



Medicare Secondary Payer Recovery Portal (MSPRP)

User Guide

Version 5.0

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Table of Contents

Chapter 1 : Summary of Version 5.0 Updates	1-1
Chapter 2 : Introduction	2-1
2.1 Overview.....	2-1
2.2 Account Types	2-2
2.3 User Roles (Non-Beneficiary).....	2-2
2.3.1 Account Representative (AR) Role	2-2
2.3.1.1 Account Representative Responsibilities.....	2-2
2.3.1.2 Account Representative Restrictions	2-2
2.3.2 Account Manager (AM) Role	2-3
2.3.2.1 Account Manager (AM) Responsibilities.....	2-3
2.3.2.2 Account Manager (AM) Abilities.....	2-3
2.3.2.3 Account Manager (AM) Restrictions.....	2-4
2.3.3 Account Designee (AD) Role	2-4
2.3.3.1 Account Designee (AD) Responsibilities	2-4
2.3.3.2 Account Designee (AD) Abilities	2-4
2.3.3.3 Account Designee (AD) Restrictions	2-4
2.3.4 Beneficiary Role	2-4
2.3.4.1 Beneficiary Abilities.....	2-4
2.3.5 Login ID and Password Limits.....	2-5
2.3.6 Electronic Data Interchange (EDI) Representative Support	2-5
Chapter 3 : Welcome to the MSPRP	3-1
3.1 Navigation Menu	3-1
3.2 New Registration	3-2
3.3 Account Setup.....	3-2
3.4 Account Login	3-3
Chapter 4 : New Registration (Step 1).....	4-1
4.1 Registration Steps	4-2
4.1.1 Corporate Account Type	4-4
4.1.2 Representative Account Type	4-8
Chapter 5 : Account Setup (Step 2).....	5-1
5.1 Account Setup Steps	5-1
5.1.1 Account Setup—Corporate	5-3
5.1.2 Account Setup—Representative	5-4
5.1.3 Account Manager (AM) Setup	5-5
Chapter 6 : Accessing the MSPRP	6-1
6.1 Log in to the MSPRP Site (Account Manager/Account Designee)	6-1
6.1.1 Account Manager and Account Designee Home Page	6-3

6.2	Log in to the MSPRP Site (Beneficiary)	6-6
6.2.1	MyMedicare.gov: Case ID	6-6
6.2.2	MyMedicare.gov: Go to MSPRP	6-8
6.3	Forgot User Name (Login ID)	6-8
6.4	Forgot Password (Unlock Account)	6-10
Chapter 7 : Multi-Factor Authentication		7-1
7.1	Eligibility	7-1
7.2	Understanding MFA Statuses and Actions	7-1
7.3	ID Proofing Process	7-4
7.3.1	ID Proofing and MFA Overview	7-4
7.3.2	Completing ID Proofing Core Credentials	7-4
7.3.3	Identity Verification Questions	7-9
7.4	Multi-Factor Authentication (MFA) Maintenance	7-11
7.4.1	Register Multi-Factor Authentication (MFA)	7-11
7.4.2	Activate Factor	7-13
7.4.3	Deactivate Factor	7-14
7.5	Logging in Using MFA Services	7-15
7.6	Troubleshooting	7-17
7.6.1	Contact Experian	7-17
7.6.2	Contact the BCRC	7-19
Chapter 8 : Account Settings		8-1
8.1	Update Personal Information	8-1
8.2	Update Account Information	8-5
8.2.1	Corporate Account—Update Account Information	8-5
8.2.2	Representative Account—Update Account Information	8-11
8.3	Designee Maintenance	8-14
8.3.1	Add a Designee to an Account	8-15
8.3.2	Delete a Designee from an Account	8-19
8.3.3	Edit Designee Information	8-20
8.3.4	Regenerate Invitation Email	8-22
8.4	View Account Activity	8-24
8.4.1	Access More Than 1000 Account Activity Records	8-25
8.5	Change Password	8-27
Chapter 9 : Account Designee Registration		9-1
Chapter 10 : Case Authorization		10-1
10.1	Authorization Request Types	10-1
10.2	Authorizations: Example Letters, Templates, and Model Language	10-2
10.3	Authorization Status	10-2
10.3.1	Beneficiary CTR Supporting Documentation Requirements	10-4
10.3.2	Beneficiary POR Supporting Documentation Requirements	10-4

10.3.3	Recovery Agent Authorization Supporting Document Requirements	10-5
Chapter 11	: Request Case Access	11-1
11.1	Account Designee	11-1
11.2	Account Manager	11-5
11.3	Beneficiary	11-8
Chapter 12	: Case Listing	12-1
12.1	Account Designee	12-1
12.1.1	View Detailed Case Information	12-5
12.1.2	Remove a Case	12-5
12.2	Account Manager	12-7
12.2.1	Locate One or More Cases	12-10
12.2.2	View Detailed Case Information	12-11
12.2.3	Remove a Case	12-11
12.2.4	Grant/Revoke Case Access	12-12
12.3	View Open Debt Report	12-15
12.4	Beneficiary	12-17
12.4.1	Locate a Case	12-18
12.4.2	View Detailed Case Information	12-19
Chapter 13	: Report a Case	13-1
13.1	Case Reporting	13-2
13.1.1	Report a Case	13-2
13.1.2	Case Creation	13-4
13.1.2.1	Eligibility	13-5
13.1.3	Reporting a Case Steps	13-5
Chapter 14	: Retrieve a Recovery Case	14-1
14.1	Case Information Page	14-1
14.1.1	Case Tabs	14-4
14.1.1.1	Payment Information Tab	14-6
14.1.1.2	Electronic Payment History Tab	14-12
14.1.1.3	Refund Information Tab	14-14
14.1.1.4	Letter Activity Tab	14-15
14.1.1.5	Waiver/Redetermination/Compromise Tab	14-17
14.1.1.6	Final Conditional Payment Process Tab	14-19
14.1.2	Case Actions	14-20
14.1.2.1	View/Request Authorizations	14-22
14.1.2.2	Request an Update to the Conditional Payment Amount	14-28
14.1.2.3	Request an Electronic Copy of the Conditional Payment Letter with Current Conditional Payment Amount	14-29
14.1.2.4	Request a Mailed Copy of the Conditional Payment Letter	14-33
14.1.2.5	View/Dispute Claims Listing	14-35

14.1.2.6	Begin Final Conditional Payment Process and Provide 120 Days' Notice of Anticipated Settlement	14-46
14.1.2.7	Calculate Final Conditional Payment Amount.....	14-47
14.1.2.8	Request an Electronic Dispute Denial for Final Conditional Payment Case Letter with Current Conditional Payment Amount.....	14-47
14.1.2.9	View/Provide the Notice of Settlement Information	14-48
14.1.2.10	Initiate Demand Letter.....	14-54
14.1.2.11	View/Submit Redetermination (First Level Appeal)	14-56
14.1.2.12	Submit Waiver Request	14-57
14.1.2.13	Submit Compromise Request.....	14-58
Chapter 15	: Obtaining Final Conditional Payment Amount	15-1
15.1	Things to Consider Before Initiating the Final CP Process	15-1
15.2	Final CP Timeline: Required Actions	15-1
15.3	Final CP Payments.....	15-2
15.4	Cases Ineligible for Final CP	15-2
15.5	Final CP Process (Beneficiaries)	15-3
15.5.1	Notify BCRC within 120 Days of Settlement.....	15-3
15.5.2	View/Submit Disputes.....	15-4
15.5.2.1	Electronic Dispute Denials for Final CP Cases	15-4
15.5.3	Request Final CP Amount.....	15-5
15.5.4	Request Conditional Payment Letter	15-7
15.5.4.1	Mailed Copy of the Notice of Anticipated Settlement Letter	15-7
15.5.4.2	Electronic Notice of Anticipated Settlement Letter	15-8
15.5.4.3	Electronic Final Conditional Payment Letter	15-8
15.5.5	Final CP Requirements for Providing Settlement Information.....	15-9
15.6	Final CP Process (Insurers)	15-10
15.6.1	Notify BCRC that Insurer-Debtor Case is 120 Days of Settlement.....	15-11
Chapter 16	: Requesting Redeterminations, Waivers, and Compromises	16-1
16.1	Redetermination Requests (First Level Appeal)	16-1
16.1.1	Redetermination Timeline	16-2
16.1.2	Before Requesting a Redetermination	16-2
16.1.3	Submitting a Redetermination Request	16-2
16.1.4	Uploading Redetermination Documents and Completing Submission	16-11
16.1.5	Viewing Redetermination Requests.....	16-12
16.2	Waiver Requests.....	16-13
16.2.1	Before Requesting a Waiver	16-14
16.2.2	Submitting a Waiver Request.....	16-14
16.2.3	Uploading Waiver Documents and Completing Submission.....	16-18
16.2.4	Viewing Waiver Request Details	16-19
16.3	Compromise Requests	16-19
16.3.1	Before Requesting a Compromise.....	16-20
16.3.2	Submitting a Compromise Request	16-20

16.3.3	Uploading Compromise Documents and Completing Submission	16-24
16.3.4	Viewing Compromise Request Details	16-24
16.4	Submitting Additional Documentation	16-25
Chapter 17	: Log Off	17-1
Chapter 18	: Troubleshooting	18-1
18.1	Replace Account Representative	18-1
18.2	Replace Account Manager	18-1
18.3	Unsuccessful Account Registration	18-1
18.4	Unsuccessful Account Setup	18-1
18.5	Unsuccessful Account Designee Invitation	18-2
18.6	Unsuccessful Account Designee Registration	18-2
18.7	Unsuccessful Login	18-2
18.8	Case Request Errors	18-3
18.9	Concurrent Sessions	18-3
Appendix A	: Acronyms	A-1
Appendix B	: Disabling Internet Explorer Add-Ons	B-1
Appendix C	: Previous Version Changes	C-1

List of Tables

Table 3-1:	Navigation Menu	3-2
Table 4-1:	Corporate Information	4-5
Table 4-2:	Account Representative (AR) Information	4-6
Table 4-3:	Representative Information	4-9
Table 4-4:	Beneficiary Information	4-11
Table 5-1:	Account Setup	5-3
Table 5-2:	Account Manager Personal Information	5-6
Table 5-3:	Recovery Case Mailing Address	5-7
Table 5-4:	Account Manager Login Information	5-8
Table 7-1:	MFA Statuses and Next Step Actions	7-3
Table 7-2:	Next Step Action Details	7-4
Table 7-3:	ID Proofing Core Credentials	7-8
Table 8-1:	Update Personal Information	8-3
Table 8-2:	Corporate Information	8-7
Table 8-3:	Recovery Case Mailing Address	8-7
Table 8-4:	Update Account Representative (AR) Information	8-9
Table 8-5:	Update Representative Information	8-12
Table 8-6:	Designee Listing	8-16
Table 8-7:	Designee Invitation	8-18
Table 8-8:	Update Designee Information	8-21
Table 8-9:	Change Password	8-29
Table 9-1:	Designee Personal Information	9-6
Table 9-2:	Designee Login Information	9-7
Table 11-1:	New Case Request	11-3
Table 11-2:	New Case Request	11-6

Table 11-3: New Case Request	11-9
Table 12-1: Case Listing (Top)	12-4
Table 12-2: Case Listing (Bottom)	12-5
Table 12-3: Case Listing (Top)	12-9
Table 12-4: Case Listing (Bottom)	12-10
Table 12-5: Open Debt Report	12-16
Table 12-6: Case Listing	12-18
Table 13-1: Report a Case	13-3
Table 13-2: Case Creation	13-4
Table 13-3: Case Creation Continued	13-7
Table 13-4: Diagnosis Code Search	13-9
Table 13-5: Diagnosis Code Selection by Injury Category	13-11
Table 13-6: Case Submission Confirmation	13-12
Table 14-1: Case Information: Header Fields	14-2
Table 14-2: Payment Information Tab Fields	14-7
Table 14-3: Make a Payment Fields	14-9
Table 14-4: Payment Status Fields	14-11
Table 14-5: Electronic Payment History Tab Fields	14-13
Table 14-6: Refund Information Tab Fields	14-14
Table 14-7: Letter Activity Tab Fields	14-15
Table 14-8: Images for Correspondence Type	14-16
Table 14-9: Waiver/Redetermination/Compromise Tab (BCRC case)/Redetermination Tab (CRC case) Fields	14-18
Table 14-10: Final Conditional Payment Process Tab Fields	14-20
Table 14-11: Case Status Definitions	14-22
Table 14-12: Payment Summary Form Fields	14-32
Table 14-13: Claims Listing (All Fields)	14-41
Table 14-14: Demand Claims Listing	14-43
Table 14-15: Claims Dispute Verification	14-45
Table 14-16: Settlement Information	14-51
Table 16-1: Redetermination (First Level Appeal) Submission Fields	16-5
Table A-1: Acronyms	A-1

List of Figures

Figure 3-1: Welcome to the MSPRP	3-1
Figure 3-2: Navigation Menu	3-1
Figure 3-3: New Registration and Account Setup Buttons	3-2
Figure 3-4: Account Login	3-3
Figure 4-1: Login Warning	4-3
Figure 4-2: Welcome to the MSPRP	4-4
Figure 4-3: Select Account Type	4-4
Figure 4-4: Corporate Information	4-5
Figure 4-5: Account Representative (AR) Information	4-6
Figure 4-6: Registration Summary	4-7
Figure 4-7: Thank You	4-8
Figure 4-8: Representative Information	4-9
Figure 4-9: Beneficiary Information	4-10
Figure 4-10: Registration Summary	4-11
Figure 4-11: Thank You	4-12
Figure 4-12: Sample PIN Letter (Page 1)	4-13
Figure 4-13: Sample PIN Letter (Page 2)	4-14
Figure 5-1: Welcome to the MSPRP	5-2

Figure 5-2: Account Setup Introduction.....	5-2
Figure 5-3: Account Setup	5-3
Figure 5-4: Account Setup—Corporate Information	5-4
Figure 5-5: Account Setup—Representative Information	5-4
Figure 5-6: Account Manager Personal Information.....	5-6
Figure 5-7: Account Manager Login Information.....	5-8
Figure 5-8: Account Manager Summary	5-9
Figure 5-9: Thank You	5-9
Figure 5-10: Sample Email Notification.....	5-11
Figure 5-11: Sample Profile Report	5-11
Figure 6-1: Login Warning.....	6-2
Figure 6-2: Welcome to the MSPRP	6-3
Figure 6-3: Account List.....	6-4
Figure 6-4: Welcome! Page (Account Manager).....	6-5
Figure 6-5: Case Information (Beneficiary).....	6-7
Figure 6-6: Case Information (Actions: Beneficiary).....	6-7
Figure 6-7: Welcome! Page (Beneficiary)	6-8
Figure 6-8: Forgot ID Link.....	6-9
Figure 6-9: Forgot Login ID	6-9
Figure 6-10: Forgot Login ID or Password	6-10
Figure 6-11: Forgot Login ID Confirmation	6-10
Figure 6-12: Forgot Password Link.....	6-11
Figure 6-13: Forgot Password	6-11
Figure 6-14: Forgot Login ID or Password	6-12
Figure 6-15: Forgot Password Confirmation.....	6-12
Figure 7-1: Account List (MFA).....	7-2
Figure 7-2: ID Proofing and Multi-Factor Authentication Overview	7-6
Figure 7-3: ID Proofing Core Credentials	7-7
Figure 7-4: Example Identity Verification Questions	7-10
Figure 7-5: Failure to Respond in Time.....	7-11
Figure 7-6: Multi-Factor Authentication (MFA) Maintenance (No Factors)	7-12
Figure 7-7: Register Multi-Factor Authentication (MFA)	7-12
Figure 7-8: Activate Factor.....	7-13
Figure 7-9: Factor Activated Successfully	7-14
Figure 7-10: Multi-Factor Authentication (MFA) Maintenance (With Factors)	7-14
Figure 7-11: Deactivate Factor Confirmation.....	7-15
Figure 7-12: Factor Deactivated Successfully	7-15
Figure 7-13: Select Login Option	7-16
Figure 7-14: Multi-Factor Authentication (MFA) Verification	7-17
Figure 7-15: Contact Experian	7-18
Figure 7-16: Account List (MFA Status: Failed Phone)	7-18
Figure 7-17: Contact the BCRC.....	7-20
Figure 7-18: Example Notary Statement.....	7-21
Figure 8-1: Account Settings.....	8-2
Figure 8-2: Update Personal Information	8-2
Figure 8-3: Personal Information Update Confirmation	8-4
Figure 8-4: Sample Personal Information Update Email	8-4
Figure 8-5: Account Settings.....	8-5
Figure 8-6: Update Corporate Information.....	8-6
Figure 8-7: Corporate Information	8-6
Figure 8-8: Update Corporate Information.....	8-8
Figure 8-9: Update Account Representative (AR) Information.....	8-9
Figure 8-10: Update Corporate Information.....	8-10

Figure 8-11: Corporate Information Update Confirmation	8-10
Figure 8-12: Account Settings	8-11
Figure 8-13: Update Account Information	8-11
Figure 8-14: Update Representative Information	8-12
Figure 8-15: Update Account Information	8-13
Figure 8-16: Update Account Information Confirmation	8-14
Figure 8-17: Account Settings	8-15
Figure 8-18: Designee Listing	8-16
Figure 8-19: Designee Information	8-17
Figure 8-20: Designee Invitation	8-18
Figure 8-21: Designee Confirmation	8-19
Figure 8-22: Delete Designee Confirmation	8-20
Figure 8-23: Update Designee Information	8-21
Figure 8-24: Designee Confirmation	8-22
Figure 8-25: Update Designee Information	8-23
Figure 8-26: Sample of Re-Generated Email Invitation	8-24
Figure 8-27: Account Activity Page	8-25
Figure 8-28: Account Activity Page with Display Range and Pagination Control	8-26
Figure 8-29: Account Settings Box	8-28
Figure 8-30: Change Password	8-29
Figure 8-31: Change Password Confirmation	8-30
Figure 9-1: Sample Designee Invitation Email	9-2
Figure 9-2: Login Warning	9-3
Figure 9-3: Designee Registration	9-4
Figure 9-4: Designee Personal Information	9-5
Figure 9-5: Designee Login Information	9-6
Figure 9-6: Designee Summary	9-7
Figure 9-7: Designee Thank You	9-8
Figure 11-1: Account List (Account Designee)	11-2
Figure 11-2: Welcome! Page (Account Designee)	11-2
Figure 11-3: New Case Request	11-3
Figure 11-4: Case Results Page	11-4
Figure 11-5: Welcome! Page (Account Manager)	11-5
Figure 11-6: New Case Request	11-6
Figure 11-7: Case Results Page	11-7
Figure 11-8: Welcome! Page (Beneficiary)	11-8
Figure 11-9: New Case Request	11-9
Figure 12-1: Account List (Account Designee)	12-2
Figure 12-2: Welcome! Page (Account Designee)	12-2
Figure 12-3: Case Listing	12-3
Figure 12-4: Remove Cases Verification	12-6
Figure 12-5: Remove Cases Confirmation	12-7
Figure 12-6: Welcome! Page (Account Manager)	12-8
Figure 12-7: Case Listing	12-8
Figure 12-8: Remove Cases Verification	12-12
Figure 12-9: Remove Cases Confirmation	12-12
Figure 12-10: Welcome! Page (Account Manager)	12-13
Figure 12-11: Case Listing	12-14
Figure 12-12: Manage Case Access	12-14
Figure 12-13: Case Access Confirmation	12-15
Figure 12-14: Open Debt Report	12-16
Figure 12-15: Welcome! Page (Beneficiary)	12-17
Figure 12-16: Case Listing (Beneficiary)	12-18

Figure 13-1: Welcome! Page (Beneficiary Example)	13-1
Figure 13-2: Report a Case.....	13-2
Figure 13-3: Case Creation	13-4
Figure 13-4: Case Found	13-6
Figure 13-5: Case Creation Continued	13-7
Figure 13-6: Diagnosis Code Search.....	13-8
Figure 13-7: Diagnosis Code Selection by Injury Category	13-10
Figure 13-8: Case Submission Confirmation	13-12
Figure 14-1: Case Information: Header Fields.....	14-2
Figure 14-2: Payment Information Tab	14-6
Figure 14-3: Make a Payment Page	14-9
Figure 14-4: Pay.Gov (Example Payment Page)	14-10
Figure 14-5: Payment Status Page (Accepted Example)	14-11
Figure 14-6: Electronic Payment History Tab	14-12
Figure 14-7: Refund Information Tab	14-14
Figure 14-8: Letter Activity Tab	14-15
Figure 14-9: Images for Correspondence Type	14-16
Figure 14-10: Waiver/Redetermination/Compromise Tab	14-17
Figure 14-11: Final Conditional Payment Process Tab	14-19
Figure 14-12: Case Actions (Example)	14-21
Figure 14-13: Authorization Documentation	14-24
Figure 14-14: Authorization Documentation Upload	14-25
Figure 14-15: Sample of Uploaded Document	14-27
Figure 14-16: Authorization Documentation Confirmation	14-27
Figure 14-17: Representative Information Verification	14-28
Figure 14-18: Payment Summary Form	14-31
Figure 14-19: Electronic Conditional Payment Letter Confirmation	14-33
Figure 14-20: Electronic No Claims Paid by Medicare Letter Confirmation	14-33
Figure 14-21: Conditional Payment Letter Confirmation.....	14-35
Figure 14-22: No Claims Paid by Medicare Letter Confirmation	14-35
Figure 14-23: Example Claims Listing for a Non-Beneficiary or Viewed without MFA.....	14-39
Figure 14-24: Example Claims Listing for a Beneficiary or Viewed with MFA	14-40
Figure 14-25: Demand Claims Listing.....	14-41
Figure 14-26: Claims Dispute Verification (BCRC)	14-44
Figure 14-27: Dispute Claims Documentation Upload	14-45
Figure 14-28: Claims Dispute Confirmation (BCRC).....	14-46
Figure 14-29: Settlement Information	14-50
Figure 14-30: View Settlement Information	14-53
Figure 14-31: Notice of Settlement Documentation Upload	14-53
Figure 14-32: Notice of Settlement Confirmation	14-54
Figure 14-33: Initiate Demand Letter Confirmation (BCRC Case)	14-55
Figure 14-34: Initiate Demand Letter Confirmation (Bene-Debtor).....	14-55
Figure 14-35: Update Settlement Information.....	14-56
Figure 15-1: Warning – 120 Day Notification Action Can Only Be Selected Once	15-3
Figure 15-2: 120 Days' Notice of Anticipated Settlement	15-4
Figure 15-3: Electronic Dispute Denial for Final CP Letter Confirmation	15-5
Figure 15-4: Warning – Calculate Final CP Amount Can Only Be Selected Once	15-6
Figure 15-5: Calculate Final Conditional Payment Amount Confirmation	15-6
Figure 15-6: Notice of Anticipated Settlement Letter Confirmation	15-7
Figure 15-7: Electronic Notice of Anticipated Settlement Letter Confirmation	15-8
Figure 15-8: Electronic Final Conditional Payment Letter Confirmation	15-9
Figure 15-9: Final Conditional Payment Amount Voided Confirmation.....	15-10
Figure 15-10: Verify Settlement Date.....	15-10

Figure 15-11: 120-Day Notification Action Can Only Be Selected Once (Insurer)	15-11
Figure 15-12: 120-Day Notice of Settlement Confirmation (Insurer)	15-12
Figure 16-1: Warning – Confirm Request to Submit a Redetermination (First Level Appeal) ...	16-3
Figure 16-2: Redetermination (First Level Appeal) Submission (Example: Beneficiary/MFA)...	16-4
Figure 16-3: Redetermination (First Level Appeal) Verification (Example: Beneficiary/MFA) ...	16-8
Figure 16-4: Redetermination (First Level Appeal) Verification (Uploaded Documents).....	16-10
Figure 16-5: Redetermination (First Level Appeal) Submission Confirmation (Example: BCRC).....	16-11
Figure 16-6: Redetermination (First Level Appeal) Documentation Upload	16-12
Figure 16-7: View Submitted Redeterminations (Example: BCRC)	16-13
Figure 16-8: Warning – Confirm Request to Submit a Waiver	16-15
Figure 16-9: Waiver Submission	16-15
Figure 16-10: Waiver Verification	16-16
Figure 16-11: Waiver Verification (Uploaded Documents).....	16-17
Figure 16-12: Waiver Submission Confirmation	16-18
Figure 16-13: Waiver Documentation Upload.....	16-19
Figure 16-14: Warning – Confirm Request to Submit a Compromise	16-21
Figure 16-15: Compromise Request (Pre-Demand)	16-21
Figure 16-16: Compromise Request (Post-Demand).....	16-22
Figure 16-17: Compromise Request (Pre-Demand Uploaded Documents).....	16-23
Figure 16-18: Compromise Request Confirmation.....	16-23
Figure 16-19: Compromise Request Documentation Upload	16-24
Figure 17-1: Sign Off Successful	17-1
Figure 18-1: Concurrent Sessions Detected	18-3
Figure B-1: Tools Menu Manage Add-Ons.....	B-1
Figure B-2: Manage Add-Ons Dialog (Add-Ons Enabled)	B-2
Figure B-3: Manage Add-Ons Dialog (Add-Ons Disabled)	B-2

Chapter 1: Summary of Version 5.0 Updates

The following updates have been made in Version 5.0 of the Medicare Secondary Payer Recovery Portal (MSPRP) User Guide:

To improve the claims listing interface, sorting and filtering options have been added to several columns on the *Claims Listing* and *Redetermination (First Level Appeal) Submission* pages. In addition, the ability to export listed claims to a spreadsheet has been added to both those pages (Sections 14.1.2.5 and 16.1.3).

