'CL'

<sup>18a</sup> MSP Type must be D, E, or L for action code 'CL'

<sup>19</sup> Required when source code is 'CHEK', 'LTTR', 'PHON'

<sup>19a</sup> Required and must be 'A' when action code is 'CA'

<sup>19b</sup> Required when action code is 'DI'

<sup>20</sup> Required for action code 'DE'

<sup>21</sup> Required when source is 'CHEK'

<sup>22</sup> Required when Coverage Type is 'U'

<sup>23</sup> Required when Record Type is Supplemental

<sup>23a</sup> Required when Supplemental Type is "L"

<sup>23b</sup> Required for all MSP Inquiry requests unless record type is supplemental

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### Appendix C: Prescription Coverage Required Data Reference

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

SEE FOOTNOTES BELOW:

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- <sup>24</sup> Required for all Prescription Coverage Inquiry requests
- <sup>24a</sup> Required for all Prescription Coverage Inquiry requests unless record type is supplemental
- <sup>25</sup> Required when source code is 'CHEK'
- <sup>26</sup> Required when source code is 'CHEK', 'LTTR', 'PHON'
- <sup>27</sup> Required when Record Type is Supplemental
- <sup>28</sup> Required when Coverage Type is 'U'
- <sup>29</sup> Required when Supplemental Type is 'L'
-



## ECRS WEB USER GUIDE

### Appendix D: CWF Remark Codes

This appendix contains a list of CWF remark codes.

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

## ECRS WEB USER GUIDE

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 in supplemental plan.
43	GHP coverage is a legitimate supplemental plan.
44	Termination date equals transplant date.
50	Employment related accident.
51	Claim denied by workers comp.
52	Contested denial.
53	Workers compensation settlement funds exhausted.
54	Auto accident - no coverage.
55	Not payable by black lung.
56	Other accident - no liability.
57	Slipped and fell at home.
58	Lawsuit filed - decision pending.
59	Lawsuit filed - settlement received.
60	Medical malpractice lawsuit filed.
61	Product liability lawsuit filed.
62	Request for waiver filed.
70	Data match correction sheet sent.
71	Data match record updated.
72	Vow of Poverty correction.

## ECRS WEB USER GUIDE

### Appendix E: Frequently Asked Questions (FAQs)

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

#### Am I Using the Correct Option?

Main Menu	Request/Inquiry Type	Use this Request/Inquiry to:
Create Requests or Inquiries	CWF Assistance Request	Add a new Assistance Request for <i>changes to existing CWF MSP auxiliary occurrences, and Part D information.</i>
Create Requests or Inquiries	MSP Inquiry	Add a new Inquiry about a <i>possible MSP situation not yet documented at CWF.</i>
Create Requests or Inquiries	Prescription Coverage Inquiry	Add a new Inquiry about a <i>possible Prescription Coverage situation not yet documented at CWF.</i>
Search for Requests or Inquiries	CWF Assistance Request	<ul style="list-style-type: none"> <li>• View a list of all CWF Assistance Requests submitted by the contractor</li> <li>• Check the progress of a CWF Assistance Request transaction</li> <li>• Delete CWF Assistance Requests that have not been processed by COB.</li> <li>• View summary detail for a selected CWF Assistance Request transaction.</li> </ul>
Search for Requests or Inquiries	MSP Inquiries	<ul style="list-style-type: none"> <li>• View a list of all MSP Inquiries submitted by the contractor</li> <li>• Check the progress of an MSP Inquiry transaction.</li> <li>• Delete MSP Inquiry requests that have not been processed by COB.</li> <li>• View summary detail for a selected MSP Inquiry transaction.</li> </ul>
Search for Requests or Inquiries	Prescription Coverage Inquiries	<ul style="list-style-type: none"> <li>• View a list of all Prescription Coverage Inquiries submitted by the contractor.</li> <li>• Check the progress of a Prescription Coverage Inquiry transaction.</li> <li>• Delete Prescription Coverage Inquiry requests that have not been processed by COB.</li> <li>• View summary detail for a selected Prescription Coverage Inquiry transaction.</li> </ul>



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

### General Issues

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

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

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

ECRS information is restricted by contractor number and access code. Contractors can view information associated with other contractors if they have a valid HICN.

#### Can users generate page prints in ECRS?

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

### MSP Inquiry and CWF Assistance Request Issues

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

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

You can search requests based on the following criteria:

- Contractor Number
- HICN
- SSN
- DCN
- Status
- Reason
- User ID
- Origin Date range

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

## ECRS WEB USER GUIDE

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

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

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

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

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

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

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

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

ECRS does not have an edit in place to detect this potential duplicate situation. However, an MSP Inquiry will reject with a reason code 87 when a duplicate record is present on the Case Coverage Database.

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

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

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

Medicare contractors can delete an ECRS MSP inquiry if they discover the error on the same day, and it is in new (NW) status. See page A-104.

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

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

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

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

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

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

Example comments for CWF Actions are as follows:

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

## ECRS WEB USER GUIDE

### Appendix F: Glossary

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<b>Action Codes</b>	Used to determine what information should be changed at CWF. For example, if the action code is MT, the system updates information in the MSP TYPE field at CWF.
<b>Assistance Request Transaction</b>	Request to add, update, or delete an existing CWF MSP auxiliary occurrence
<b>Beneficiary</b>	Medicare beneficiary
<b>CMS</b>	Centers for Medicare & Medicaid Services, federal agency that administers the Medicare program
<b>COB</b>	Coordination of Benefits is a written statement that tells which plan or insurance policy pays first if two health plans or insurance policies cover the same benefits. If one of the plans is a Medicare health plan, federal law may decide who pays first.
<b>Contractor Number</b>	Unique five-digit number assigned to Medicare contractors by CMS. Transactions are entered and viewed in ECRS by contractor number.
<b>CWF</b>	Common Working File, the Medicare Part A/Part B benefit coordination system that uses localized databases maintained by a host contractor
<b>DCN</b>	Document Control Number
<b>ECRS</b>	Electronic Correspondence Referral System allows Medicare contractors to enter requests via a web application to change Data Match and IEQ MSP records on CWF. Request transactions are sent to the COB contractor, where a batch process reads the transactions and processes the requests.
<b>EIN</b>	Employer Identification Number
<b>GHI</b>	Group Health Incorporated
<b>HICN</b>	Health Insurance Claim Number
<b>HIMR</b>	Health Insurance Master Record
<b>IACS</b>	Individuals Authorized Access to CMS Computer Services
<b>Medicare Contractor</b>	Organization contracting with CMS to process claims, pay for or provide medical services, or enhance the agency's capability to administer the Medicare program
<b>MBD</b>	Medicare Beneficiary Database
<b>MSP</b>	Medicare Secondary Payer, statutory requirement that private or other government insurance plans or programs providing health care coverage of Medicare beneficiaries pay before Medicare

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**MSP Inquiry Transaction**      Inquiry regarding possible MSP coverage

**Prescription Coverage  
Inquiry Transaction**      Inquiry regarding possible Drug coverage

**RO**      Regional Office

**SSN**      Social Security Number

**Notes:**