The status “Unverified” has been added for Proof of Representation (POR) or Consent to Release (CTR) authorizations. Next to the *Case Information* page header’s Authorization Status field, there is also a new “What is this?” link, which opens the status definitions (Sections 6.2.1, 10.3 and 14.1).

The *New Case Request* page screenshot has been updated to match the current implementation (Section 11.1).

Chapter 2: Introduction

2.1 Overview

The Medicare Secondary Payer Recovery Portal (MSPRP) is a secure web-based application that provides attorneys, representatives, beneficiaries, insurers, claimants, and recovery agents the ability to access and update certain Medicare Secondary Payer (MSP) case-specific information. Cases can come from the Benefits Coordination & Recovery Center (BCRC) and from the Commercial Repayment Center (CRC). Case IDs displayed in the application will either be the “BCRC Case ID” (BCRC insurer cases and all beneficiary cases) or the “CRC Recovery ID” (CRC insurer cases).

Online, users can distinguish between BCRC and CRC cases in two ways: by the format of their Case ID and by the correspondence received for the cases. The case ID is a 15-digit number in ##### format. BCRC case IDs begin with the number two (2), while CRC Case IDs begin with the number three (3).

The MSPRP allows users to:

- Submit beneficiary Proof of Representation (POR), beneficiary Consent to Release (CTR), or Recovery Agent Authorization.
- Request an update to a conditional payment amount.
- Request an electronic conditional payment letter with Current Conditional Payment Amount.
- Request a mailed copy of the conditional payment letter.
- View/Dispute claims included in a conditional payment letter.
- Request that a case be put into the Final Conditional Payment process.
- View/submit Notice of Settlement (NOS) information.
- Initiate the Demand Letter process.
- View/submit a redetermination (first level appeal).
- Submit a waiver request.
- Submit a compromise request.
- Make electronic payments for demanded cases

Not all actions are available to all users. What you can do on a case depends on the case type and your authorization level. For details regarding case authorization, see Chapter 10.

This user guide was written to help you understand how to use the MSPRP. It explains the registration process and how to manage your recovery case. The information in this guide should be used in unison with the reference material available on the MSPRP, including the *How To* and *Help About This Page* documentation. All reference materials can be accessed from the MSPRP link: <https://www.cob.cms.hhs.gov/MSPRP/>.

2.2 Account Types

Before beginning the registration process, you must determine your account type. There are two types of MSPRP accounts: Corporate and Representative. Account types are mutually exclusive and require registration on the MSPRP.

Note: You can only select one account type during registration.

- **Corporate** account type indicates that the entity has an Employer Identification Number (EIN) or Tax Identification Number (TIN). Corporate accounts may have up to 200 designees.
- **Representative** account type indicates that the entity does not have an EIN or TIN. Representative accounts may have up to five designees.

Note: Beneficiaries will not register to use the MSPRP. Beneficiaries will access the MSPRP via the MyMedicare.gov website at <https://mymedicare.gov/> using their established login ID and password for that application. Once logged into MyMedicare.gov, they can access the MSPRP from the MSP section of MyMedicare.gov. Beneficiaries are granted full access to their cases and are matched to the cases by their Medicare ID (Health Insurance Claim Number [HICN] or Medicare Beneficiary Identifier [MBI]).

2.3 User Roles (Non-Beneficiary)

An MSPRP user can be defined as one of three possible roles: AR (Account Representative), AM (Account Manager), or AD (Account Designee).

Users can have multiple roles across different accounts. You can be an AM on one account and an AD on another. ARs can also be ARs for multiple accounts.

2.3.1 Account Representative (AR) Role

Your AR is the individual who has the legal authority to bind the company to the contract and terms of MSPRP requirements and processing. Your Account Representative has ultimate accountability for the company's compliance with MSPRP requirements and must approve the organization's profile during the initial account setup and through any subsequent changes.

Note: To change the AR, the assigned AM must follow the instructions to Update Corporate Information, as described in Section 8.2.

2.3.1.1 Account Representative Responsibilities

- Performs the New Registration step on the MSPRP but is not provided with a login ID.
- Assigns the AM to the account.
- Must approve the account setup, by physically signing the Profile Report, including the Data Use Agreement (DUA), and returning it to Medicare.

2.3.1.2 Account Representative Restrictions

- An AR for an MSPRP account cannot be a user (i.e., cannot be an AM or AD) with a login ID for any other MSPRP account.

However, a person who registers as an AR in one system [MSPRP, Workers' Compensation Medicare Set-Aside Portal (WCMSAP), Section 111 Coordination of Benefits Secure Web site (COBSW), or the Commercial Repayment Center Portal (CRCP)] can register as a different role in a different system. For example, if someone registers with their email address

as an AR in the MSPRP, they can register as an AM in the WCMSAP, and an AD in the Section 111 COBSW.

- An AR for an account can register as an AR for multiple accounts on the MSPRP.

Note: For Representative accounts, AMs have the option to assign the AM role to another person.

2.3.2 Account Manager (AM) Role

Each MSPRP account must have an assigned AM. The AM is established during the Account Setup process. Each MSPRP account can have only one AM. This is the individual who controls the administration of an organization's account and manages cases, which includes managing access to case information. The AM is a registered user of the system.

The Beneficiary is, by default, the AM for their recovery cases. For Corporate and Representative account types, the AM is assigned during the Account Setup process. (For Representative accounts, AMs have the option to assign the AM role to another person).

Note: To change an AM, the AR for the Corporate account must contact the Electronic Data Interchange (EDI) department.
(Section 2.3.6.)

2.3.2.1 Account Manager (AM) Responsibilities

- Register on the MSPRP, obtain a login ID and password, and complete account setup.
- For Representative accounts, reviews, signs, and returns the Profile Report upon its receipt in order to be granted access to all MSPRP functionality.

Note: For Corporate accounts, the AM will only be granted access after the Profile Report is signed and returned by the AR.

2.3.2.2 Account Manager (AM) Abilities

- Can invite other users to register on the MSPRP and function as ADs for a specific account.
- Can grant/add an AD's access to a case.
- Can revoke/remove an AD's access to a case and/or an entire MSPRP account.
- Can change own personal information.
- Can update account contact information (e.g., company name, recovery case mailing address, etc.).
- Can submit new case requests for the MSPRP account they are associated with.
- Can view/manage cases that they are associated with (i.e., cases they successfully requested access to).
- Can replace the AR for the MSPRP account.
- Can be associated to other MSPRP accounts as an AM or an AD.
- Can remove a case(s) from the account (see Chapter 12).
- Can report a case on behalf of a beneficiary or an insurer (see Chapter 13)
- Can view the CRC NGHP Open Debt Report (Section 12.3).

2.3.2.3 Account Manager (AM) Restrictions

AMs cannot be an AR for any account ID.

2.3.3 Account Designee (AD) Role

At the organization's discretion, an AM for Corporate or Representative Account types may invite other individuals, known as ADs, to have access to the MSPRP for the AM's account. Corporate accounts may have up to 200 ADs associated with one MSPRP account; Representative accounts may have up to five ADs.

2.3.3.1 Account Designee (AD) Responsibilities

ADs must register on the MSPRP and obtain a login ID and password.

2.3.3.2 Account Designee (AD) Abilities

- Can be associated with multiple MSPRP accounts in the role of AD, but only by an AM invitation.
- Can be reassigned to be the AM for an existing account.
- Can change his or her personal information on the MSPRP.
- Can submit new case requests for the MSPRP account they are associated with.
- Can view/manage cases that they are associated with (i.e., cases they successfully requested access to as well as cases that their AM has granted them access to).
- Can remove a case(s) from the *Case Listing* page (see Chapter 12).
- Can be added, removed, or deleted by the AM.
- Can report a case on behalf of a beneficiary or an insurer (see Chapter 13)

2.3.3.3 Account Designee (AD) Restrictions

- Cannot be an AR for any MSPRP account.
- Cannot invite other users to be an AD for an MSPRP account.
- Cannot update MSPRP account information.

2.3.4 Beneficiary Role

A beneficiary is authorized to access and manage each of their recovery cases on the MSPRP.

2.3.4.1 Beneficiary Abilities

- Access the MSPRP as an authenticated user through the MyMedicare website
- Perform Case Actions:
 - Request an update to a conditional payment amount
 - Request an electronic conditional payment letter with Current Conditional Payment Amount
 - Request a mailed copy of a conditional payment letter
 - Request that their case be put into the *Final Conditional Payment* process
 - View/Dispute Claims
 - View/submit Notice of Settlement

- Initiate Demand Letter
- View/Submit Redetermination (First Level Appeal)
- Submit Waiver Request
- Submit Compromise Request
- View case information with unmasked Medicare ID (HICN or MBI), name, case ID, and date of birth
- View claim data with unmasked Medicare ID (HICN or MBI), processing contractor, provider name, diagnosis codes, and types of services
- Can report a case (see Chapter 13)

2.3.5 Login ID and Password Limits

Each user of the MSPRP can have only one login ID and password. Unless previously registered, all registrants are directed to the MSPRP URL to register for a MSPRP account. Users of other Coordination of Benefits Secure Website (COBSW) applications (Section 111 COBSW, Workers' Compensation Medicare Set-Aside Arrangement Portal (WCMSAP), and the Commercial Repayment Center Portal (CRCP) must use the same login ID and password for all these applications. Accordingly, if you change your password in any COBSW application, it is changed for all other COBSW applications, including MSPRP.

2.3.6 Electronic Data Interchange (EDI) Representative Support

Users of the MSPRP may need assistance with managing an account or managing their personal information within the application. If necessary, you may contact an Electronic Data Interchange (EDI) representative for assistance.

Contact an EDI representative if the Account ID and Personal Identification Number (PIN) letter is not received within two weeks (10 business days) after completing the New Registration process. The EDI representative can re-send the letter, allowing you to complete the account setup. Information entered during initial registration can only be changed after the initial registration letter has been received.

Contact an EDI representative if:

- You have any questions or problems regarding your account at any time during account setup.
- You forget your login ID and cannot remember the answers to your security questions. The EDI representative can re-send your login ID to your registered email address.
- You forget your password and cannot remember the answers to your security questions. The EDI representative can generate a temporary password and send it to your registered email address.
- You incorrectly entered your PIN three times and locked the account. The EDI representative can reset the PIN to unlock the account.
- You have questions about case request errors. The EDI representative will work with you to understand the error and determine the solution.

Contact the EDI Department by phone at (646) 458-6740 (TTY/TDD: 1-855-797-2627), or by email at COBVA@GHIMedicare.com. EDI representatives are available to assist you Monday through Friday, excluding Federal holidays, from 9:00 a.m. to 5:00 p.m., Eastern Time.

Chapter 3: Welcome to the MSPRP

The *Welcome to the MSPRP* page is the first page a Corporate/Representative user will see when they access the MSPRP. (**Note:** Beneficiaries will not see this page). The *Welcome to the MSPRP* page is where the Corporate/Representative user will register, set up an account, and log in to the MSPRP using their login ID (user name) and password. Users who have completed the Multi-Factor Authentication (MFA) *ID Proofing* process can also elect to log in to view unmasked case information (see Chapter 7).

Before being able to use the MSPRP, Corporate and Representative account users must perform the initial registration and account setup steps where they will obtain an account ID, login ID, and password. Once the account ID is created and users are registered, they will log in to the MSPRP through the *Welcome to the MSPRP* page (see Sections 4.1 and 5.1).

Figure 3-1: Welcome to the MSPRP

Welcome to the MSPRP

The Medicare Secondary Payer Recovery Portal provides a quick and efficient way to request case information and provide information to assist in resolving Medicare's recovery claim. With the use of this portal, you may submit a valid authorization, request an update to the conditional payment amount, submit settlement information and dispute claims.

For information about the availability of auxiliary aids and services, please visit:
<http://www.medicare.gov/about-us/nondiscrimination/nondiscrimination-notice.html>

MSPRP Message

Attention Users: Multi-factor Authentication (MFA) on the MSPRP is now available. For additional information see the updated MSPRP User Manual located under the Reference Materials section.

Getting Started

If you are a Medicare Beneficiary and would like to use the MSPRP to request case information, please login to your MyMedicare account by visiting the MyMedicare.gov website at <https://mymedicare.gov/>.

For more information, refer to How To Get Started under the How To menu option. To begin the registration process, click the 'New Registration' button.

STEP 1
New Registration

STEP 2
Account Setup
(Account ID and PIN required)

Sign in to your account

User Name:

[Forgot User Name](#)

Password:

[Forgot Password](#)

3.1 Navigation Menu

The navigation menu is displayed at the top of each MSPRP web page and provides links to additional information to assist you in using the MSPRP.

Figure 3-2: Navigation Menu

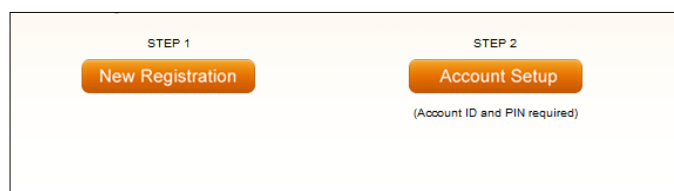
[About This Site](#) [CMS Links](#) [How To...](#) [Reference Materials](#) [Contact Us](#) [Skip Navigation](#)

Table 3-1: Navigation Menu

Link	Description
Home	Navigates back to your home page from any page in the MSPRP. The <i>Account List</i> page is the home page for Account Managers (AMs) and Account Designees (ADs). The <i>Welcome!</i> Page is the home page for beneficiaries.
About This Site	Provides a link to the <i>How to Use This Site Help</i> page, which offers general information on how to use the MSPRP application.
CMS Links	Provides links to other Centers for Medicare & Medicaid Services (CMS) Medicare and Medicare Secondary Payer websites.
How To	Provides links to Help pages that explain how to perform the following functions: How To: <ul style="list-style-type: none"> • Request your login ID • Request your Password • Change your Password • Reset your PIN • Change your Account Representative • Change your Account Manager • Invite Account Designees
Reference Materials	Provides a link to the MSPRP User Guide (this guide).
Contact Us	Provides contact information for the Electronic Data Interchange (EDI) department, including their phone number.
Logoff	Allows you to end the MSPRP session and exit the system.

3.2 New Registration

This is the first step in creating a new account. To begin the registration process, the designated Account Representative (AR) must click the **Step 1 New Registration** button on the *Welcome to the MSPRP* page. It is critical that you provide the AR's information (including email address) in the New Registration step and not the email address for a user of the MSPRP. (**Note: Corporate accounts only**—ARs of corporate accounts are not permitted to be users of the MSPRP.) See Section 4.1 for details regarding account registration.

Figure 3-3: New Registration and Account Setup Buttons

3.3 Account Setup

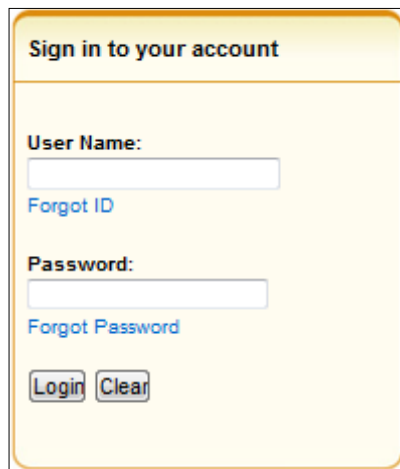
After completion of the New Registration step, Medicare will mail a confirmation letter containing the Account ID and Personal Identification Number (PIN) to the AR, along with instructions for setting up the account. The assigned AM can perform the second step to set up the account. Click the **Step 2 Account Setup** button on the *Welcome to the MSPRP* page to continue the account setup process using the account ID and PIN. The AM will also register as the AM at

this time. (**Note: Corporate accounts**—your AR must provide your AM with the account ID and PIN.) See Section 5.1 for details regarding account setup.

3.4 Account Login

After the AM (and any ADs) have self-registered, and after AMs have completed the Account Setup process, the AM and ADs can log in to the MSPRP using their login ID (user name) and password in the account login fields on the *Welcome to the MSPRP* page. See Chapter 6 for more information about the login process, including information on the *Forgot Login ID* and *Forgot Password* links on the *Welcome to the MSPRP* page. See Chapter 7 to learn about MFA, a process that allows AMs and ADs to verify their identities in order to view unmasked case information.

Figure 3-4: Account Login

The image shows a web form titled "Sign in to your account" in a yellow box. Inside the box, there are two main sections. The first section is labeled "User Name:" and contains a text input field. Below the input field is a blue link that says "Forgot ID". The second section is labeled "Password:" and contains a text input field. Below the input field is a blue link that says "Forgot Password". At the bottom of the form, there are two buttons: "Login" and "Clear".

Note: AMs and ADs cannot view or manage cases until the EDI department has received a valid, signed copy of the Profile Report.

Chapter 4: New Registration (Step 1)

The *New Registration* step will only be performed by Corporate and Representative account types.

Note: Beneficiaries will access the MSPRP directly through the MyMedicare.gov website. They will not register or setup an account on the MSPRP nor will they obtain an MSPRP login ID and password. If you are a beneficiary and you want to access the MSPRP, go to <https://mymedicare.gov/>, and use your established login ID and password for that application. Access to the MSPRP is available in the Medicare Secondary Payer (MSP) section of the MyMedicare.gov website.

New Registration is the first step in creating a new account on the MSPRP and this step can only be performed by the designated Account Representative (AR) for the account. Once you have started this process, it must be completed. If you click **Cancel** or close the application at any point before registration is complete, your changes will not be saved, and all entered data will be lost. Consider gathering all necessary information before you begin.

It is critical that you provide accurate information during the registration process. Documents available on the MSPRP under the *How To* link provide detailed information to assist you.

The *How to Get Started on the Medicare Recovery Portal (MSPRP)* help document contains information for both New Registration and Account Setup. It includes information on how to determine your account type and identify the user roles for the MSPRP.

The MSPRP [Registration Guidelines and Scenarios](#) will further assist you with your registration and Account Setup decisions. It includes information on authorization, mailing address rules, and registration and account setup scenarios to help ensure accuracy during the registration and account setup processes. Attorneys and recovery agents will find the scenarios helpful.

For Corporate Accounts:

You are registering as a corporate entity with an Employer Identification Number (EIN)/Tax Identification Number (TIN). You will need the following information to complete the registration:

- The EIN/TIN for the company, company name, and mailing address.
- AR contact information (name, job title, address, email address, phone number).

For Representative Accounts:

You are registering as a non-corporate MSPRP entity with no EIN/TIN. You will need the following information to complete the registration:

- Representative contact information (name, social security number [SSN], mailing address, email address, phone).
- Beneficiary last name and first initial.
- Beneficiary Medicare ID (Health Insurance Claim Number [HICN] or Medicare Beneficiary Identifier [MBI]) or SSN.
- Beneficiary date of birth.
- Beneficiary gender.

To begin the registration process, the AR (for a Corporate account), must click the **Step 1: New Registration** button on the *Welcome to the MSPRP* page. This will bring you to the *Select Account Type* page where you can select the type of account you want to register (Corporate or Representative). Follow the *Registration Steps* outlined next.

4.1 Registration Steps

To successfully register a Corporate or Representative account on the MSPRP and create an Account ID, complete the following steps:

1. Go to: <https://www.cob.cms.hhs.gov/MSPRP/>.

The *Login Warning* page appears detailing the Data Use Agreement (DUA) (Figure 4-1). Review this agreement.

2. To proceed, click the **I Accept** link at the bottom of the page.

The *Welcome to the MSPRP* page appears.

You will be denied access to the MSPRP site if you click the **I Decline** link. The *Login Warning* page can be printed by clicking the **Print this page** link in the upper right side of the page.

3. Click the **Step 1 New Registration** button (Figure 4-2).

The *Select Account Type* page appears (Figure 4-3).

4. Select either *Corporate* or *Representative*.

Refer to the *Medicare Secondary Payer Recovery Portal (MSPRP) Registration Guidelines and Scenarios* under the *How to* link on the Navigation bar for information to assist you with this decision.

Corporate Account Type: A corporate account type indicates that the entity has an EIN, may have up to 200 designees, and will be regularly submitting MSPRP requests.


Representative Account Type: A representative account type indicates that the entity does not have an EIN, may have up to five designees, and will be regularly submitting MSPRP requests.

5. Click **Continue**.

The next page that appears will depend upon the account type selected. Follow the steps below that are applicable for the type of account you are registering for: Corporate Account Type or Representative Account Type.

Figure 4-1: Login Warning

Login Warning


[Print this page](#)

UNAUTHORIZED ACCESS TO THIS COMPUTER SYSTEM IS PROHIBITED BY LAW

This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this Government system, which includes: (1) this computer network, (2) all computers connected to this network, and (3) all devices and storage media attached to this network or to a computer on this network. This system is provided for Government-authorized use only.

Unauthorized or improper use of this system is prohibited and may result in disciplinary action, as well as civil and criminal penalties.

Personal use of social media and networking sites on this system is limited as to not interfere with official work duties and is subject to monitoring.

By using this system, you understand and consent to the following:

- *You have no reasonable expectation of privacy regarding any communication or data transiting or stored on this system.
- *The Government may monitor, record, and audit your system usage, including usage of personal devices and email systems for official duties or to conduct HHS business. Therefore, you have no reasonable expectation of privacy regarding any communication or data transiting or stored on this system. At any time, and for any lawful Government purpose, the Government may monitor, intercept, and search and seize any communication or data transiting or stored on this system.
- *Any communication or data transiting or stored on this system may be disclosed or used for any lawful Government purpose.

<http://www.cms.hhs.gov/About-CMS/Agency-Information/Aboutwebsite/Security-Protocols.html>

Privacy Act Statement

The collection of this information is authorized by Section 1862(b) of the Social Security Act (codified at 42 U.S.C. 1395y(b)) (see also 42, C.F.R. 411.24). The information collected will be used to identify and recover past conditional and mistaken Medicare primary payments and to prevent Medicare from making mistaken payments in the future for those Medicare Secondary Payer situations that continue to exist. The Privacy Act (5 U.S.C. 552a(b)), as amended, prohibits the disclosure of information maintained by the Centers for Medicare & Medicaid Services (CMS) in a system of records to third parties, unless the beneficiary provides a written request or explicit written consent/authorization for a party to receive such information. Where the beneficiary provides written consent/proof of representation, CMS will permit authorized parties to access requisite information.

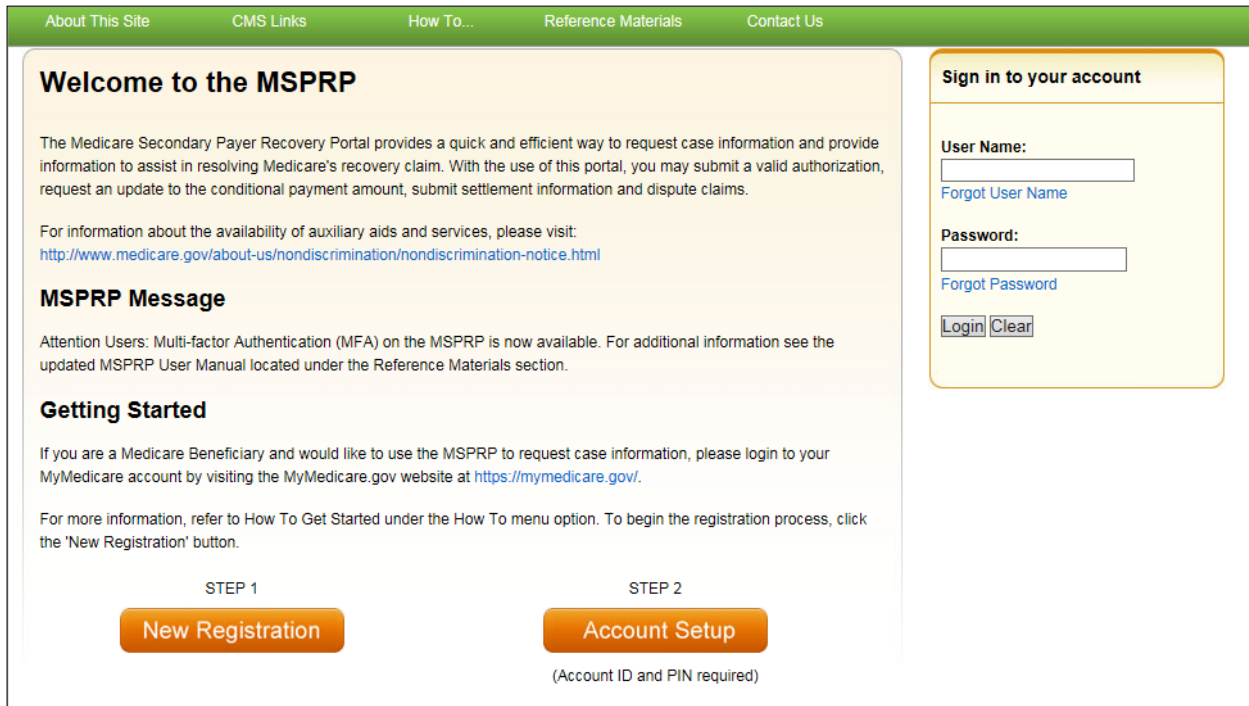
Attestation of Information

The information provided is complete, truthful, accurate, and meets all requirements set forth to use this process; and, I have read and understand all of the Centers for Medicare & Medicaid Services information at <http://cms.gov/Medicare/Coordination-of-Benefits-and-Recovery/Coordination-of-Benefits-and-Recovery-Overview/Medicare-Secondary-Payer/Medicare-Secondary-Payer.html>.

LOG OFF IMMEDIATELY if you do not agree to the conditions stated in this warning.

[I Accept](#)
[Decline](#)

¹ A Privacy Act system of records is a group of any records about individuals and under the control of any Federal agency from which information is retrieved by the name or other personal identifier of the individual.

Figure 4-2: Welcome to the MSPRP

The screenshot shows the MSPRP Welcome page. At the top is a green navigation bar with links: About This Site, CMS Links, How To..., Reference Materials, and Contact Us. The main content area is divided into two columns. The left column has a heading "Welcome to the MSPRP" followed by a paragraph explaining the portal's purpose. Below this is a link to a Medicare website. Then, under "MSPRP Message", it mentions Multi-factor Authentication (MFA). Under "Getting Started", it provides instructions for Medicare Beneficiaries and a link to MyMedicare.gov. At the bottom of this column are two orange buttons: "New Registration" (labeled STEP 1) and "Account Setup" (labeled STEP 2, with a note "(Account ID and PIN required)"). The right column has a heading "Sign in to your account" and contains fields for "User Name:" and "Password:", each with a "Forgot" link below it. At the bottom of this column are "Login" and "Clear" buttons.

Figure 4-3: Select Account Type

The screenshot shows the "Select Account Type" page. It has the same green navigation bar as Figure 4-2. The main content area has a heading "Select Account Type" and a sub-heading "Please select the type of account for which you are registering:". There are two radio button options: "Corporate" and "Representative". Each option has a descriptive paragraph below it. At the bottom of the main content area are two buttons: "Continue" (green) and "Cancel" (grey with a red X). On the right side, there is a "Quick Help" section with a link "Help About This Page". A "Print this page" link and printer icon are also visible near the top right of the main content area.

4.1.1 Corporate Account Type

If you selected Corporate on the *Select Account Type* page, the *Corporate Information* page appears. Fields marked with an asterisk (*) are required. Enter the corporation's EIN (or TIN) and mailing address on this page. This mailing address will be used to send the post-registration letter. The post-registration letter includes your account ID and Personal Identification Number (PIN) which must be used by the Account Manager (AM) during account setup. The Profile Report,

which is generated after the account setup process, will be sent to the AR's email address for authorization. The AM will be copied on this correspondence.

Figure 4-4: Corporate Information

The screenshot shows a web form titled "Corporate Information". At the top, there is a green navigation bar with links: "About This Site", "CMS Links", "How To...", "Reference Materials", and "Contact Us". A "Skip Navigation" link is in the top right corner. The form itself has a light orange background. It starts with a heading "Corporate Information" and a note: "An asterisk (*) indicates a required field." Below this are several fields, each marked with a red asterisk: "Employer Identification Number (EIN):" with a text input field; "Corporation Name:" with a text input field; "Business Mailing Address:" which includes "Address Line 1:" (text input), "Address Line 2:" (text input), "City:" (text input), "State:" (a dropdown menu currently showing "-Select-"), and "Zip Code:" (two text input fields separated by a hyphen). At the bottom of the form are three buttons: "Previous" (green with a left arrow), "Continue" (green with a right arrow), and "Cancel" (grey with a red X). To the right of the form is a "Quick Help" box with a yellow border and a "Help About This Page" link.

Table 4-1: Corporate Information

Field	Description
Employer Identification Number (EIN)	Enter the IRS-assigned nine-digit EIN/TIN associated with the organization. If you have more than one EIN/TIN, you may submit this registration with any one of those EINs/TINs. Note: This cannot be edited after registration.
Corporation Name	Enter the company name.
Address Line 1	Enter the first line of the company's mailing address.
Address Line 2	Enter the second line of the company's mailing address (optional).
City	Enter the city where the company is located.
State	Select the state where the company is located from the drop-down list. Note: To quickly select a state, type the first letter to scroll to the desired state.
Zip Code	Enter the company's ZIP code (required), plus four-digit ZIP code suffix (optional).
Previous	Command button. Click to return to the <i>Select Account Type</i> page.
Continue	Command button. Click to save changes and continue to the next page.
Cancel	Command button. Click to cancel the registration process. Information entered on the current page and any previous pages is not saved.

1. Enter the required information and click **Continue**.

The *Account Representative (AR) Information* page appears. This page captures information related to the AR. Fields marked with an asterisk (*) are required.

2. Enter the required information and click **Continue**.

The *Registration Summary* page appears (Figure 4-6). This page lists all the information that was previously entered during the registration process. Verify that all information is correct.

Note: For Corporate account types, an AR can only have the role of AR in the MSPRP. This individual cannot function as an AM or an Account Designee (AD). Email addresses for each user role will be verified during the registration. If the entered email address for the AR matches any AM or any AD's email address in the MSPRP, the registration process will not be allowed.

Figure 4-5: Account Representative (AR) Information

Table 4-2: Account Representative (AR) Information

Field	Description
AR First Name	Enter your (AR's) first name.
MI	Enter the first letter of your (AR's) middle name (optional).
Last Name	Enter your (AR's) last name.
AR Title	Enter your (AR's) job title
E-mail Address	Enter your (AR's) email address. Note: If this email address is found in the system for an existing user, you will not be allowed to continue the registration process (Corporate account types only).
Re-enter E-mail Address	Enter your (AR's) email address a second time for verification purposes.
Phone	Enter your (AR's) work phone number. The ext. (extension) field is optional.
Ext.	Enter your (AR's) work phone number extension (optional).
Fax	Enter your (AR's) work fax number (optional).
Previous	Command button. Click to return to the <i>Corporate Information</i> page.
Continue	Command button. Click to save changes and continue to the next page.
Cancel	Command button. Click to cancel the registration process. Information entered on the current page and any previous pages is not saved.

3. Click **Previous** to return to the *Account Representative (AR) Information* page.

Click **Cancel** to exit the registration process and delete all information entered during the registration process.

4. To make corrections, click **Edit** next to the applicable section to return to that page.

If you click **Edit**, you will need to enter your email address in the *Re-enter E-mail address* field on the *Account Representative (AR) Information* page to continue.

5. Once all corrections have been made, click **Continue** at the bottom of the *Registration Summary* page.

The *Thank You* page appears (Figure 4-7).

Note: Your assigned Account ID is provided on this page. Make a note of your account ID or use the **Print this page** link to print this information.

6. Click the **Medicare Secondary Payer Portal Welcome Page** link to return to the *Welcome to the MSPRP* page.

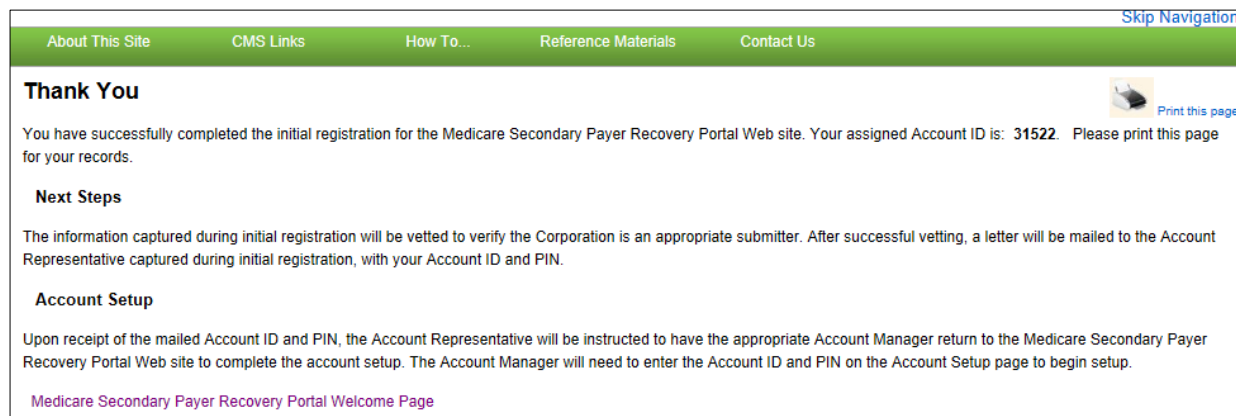
Figure 4-6: Registration Summary

Registration Summary [Print this page](#)

Please review your registration information. If you need to change the information, click the 'Edit' button. If you are satisfied with the information, click the 'Submit Registration' button to submit the registration. Click the 'Cancel' button to cancel the process; all data will be lost. Click the 'Previous' button to return to the previous screen. Print this page for your records.

Account Type: Corporate Edit	
Corporate Information Edit	Account Representative (AR) Information Edit
Employer Identification Number(EIN) <input type="text"/>	First Name: Kris MI: Last Name <input type="text"/>
Corporate Name <input type="text"/>	Title: Manager
Business Mailing Address Edit	E-Mail Address <input type="text"/>
Address Line 1: <input type="text"/>	Phone: 440-996 <input type="text"/>
Address Line 2: <input type="text"/>	Fax: <input type="text"/>
City: Baltimore	
State: Maryland	
Zip Code: 21222	

[Previous](#) [Continue](#) [Cancel](#)

Figure 4-7: Thank You

Next Steps

Within two weeks, a letter will be mailed to you, the AR, that contains the account ID and PIN, along with instructions for setting up the account (to be completed by the AM). If this letter is not received within 10 business days, contact the Electronic Data Interchange (EDI) department.

Once the AM has completed the account setup, an email notification will be sent to you, the AR, including a Profile Report denoting all information previously recorded during registration, and any additional information provided during the account setup.

You will have 60 business days to review, sign, and return the Profile Report to the EDI department. When returning the signed Profile Report via email, enter “MSPRP Profile Report” in the subject line.

If a signed Profile Report is not received within that timeframe, the account will be automatically deleted on the 60th business day. If the account is deleted, you must start the registration process from the beginning. See Chapter 5 for more information on completing the account setup.

4.1.2 Representative Account Type

If you selected *Representative* on the *Select Account Type* page, the *Representative Information* page appears. Fields marked with an asterisk (*) are required. The information on this page is for the representative who will be sending MSPRP requests under this MSPRP account ID. Enter the representative’s personal information on this page. The address you enter on this page will be used for any correspondence from the EDI department regarding this account ID including the post-registration letter. The post-registration letter includes your account ID and PIN which must be used during Account Setup.

Figure 4-8: Representative Information

Representative Information

An asterisk (*) indicates a required field.

*First Name: **MI:** *Last Name:

*Social Security Number: - -

*E-Mail Address:

*Re-enter E-Mail Address:

*Phone: - - ext.

Fax: - -

Mailing Address:

*Address Line 1:

Address Line 2:

*City:

*State:

*Zip Code: -

[Skip Navigation](#)

Quick Help

[Help About This Page](#)

[Previous](#) [Continue](#) [Cancel](#)

Table 4-3: Representative Information

Field	Description
First Name	Enter your (Representative's) first name.
MI	Enter first letter of your (Representative's) middle name (optional).
Last Name	Enter your (Representative's) last name.
Social Security Number	Enter your (Representative's) Social Security Number (SSN). An SSN cannot be registered more than once. It also cannot be edited after registration.
E-mail Address	Enter your (Representative's) email address. Note: If your email address is found in the system for an existing user, you will not be allowed to continue the registration process.
Re-enter E-mail Address	Enter your (Representative's) email address a second time for verification purposes.
Phone	Enter your (Representative's) phone number.
Ext	Enter your (Representative's) phone number extension. This field is optional.
Fax	Enter your (Representative's) fax number (optional).
Address Line 1	Enter the first line of your (Representative's) mailing address.
Address Line 2	Enter the second line of your (Representative's) mailing address (optional).
City	Enter the city where you (the Representative) are located.
State	Select the state where you (the Representative) are located using the drop-down list. Note: To quickly select a state, type the first letter to scroll to the desired state.

Field	Description
Zip Code	Enter your (Representative's) ZIP code (required), plus four-digit ZIP code suffix (optional).
Previous	Command button. Click to return to the <i>Select Account Type</i> page.
Continue	Command button. Click to save changes and continue to the next page.
Cancel	Command button. Click to cancel the registration process. Information entered on the current page and any previous pages is not saved.

1. Enter the required information in the provided fields and click **Continue**.

The *Beneficiary Information* page appears (Figure 4-9). You must submit information for a beneficiary who will have MSPRP requests submitted under this Account ID.

2. Enter the required information in the provided fields and click **Continue**.

The *Registration Summary* page appears (Figure 4-10). This page lists all the information that was previously entered during the registration process. Verify that all information is correct.

3. Click **Previous** to return to the *Beneficiary Information* page. Click **Cancel** to exit the registration process and delete all information entered during the registration process.
4. To make corrections, click the **Edit** button next to the applicable section to return to that page.
5. Once all corrections have been made, click **Continue** at the bottom of the *Registration Summary* page.

The *Thank You* page appears (Figure 4-11). This page outlines the next steps in the registration process.

Note: Your assigned Account ID is provided on this page. Make a note of your account ID or use the *Print this page* link to print this information.

6. Click the **Medicare Secondary Payer Portal Welcome Page** link to return to the *Welcome to the MSPRP* page.

Figure 4-9: Beneficiary Information

Table 4-4: Beneficiary Information

Field	Description
Beneficiary Last Name	Enter the beneficiary's last name.
First Initial	Enter the first initial of the beneficiary's first name.
Medicare ID	Enter the beneficiary's HICN or MBI. If you enter the HICN or MBI, do not enter an SSN.
Beneficiary Social Security Number (SSN)	Enter the beneficiary's SSN. If you enter the SSN, do not enter a Medicare ID.
Beneficiary Date of Birth	Enter the beneficiary's date of birth.
Beneficiary Gender	Select the beneficiary's gender from the drop-down list.
Previous	Command button. Click to return to the <i>Representative Information</i> page.
Continue	Command button. Click to save changes and continue to the next page.
Cancel	Command button. Click to cancel the registration process. Information entered on the current page and any previous pages is not saved.

Figure 4-10: Registration Summary

Registration Summary

Please review your registration information. If you need to change the information, click the Edit button. If you are satisfied with the information, click the Continue button to submit the registration. Click the Cancel button to cancel the process. Please note: all data will be lost. Click the Previous button to return to the previous screen. Print this page for your records.

Account Type: Representative [Edit](#)

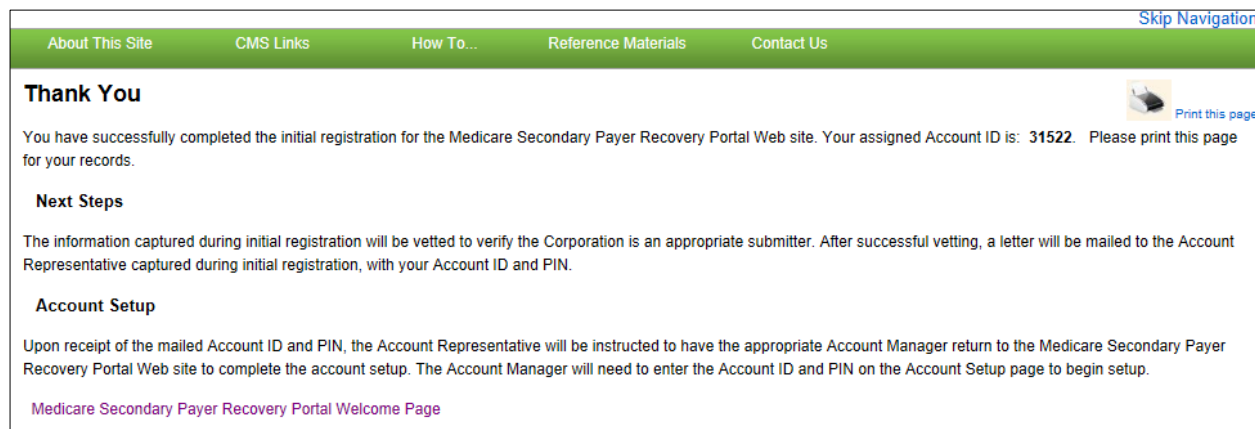
Representative Information Edit First Name: John MI: Last Name: Doe SSN: 333-33-3333 E-Mail Address: Phone: 333-333-4444 ext: Fax:	Beneficiary Information Edit Last Name: Mack First Initial: J Medicare ID: SSN: Date of Birth: Gender: Male
---	---

Representative Mailing Address

Address Line 1: 123 Test S
 Address Line 2:
 City: Baltimore
 State: Maryland
 Zip Code: 33333

[Previous](#) [Continue](#) [Cancel](#)

Quick Help
[Help About This Page](#)

Figure 4-11: Thank You

Next Steps



Within two weeks, a letter will be mailed to you that includes the account ID and PIN, along with instructions for setting up the account (to be completed by the AM). If this letter is not received within 10 business days, contact the EDI department (Figure 4-12 and Figure 4-13).

Once the AM has completed the account setup, an email notification will be sent to you and the AM (as applicable for Representative accounts). The email will include a Profile Report denoting all information previously recorded during registration and any additional information provided during the account setup. It may take up to 10 business days to receive the Profile Report.

You will have 60 business days to review, sign, and return the Profile Report to the EDI department. When returning the signed Profile Report via email, enter "MSPRP Profile Report" in the subject line.

If a signed Profile Report is not received within that timeframe, the account will be automatically deleted on the 60th business day. If the account is deleted, you must start the registration process from the beginning. See Chapter 5 for more information on completing the account setup.

Figure 4-12: Sample PIN Letter (Page 1)

 <small>CENTERS FOR MEDICARE & MEDICAID SERVICES</small>	 <small>Coordination of Benefits and Recovery</small>	MM/DD/YYYY
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****FIRST CLASS MAIL- R:2 F:103

FIRST LAST NAME
ADDRESS LINE 1
ADDRESS LINE 2
CITY, STATE ZIP

Attn: FIRST LAST NAME

***** Medicare Secondary Payer Recovery Portal Registration Notification *****

Your organization has been successfully verified and registered for the Medicare Secondary Payer Recovery Portal. Through the Medicare Secondary Payer Recovery Portal (MSPRP), you may view current authorizations on file for a case, submit requests to add authorized authorizations to case, and with the confirmed proper authorization, request an updated conditional payment amount, request generation of a conditional payment letter, view and dispute claims attached to a case, and submit notice of settlement. Please refer to the <http://go.cms.gov/cobro> Web site for more information.

To begin using the MSPRP, you must complete the registration/setup process by creating an account. Please review the following user roles and required information carefully before attempting to complete the account setup.

MSPRP User Roles:

Account Manager:

Each MSPRP account must have an Account Manager assigned. The Account Manager must be selected and approved by the Account Representative named in your initial MSPRP registration. If you registered for a Corporate Account, your Account Manager and Account Representative must be different individuals. An Account Representative cannot be a user on the MSPRP. If you registered for a Representative Account when you perform the Account Setup you can indicate that the Account Manager is the same person as the Account Representative. The Account Manager is the individual who will administer the account on the MSPRP. This includes; submitting authorization request, requesting conditional payment amounts, conditional payment letters, submitting claim disputes, submitting notice of settlements, updating MSPRP account information, and inviting others to assist (Account Designees).

Figure 4-13: Sample PIN Letter (Page 2)

Account Designee:

Each MSPRP account may have multiple Account Designees. Account Designees may also submit authorization requests, request conditional payment amounts, request generation of conditional payment letters, submit claim disputes, and notice of settlements. However, Account Designees cannot modify MSPRP account information or invite others to assist. Account Designees can only register as users on the MSPRP through an invitation from the Account Manager.

Additional Account Setup Information:

Please review the documentation regarding information needed for completing your MSPRP registration and account set up on the Web site: <https://www.cob.cms.hhs.gov/MSPRP/>, including the Registration Process notice and applicable user guides.

Next Steps:

To complete the account setup, your designated Account Manager should be selected and provided with your MSPRP Account ID and Personal Identification (PIN).

MSPRP Account ID: xxxxxxxx
PIN: xxxx

The Account Manager should return to the MSPRP at <https://www.cob.cms.hhs.gov/MSPRP/>, and select the “Account Setup” button.

If you have any questions or concerns, please contact the EDI department at:

Phone: (646) 000-0000
Email: EDI@GHIMEDICARE.COM

Sincerely,

Benefits Coordination & Recovery Center

Chapter 5: Account Setup (Step 2)

The Account Setup step will only be performed by Corporate and Representative account types.

Note: Beneficiaries will access the MSPRP directly through the MyMedicare.gov website. They will not register or setup an account on the MSPRP nor will they obtain an MSPRP login ID and password. If you are a beneficiary and you want to access the MSPRP, click the <https://mymedicare.gov/> link, and use your established login ID and password for that application. Access to the MSPRP is available in the Medicare Secondary Payer (MSP) section of the MyMedicare.gov website.

This section describes Step 2 of the MSPRP registration process: Account Setup. This step must be performed by your Account Manager (AM). The AM for the MSPRP Account will need to provide personal information including the account ID, Personal Identification Number (PIN), and their email address on the *Account Setup* page. The AM will set up their login ID during this process.

In order to access the MSPRP, the Account Setup step must be completed for each MSPRP account. This step can be performed upon completion of the New Registration step and receipt of your post-registration letter that includes your account ID and PIN. You must have the account ID, PIN, and your complete AM information on hand. Partial account setup requests cannot be saved and completed at a later time.

- **Corporate Account Types:** Upon receipt of the account ID and PIN, the Account Representative (AR) must provide the information to the designated AM. The AM will complete the account setup process. The AM cannot also be an AR. The AM and AR must be different individuals. The AM cannot be an AM or AR on any other MSPRP account.
- **Representative Account Types:** Upon receipt of the account ID and PIN, the AR can provide the information to a designated AM. The AM will complete the account setup process.

5.1 Account Setup Steps

This section details the information that must be entered by the AM. Contact the Electronic Data Interchange (EDI) department if you have any questions or problems regarding the Account ID at any time during account setup. Account setup requires the entry of the account ID and PIN which were sent in the post-registration letter. To successfully set up the MSPRP account and register as the AM, follow the steps outlined below:

1. Go to: <https://www.cob.cms.hhs.gov/MSPRP/>.

The *Login Warning* page appears, detailing the Data User Agreement (DUA). Review the DUA.

2. To proceed, click the **I Accept** link at the bottom of the page.

The *Welcome to the MSPRP* page appears (Figure 5-1).

3. You will be denied access to the MSPRP site if you click the **I Decline** link. The *Login Warning* page may be printed by clicking the **Print this page** link in the upper right side of the page.

4. Click the **Step 2 – Account Setup** button.

The *Account Setup Introduction* page appears (Figure 5-2). This page describes what steps you will take in the account setup process and informs you of your duties as the AM.

The AM for the account ID must complete this section. For Corporate accounts, this will be the individual assigned AM duties by the Account Representative (AR). For Representative Accounts, this can be an individual assigned AM duties by the AR.

Figure 5-1: Welcome to the MSPRP

Figure 5-2: Account Setup Introduction

5. Read the introduction and click **Continue** to proceed with the account setup process.

The *Account Setup* page appears (Figure 5-3).

6. Enter the account ID, PIN, and AM's email address. Re-enter the email address for verification purposes and click **Continue**.

Note: If you are registering as an AM and the email address you enter here is found in the system, you will be prohibited from continuing the account setup process. Users can only have one role in the MSPRP.

The next page that appears depends on the type of account you are setting up. Follow the steps as applicable in the sections for your account type (see Sections 5.1.1 or 5.1.2).

Figure 5-3: Account Setup

Table 5-1: Account Setup

Field	Description
Account ID	Enter the account ID listed on the letter received from the EDI department.
Personal Identification Number (PIN)	Enter the PIN listed on the letter received from the EDI department.
Account Manager's E-mail Address	Enter your AM's email address. Note: If the entered email address is found in the system, you will be prohibited from continuing the account setup process.
Re-enter E-mail Address	Enter the email address a second time for verification purposes.
Previous	Command button. Click to return to the <i>Account Setup Introduction</i> page.
Continue	Command button. Click to save changes and continue to the next page.

5.1.1 Account Setup—Corporate

If you are setting up a Corporate Account type, the *Account Setup – Corporate Information* page will display after all information entered on the *Account Setup* page has been verified by the system. This page lists information entered during the initial registration process.

Figure 5-4: Account Setup—Corporate Information

Account Setup - Corporate Information [Print this page](#)

Please verify the following information is correct for the account which you are going to complete the Account Setup process. If the information is correct please click the Continue button to proceed.

Corporate Information	Account Representative Information
Employer Identification Number (EIN):	First Name: FIRST MI: M Last Name: LAST
Corporation Name: AAAAAAAAAA	Phone: ###-###-#### ext. ##
Business Mailing Address	
Address Line 1: AAAAAAAAAA	
Address Line 2: AAAAAAAAAA	
City: AAAAAAAAAA	
State: AAAAAAAAAA	
Zip Code: ####	

[Previous](#) [Continue](#)

Quick Help
[Help About This Page](#)

1. Review the listed information and click **Continue**.

You can print this page by clicking the **Print this page** link. If any of the listed information is incorrect, contact an EDI representative to have it corrected.

2. Proceed to Section 5.1.3.

5.1.2 Account Setup—Representative

If you are setting up a Representative account type, the *Account Setup – Representative Information* page will display after all information entered on the *Account Setup* page has been verified by the system. This page lists information entered during the initial registration process.

Figure 5-5: Account Setup—Representative Information

Account Setup - Representative Information [Print this page](#)

Please verify the following individual is the Account Representative for the account which you are going to complete the Account Setup process. If the information is correct please click the Continue button to proceed.

Representative Information

First Name: FIRST MI: M Last Name: LAST

Address Line 1: AAAAAAAAAA

Address Line 2: AAAAAAAAAA

City: AAAAAAAAAA

State: AAAAAAAAAA

Zip Code: ####

Phone: ####### ext. ###

[Previous](#) [Continue](#)

Quick Help
[Help About This Page](#)

1. Review the listed information and click **Continue**.

You can print this page by clicking the **Print this page** link. If any of the listed information is incorrect, contact an EDI representative to have it corrected.

2. Proceed to Section 5.1.3.

5.1.3 Account Manager (AM) Setup

The AM controls the administration of a specific MSPRP account. The AM has the following responsibilities:

- Review, sign, and return the Profile Report upon its receipt to be granted full access to all MSPRP functionality. (For Corporate accounts, the AR signs the Profile Report.)
- Manage the MSPRP account information and update general account information.
- Invite other users to function as an Account Designee (AD) for a specific account.
- Grant AD access to cases.
- Revoke AD access to cases and/or an entire MSPRP account.
- Send requests for the MSPRP account they are associated with.
- View and update cases for the MSPRP account they are associated with.
- Upload documentation to a specific case for the MSPRP account they are associated with.
- Replace the AR.
- Remove a case(s) from the account *Case Listing* and Designee *Case Listing* page.

Once you have clicked **Continue** on the *Account Setup – Representative Information* page or *Account Setup – Corporate Information* (as applicable), the *Account Manager Personal Information* page appears. The information entered here is required for subsequent communications.

The AM's personal information must be entered to register as the AM. The recovery case mailing address entered should be the mailing address at which you have previously received correspondence from the Benefits Coordination & Recovery Center (BCRC) related to the recovery case or the address at which you want correspondence directed related to this account ID.

Figure 5-6: Account Manager Personal Information

[Skip Navigation](#)

About This Site CMS Links How To... Reference Materials Contact Us

Account Manager Personal Information

An asterisk (*) indicates a required field.

*First Name: MI: *Last Name:

*E-mail Address:

*Phone: - - ext.

Recovery Case Mailing Address

Please enter the mailing address at which you have previously received correspondence from Medicare related to the recovery case. If you have not received any correspondence from Medicare, enter the address where you want correspondence directed.

*Address Line 1:

Address Line 2:

*City:

*State:

*Zip Code:

You must read the User Agreement provided in the scrolling box. To accept the agreement, click the checkbox. You must accept and agree to the terms of the User Agreement in order to continue through the registration process.

[View and print the agreement below](#)

User Agreement

THE FOLLOWING DESCRIBES THE TERMS AND CONDITIONS BY WHICH THE CENTERS FOR MEDICAID & MEDICAID SERVICES (CMS) GRANTS YOU ACCESS TO THE MEDICAID

You must read and accept the terms and conditions contained in this User Agreement expressly set out below and incorporated by reference before you may access the MSPRP Secure Web site.

Please check the following box:

☐ I accept the User Agreement and Privacy Policy above.

[Previous](#) [Continue](#)

Table 5-2: Account Manager Personal Information

Field	Description
First Name	Enter the AM's first name.
MI	Enter the first letter of the AM's middle name (optional)
Last Name	Enter the AM's last name.
E-mail Address	Enter the AM's personal email address. This field cannot be updated.
Phone	Enter the AM's personal phone number.

The information entered in this section of the *Account Manager Personal Information* page should be for the mailing address at which you have previously received correspondence from the BCRC related to the recovery case or the address at which you want correspondence directed. This address will be used to link the account to associated recovery cases. Once this link is established, the level of authorization that the account can/should have on the case is determined and appropriate MSPRP functionality for that account is enabled on the MSPRP.

Note: The AM for the account has the ability to associate/add additional recovery case mailing addresses to an MSPRP account. To do this, the AM must update the information stored in the *Recovery Case Mailing Address* fields with the information for the new address to be associated to the account. The AM should only update the recovery case mailing address information once per day. If the AM updates this information more than once per day, only the last update will be captured.

Table 5-3: Recovery Case Mailing Address

Field	Description
Address Line 1	Enter the first line of the company's mailing address.
Address Line 2	Enter the second line of the company's mailing address (optional).
City	Enter the city where the company is located.
State	Select the state where the company is located from the drop-down list. Note: To quick select a state, type the first letter to scroll to the desired state.
Zip Code	Enter the company's ZIP code (required) plus the four-digit ZIP code suffix (optional).
User Agreement Checkbox	Select this box to confirm that you agree with the User Agreement (required).
Previous	Command button. Click to return to the <i>Account Setup Introduction</i> page.

Note: If you are entering information for a Representative (not Corporate) account, you will see the **Same as Submitter** button at the top of the page. If you click this button, the fields will automatically populate with personal information of the person who initially registered the account. Do not click the button if you did not complete the initial registration step for this Representative account and have been assigned the AM duties by the AR.

1. Enter the required information, review the DUA, and click **I accept the User Agreement and Privacy Policy** checkbox and click **Continue**.

The *Account Manager Login Information* page appears (Figure 5-7).

2. Using the posted guidelines, create your login ID and password.

For details regarding login ID and password guidelines and a list of reserved words you cannot use, see Section 8.5.

3. Select and provide answers to the two security questions.

These answers will allow you to access your login ID and reset your password in the event you forget either one.

Figure 5-7: Account Manager Login Information

Account Manager Login Information

The security information requested on this page will allow the system to authenticate your identity each time you log on. This will ensure only you are provided the access and updating privileges restricted to the Account Manager.

Choose your Login ID and password carefully.

- Login IDs must be 7 characters
- Login IDs must be unique within the system
- Login IDs must be in the format of AA999AA (first two alphabetic, next three numeric, last two alphabetic)
- Password must be changed every sixty (60) days.
- Password must consist of at least eight (8) characters.
- Password must contain at least one upper-case letter, one lower-case letter, one number and one special character.
- Password must contain a minimum of four (4) changed characters from the previous password.
- Password cannot be changed more than once per day.
- Password must be different from the previous twenty four (24) passwords.
- Password cannot contain a reserved word (See Help About This Page for a complete list).

An asterisk (*) indicates a required field.

*Login ID:

*Password:

*Re-enter Password:

The Security Questions allow you to regain account access if you forget your password. Please note the answers you provide to these questions should be actual answers and not hints for your password

Choose Security Questions and Provide Answers:

*Security Question 1:

*Answer 1:

*Security Question 2:

*Answer 2:

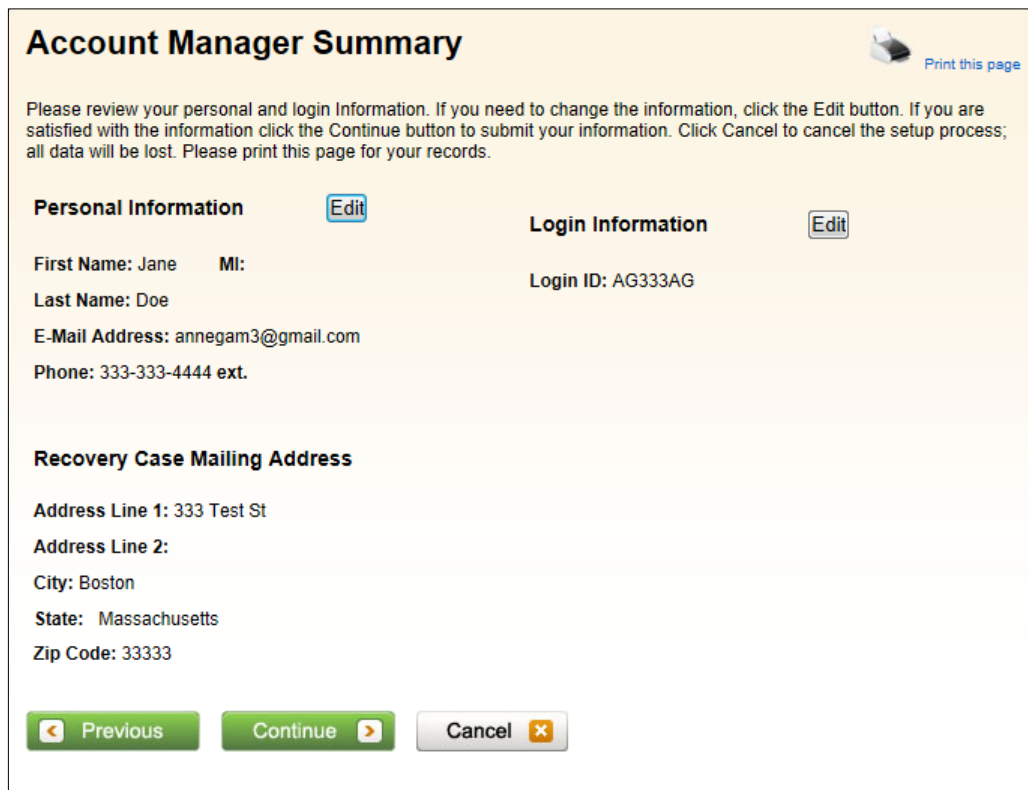
Table 5-4: Account Manager Login Information


Field	Description
Login ID	Enter a new login ID that you will use when you log in to the MSPRP.
Password	Enter a new password that will be assigned to you, the AM.
Re-enter Password	Enter the new password a second time for verification purposes.
Security Question 1	Click the drop-down arrow to view the list of security questions. Select one question to answer.
Answer 1	Enter your answer to the security question. Make sure to remember this answer.
Security Question 2	Click the drop-down arrow to view the list of security questions. Select one question to answer.
Answer 2	Enter your answer to the security question. Make sure to remember this answer.
Previous	Command button. Click to return to the previous page.
Continue	Command button. Click to save changes and continue to the next page.

4. Once all required information is entered, click **Continue**.



The *Account Manager Summary* page appears (Figure 5-8). This page lists information that was previously entered during the account setup process.

5. Click **Previous** to return to the *Account Manager Login Information* page.
6. Verify that all information is correct. To make any corrections, click the **Edit** button next to the applicable heading to return to that section. Once all corrections have been made, click **Continue** to navigate back to the *Account Manager Summary* page.
7. Click **Continue**.
The *Thank You* page appears, outlining the next steps in the account setup process (Figure 5-9).
8. Click the **Medicare Secondary Payer Portal Welcome Page** link and return to the *Welcome to the MSPRP* page.

Figure 5-8: Account Manager Summary


Account Manager Summary  [Print this page](#)

Please review your personal and login Information. If you need to change the information, click the Edit button. If you are satisfied with the information click the Continue button to submit your information. Click Cancel to cancel the setup process; all data will be lost. Please print this page for your records.

Personal Information  First Name: Jane MI: Last Name: Doe E-Mail Address: annegam3@gmail.com Phone: 333-333-4444 ext.	Login Information  Login ID: AG333AG
--	--

Recovery Case Mailing Address

Address Line 1: 333 Test St
 Address Line 2:
 City: Boston
 State: Massachusetts
 Zip Code: 33333



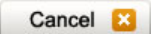
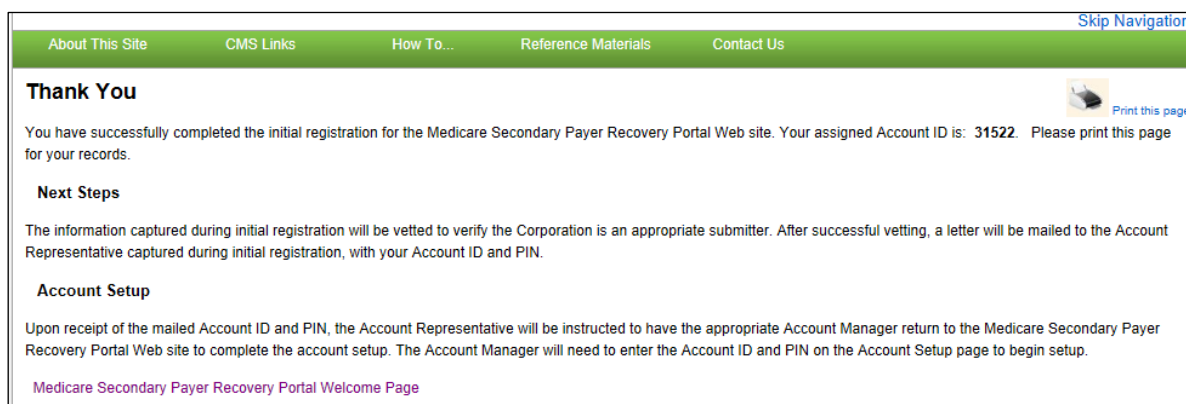





Figure 5-9: Thank You


[Skip Navigation](#)

[About This Site](#) [CMS Links](#) [How To...](#) [Reference Materials](#) [Contact Us](#)

Thank You  [Print this page](#)

You have successfully completed the initial registration for the Medicare Secondary Payer Recovery Portal Web site. Your assigned Account ID is: **31522**. Please print this page for your records.

Next Steps

The information captured during initial registration will be vetted to verify the Corporation is an appropriate submitter. After successful vetting, a letter will be mailed to the Account Representative captured during initial registration, with your Account ID and PIN.

Account Setup

Upon receipt of the mailed Account ID and PIN, the Account Representative will be instructed to have the appropriate Account Manager return to the Medicare Secondary Payer Recovery Portal Web site to complete the account setup. The Account Manager will need to enter the Account ID and PIN on the Account Setup page to begin setup.

[Medicare Secondary Payer Recovery Portal Welcome Page](#)

Next Steps

You have successfully set up the account and registered yourself as the AM. As the AM, you control the administration of the MSPRP account.

An email notification will be sent to the AR listed on the account (Figure 5-10). If you are the AM of a Corporate account or an AM assigned to a Representative account, you will receive a copy of the email. The email will include a Profile Report noting all information previously recorded during registration and any additional information provided during the account setup (Figure 5-11). At the bottom of the Profile Report, the AR will be required to sign and date the report. For Representative accounts, the AM can sign the report.

It may take up to 10 business days to receive the Profile Report. Contact the EDI department if you do not receive a Profile Report after 10 business days.

The AR will have 60 business days to review, sign, and return the Profile Report to the EDI department. When returning the signed Profile Report via email, enter “MSPRP Profile Report” in the subject line. If a signed Profile Report is not received within that timeframe, the account will be automatically deleted on the 60th business day. If the account is deleted, you must start the registration process from the beginning.

You will have limited functionality within the MSPRP until the Profile Report is returned. You cannot view or manage cases until the signed Profile Report is received by the EDI department. However, you can manage AD access (see Section 8.3). After the Profile Report has been received by the EDI department, you can log in to the account to maintain account and case information.

Figure 5-10: Sample Email Notification

From: DoNotReply@cob.cms.hhs.gov [mailto:DoNotReply@cob.cms.hhs.gov]
Sent: Wednesday, December 12, 2012 1:51 PM
To: AM-Email@AAAAAAA.AAA; AR-Email@AAAAAAA.AAA
Subject: Medicare Secondary Payer Recovery Portal (MSPRP) Profile Report

Representative: FirstName LastName
Account Manager: FirstName LastName

The MSPRP Profile Report has been attached to this email. The Profile Report contains information regarding the representative for the account and the associated account manager information. A Profile Report is generated after the account setup has been completed successfully.

Please review the attached Profile Report carefully and ensure all information is accurate. In order to access all of the functions within the MSPRP, the report must be signed by the account manager and returned to the BCRC. Please send signed reports to:

via Fax: (646) 458-6761
via Email: COBVA@GHIMedicare.com
via mail: MEDICARE
 MSPRP Profile Report
 PO Box 138892
 Oklahoma City, OK 73113

If the report is incorrect please contact our Electronic Data Interchange (EDI) department at the number or Email address listed below to resolve any error.

Phone: (646) 458-6740
Email: COBVA@GHIMedicare.com

Confidentiality Note:

This electronic message transmission is intended only for the person or entity to which it is addressed and may contain information that is privileged, confidential or otherwise protected from disclosure. If you have received this transmission, but are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or use of the contents of this information is strictly prohibited. If you have received this e-mail in error, please contact the Electronic Data Interchange (EDI) Department at (646) 458-6740 and delete and destroy the original message and all copies.

Figure 5-11: Sample Profile Report

Medicare Secondary Payer Recovery Portal Profile Report			
Account ID:31304	Account Type Representative	Date: Month Date Year	
EDI Contact Information:			
Email: AAAA@AAA.AAA	Phone: #####		
Representative:			
Name: AAAA	Phone: #####		
Address: AAAA			
AAAA	AA #####		
Email: AAAA@AAA.AAA			
Account Manager:			
Name: AAAA	Phone: #####		
Address: AAAA			
AAAA	AA #####		
Email: AAAA@AAA.AAA			
Account ID:31304	Account Type Representative	Date: Month Date Year	
EDI Contact Information:			
Email: AAAA@AAA.AAA	Phone: #####		
SAFEGUARDING & LIMITING ACCESS TO DATA			
I, the undersigned Account Manager for the MSPRP representative account defined above, certify that the information contained in this Registration is true, accurate and complete to the best of my knowledge and belief, and I authorize CMS to verify this information. I agree to establish and implement proper safeguards against unauthorized use and disclosure of the data for the purposes of MSPRP proposal(s) review and processing. Proper safeguards shall include the adoption of policies and procedures to ensure that the data obtained shall be used solely in accordance with Section 1106 of the Social Security Act [42 U.S.C. ? 1306], Section 1874(b) of the Social Security Act [42 U.S.C. ? 1395k(b)], Section 1862(b) of the Social Security Act [42 U.S.C. ? 1395y(b)], and the Privacy Act of 1974, as amended [5 U.S.C. ? 552a]. Users shall establish appropriate administrative, technical, procedural, and physical safeguards to protect the confidentiality of the data and to prevent unauthorized access to the data provided by the CMS. You agree that the authorized representatives of the CMS shall be granted access to premises where the Medicare data are kept for the purpose of inspecting security arrangements and confirming whether the user is in compliance with the security requirements specified above. Access to any information exchanged during the MSP Recovery process shall be restricted to CMS, COBC, and MSPRC personnel, and other authorized users who require access to 1) perform their official duties in accordance with the approved uses of the information; 2) respond to authorized law enforcement investigations; or 3) respond to any required legal process. Such personnel shall be advised of (1) the confidential nature of the information; (2) safeguards required to protect the information; and (3) the administrative, civil and criminal penalties for noncompliance contained in applicable Federal laws.			
Signature of Account Manager: _____			
Date: _____			

Chapter 6: Accessing the MSPRP

6.1 Log in to the MSPRP Site (Account Manager/Account Designee)

Once the *New Registration* and *Account Setup* steps have been completed, the Account Manager (AM) (Corporate or Representative) can log in to the MSPRP. **Note:** Account Designees (ADs) will be able to log in to the site after they self-register on the MSPRP via an invitation email received from an AM. (See Chapter 9 for more information).

Note: The login process described in this section does not apply to beneficiaries. Beneficiaries will access the MSPRP directly through the MyMedicare.gov website. They will not register or setup an account on the MSPRP nor will they obtain an MSPRP login ID or password. If you are a beneficiary and you want to access the MSPRP, go to <https://mymedicare.gov/> and use your established login ID and password for that application. Access to the MSPRP is available from the MSP section of the MyMedicare.gov website.

1. Go to: <https://www.cob.cms.hhs.gov/MSPRP/>.

The *Login Warning* page appears, detailing the Data Use Agreement (DUA) (Figure 6-1). The *Login Warning* page can be printed by clicking the **Print this page** link in the upper right side of the page. Review the DUA.

2. To proceed, click the **I Accept** link at the bottom of the page.

The *Welcome to the MSPRP* page appears (Figure 6-2). You will be denied access to the MSPRP site if you click the **I Decline** link.

3. Enter your login ID in the *User Name* field and your password in the *Password* field and click **Login**.


Note: To remove the information entered in the *User Name* and *Password* fields click **Clear**.

Your home page will display. See Section 6.1.1.

Note: If you have already completed the *ID Proofing* process and have activated a factor, then the first page you will see after you log in will be the *Select Login Option* page (Figure 7-13). This page requires you to select whether or not you will use your Multi-Factor Authentication (MFA) factor to view unmasked case information (see Chapter 7) before your home page appears.

Figure 6-1: Login Warning

Login Warning

 [Print this page](#)

UNAUTHORIZED ACCESS TO THIS COMPUTER SYSTEM IS PROHIBITED BY LAW

This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this Government system, which includes: (1) this computer network, (2) all computers connected to this network, and (3) all devices and storage media attached to this network or to a computer on this network. This system is provided for Government-authorized use only.

Unauthorized or improper use of this system is prohibited and may result in disciplinary action, as well as civil and criminal penalties.

Personal use of social media and networking sites on this system is limited as to not interfere with official work duties and is subject to monitoring.

By using this system, you understand and consent to the following:

- *You have no reasonable expectation of privacy regarding any communication or data transiting or stored on this system.
- *The Government may monitor, record, and audit your system usage, including usage of personal devices and email systems for official duties or to conduct HHS business. Therefore, you have no reasonable expectation of privacy regarding any communication or data transiting or stored on this system. At any time, and for any lawful Government purpose, the Government may monitor, intercept, and search and seize any communication or data transiting or stored on this system.
- *Any communication or data transiting or stored on this system may be disclosed or used for any lawful Government purpose.

<http://www.cms.hhs.gov/About-CMS/Agency-Information/Aboutwebsite/Security-Protocols.html>

Privacy Act Statement

The collection of this information is authorized by Section 1862(b) of the Social Security Act (codified at 42 U.S.C 1395y(b)) (see also 42, C.F.R. 411.24). The information collected will be used to identify and recover past conditional and mistaken Medicare primary payments and to prevent Medicare from making mistaken payments in the future for those Medicare Secondary Payer situations that continue to exist. The Privacy Act (5 U.S.C. 552a(b)), as amended, prohibits the disclosure of information maintained by the Centers for Medicare & Medicaid Services (CMS) in a system of records to third parties, unless the beneficiary provides a written request or explicit written consent/authorization for a party to receive such information. Where the beneficiary provides written consent/proof of representation, CMS will permit authorized parties to access requisite information.

Attestation of Information

The information provided is complete, truthful, accurate, and meets all requirements set forth to use this process; and, I have read and understand all of the Centers for Medicare & Medicaid Services information at <http://cms.gov/Medicare/Coordination-of-Benefits-and-Recovery/Coordination-of-Benefits-and-Recovery-Overview/Medicare-Secondary-Payer/Medicare-Secondary-Payer.html>.

LOG OFF IMMEDIATELY if you do not agree to the conditions stated in this warning.

[I Accept](#)

[Decline](#)

¹ A Privacy Act system of records is a group of any records about individuals and under the control of any Federal agency from which information is retrieved by the name or other personal identifier of the individual.

Figure 6-2: Welcome to the MSPRP

[About This Site](#) [CMS Links](#) [How To...](#) [Reference Materials](#) [Contact Us](#)

Welcome to the MSPRP

The Medicare Secondary Payer Recovery Portal provides a quick and efficient way to request case information and provide information to assist in resolving Medicare's recovery claim. With the use of this portal, you may submit a valid authorization, request an update to the conditional payment amount, submit settlement information and dispute claims.

For information about the availability of auxiliary aids and services, please visit:
<http://www.medicare.gov/about-us/nondiscrimination/nondiscrimination-notice.html>

MSPRP Message

Attention Users: Multi-factor Authentication (MFA) on the MSPRP is now available. For additional information see the updated MSPRP User Manual located under the Reference Materials section.

Getting Started

If you are a Medicare Beneficiary and would like to use the MSPRP to request case information, please login to your MyMedicare account by visiting the MyMedicare.gov website at <https://mymedicare.gov/>.

For more information, refer to How To Get Started under the How To menu option. To begin the registration process, click the 'New Registration' button.

STEP 1 **New Registration**

STEP 2 **Account Setup**
(Account ID and PIN required)

Sign in to your account

User Name:

[Forgot User Name](#)

Password:

[Forgot Password](#)

6.1.1 Account Manager and Account Designee Home Page

The *Account List* page is the first page displayed after a successful login from the *Welcome to the MSPRP* page. This page functions as your main processing page to initiate all MSPRP functions. This is considered your home page. It is the page you will return to when you click **Home** on the menu bar from any page within the MSPRP. It displays all of the MSPRP accounts that are associated with your login ID.

Note: If you have already completed the *ID Proofing* process and have activated a factor, then the first page you will see after you log in will be the *Select Login Option* page (Figure 7-13). This page requires you to select whether or not you will use your MFA factor to view unmasked case information (Chapter 7) before your home page appears.

Figure 6-3: Account List

Account List

Click the desired link to access the associated account.

You may update your personal information or change your current password by clicking the appropriate link under the Account Settings List.

Multi-Factor Authentication

MSPRP users may request access to view unmasked claims data that was previously only accessible to the beneficiary. Individuals requesting this access must complete the ID Proofing and Multi-Factor Authentication (MFA) process. The status of your request will display as a link under the Multi-Factor Authentication box. You will click this link to progress through the required steps. Once you have successfully completed this process your status will be changed to Complete.

During the ID Proofing process, you will be asked to provide current personal information and respond to questions created by Experian Credit Services (an outside entity) to confirm your identity. This information, the questions, and your answers will not be stored on the MSPRP. This process will not impact your credit score.

To use MFA services, you will be required to register for a Factor Type (**Voice Call and/or Text Message (SMS)**) as a method of receiving your security token to access the MSPRP application using your MFA Login. When registering for **Voice Call**, a landline phone or mobile device may be used to receive the security token via phone call. To register for **Text Message (SMS)** you must register with a mobile phone number in order to receive your security token via text message. After the Factor registration, you then must activate the Factor for your login ID. You may only have ONE registered or activated phone number per factor type.

You will be able to activate the factor after the Next Step link has changed to **Factor Required**. To begin the ID Proofing process, click the Next Step: **Get Started** link.

Associated Account IDs:

FIRST LAST

FIRST LAST

Quick Help

[Help About This Page](#)

Account Settings

[Update Personal Information](#)
[Change Password](#)

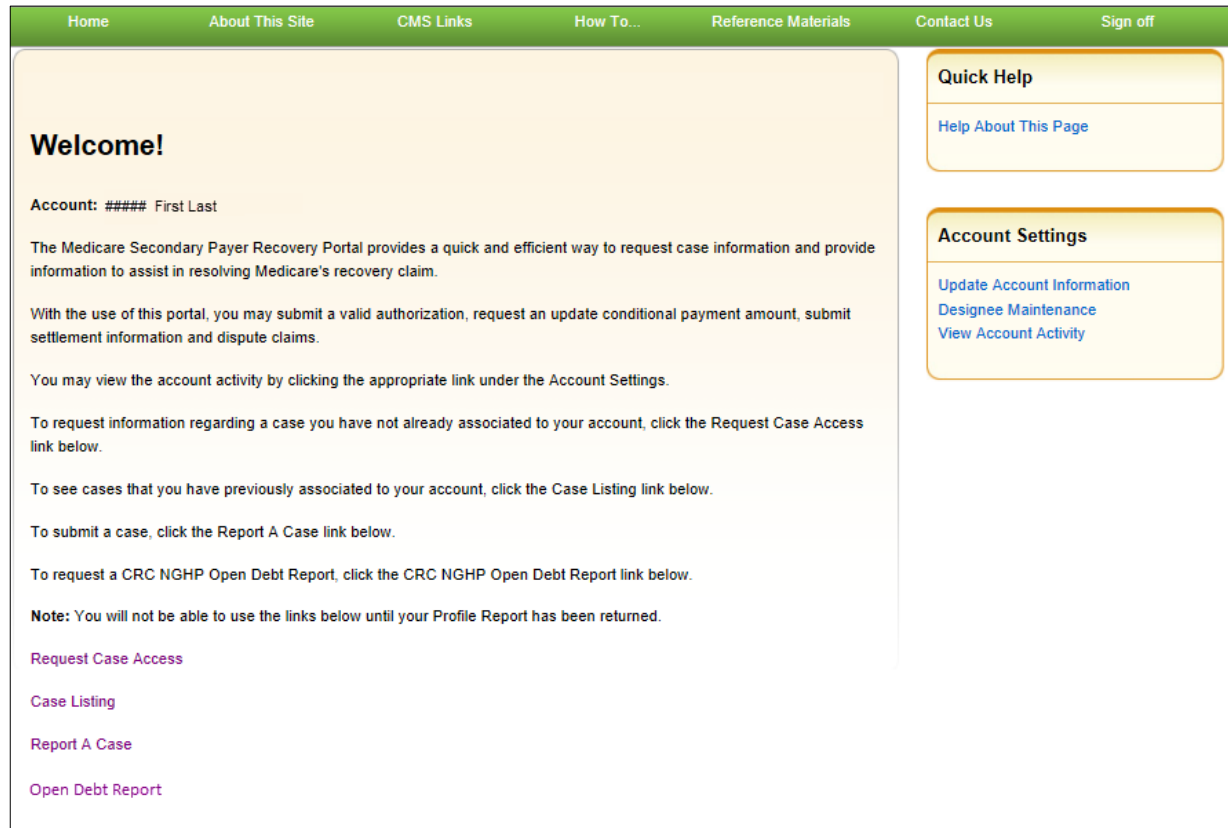
Multi-Factor Authentication

Status: **Initial Process**
Next Step: [Get Started](#)

From this page, you can access the following functions:

- **Quick Help:** Provides access to information for the *MSPRP* page you are working on.
- **Update Personal Information:** Allows you to update your name, address, email, and phone.
- **Change Password:** Allows you to change your password. See Section 8.5 for details regarding creating passwords and the list of reserved words you cannot use.
- **Multi-Factor Authentication:** Displays your current MFA Status and displays a link that allows you to complete the *ID Proofing* process and manage your factors (see Chapter 7 for details).

Click the **Associated Account ID** to access the Welcome Page.

Figure 6-4: Welcome! Page (Account Manager)

From this page you can access the following functions. None of these functions are available until the Profile Report is signed and received by the Electronic Data Interchange (EDI) department.

- **Request Case Access:** Displays the *New Case Request* page where you can search for and add a case to your account ID that is not currently included on your *Case Listing* page. You will not be able to access or manage a recovery case until you have successfully located the case using the *Request Case Access* page. See Chapter 11 for details.
- **Case Listing:** Displays the *Case Listing* page where you can view and manage recovery cases that were successfully added to your account ID using the *Request Case Access* page. It includes cases for both AMs and ADs. See Chapter 12 for details.
- **Report a Case:** Allows beneficiaries and non-beneficiaries to report a case on behalf of a beneficiary or an insurer and to answer questions to determine if the case is eligible for submission. See Chapter 13 for details.
- **Open Debt Report:** This report shows the status for open debts on-demand (with data updated nightly) for NGHP insurer-debtor cases. It is visible and available to AMs only and is created per account ID on cases that carry an accounts receivable (AR) balance of greater than zero. See Section 12.3 for details.

6.2 Log in to the MSPRP Site (Beneficiary)

Beneficiaries access the MSPRP through the MyMedicare.gov website. They log in to their MyMedicare account via the MyMedicare.gov website at <https://mymedicare.gov/>. Enter your established login ID and password for that application in the *Secure Sign In* section of the web page.

After you successfully log in to the MyMedicare.gov site and enter the Medicare Secondary Payer (MSP) section, you can access the MSPRP in two different ways:

1. Click the **Case ID** link in the *Payment Details* box on the MyMedicare page of the case you would like to access.
2. Click **Go to MSPRP**.

You are granted full access to their cases and are matched to the cases by their Medicare ID (Health Insurance Claim Number [HICN] or Medicare Beneficiary Identifier [MBI]).

6.2.1 MyMedicare.gov: Case ID

When a beneficiary clicks a **Case ID** link on the MyMedicare.gov web page, they are directed to the *Case Information* page in the MSPRP. The top half of this page allows a beneficiary to view information related to the case and the bottom half of this page identifies various actions that can be taken on a case (see Chapter 14).

Figure 6-5: Case Information (Beneficiary)

Home About This Site CMS Links How To Reference Materials Contact Us Sign off

Case Information

Print this page Quick Help : Help About This Page

Case ID: 2011*****	Medicare ID: *****A
Case Type: Liability Insurance	Beneficiary DOB: mm/dd/yyyy
Case Status: Demand Issued What is this?	Beneficiary Last Name: Last Name
Current Status of Debt: Intent to Refer Letter Sent	Treasury Referral Date: 01/01/2016
Date of Incident: 09/15/2009	Authorization Level: Proof of Representation
Industry Date of Incident: 09/15/2009 What is this?	Authorization Status: Verified What is this?
ORM: Yes	ORM Termination Date: 01/01/2016

Payment Information

Electronic Payment History

Refund Information

Letter Activity

Waiver/Redetermination/Compromise

Final Conditional Payment Process

***Current Conditional Payment Amount: \$2,800.00**
**Note: Claims are retrieved daily. This amount is current as of: 07/23/2018. Please be advised that the claims associated to this case are currently being evaluated for relevance. This typically takes 3-5 business days. The conditional payment amount will be automatically updated once this process is complete. Please contact the BCRC or CRC at (855) 798-2627 if immediate assistance with this amount is required.*

Rights and Responsibilities Letter Mail Date: 06/10/2010

Conditional Payment Letter Amount: \$496.06	Conditional Payment Notice Amount: \$500.00
Conditional Payment Letter Mail Date: 06/01/2011	Conditional Payment Notice Mail Date: 06/18/2011
Conditional Payment Amount Update Requested: 06/01/2011	Conditional Payment Notice Response Due Date: 07/31/2011
Demand Letter Mail Date: 06/01/2011	Balance Amount: \$1,234.56
Demand Amount: \$3,754.00	Balance as of Date: 06/30/2011
Interest Rate: 10%	Remaining Principal Balance Amount: \$1,234.56
Last Interest Accrual Date: 06/08/2018	Remaining Interest Balance Amount: \$1,234.56

Note: Remaining balance amounts may not reflect recent payments.

[Make a Payment](#) [What is this?](#)

Figure 6-6: Case Information (Actions: Beneficiary)

Please select an action from the following list, if the option is disabled (grayed out) it may not be available for the case at this time:

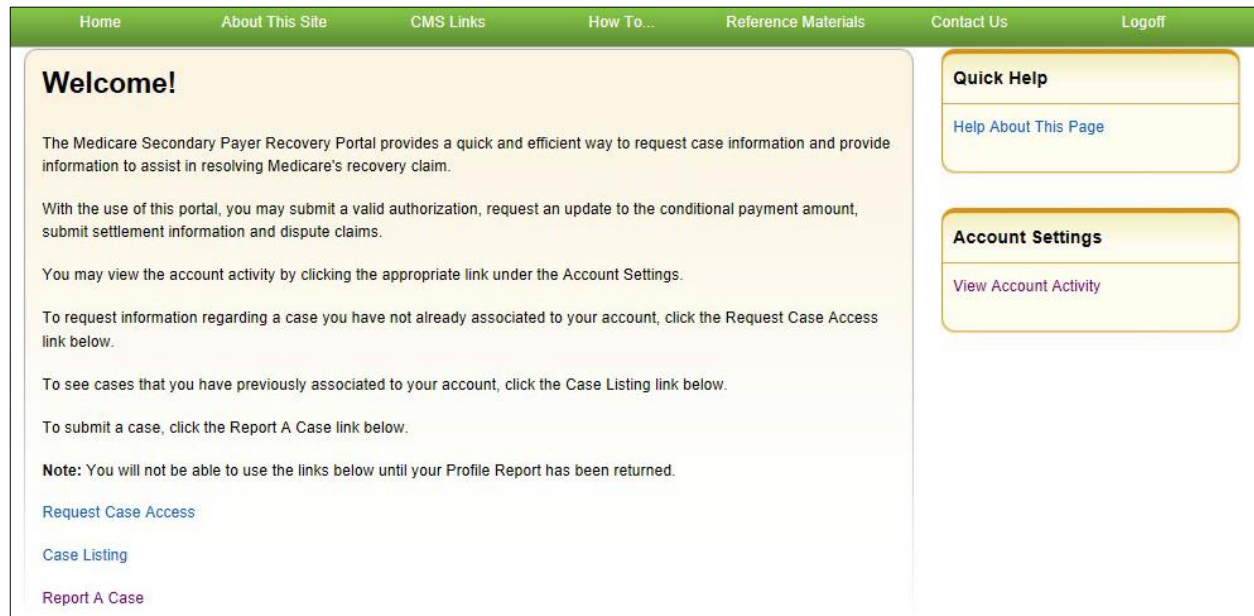
- ☐ Request an update to the conditional payment amount [What is this?](#)
- ☐ Request an electronic conditional payment letter with Current Conditional Payment Amount [What is this?](#)
- ☐ Request a mailed copy of the conditional payment letter [What is this?](#)
- ☐ View / Dispute Claims Listing [What is this?](#)
- ☐ View/Provide the Notice of Settlement Information [What is this?](#)
- ☐ Initiate Demand Letter [What is this?](#)
- ☐ Submit Compromise Request [What is this?](#)

[Continue](#) [Cancel](#)

6.2.2 MyMedicare.gov: Go to MSPRP

When a beneficiary clicks the **Go to MSPRP** on the MyMedicare.gov web page, they will be directed to the *Welcome!* Page in the MSPRP. This page functions as the main processing page to initiate all MSPRP functions. This is considered the beneficiary home page. It is the page you will return to when you click **Home** on the menu bar from any page within the MSPRP.

Figure 6-7: Welcome! Page (Beneficiary)



From this page, you can access the following functions:

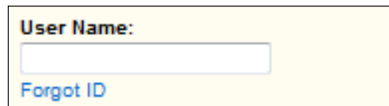
- **Quick Help:** Provides access to information for the MSPRP page you are working on.
- **Logoff:** Allows you to log out of the MSPRP system.
- **Request Case Access:** Displays the *New Case Request* page where you can search for and add a case to your *Case Listing* page (see Chapter 11).
- **Case Listing:** Displays the *Case Listing* page where you will be able to view and manage your cases (see Chapter 12).
- **Report a Case:** Displays the *Case Creation* page, where you may enter data related to your case and begin the case creation process. See Chapter 13 for details.

6.3 Forgot User Name (Login ID)

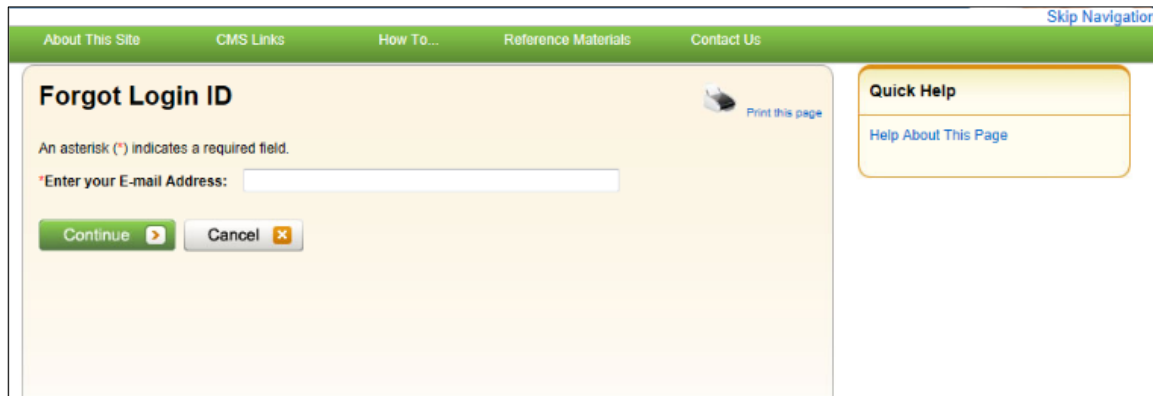
If you (Corporate or Representative Account types only) have forgotten your login ID (user name), you can request it by clicking the **Forgot ID** link from the *Welcome to the MSPRP* page. You will be required to provide the email address and the answers to the security questions that you supplied when you originally registered.

Note: See Section 6.4 if you need to unlock or reactivate your account.

1. On the *Welcome to the MSPRP* page, click the **Forgot ID** link below the *User Name* field.
The *Forgot Login ID* page appears.

Figure 6-8: Forgot ID Link

A small rectangular form with a yellow background. It contains the text "User Name:" followed by a text input field. Below the input field is a blue link labeled "Forgot ID".

Figure 6-9: Forgot Login ID

A screenshot of a web page titled "Forgot Login ID". The page has a green navigation bar at the top with links: "About This Site", "CMS Links", "How To...", "Reference Materials", "Contact Us", and "Skip Navigation". The main content area has a yellow background. It includes a heading "Forgot Login ID" and a subheading "An asterisk (*) indicates a required field." Below this is a text input field with the label "*Enter your E-mail Address:". At the bottom of the form are two buttons: "Continue" (green) and "Cancel" (gray). To the right of the form is a "Quick Help" section with a link "Help About This Page".

2. Enter your email address and click **Continue**.

The *Forgot Login ID or Password* page appears (

Figure 6-10).

Note: Click **Cancel** to stop and return to the *Welcome to the MSPRP* page without requesting your login ID.

3. Answer the two security questions with information you provided during the registration process. Correctly answer each of your pre-selected security questions.
4. Click **Continue**.

The *Forgot Login ID Confirmation* page appears if your answers are correct (Figure 6-11). This page confirms that you have successfully requested your login ID.

If the information you entered is correct, your login ID will be sent via email. If you receive an error indicating that the answers are incorrect, check your answers and enter the information again. If you cannot remember the answers to your security questions, contact an EDI representative.

5. Click the **Medicare Secondary Payer Recovery Portal Welcome Page** link to return to the *Welcome to the MSPRP* page.

You will receive an email containing your login ID. After receipt of the email, return to the MSPRP site and log in using your login ID and password. If you do not receive an email within 24 hours, contact an EDI representative.

Figure 6-10: Forgot Login ID or Password

The screenshot shows a web form titled "Forgot Login ID or Password". At the top, there is a green navigation bar with links: "About This Site", "CMS Links", "How To...", "Reference Materials", and "Contact Us". A "Skip Navigation" link is in the top right corner. The form itself has a light orange background. It starts with a note: "An asterisk (*) indicates a required field." Below this are two security questions. "Security Question 1: What is your mother's maiden name?" is followed by a text input field labeled "* Answer 1:". "Security Question 2: What is your pet's name?" is followed by a text input field labeled "* Answer 2:". At the bottom of the form are two buttons: a green "Continue" button with a right arrow and a grey "Cancel" button with a red X. To the right of the form is a yellow box titled "Quick Help" containing a link "Help About This Page".

Figure 6-11: Forgot Login ID Confirmation

The screenshot shows a web page titled "Forgot Login ID Confirmation". It has the same green navigation bar and "Skip Navigation" link as Figure 6-10. The main content area has a light orange background and states: "You have successfully submitted a request to have your Login ID sent to you." Below this is a section titled "Next Steps" which says: "You will receive an e-mail once your Login ID request is processed. The e-mail will contain your Login ID." A "Please note:" section follows, stating: "The e-mail message will be sent from a notification-only address that cannot accept incoming e-mail. Please do not reply to it." Another note says: "If you do not receive your e-mail within 24 hours, please call the EDI Help Desk Department at (646) 458-6740. EDI Representatives are available to assist you Monday through Friday, excluding Federal holidays, from 9:00 a.m. to 5:00 p.m. Eastern Time." At the bottom of the main content area is a link: "Medicare Secondary Payer Recovery Portal Welcome Page". To the right is the same yellow "Quick Help" box with the "Help About This Page" link.

6.4 Forgot Password (Unlock Account)

If you (Corporate or Representative account types only) forgot your password to log in to the MSPRP, or need to unlock or reactivate your account, follow these steps.

On the *Welcome to the MSPRP* page, click the Forgot Password link below the *Password* field (

1. Figure 6-12).

The *Forgot Password* page appears (Figure 6-13).

2. Enter your Login ID and click **Continue**.

The *Forgot Login ID or Password* page appears (

Figure 6-14).

Note: Click **Cancel** to stop and return to the *Welcome to the MSPRP* page without requesting a temporary password.

Figure 6-12: Forgot Password Link


A small rectangular form with a yellow background. It contains a label "Password:" followed by a text input field. Below the input field is a blue hyperlink labeled "Forgot Password".

Figure 6-13: Forgot Password


A screenshot of the "Forgot Password" page. The page has a green navigation bar at the top with links: "About This Site", "CMS Links", "How To...", "Reference Materials", and "Contact Us". A "Skip Navigation" link is in the top right. The main content area has a yellow background and is titled "Forgot Password". Below the title is a printer icon and a "Print this page" link. A note states: "An asterisk (*) indicates a required field." Below this is a text input field with the label "*Enter your Login ID:". At the bottom are two buttons: "Continue" (green with a right arrow) and "Cancel" (grey with an 'x'). On the right side, there is a "Quick Help" box with a "Help About This Page" link.

3. Answer the two security questions with information you provided during the registration process. Correctly answer each of your pre-selected security questions.
4. Click **Continue**.

The *Forgot Password Confirmation* page appears if your answers are correct (Figure 6-15). This page confirms that you have successfully requested a temporary password.

If the information you entered is correct, your new temporary password will be sent via email. If you receive an error indicating that the answers are incorrect, check your answers and enter the information again. If you cannot remember the answers to your security questions, contact an EDI representative.

5. Click the **Medicare Secondary Payer Recovery Portal Welcome Page** link to return to the *Welcome to the MSPRP* page.

You will receive an email containing your temporary password. After receipt of the email, return to the MSPRP site and log in using your login ID and temporary password. If you do not receive an email within 24 hours, contact an EDI representative. You will be prompted to change your temporary password when you use it to log in to the MSPRP.

Figure 6-14: Forgot Login ID or Password

About This Site CMS Links How To... Reference Materials Contact Us

Forgot Login ID or Password

An asterisk (*) indicates a required field.

Security Question 1: What is your mother's maiden name?

* Answer 1:

Security Question 2: What is your pet's name?

* Answer 2:

[Continue](#) [Cancel](#)

Quick Help

[Help About This Page](#)

Figure 6-15: Forgot Password Confirmation

About This Site CMS Links How To... Reference Materials Contact Us [Skip Navigation](#)

Forgot Password Confirmation

Your password for the Medicare Secondary Payer Recovery Portal (MSPRP) has been successfully reset.

NEXT STEPS

You will receive an e-mail with a temporary password and instructions to follow.

Please note: The e-mail message will be sent from a notification-only address that cannot accept incoming e-mail. Please do not reply to it.

If you do not receive your e-mail within 24 hours, please call the EDI Help Desk Department at (646) 458-6740. EDI Representatives are available to assist you Monday through Friday, excluding Federal holidays, from 9:00 a.m. to 5:00 p.m. Eastern Time.

[Medicare Secondary Payer Recovery Portal Welcome Page](#)

Quick Help

[Help About This Page](#)

Chapter 7: Multi-Factor Authentication

Centers for Medicare & Medicaid Services (CMS) has adopted Identity Proofing and Multi-Factor Authentication (MFA) to provide certain users with the ability to view unmasked case information. The *ID Proofing* process requires that you provide information to Experian (an external Remote Identity Proofing (RIDP) service provider) sufficient to prove that you are the person you claim to be. This process works in conjunction with MFA Services, which uses two different authentication factors to verify a user's identity.

Note: Medicare beneficiaries do not need to use this process, as they already have complete access to their cases on the MSPRP. This section applies to non-beneficiaries only.

Once you complete the process, you can choose whether or not to use an MFA factor to view previously masked case information on your accounts when you log in to the MSPRP.

To complete the *ID Proofing* process, you will be required to enter personal information and then respond to a set of questions. Before you start the process, the default MFA status displayed on your home page will be *Initial Process* and the Next Step will be **Get Started**. After you finish the process, the final MFA status will be *Complete*.

MFA access is granted when you:

- Successfully complete the *ID Proofing* process,
- Register a factor, and
- Activate at least one factor through the MSPRP.

All *ID Proofing* requests are vetted through the Experian Credit Service ("Experian"), an outside entity. Once you complete the *ID Proofing* process, you then have the option to choose whether or not to log in to the MSPRP using your activated factor. Your MFA status does not expire, so you won't ever need to repeat the process, although you can activate and deactivate factors at any time. Establishing MFA access for one MSPRP account extends access to all of your MSPRP accounts.

Non-beneficiary users who have not completed the *ID Proofing* process can continue to access the MSPRP as they currently do with limited views of case information.

7.1 Eligibility

Current Account Managers (AMs) and Account Designees (ADs) can complete the *ID Proofing* process to view previously masked case information.


7.2 Understanding MFA Statuses and Actions

After logging in to the MSPRP and depending on where you are in the *ID Proofing* process, different MFA Statuses and Next Step actions will appear on your home page in the *Multi-Factor Authentication* box. For all users who have not started the process, the default MFA Status on your home page will be *Initial Process* and the Next Step will be **Get Started**.

Figure 7-1: Account List (MFA)


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Account List

 [Print this page](#)

Click the desired link to access the associated account.

You may update your personal information or change your current password by clicking the appropriate link under the Account Settings List.



Multi-Factor Authentication

MSPRP users may request access to view unmasked claims data that was previously only accessible to the beneficiary. Individuals requesting this access must complete the ID Proofing and Multi-Factor Authentication (MFA) process. The status of your request will display as a link under the Multi-Factor Authentication box. You will click this link to progress through the required steps. Once you have successfully completed this process your status will be changed to Complete.

During the ID Proofing process, you will be asked to provide current personal information and respond to questions created by Experian Credit Services (an outside entity) to confirm your identity. This information, the questions, and your answers will not be stored on the MSPRP. This process will not impact your credit score.

To use MFA services, you will be required to register for a Factor Type (**Voice Call and/or Text Message (SMS)**) as a method of receiving your security token to access the MSPRP application using your MFA Login. When registering for **Voice Call**, a landline phone or mobile device may be used to receive the security token via phone call. To register for **Text Message (SMS)** you must register with a mobile phone number in order to receive your security token via text message. After the Factor registration, you then must activate the Factor for your login ID. You may only have ONE registered or activated phone number per factor type.

You will be able to activate the factor after the Next Step link has changed to **Factor Required**. To begin the ID Proofing process, click the Next Step: **Get Started** link.

Associated Account IDs:

FIRST LAST

FIRST LAST

Quick Help

[Help About This Page](#)

Account Settings

[Update Personal Information](#)
[Change Password](#)

Multi-Factor Authentication

Status: **Initial Process**
Next Step: [Get Started](#)

Table 7-1: MFA Statuses and Next Step Actions

Status	Next Step	Description
Initial Process	Get Started	<p>This is the default status.</p> <p>Indicates either you have not yet started the <i>ID Proofing</i> process, or you have attempted ID Proofing (i.e., clicked Continue on the <i>ID Proofing and Core Credentials</i> page), but have not exceeded the total limit of four attempts to complete the process.</p>
ID Proofed	Factor Required	<p>Indicates:</p> <ul style="list-style-type: none"> You have successfully submitted your personal information to Experian through the <i>ID Proofing Core Credential</i> page, and You have answered Experian's Identity Verification Questions successfully, and Experian has accepted your submissions, and You currently have no factors in active status, or you have a factor in pending activation status. <p>OR</p> <ul style="list-style-type: none"> An EDI representative has manually completed the <i>ID Proofing</i> process through the Electronic Data Interchange (EDI) representative application, thus setting your MSPRP Status to <i>ID Proofed</i>, and You currently have no factors in active status or you have a factor in pending activation status.
Pending Phone	Contact Experian	<p>Indicates:</p> <p>You were unsuccessful with completing the <i>ID Proofing</i> process because you exceeded your total limit of four valid submission attempts (i.e., you clicked Continue without receiving validation errors the maximum four times allowed on the <i>ID Proofing and Core Credentials</i> page).</p> <p>OR</p> <p>You clicked the Contact Experian button on the <i>ID Proofing Core Credentials</i> page.</p>
Failed Phone	Contact the BCRC	Indicates that your attempt to complete the <i>ID Proofing</i> process by phone with Experian was unsuccessful.
Complete	Factor Maintenance	<p>Indicates:</p> <ul style="list-style-type: none"> You have successfully completed the <i>ID Proofing</i> process, and You have at least one factor in active status. <p>Note: In this case, the Next Step is replaced with the Factor Maintenance link. Click this link to activate or deactivate factors.</p>

Table 7-2: Next Step Action Details

Action	Description
Get Started	Displays the <i>ID Proofing and Multi-Factor Authentication Overview</i> page (to begin the <i>ID Proofing</i> process). (Section 7.3.1)
Contact Experian	Displays the <i>Contact Experian</i> page (to attempt to complete the <i>ID Proofing</i> process by phone). (Section 7.6.1) Note: This page is displayed when Experian is unable to validate your identity using the information submitted from the <i>ID Proofing Core Credentials</i> page.
Contact BCRC	Displays the <i>Contact the Benefits Coordination & Recovery (BCRC)</i> page (to manually complete <i>ID Proofing</i> through a BCRC EDI representative). (Section 7.6.2)
Factor Required	Displays the <i>Multi-Factor Authentication (MFA) Maintenance</i> page (to add a factor). (Section 7.4)
Factor Maintenance	Displays the <i>Multi-Factor Authentication (MFA) Maintenance</i> page (to activate or deactivate factors). (Section 7.4)

7.3 ID Proofing Process

Process Overview

Click the **Next Step: Get Started** link from your home page, and work through the pages that follow. Once that process is completed, you will register and activate a factor. At that point, you will be able to log in to the MSPRP using that factor in order to see previously masked case information, as applicable.

During this process, you will be asked to provide current personal information and respond to questions created by Experian Credit Services (an outside entity) to confirm your identity. This information, the questions, and your answers will not be stored on the MSPRP. This process will not impact your credit score.

7.3.1 ID Proofing and MFA Overview

The *ID Proofing and Multi-Factor Authentication Overview* page is the first step for starting the *ID Proofing* process. This page provides general information about the process and its purpose. Click **Continue** to continue the process.

7.3.2 Completing ID Proofing Core Credentials

Clicking **Continue** from the *ID Proofing and Multi-Factor Authentication Overview* page displays the *ID Proofing Core Credentials* page. This page allows you to enter personal information and submit it to Experian to validate your identity as part of the *ID Proofing* process (see Table 7-3 for field descriptions).

Notes:

First and *Last Name* fields are pre-filled and are the ones associated with your login ID. These names must match your *full legal name*, or Experian will not be able to validate your identity.

Address information entered on this page should match your current residential address so Experian can verify your identity. Successful ID proofing hinges upon Experian being able to use the address you provide to match to the address they have on file for you.

If you need to make corrections, click **Cancel** on this page and make any changes through the *MSPRP Update Personal Information* page.

When you click **Continue** from the *ID Proofing Core Credentials* page, you will see an error message if any of the data you entered fails a validation check. Data validation corrections do not count towards your total submission attempts. Your data must pass all validation checks on this page before the *Contact Experian* button is enabled. You cannot contact Experian for assistance until all validation errors have been resolved. After your data passes validation checks, you may contact Experian at any time for assistance.

If you click **Continue** and the submission fails after four attempts, your MFA Status is automatically set to *Pending Phone* and the MSPRP will display the *Contact Experian* page (Section 7.6.1). At this stage, you *must* contact Experian for assistance in completing the *ID Proofing* process.

To Complete ID Proofing Core Credentials

1. From your home page in the MSPRP, click the **Next Step: Get Started** link displayed in the *Multi-Factor Authentication* box.

The *ID Proofing and Multi-Factor Authentication Overview* page appears (Figure 7-2).

Note: This page also displays your current MFA status.

2. Click **Continue** or click **Cancel** to cancel the operation.

If you click **Continue**, the *ID Proofing Core Credentials* page appears (Figure 7-3).

Note: An *MSPRP Reference Number* is assigned automatically in a read-only field that is associated with your login ID.

3. Check that your *First* and *Last Names* are correct; then complete the remaining fields on the page (see Table 7-3).
4. Click **Continue** to create and submit an *ID Proofing Core Credentials* record to Experian.

When the submission is successful and Experian is able to verify your identity, the MSPRP will display the *Identity Verification Questions* page, where you will be required to answer a set of personal questions (Section 7.3.3). The MSPRP will also change the MFA Status on your home page.

Note: The status set depends on the response sent by Experian.

Figure 7-2: ID Proofing and Multi-Factor Authentication Overview

[Home](#) [About This Site](#) [CMS Links](#) [How To...](#) [Reference Materials](#) [Contact Us](#) [Logoff](#)

ID Proofing and Multi-Factor Authentication Overview [Print this page](#)

You have selected a link that will guide you through the ID Proofing and Multi-Factor Authentication (MFA) process on the Medicare Secondary Payer Recovery Portal (MSPRP). MSPRP users requesting electronic access to MSPRP protected information must be successfully ID Proofed and have at least one Factor associated to their MSPRP account.

During this process you will be requested to:

- Enter certain personal information on the MSPRP including your Full Legal Name, Social Security Number, Date of Birth, Current Residential Address, and Personal Phone Number which will be evaluated by Experian Credit Services (an outside entity). Please note that the information you provide will not be stored on the MSPRP. The information you provide and your answers to the questions will be evaluated by Experian to confirm your identity. This will not impact your credit score.
- Successfully respond to a series of questions created by Experian Credit Services (an outside entity) that are related to you.
- Contact Experian Verification Support Services via the phone to attempt to become ID Proofed outside of the MSPRP if you were unsuccessful at ID Proofing in the MSPRP.
- Associate an MFA Factor to your MSPRP Login ID.

Next Steps

Once you have been successfully ID Proofed and have at least one factor associated to your Login ID, you will be able to use that to view claims data that was previously only accessible to the beneficiary. When logging into the MSPRP system, you will be asked to enter your MSPRP Login ID and Password. Next, you will decide how you want to view MSPRP data for your current login session. If you choose to view sensitive information, the MSPRP will require you to login using Multi-Factor Authentication.

Users who choose not to be ID Proofed will still be able to view data on the MSPRP the same way they do today. Click **Continue** to proceed with the ID Proofing process. Click **Cancel** to cancel this process.

Your current status in the ID Proofing and MFA process is : Initial Process


[Continue](#) [Cancel](#)

Quick Help
[Help About This Page](#)

Figure 7-3: ID Proofing Core Credentials

[Home](#) [About This Site](#) [CMS Links](#) [How To...](#) [Reference Materials](#) [Contact Us](#) [Logoff](#)

ID Proofing Core Credentials

 [Print this page](#)

The name associated with your Login ID is displayed on this page. Please ensure that this is your full legal name. If changes are required to your first or last name, click **Cancel** and make any necessary corrections on the MSPRP Update Personal Information page. This information will be used to confirm your identity as you establish your account credentials so it is important that you supply your personal information and current residential address.

You will be given 4 attempts to get ID Proofed within the MSPRP. If you receive an error that you are unable to resolve before your 4th failed attempt, click the **Contact Experian** button for assistance. Experian Verification Support Services may be able to assist you over the phone. Please note, the **Contact Experian** button will be disabled until you enter valid data in all required fields and click the **Continue** button.

If Experian accepts your entered information when you click the **Continue** button, you will be directed to the Identity Verification Questions page where a 10 minute timer will immediately begin counting down and you will be required to provide responses to the questions posted on that page within that time.

An asterisk (*) indicates a required field.

Personal Information

* First Name: First

Middle Name:

* Last Name: Last

Generation: Select

* Date of Birth: / / (MM/DD/CCYY)

* Social Security Number (SSN): - -

* Re-enter Social Security Number (SSN): - -

* Personal E-mail Address:

* Home Phone: - -

Current Residential Address

* Address Line 1:

Address Line 2:

* City:

* State: Select

* Zip Code: -

ID Proofing and Multi-Factor Authentication Data Use Agreement:

☐ By checking this box I am certifying that I understand the services being requested are regulated by the Fair Credit Reporting Act and that permissible purpose is required. Any special procedures established by the Centers for Medicare & Medicaid Services (CMS) for obtaining my authorization to receive information from my personal credit profile from Experian have been met. I certify that I (First Last) have initiated a transaction with CMS, and that the service being requested will be used solely to confirm my identity to avoid fraudulent transactions in my name.

Quick Help

[Help About This Page](#)

Table 7-3: ID Proofing Core Credentials

Field	Description
Personal Information	-
First Name	<p>Required. Pre-filled by MSPRP. This is the first name associated with your login ID (required).</p> <p>The First Name field length is 15 characters, and blanks or special characters are not allowed. The first three characters cannot be “C/O,” and the first four characters cannot be “AKA ” (i.e., AKA followed by a space).</p> <p>Note: If the MSPRP returns an error while validating, click the Manage Personal Information link in the <i>Account Settings</i> box on your home page to correct any errors.</p>
Middle Name	<p>Optional.</p> <p>The Middle Name field has a maximum field length of 15 characters. Spaces or special characters are not allowed. The first three characters cannot be “C/O,” and the first four characters cannot be “AKA ”(i.e., AKA followed by a space).</p>
Last Name	<p>Required. Pre-filled by MSPRP. This is the last name associated with your login ID.</p> <p>Maximum field length is 25 characters; minimum is two. This field may contain a hyphen or apostrophe. The first three characters cannot be “C/O.”</p>
Generation	Optional.
Date of Birth	<p>Required.</p> <p>This field must be numeric and have exactly eight characters. Do not use hyphens, dashes, or special characters (Example: 12102014).</p>
Social Security Number (SSN)	<p>Required.</p> <p>This field must be numeric and include exactly nine characters. Do not use hyphens, dashes, or special characters (Format example using invalid number: 666779999). The field cannot start with 000, 666, or 900-999.</p> <p>Note: The SSN will not be stored on the MSPRP database.</p>
Re-enter Social Security Number (SSN)	Required.
Personal E-Mail Address	<p>Required.</p> <p>The maximum field length is 80 characters. Any standard email format accepted. It does not need to match the one associated with your login ID. Email addresses beginning with a dash are accepted.</p>
Home Phone	<p>Required.</p> <p>This field must be numeric. Do not use hyphens, parenthesis, dashes, or special characters (Example: 4105556666).</p>
Current Residential Address	Note: To assist Experian in verifying your identity, this should be your current residential address.
Address Line 1	<p>Required.</p> <p>The maximum field length is 30 characters. The field is alphanumeric and can only include spaces, # (pound) sign, dash, slash, and period. Military APO addresses are valid but foreign addresses are invalid.</p>
Address Line 2	<p>Optional.</p> <p>The same restrictions apply as Address Line 1 except the maximum field length is 29 characters.</p>

Field	Description
City	Required. The maximum field length is 38 characters. APO addresses use “APO” in this field.
State	Required.
Zip Code (Zip+4)	Five-digit ZIP is required; four-digit extension is optional. APO addresses use the ZIP code for that address; the <i>City</i> field must contain “APO.”
ID Proofing and Multi-Factor Authentication Data Use Agreement	Required Clicking the checkbox indicates you agree to the terms of the agreement.
Continue	This button submits an <i>ID Proofing Core Credentials</i> record to Experian.
Cancel	This button cancels the current operation, discards the data, and returns you to your home page.
Contact Experian	This button transfers you to the <i>Contact Experian</i> page (see Section 7.6.1). This button will only be enabled after you click Continue and do not receive any validation errors.

7.3.3 Identity Verification Questions

If Experian is able to verify your identity from the information submitted on the *ID Proofing Core Credentials* page, Experian will then send back a set of *Identity Verification Questions* that you must respond to in order to complete the *ID Proofing* process (Figure 7-4).

You have 10 minutes to complete the questions and submit. Otherwise, your *ID Proofing* session is terminated, and you will need to begin the process again from the beginning (Figure 7-5). There is an alert to warn you when two minutes remain in the time period.

- If verification was successful, the MFA status on your home page will be changed to **ID Proofed** and the MSPRP will display the *Multi-Factor Authentication (MFA) Maintenance* page, allowing you to activate one or more factors for your devices.
- If verification was unsuccessful, the MSPRP will change the MFA Status on your home page to **Pending Phone** and display the *Contact Experian* page (Section 7.6.1).

The *Contact Experian* page provides instructions on how to contact the Experian Verification Support Services so you can attempt to complete the *ID Proofing* process by phone. Call 866-578-5409 during the times indicated on the page, and have available your MSPRP Reference Number, which is displayed on the page.

- If your session timed out before you could click **Continue**, and the MSPRP displayed the *Failure to Respond in Time* page, click **Continue** on that page to return to the *ID Proofing Core Credentials* page to start the *ID Proofing* process again.

Figure 7-4: Example Identity Verification Questions

[Home](#) [About This Site](#) [CMS Links](#) [How To...](#) [Reference Materials](#) [Contact Us](#) [Sign off](#)

Identity Verification Questions

Experian requires some additional information in order to verify your identification. Please select an answer to each question presented on this page and click **Continue**. You will be provided ten minutes to provide your responses. If your time runs out, you will have to start the ID Proofing process over from the beginning.

1. According to your credit profile, you may have opened a mortgage loan in or around August 2010. Please select the lender to whom you currently make your mortgage payments. If you do not have a mortgage please select "NONE OF THE ABOVE/DOES NOT APPLY".

☐ BANK OF AMERICAN, N.A.

☐ LOAN AMERICA

☐ INDEPENDENCE ONE

☐ CITY CORP MORTGAGE

☐ NONE OF THE ABOVE/DOES NOT APPLY

2. Please select the number of bedrooms in your home from the following choices. If the number of bedrooms in your home is not one of the choices please select "NONE OF THE ABOVE".

☐ 2

☐ 3

☐ 4

☐ 5

☐ NONE OF THE ABOVE

3. Which of the following is the highest level of education you have completed? If there is not a matched education level please select "NONE OF THE ABOVE".

☐ HIGH SCHOOL DIPLOMA

☐ SOME COLLEGE

☐ BACHELOR DEGREE

☐ GRADUATE DEGREE

☐ NONE OF THE ABOVE

4. Which of the following professions do you currently or have previously belonged to? If there is not a matched profession, please select "NONE OF THE ABOVE".

☐ CHIROPRACTOR

☐ COUNSELER

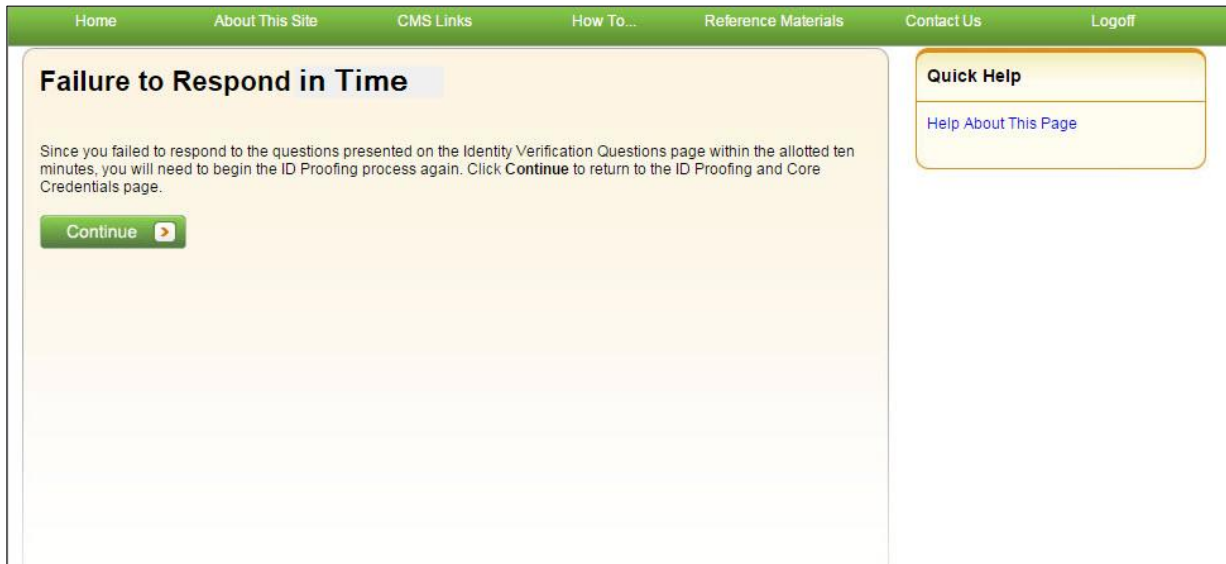
☐ BARBER/COSMETOLOGIST/MANICURE/NAIL

☐ ARCHITECT

☐ NONE OF THE ABOVE

Quick Help

[Help About This Page](#)

Figure 7-5: Failure to Respond in Time

7.4 Multi-Factor Authentication (MFA) Maintenance

Once you have successfully completed the *ID Proofing* process, your next steps are to return to the MSPRP to register and activate the factor that will be associated with your MSPRP login ID. Once activated, you can log in to the MSPRP and choose a factor if you want to view unmasked case information.

The *Multi-Factor Authentication (MFA) Maintenance* page displays the factor(s) associated with your login ID, along with associated factor information. From this page, you can activate a new factor, or activate a registered factor in a pending-activation status, by clicking the **Activate Factor** button, or deactivate a factor no longer in use by clicking **Deactivate Factor**. You must have at least one factor in active status to view unmasked case information on the MSPRP.

Note: You can have up to two factors in active and/or pending activation status for your login ID (i.e., a maximum of one Voice Call and one Text Message (SMS) Factor).

7.4.1 Register Multi-Factor Authentication (MFA)

The *Register Multi-Factor Authentication (MFA)* page allows you to register and activate the factors that will be associated to your MSPRP login ID. From this page, you can register a factor by selecting the factor type (i.e., Voice Call or Text Message (SMS)) and entering a phone number for the factor type.

Once a factor is registered, you must activate it using the *Activate Factor* page before you may log in using MFA Services to view previously masked case information.

To register an MFA Factor

1. Click the **Factor Required** or **Factor Maintenance** link on your home page.
The *Multi-Factor Authentication (MFA) Maintenance* page appears (Figure 7-6).
2. Click **Activate Factor**.
The *Register Multi-Factor Authentication (MFA)* page appears (Figure 7-7).
3. Select a factor type from the drop-down menu.

4. Enter the phone number for the selected factor type.
5. Click **Continue** to generate an MFA security token (one-time access code) via your factor type and proceed to the *Activate Factor* page (Figure 7-8), where you will complete the activation.

Note: If your factor appears in a pending activation status, you will need to complete the activation process, as described in Section 7.4.2.

Figure 7-6: Multi-Factor Authentication (MFA) Maintenance (No Factors)

The screenshot shows the 'Multi-Factor Authentication (MFA) Maintenance' page. The header includes links: Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, and Logoff. The main content area has a title 'Multi-Factor Authentication (MFA) Maintenance' with a 'Print this page' link. Below the title, it states 'Your current status in the ID Proofing and MFA process is : ID Proofed'. A paragraph explains that pending and active factors are listed on this page and that at least one factor must be active to view unmasked claim information. It also states that to activate a factor, the user must complete the activation process for the mobile device/phone number registered on the Register Multi-Factor Authentication (MFA) page. Below this, it says 'No Factor Found'. At the bottom, there are three buttons: 'Deactivate Factor' (green with a right arrow), 'Activate Factor' (green with a right arrow), and 'Cancel' (grey with an 'x'). On the right side, there is a 'Quick Help' box with a 'Help About This Page' link.

Figure 7-7: Register Multi-Factor Authentication (MFA)

The screenshot shows the 'Register Multi-Factor Authentication (MFA)' page. The header includes links: Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, and Logoff. The main content area has a title 'Register Multi-Factor Authentication (MFA)' with a 'Print this page' link. Below the title, a paragraph explains that users should select a factor type (Voice Call, Text Message (SMS), or Mobile Device) and enter a phone number. It also states that only one pending activation or active factor can be registered per factor type. Below this, it says 'An asterisk (*) indicates a required field.' The form fields are: 'Last Name:' with a text input field, 'First Name:' with a text input field, '*Factor Type:' with a dropdown menu showing 'Text Message(SMS)', and '*Phone Number:' with three text input fields separated by hyphens. At the bottom, there are two buttons: 'Continue' (green with a right arrow) and 'Cancel' (grey with an 'x'). On the right side, there is a 'Quick Help' box with a 'Help About This Page' link.

7.4.2 Activate Factor

The *Activate Factor* page allows you to activate the factor or factors that will be associated to your MSPRP login ID.

At this point, you must have successfully completed the *ID Proofing* process, selected the factor type (i.e., Voice Call or Text Message (SMS)) and the associated phone number you will be using, and received the MFA security token on your device.

Notes: You can have up to two factors in active and/or pending activation status for your login ID (i.e., a maximum of one Voice Call and one Text Message (SMS) Factor).

To Activate a Factor

1. Enter the MFA security token on the *Activate Factor* page (Figure 7-8).
Note: See Section 7.4.1 for steps on getting to the *Activate Factor* page.
2. Click **Continue** to complete the activation.
3. The *Factor Activated Successfully* page appears (Figure 7-9).
4. Click **Continue** to return to the *Multi-Factor Authentication (MFA) Maintenance* page.

Once you have activated at least one factor, the MSPRP will set your MFA Status to *Complete* on your home page.

Figure 7-8: Activate Factor

Home About This Site CMS Links How To... Reference Materials Contact Us Logoff

Activate Factor

[Print this page](#)

Please enter the MFA Security Token you received on your registered mobile device/phone number and then click **Continue**. Click **Cancel** to return to the Multi-Factor Authentication (MFA) Maintenance page. If you do not receive your MFA Security Token, please click the **Resend** button to receive a new MFA Security Token.

An asterisk (*) indicates a required field.

*MFA Security Token: [Resend](#)

[Continue](#) [Cancel](#)

Quick Help

[Help About This Page](#)

Figure 7-9: Factor Activated Successfully

Factor Activated Successfully

The Factor listed on this page has been successfully activated for your Login ID. You may use this factor to view unmasked claim information on the Medicare Secondary Payer Recovery Portal (MSPRP) next time you login.

Factor Type	Phone Number	Status	Date Activated
Text Message(SMS)	(###) ###-####	ACTIVE	10/22/2018

[Print this page](#)

[Quick Help](#)
[Help about this page](#)

[Continue](#)

Figure 7-10: Multi-Factor Authentication (MFA) Maintenance (With Factors)

Multi-Factor Authentication (MFA) Maintenance

Your current status in the ID Proofing and MFA process is : Complete

The Pending Activation and Active Factors associated to your Login ID are listed on this page. You must have at least one Factor in Active status in order to view unmasked claim information on the Medicare Secondary Payer Recovery Portal (MSPRP). To activate a Factor, you must complete the activation processes for the mobile device/phone number you registered on the Register Multi-Factor Authentication (MFA) page.

Select	Factor Type	Phone Number	Status
<input type="radio"/>	Voice Call	(###) ###-####	ACTIVE

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

[Deactivate Factor](#) [Activate Factor](#) [Cancel](#)

7.4.3 Deactivate Factor

Once you activate one or more factors on the MSPRP, you can deactivate them at any time. Once a factor is deactivated, you will not be able to use it to view previously masked case information on the MSPRP, unless you activate it again using the *Multi-Factor Authentication (MFA) Maintenance* page.

Notes:

You may also deactivate a factor that is in pending activation status.

If you activate and then deactivate the text message factor and then decide to register it again using the same phone number, you will not need to activate it by entering a security token. The MFA services keeps this factor on file. If you select this factor type again, the system will place it in Active status automatically.

To Deactivate a Factor

1. Click the **Factor Maintenance** link on your home page.

The *Multi-Factor Authentication (MFA) Maintenance* page appears.

2. Click the radio button to select the factor you want to deactivate.

3. Click **Deactivate Factor**.

The *Deactivate Factor Confirmation* page appears.

4. Click **Continue** to confirm the deactivation or click **Cancel** to cancel the deactivation process.

The *Factor Deactivated Successfully* page appears.

5. Click **Continue** to return to the *Multi-Factor Authentication (MFA) Maintenance* page when completed.

Figure 7-11: Deactivate Factor Confirmation

Deactivate Factor Confirmation

Please review the information displayed on this page to confirm that this factor should no longer be associated to your Login ID. Once a factor has been deactivated, you will not be able to use it to view unmasked claim information on the Medicare Secondary Payer Recovery Portal (MSPRP) unless you reactivate it at a later time. If this is the only factor in Activated status associated to your Login ID, you will no longer be able to view unmasked claim information until you activate another factor. Click **Continue** to proceed. Click **Cancel** to return to the Multi-Factor Authentication (MFA) Maintenance page without deactivating this Factor.

Factor Type	Phone Number	Date Deactivated
Text Message(SMS)	(###) ###-####	02/24/2015

Continue **Cancel**

Quick Help
[Help About This Page](#)

Figure 7-12: Factor Deactivated Successfully

Factor Deactivated Successfully

The factor listed on this page has been successfully deactivated for your Login ID.

Factor Type	Phone Number	Date Deactivated
Text Message(SMS)	(###) ###-####	02/24/2015

Continue

Quick Help
[Help About This Page](#)

7.5 Logging in Using MFA Services

Once you have completed the *ID Proofing* process and have at least one MFA factor in active status on the MSPRP, you can log in to the MSPRP and choose whether or not to use MFA Services to view previously masked case information.

When you log in, the MSPRP displays the *Select Login Option* page automatically.

If you want to use MFA Services, select the **Login using Multi-Factor Authentication** option and select a factor. You will be redirected to the *Multi-Factor Authentication (MFA) Verification* page where you will have three attempts to successfully enter the MFA security token. If you fail to do so, the MSPRP will lock your account after the third attempt, and you will be prevented from viewing any MSPRP data. Contact an EDI representative to unlock your account. **Note:** You may also use steps in Section 6.4 to unlock your account yourself.

To use MFA Services

1. Log in to the MSPRP.

The *Select Login Option* page appears (Figure 7-13).

Note: This page will not appear if you have not activated any MFA factors.

2. Click to select either the **Login using Multi-Factor Authentication** or **Login without my Multi-Factor Authentication** radio button.

If using MFA Services, select an MFA factor from the drop-down menu.

3. Click **Continue** to continue the login, or **Cancel** to sign off from the application.

If you click **Continue**, the *Multi-Factor Authentication (MFA) Verification* page appears (Figure 7-14)

4. Enter the *MFA Security Token* and click **Continue** to continue the login, or **Cancel** to return to the *Select Login Option* page.

If you click **Continue**, the *Account List* page appears (Figure 7-16).

Figure 7-13: Select Login Option

Home About This Site CMS Links How To... Reference Materials Contact Us Sign off

Select Login Option

[Print this page](#)

For advanced security and the ability for representatives to view unmasked claim information, a registered user must log in using multi-factor authentication. To log in using multi-factor authentication, please choose your MFA factor and click Continue to proceed.

☒ Login using Multi-Factor Authentication

*Required to view unmasked Medicare beneficiary claim information
*Select the MFA Factor you are using for this login session:

☐ Login without my Multi-Factor Authentication

Choosing this option will mask certain claim information from view.

[Continue](#) [Cancel](#)

Quick Help

[Help About This Page](#)

Figure 7-14: Multi-Factor Authentication (MFA) Verification

Multi-Factor Authentication (MFA) Verification

Please enter the MFA Security Token you received on your registered mobile device/phone number and then click **Continue**. Click **Cancel** to return to the Select Login Option page. If you do not receive your MFA Security Token, please click the **Resend** button to receive a new MFA Security Token.

An asterisk (*) indicates a required field.

Factor Type: Text Message(SMS)

*MFA Security Token: **Resend**

Continue **Cancel**

Quick Help

[Help About This Page](#)

7.6 Troubleshooting

7.6.1 Contact Experian

During the ID Proofing process, if Experian was unable to validate your identity using the information submitted from the *ID Proofing Core Credentials* page, then the *Contact Experian* button is enabled on your home page. Click this button to display the *Contact Experian* page (Figure 7-15). This page provides instructions on how to contact Experian so you can attempt to complete the *ID Proofing* process by phone.

To Contact Experian

Call 866 578-5409 during the times indicated to contact Experian Verification Support Services.

The agent will ask you for the MSPRP Reference Number (displayed on the *Contact Experian* page) along with your name, address, phone number, date of birth, and Social Security Number (SSN). You may also be required to provide answers to some questions asked by the agent.

If the agent verifies your identity successfully, they will let you know. Click **Continue** to return to your home page and click the **Contact Experian** link. Your status will be listed as **ID Proofed** and the Next Step will be the **Factor Required** link. Click this link to complete the final step of the *Multi-Factor Authentication* process.

Phone Verification Unsuccessful?


If the Experian agent is unable to confirm your identity, they will let you know that you have failed the phone *ID Proofing* process. Click **Continue** to return to your home page and click the **Contact Experian** link. Your status will be listed as **Failed Phone** and the Next Step will be the **Contact BCRC** link (Figure 7-16). Click this link to access information for contacting the BCRC so you can complete the *ID Proofing* process manually (Figure 7-17).

From the *Contact Experian* page, click **Continue** to return to your home page.

Figure 7-15: Contact Experian

[Home](#)
[About This Site](#)
[CMS Links](#)
[How To...](#)
[Reference Materials](#)
[Contact Us](#)
[Logoff](#)

Contact Experian


 [Print this page](#)

Experian was unable to validate the information you submitted for ID Proofing. Please contact Experian Verification Support Services by phone at [\(866\) 578-5409](tel:866-578-5409) during the times listed on this page in an attempt to become ID Proofed over the phone. When you speak with the Experian call center agent, you will need to provide the MSPRP Reference Number displayed on this page along with your Name, Address, Phone Number, Date of Birth and Social Security Number. You may also be required to provide answers to some questions asked by the agent.

After you speak with an agent they will let you know your ID Proofing status. Click **Continue** to return to your home page. If the agent successfully verified your identity, you can complete the final step in the multi-factor authentication process by clicking the Next Step link (Contact Experian) on your home page. If the agent was unable to confirm your identity, you can attempt to be ID Proofed through a manual process by clicking the Next Step link (Contact BCRC) on your home page.

Experian Verification Support Services Contact Information
Phone Number: [\(866\) 578-5409](tel:866-578-5409)
MSPRP Reference Number: MRP38351

Day of the Week	Open	Close
Monday	8:30 am EST	10:00 pm EST
Tuesday	8:30 am EST	10:00 pm EST
Wednesday	8:30 am EST	10:00 pm EST
Thursday	8:30 am EST	10:00 pm EST
Friday	8:30 am EST	10:00 pm EST
Saturday	10:00 am EST	8:00 pm EST
Sunday	11:00 am EST	8:00 pm EST

[Continue](#) 


Quick Help

[Help About This Page](#)

Figure 7-16: Account List (MFA Status: Failed Phone)


[Home](#)
[About This Site](#)
[CMS Links](#)
[How To...](#)
[Reference Materials](#)
[Contact Us](#)
[Logoff](#)

Account List

 [Print this page](#)

Click the desired link to access the associated account.

You may update your personal information or change your current password by clicking the appropriate link under the Account Settings List.



Multi-Factor Authentication

MSPRP users may request access to view unmasked claims data that was previously only accessible to the beneficiary. Individuals requesting this access must complete the ID Proofing and Multi-Factor Authentication (MFA) process. The status of your request will display as a link under the Multi-Factor Authentication box. You will click this link to progress through the required steps. Once you have successfully completed this process your status will be changed to Complete.

During the ID Proofing process, you will be asked to provide current personal information and respond to questions created by Experian Credit Services (an outside entity) to confirm your identity. This information, the questions, and your answers will not be stored on the MSPRP. This process will not impact your credit score.

To use MFA services, you will be required to register for a Factor Type (**Voice Call and/or Text Message (SMS)**) as a method of receiving your security token to access the MSPRP application using your MFA Login. When registering for **Voice Call**, a landline phone or mobile device may be used to receive the security token via phone call. To register for **Text Message (SMS)** you must register with a mobile phone number in order to receive your security token via text message. After the Factor registration, you then must activate the Factor for your login ID. You may only have ONE registered or activated phone number per factor type.

You will be able to activate the factor after the Next Step link has changed to **Factor Required**. To begin the ID Proofing process, click the Next Step: **Get Started** link.


Associated Account IDs:
[##### FIRST LAST](#)
[##### FIRST LAST](#)

Quick Help

[Help About This Page](#)

Account Settings

[Update Personal Information](#)
[Change Password](#)

 **Multi-Factor Authentication**

Status: **Failed Phone**
Next Step: [Contact BCRC](#)

7.6.2 Contact the BCRC

If Experian was unable to verify your identity by phone and you still want to continue with the *ID Proofing* process, you will need to bring specific documentation to a Notary Public and have that individual verify your identity and notarize a statement to that effect. You will then need to send your documentation to the Benefits Coordination & Recovery Center (BCRC) and have an EDI representative manually complete *ID Proofing* for you.

To contact the BCRC

1. Click the **Contact BCRC** link from your home page.

The *Contact the Benefits Coordination & Recovery Center (BCRC)* page appears (Figure 7-17).

The *Notary Statement Template* link on this page opens a blank statement that you can download, complete, and have signed by a Notary Public as proof of your identity. This template includes a list of documents you can choose from to prove your identity to the Notary.

The *Notarized Statement Sample* link opens a sample of a completed document (Figure 7-18).

2. Complete and mail the notarized statement to the BCRC EDI department at the address indicated on the page.
3. Click **Continue** to return to your home page.


If the BCRC is able to verify your identity, you will receive an email notification within 45 days of receipt of your notarized document. If you have not received the notification after 45 days, contact the EDI department Monday-Friday, from 9:00 a.m. to 5:00 p.m., Eastern Time, except holidays, at: 646-458-6740 (TTY/TDD: 1-855-797-2627).

Once you receive a verification email notification from the BCRC, the MFA Status on your home page will be set to *ID Proved* and the Next Step will be the *Factor Required* link.

Figure 7-17: Contact the BCRC

[Home](#) [About This Site](#) [CMS Links](#) [How To...](#) [Reference Materials](#) [Contact Us](#) [Sign off](#)

Contact the Benefits Coordination & Recovery Center (BCRC)

 [Print this page](#)

Experian is unable to verify your identity. If you want to continue with the ID Proofing process, you will need to bring specific documentation to a Notary Public and have him/her verify your identity and notarize a statement to that effect.


The documentation that will be accepted as proof of your identity as well as a template that can be used by the Notary Public for this purpose can be found at the following link: [Notary Statement Template](#). Should you wish to view a sample of a completed Notarized Statement, please view the document at the following link: [Notarized Statement Sample](#).

Once a Notary Public has been able to confirm your identity, you should mail the notarized statement to the BCRC EDI Department at:

Medicare
MSPRP
PO Box 138892
Oklahoma City, OK 73113

Next Steps

If the BCRC is able to successfully verify your identity, you will receive an e-mail notification within 45 days of receipt of your notarized document. Upon receipt of this e-mail, you will need to login to the Medicare Secondary Payer Recovery Portal (MSPRP) and click the 'Factor Required' link on your home page. This will allow you to activate a factor for your Login ID which is needed to view unmasked claim information on the MSPRP. If you haven't received the e-mail notification from the BCRC after 45 days, contact the EDI Department Monday-Friday, from 9:00 a.m. to 5:00 p.m., Eastern Time, except holidays, at: (646) 458-6740.

[Continue](#) 

Quick Help

[Help About This Page](#)


Figure 7-18: Example Notary Statement

NOTARY STATEMENT - VERIFICATION OF IDENTIFICATION (SAMPLE)

Name of Applicant: John Doe

Address of Applicant: 99 Any Street
New York, NY 00000-0000

MSPRP E-mail Address: JDoe@hotmail.com


Signature 

State of New York


County of Madison

On this, the 5th day of March, 2015 before me, a Notary Public, the undersigned officer in and for the above state and county, personally appeared John Doe proved to be the person named by providing the following document(s):
Driver's License as identification.

In witness hereof, I hereunto set my hand and official seal.



Notary Public
 My Commission Expires: mm/dd/yyyy



Acceptable Forms of Identification

An individual can provide proof of his or her identity by providing any one tier one documents or any combination of the tier two documents listed below:

Tier One Document	Driver's License; School Identification Card with photograph of the individual; Voter Registration Card; U.S. Military Card; U.S. Military Draft Record; Identification Card issued by the federal, state, or local government with the same information included on driver's licenses; U.S. Passport; I-551 Permanent Resident Card; Certificate of Naturalization; Military Dependent Identification Card; Tribal Card; Authentic Document from a Tribe declaring membership for an individual; U.S. Coast Guard Merchant Mariner Card
Tier Two Document	US Public Birth Certificate; Social Security Card; Marriage Certificate; Divorce Decree; Employer Identification Card; High School or College Diploma; Property Deed or Title

Chapter 8: Account Settings

Account Settings functions, which are located on the *Account List* home and associated Account ID pages, are available to Account Managers (AMs) and Account Designees (ADs) (Corporate and Representative account types only). Access to these functions is limited by user role.

AMs and ADs can access the following from the *Account List* page:

- **Update Personal Information:** Allows you to update your name, email address, address and phone.
- **Change Password**

AMs can access the following from their associated Account ID pages:

- **Update Account Information:** Allows you to update the organization name, recovery case mailing address, email address, and phone number.
- **Designee Maintenance:** Allows you to invite/revoke AD access to the account.

Note: You will grant/revoke AD access to a case from the *Case Listing* page (see Section 12.2.4).

- **View Account Activity**

ADs can access the following from their associated Account ID pages:

- **View Account Activity**

To access the links in the Account Settings box, you must be logged into the MSPRP and be on your home page (i.e., the *Account List* page).

8.1 Update Personal Information

Your personal information is recorded during your initial registration. However, this information can be updated and changed, if necessary.

1. Click the **Update Personal Information** link in the *Account Settings* box on the *Account List* page (Figure 8-1).

The *Update Personal Information* page appears (Figure 8-2).

2. Make any necessary changes. You will need to type your email address in the *Re-enter Email Address* field.
3. Click **Continue**.

The *Personal Information Update Confirmation* page appears with the updated information (Figure 8-3).

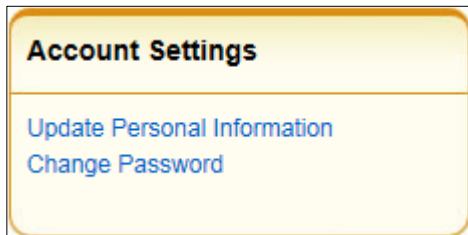
4. Review the updated information. You can print this page by clicking the **Print this page** link.

5. Click **Continue** to return to your home page.

The system then sends you an email confirming that your personal information has been changed (Figure 8-4).

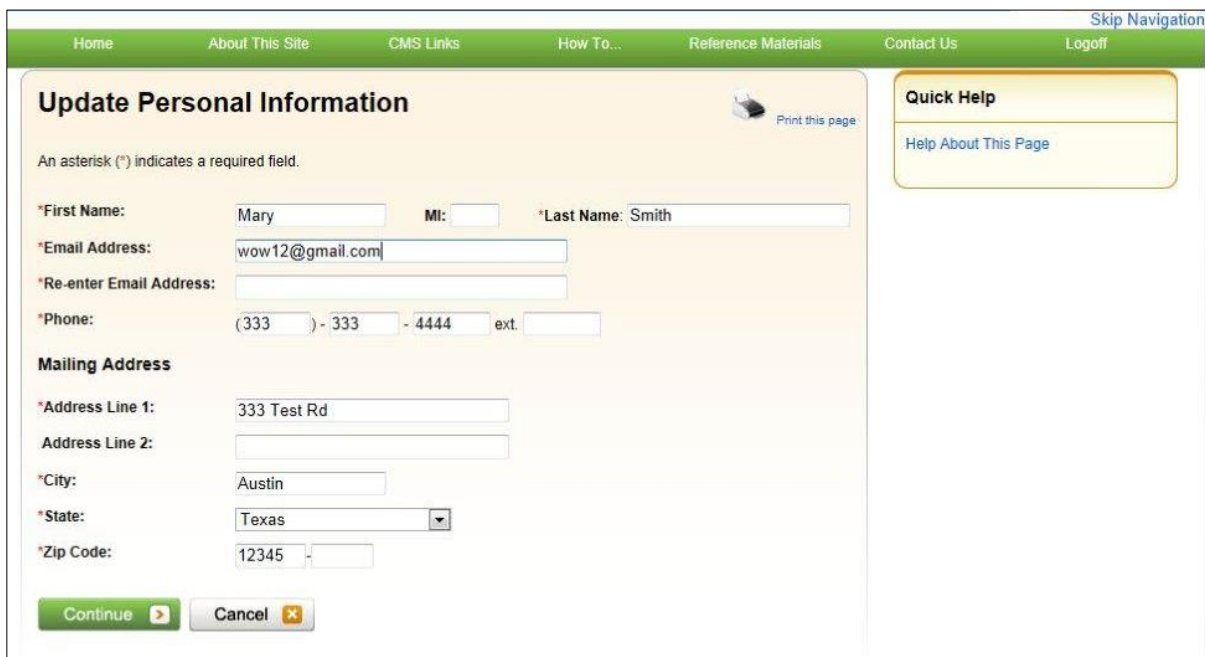
Note: If you updated your email address, the email will be sent to your previous email address.

Figure 8-1: Account Settings



A yellow rectangular box with a thin orange border. At the top, the text "Account Settings" is displayed in bold black font. Below it, two links are listed in blue text: "Update Personal Information" and "Change Password".

Figure 8-2: Update Personal Information



A screenshot of a web application interface for updating personal information. The page has a green navigation bar at the top with links: Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, and Logoff. A "Skip Navigation" link is in the top right corner. The main content area is titled "Update Personal Information" and includes a "Print this page" icon. A note states: "An asterisk (*) indicates a required field." The form contains several input fields: *First Name (Mary), MI (empty), *Last Name (Smith), *Email Address (wow12@gmail.com), *Re-enter Email Address (empty), *Phone (333) - 333 - 4444 ext. (empty), Mailing Address section with *Address Line 1 (333 Test Rd), Address Line 2 (empty), *City (Austin), *State (Texas dropdown), and *Zip Code (12345 - empty). At the bottom are "Continue" and "Cancel" buttons. A "Quick Help" sidebar on the right contains a "Help About This Page" link.

Table 8-1: Update Personal Information

Field	Description
First Name	Enter your first name. This is the first name associated with your login ID (required). Note: If you are undergoing the <i>ID Proofing</i> process, blanks or special characters are not allowed in this field. Also, the first three characters cannot be “C/O,” and the first four characters cannot be “AKA ” (i.e., AKA followed by a space).
MI	Enter the first letter of your middle name (optional).
Last Name	Enter your last name. This is the last name associated with your login ID (required). Note: If you are undergoing the <i>ID Proofing</i> process, this field may contain a hyphen or apostrophe. The first three characters cannot be “C/O.”
Email Address	Enter your personal email address.
Re-enter Email Address	Enter your email address a second time for verification purposes.
Phone	Enter your personal phone number.
Ext.	Enter the extension for your phone number (optional).
Address Line 1	Enter your personal mailing address. Note: This address will not be used to send correspondence related to the recovery case.
Address Line 2	Enter the second line of your personal mailing address (optional). Note: This address will not be used to send correspondence related to the recovery case.
City	Enter the city where you are located. Note: This address will not be used to send correspondence related to the recovery case.
State	Select the state where you are located from the drop-down list. To quickly select a state, type the first letter to scroll to the desired state. Note: This address will not be used to send correspondence related to the recovery case.
Zip Code	Enter the ZIP code where you are located (required), plus four-digit ZIP code suffix (optional). Note: This address will not be used to send correspondence related to the recovery case.
Continue	Command button. Click to save changes and continue to the next page.
Cancel	Command button. Click to return to your home page.

Figure 8-3: Personal Information Update Confirmation

Home About This Site CMS Links How To... Reference Materials Contact Us Logoff [Skip Navigation](#)

Personal Information Update Confirmation

[Print this page](#)

Your information has been updated. Print this page for your records.

Personal Information

First Name: FIRST MI: M Last Name: LAST

E-Mail Address: AAAA@AAA.AAA

Phone: ### ### #### ext. ##

Mailing Address

Address Line 1: AAAAAAAAAA

Address Line 2: AAAAAAAAAA

City: AAAAAAAAAA

State: AAAAAAAAAA

Zip Code: ####

[Continue](#)

Quick Help

[Help About This Page](#)

Figure 8-4: Sample Personal Information Update Email

From: DoNotReply@cob.cms.hhs.gov [mailto:DoNotReply@cob.cms.hhs.gov]
Sent: Tuesday, December 18, 2012 2:50 PM
To: AM-Email@AAAAAAAA.AAA
Subject: Personal Information Update

***** PLEASE DO NOT REPLY TO THIS EMAIL *****

Dear FirstName LastName:

This email is to confirm that your Personal Information has been updated.

This electronic message transmission is intended only for the person or entity to which it is addressed and may contain information that is privileged, confidential, or otherwise protected from disclosure. If you have received this transmission; but are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or use of the contents of this information is strictly prohibited. If you have received this e-mail in error, please contact the Electronic Data Interchange (EDI) Department at 646-458-6740 and delete and destroy the original message and all copies.

8.2 Update Account Information

The AM for the account can update their organization's MSPRP account information when necessary. For Corporate account types, see Section 8.2.1. For Representative account types, see Section 8.2.2.

8.2.1 Corporate Account—Update Account Information

1. Click the **Update Account Information** link in the *Account Settings* box on your Account ID page (Figure 8-5).

The *Update Corporate Information* page appears (Figure 8-6). You can update your Corporate information or your Account Representative's (AR's) contact information from this page.

2. To update the corporate information, click the **Edit** button next to the *Corporate Information* heading.
3. To update the AR's information, click **Edit** next to the *Account Representative (AR) Information* heading,

The *Corporate Information* page appears (Figure 8-7). The Corporate Information fields are open for editing.

4. Make changes as necessary and click **Continue**.

The *Update Corporate Information* page appears again with the updated information (Figure 8-8).

Note: You cannot change the Employer Identification Number (EIN).

Figure 8-5: Account Settings

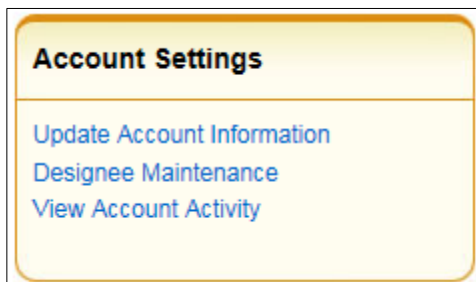


Figure 8-6: Update Corporate Information

Home About This Site CMS Links How To... Reference Materials Contact Us Logoff [Skip Navigation](#)

Update Corporate Information

[Print this page](#)

You may edit the Corporate Account information or Account Representative information by clicking on the Edit button of that section. You may not change the account type. Click the Continue button to submit the changes. Click the Cancel button to return to the Home Page, all changes will be lost.

Account Type: Corporate

Corporate Information

Employer Identification Number(EIN): #######

Corporate Name: AAAAAAAAAA

Recovery Case Mailing Address

Address Line 1: AAAAAAAAAA

Address Line 2: AAAAAAAAAA

City: AAAAAAAAAA

State: AAAAAAAAAA

Zip Code: ####

Account Representative (AR) Information

First Name: AAAA MI: A Last Name: AAAA

Title: AAAA

E-Mail Address: AAAAAAAAAA

Phone: ####### ext: ##

Fax: #######

[Continue](#) [Cancel](#)

Quick Help

[Help About This Page](#)

Figure 8-7: Corporate Information

Home About This Site CMS Links How To... Reference Materials Contact Us Logoff [Skip Navigation](#)

Corporate Information

[Print this page](#)

An asterisk (*) indicates a required field.

*Employer Identification Number (EIN): #######

*Corporation Name: ACME

Recovery Case Mailing Address

*Address Line 1: 111 Anywhere Lane

Address Line 2:

*City: Anytown

*State: NY

*Zip Code: 11111 -

[Previous](#) [Continue](#) [Cancel](#)

Quick Help

[Help About This Page](#)

Table 8-2: Corporate Information

Field	Description
Employer Identification Number (EIN)	Displays the corporate Employer Identification Number (EIN)/Tax Identification Number (TIN). This nine-digit number cannot be changed or edited.
Corporation Name	Displays the corporation's name. Make any necessary changes.

Recovery Case Mailing Address

The information entered in this section of the *Corporate Information* page should be for the mailing address at which you have previously received correspondence from the BCRC related to the recovery case or the address at which you want correspondence directed. This address will be used to link the account to associated recovery cases. Once this link is established, the level of authorization that the account can/should have on the case is determined and appropriate MSPRP functionality for that account is enabled on the MSPRP.

Note: The AM for the account has the ability to associate/add additional recovery case mailing addresses to an MSPRP account. In order to do this, the AM must update the information stored in the *Recovery Case Mailing Address* fields with the information for the new address to be associated to the account. The AM should only update the recovery case mailing address information once per day. If the AM updates this information more than once per day, only the last update will be captured.

Table 8-3: Recovery Case Mailing Address

Field	Description
Address Line 1	Displays the first line of the corporation's business mailing address. Make any necessary changes.
Address Line 2	Displays the second line of the corporation's business mailing address. Make any necessary changes.
City	Displays the city where the corporation is located. Make any necessary changes.
State	Displays the state where the corporation is located. Make any necessary changes to the state by using the drop-down list. Note: To quickly select a state, type the first letter to scroll to the desired state.
Zip Code	Displays the corporation's ZIP code. Make any necessary changes to the ZIP code and four-digit ZIP code suffix.
Previous	Command button. Click to return to the prior page.
Continue	Command button. Click to save changes and continue to the next page.
Cancel	Command button. Click to return to your home page. Any information you entered will not be saved

Figure 8-8: Update Corporate Information

5. If you also need to update the AR Information, click the **Edit** button next to the *Account Representative (AR) Information* heading. If you have completed your updates, click **Continue**.

The *Update Account Representative (AR) Information* page appears confirming that your updates have been made (Figure 8-9).

6. Click **Continue** to return to your home page to perform another action or click the navigation **Logoff** link to exit the MSPRP.

You can update/replace the AR's name, title, email address, and phone number.

7. Make any necessary changes and click **Continue**.

The *Update Corporate Information* page displays the updated information (Figure 8-10).

Note: You must re-enter the AR's email address in the *Re-enter E-mail Address* field.

8. Verify your updates and click **Continue**.

The *Corporate Information Update Confirmation* page appears confirming that your updates have been made (Figure 8-11).

9. Click **Continue** to return to your home page to perform another action or click **Logoff** to exit the MSPRP.

Figure 8-9: Update Account Representative (AR) Information

Home About This Site CMS Links How To... Reference Materials Contact Us Logoff

Update Account Representative (AR) Information

[Print this page](#)

An asterisk (*) indicates a required field.

*AR First Name: MI: *Last Name:

*AR Title:

*E-mail Address:

*Re-enter E-mail Address:

*Phone: - - ext.

Fax: - -

[Previous](#) [Continue](#) [Cancel](#)

Quick Help

[Help About This Page](#)

Table 8-4: Update Account Representative (AR) Information

Field	Description
AR First Name	Displays the first name of the AR. Make any necessary changes.
MI	Displays the first letter of the AR's middle name. Make any necessary changes.
Last Name	Displays the surname of the AR. Make any necessary changes.
AR Title	Displays the AR's title. Make any necessary changes.
E-mail Address	Displays the personal email address used by the AR. Make any necessary changes.
Re-enter E-mail Address	Re-enter the email address for verification purposes.
Phone	Displays the AR's personal phone number. Make any necessary changes.
Ext.	Displays the extension for the AR's phone number. Make any necessary changes.
Fax	Displays the AR's fax number. Make any necessary changes.
Previous	Command button. Click to return to the prior page.
Continue	Command button. Click to save changes and continue to the next page.
Cancel	Command button. Click to return to your home page.

Figure 8-10: Update Corporate Information

[Skip Navigation](#)

Home About This Site CMS Links How To... Reference Materials Contact Us Logoff

Update Corporate Information

[Print this page](#)

You may edit the Corporate Account information or Account Representative information by clicking on the Edit button of that section. You may not change the account type. Click the Continue button to submit the changes. Click the Cancel button to return to the Home Page, all changes will be lost.

Account Type: Corporate

Corporate Information [Edit](#)

Employer Identification Number(EIN): #####!

Corporate Name: AAAAAAAAAA

Recovery Case Mailing Address

Address Line 1: AAAAAAAAAA

Address Line 2: AAAAAAAAAA

City: AAAAAAAAAA

State: AAAAAAAAAA

Zip Code: ####

Account Representative (AR) Information [Edit](#)

First Name: AAAA MI: A Last Name: AAAA

Title: AAAA

E-Mail Address: AAAAAAAAAA

Phone: #####! ext: ##

Fax: #####!

[Continue](#) [Cancel](#)

Quick Help

[Help About This Page](#)

Figure 8-11: Corporate Information Update Confirmation

[Skip Navigation](#)

Home About This Site CMS Links How To... Reference Materials Contact Us Logoff

Corporate Information Update Confirmation

[Print this page](#)

The corporate information has been updated. Click the Continue button to return to the Home Page. Print this page for your records.

Account Type: Corporate

Corporate Information [Edit](#)

Employer Identification Number(EIN): #####!

Corporate Name: AAAAAAAAAA

Recovery Case Mailing Address

Address Line 1: AAAAAAAAAA

Address Line 2: AAAAAAAAAA

City: AAAAAAAAAA

State: AAAAAAAAAA

Zip Code: ####

Account Representative (AR) Information [Edit](#)

First Name: AAAA MI: A Last Name: AAAA

Title: AAAA

E-Mail Address: AAAAAAAAAA

Phone: #####! ext: ##

Fax: #####!

[Continue](#) [Cancel](#)

Quick Help

[Help About This Page](#)

8.2.2 Representative Account—Update Account Information

1. Click the **Update Account Information** link in the *Account Settings* box on your Account ID page.

The *Update Account Information* page appears.

2. Click the **Edit** button next to the *Representative Information* or the *Representative Mailing Address* section to make changes.

The *Update Representative Information* page appears with all fields open for editing (Figure 8-14).

Figure 8-12: Account Settings

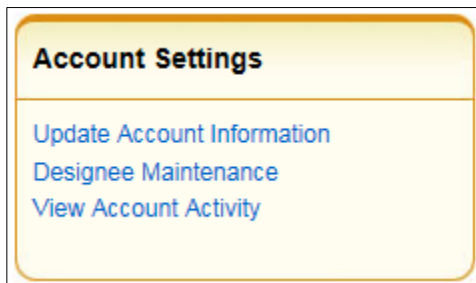


Figure 8-13: Update Account Information

The image shows the "Update Account Information" page. At the top, there is a green navigation bar with links: Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, and Logoff. A "Skip Navigation" link is also present. Below the navigation bar, the page title "Update Account Information" is displayed. A "Print this page" icon is next to the title. A paragraph of text explains that users can edit personal information or mailing address by clicking the "Edit" button of that section. Below this, there are two main sections: "Representative Information" and "Beneficiary Information". The "Representative Information" section has an "Edit" button and contains fields for First Name (FIRST), MI (M), Last Name (LAST), SSN (***-**-####), E-Mail Address (AAAA@AAA.AAA), Phone (###-###-#### ext: ##), and Fax (###-###-####). The "Beneficiary Information" section contains fields for Last Name (LAST), First Initial (F), Medicare ID (*****), Date of Birth (AAAA ## ####), and Gender (AAAA). Below these sections is the "Representative Mailing Address" section, which has an "Edit" button and contains fields for Address Line 1 (AAAAAAAAA), Address Line 2 (AAAAAAAAA), City (AAAAAAAAA), State (AAAAAAAAA), and Zip Code (####). At the bottom of the page, there are two buttons: "Continue" (green with a right arrow) and "Cancel" (grey with a red X).

3. Make changes as necessary and click **Continue** to save your changes and return to the *Update Account Information* page.

The *Update Account Information* page displays your updated information (Figure 8-15).

Note: You must re-enter the email address in the *Re-enter E-mail Address* field before you can continue to the next page.

4. Click **Continue** to proceed to the *Update Account Information Confirmation* page.

The *Update Account Information Confirmation* page displays the updated information (Figure 8-16).

5. Click **Continue** to proceed.

The MSRP *Welcome!* Page appears. You have now completed this process.

Figure 8-14: Update Representative Information

The screenshot shows a web form titled "Update Representative Information". At the top, there is a navigation bar with links: Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, and Logoff. A "Skip Navigation" link is also present. The form itself has a yellow header with the title and a "Print this page" icon. Below the header, a note states: "An asterisk (*) indicates a required field." The form contains several input fields:

- *First Name: John
- MI: (empty)
- *Last Name: Doe
- *E-mail Address: jDoe@YourCompany.Com
- *Re-enter E-mail Address: (empty)
- *Phone: 999 - 999 - 9999 ext. (empty)
- *Fax: (empty)
- Mailing Address section:
 - *Address Line 1: 111 Any Lane
 - Address Line 2: (empty)
 - *City: Anytown
 - *State: NY (dropdown menu)
 - *Zip Code: 99999 - (empty)

 At the bottom of the form are three buttons: "Previous" (with a left arrow), "Continue" (with a right arrow), and "Cancel" (with an X icon).

Table 8-5: Update Representative Information

Field	Description
First Name	Displays the Representative's first name. Make any necessary changes.
MI	Displays the first initial of the Representative's middle name. Make any necessary changes.
Last Name	Displays the Representative's last name. Make any necessary changes.
E-mail Address	Displays the Representative's personal email address. Make any necessary changes.
Re-enter Email Address	Re-enter the Representative's email address a second time for verification purposes.

Field	Description
Phone	Displays the Representative's personal phone number. Make any necessary changes.
Ext.	Displays the Representative's phone number extension. Make any necessary changes.
Fax	Displays the Representative's fax number. Make any necessary changes.
Address Line 1	Displays the first line of the company's mailing address. Make any necessary changes.
Address Line 2	Displays the second line of the company's mailing address. Make any necessary changes.
City	Displays the city where the company is located. Make any necessary changes.
State	Displays the state where the company is located. Note: To revise the state, type the first letter of the state name and then scroll to the desired state.
Zip Code	Displays the company's ZIP code and four-digit ZIP code suffix. Make any necessary changes.
Previous	Command button. Click to return to the prior page.
Continue	Command button. Click to save changes and continue to the next page.
Cancel	Command button. Click to return to your home page. Any information you entered will not be saved.

Figure 8-15: Update Account Information

[Skip Navigation](#)

Home About This Site CMS Links How To... Reference Materials Contact Us Logoff

Update Account Information [Print this page](#)

You may edit the Account Representative personal information or mailing address by clicking on the Edit button of that section. You may not change the account type or change the beneficiary information that was provided during initial registration. Click the Continue button to submit the changes. Click the Cancel button to return to the Home Page, all changes will be lost.

Account Type: Representative

Representative Information

First Name: FIRST MI: M Last Name: LAST

SSN: ***-***-####

E-Mail Address: AAAA@AAA.AAA

Phone: ###-###-#### ext: ##

Fax: ###-###-####

Beneficiary Information

Last Name: LAST First Initial: F

Medicare ID: *****

Date of Birth: AAAA ## ####

Gender: AAAA

Representative Mailing Address:

Address Line 1: AAAAAAAAAA

Address Line 2: AAAAAAAAAA

City: AAAAAAAAAA

State: AAAAAAAAAA

Zip Code: #####

[Continue](#) [Cancel](#)

Quick Help

[Help About This Page](#)

Figure 8-16: Update Account Information Confirmation

Home About This Site CMS Links How To... Reference Materials Contact Us Logoff

Update Account Information Confirmation [Print this page](#)

The account information has been updated. Click the Continue button to return to the Home Page. Print this page for your records.

Account Type: Representative

Representative Information	Beneficiary Information
First Name: FIRST MI: M Last Name: LAST	Last Name: LAST First Initial: F
SSN: ###-##-####	Medicare ID: *****#
E-Mail Address: AAAA@AAA.AAA	Date of Birth: AAAA ## ####
Phone: ###-###-#### ext: ##	Gender: AAAA
Fax: ###-###-####	

Representative Mailing Address:

Address Line 1: AAAAAAAA
 Address Line 2: AAAAAAAA
 City: AAAAA
 State: AAAA
 Zip Code: #####-####

[Continue](#)

8.3 Designee Maintenance

ADs assist the AM with the case recovery process. An AM may, but is not required to, invite individuals to register as an AD and become users of the MSPRP associated with their account. Each MSPRP account may have multiple ADs. The number of ADs associated with one MSPRP account is dependent on the account type. Corporate accounts may have up to 200 ADs. Representative accounts may have up to five ADs.

If you want to change the role of an AD on an existing account to an AM, you can do so by contacting an Electronic Data Interchange (EDI) representative by phone at 646-458-6740 or by email at: COBVA@GHIMedicare.com for assistance.

The AM can perform the following Designee Maintenance functions using the Designee Maintenance link in the Account Settings box:

- Add an AD to an account.
- Delete an AD from an account.
- Edit information for an unregistered AD.
- Regenerate an invitation email with a token link for an AD's registration.

Note: An AM will grant/revoke an AD access to a case from the *Case Listing* page (Section 12.2.4).

8.3.1 Add a Designee to an Account

An AD must be invited by the AM in order to obtain a login ID and gain access to your account on the MSPRP. (**Note:** An individual may be an AD for multiple accounts.)

To add a designee to your account, your AM must perform the following steps:

1. Log in to the MSPRP.
2. On your home page, click the **Designee Maintenance** link in the *Account Settings* box your Account ID page.

The *Designee Listing* page appears (Figure 8-18). This page lists all designees that have been invited or assigned to the account.

The *Designee Listing* page also lists the total number of ADs for the account. By default, the list is sorted by last login date, and then last name. You can click the *Last Name*, *Status*, and *Last Login Date* column headers to search (by last name), sort, and filter the designees.

3. Click **Add Designee** to add a new designee to the account.

The *Designee Information* page appears (Figure 8-19).

Note: You can print a list of the designees by clicking the **Print this page** link in the upper right corner. To return to your home page without making any changes, click **Cancel**.

Figure 8-17: Account Settings

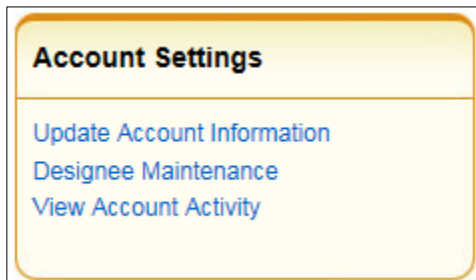


Figure 8-18: Designee Listing

Designee Listing

This page provides the Designee(s) information for the individuals you have assigned to the account.

An Account Manager can only make changes to a pending Designee. Once the Designee has registered and has a Login ID, the Account Manager cannot make changes to the Designee information other than deleting the Designee from the account.

To make changes to the account of a particular Designee listed, select the link on the individual's last name. To delete a Designee select the Delete function to the left of the individual's name. Use the **Add Designee** function to include an individual as a designee. Individuals added as designees will receive an e-mail notifying them that they have been invited to be a designee for the account.

Selecting Cancel will return you to the Home Page.

Total Number of Account Designees: 6

Clear Filters

Delete	Last Name	First Name	Email Address	Passphrase	Status	Last Login Date
X	Search					
X	Last	First	john-j@company.com		Pending	
X	Last	First	john-l@company.com		Pending	
X	Last	First	first-l@company.com		Active	03/15/2019
X	Last	First	first-l@company.com		Active	04/01/2019
X	Last	First	first-l@company.com		Active	04/28/2019
X	Last	First	jane-s@company.com		Active	05/05/2019

Add Designee Cancel

Table 8-6: Designee Listing

Field	Description
Clear Filters	This button removes sorted and filtered values and redisplayes the original default values.
Delete (Icon)	Click the Delete icon (X) to delete the AD.
Last Name	Displays the last name of the AD. Note: Searchable and filterable column: click the arrows in the header to sort or reverse the sort order; type a search term into the box at the top of the column to filter for names beginning with that value.
First Name	Displays the first name of the AD.
Email Address	Displays the email address of the AD.
Passphrase	Displays the passphrase created by the AM that will be used by the AD to register for an account.
Status	Displays the status of the AD registration. Possible values: Pending Active Locked Expired Revoked Note: Sortable and filterable column: click the arrows in the header to sort or reverse sort order; click the drop-down menu at the top of the column to show only designees with that status.

Field	Description
Last Login Date	Indicates the last date the designee logged in to an account in any COBSW application. Sortable and filterable. Filter range values include: 0 to 14 days inactive 15-29 days inactive 30-44 days inactive 45+ days inactive Note: This list automatically sorts blank values to the top.
Add Designee	This button displays the <i>Designee Information</i> page and begins the process of adding a new AD.
Cancel	This button cancels the process and displays the <i>Account List</i> page.

Figure 8-19: Designee Information

4. Enter and re-enter the email address of the AD you wish to invite and click **Continue**. To return to the *Designee Listing* page without adding a designee, click **Cancel**.

After clicking **Continue**, the system determines if the designee is already a registered user based on the email address entered. If the entered email address is not matched to a registered user, the *Designee Invitation* page appears (Figure 8-20).

Note: An existing registered user can be an AD for your Account ID as long as they are not already registered as an AR.

Note: If the entered email address is matched to a registered designee for a different Account ID, the designee is automatically registered to be a user for your account, and they will not have to create another login ID. They will receive an email from the MSPRP notifying them that they have been designated as an AD for your account. Once they receive this email, they can log in to the MSPRP using their existing login ID and password and complete tasks related to your account. If the entered email address is matched to a registered AM or AR, the system will not allow you to proceed with the invitation.

- When the *Designee Invitation* page appears, enter the required information in the fields provided.

The passphrase should be a short case-sensitive phrase of your creation, up to 30 characters. After you complete the invitation process, contact your designee and provide them with the passphrase. They will need to enter it exactly as you did when they follow the token link in their invitation email to register for the MSPRP. Do not share the passphrase with anyone else. It will not be sent to the designee in the invitation email. You must give it to them outside the system.

- Once you have entered the required fields, click **Continue**.

The *Designee Confirmation* page appears (Figure 8-21). This page confirms that the invited designee has been invited to be a user for your account.

- Click **Continue** to proceed.

The *Designee Listing* page appears (Figure 8-18). The new designee is listed, with a status of Pending.

- Click **Add Designee** to invite additional users to become an AD or click **Cancel** to exit this page and return to your home page.

Figure 8-20: Designee Invitation

Table 8-7: Designee Invitation

Field	Description
Designee First Name	Enter the designee's first name.
Designee Last Name	Enter the designee's last name.
Passphrase	Enter a passphrase that you will assign to the designee.
Re-enter Passphrase	Enter the assigned passphrase a second time for verification purposes.
Previous	Command button. Click to return to the <i>Designee Information</i> page.
Continue	Command button. Click to save changes and continue to the next page.

Field	Description
Cancel	Command button. Click to cancel changes and return to the prior page.

Figure 8-21: Designee Confirmation

Designee Confirmation

The following Designee has been successfully added to the account. The designee will receive an email notifying them that they have been invited to become a designee on the Account and may access the Account information by logging into the MSPRP Website. If the invited Designee is not currently a registered user, please contact the Designee and provide them with passphrase you created; the passphrase is necessary for them to complete registration.

Click the Continue button to return to the Designee Listing page.

Designee First Name: Jane
 Designee Last Name: Lewis
 Designee E-Mail: sadams@gmail.com

[Print this page](#)

Quick Help
[Help About This Page](#)

Continue ➔

8.3.2 Delete a Designee from an Account

1. On your home page, click the **Designee Maintenance** link in the *Account Settings* box on your Account ID page (Figure 8-17).

The *Designee Listing* page appears (Figure 8-18). All designees associated with the account are listed.

Note: To help determine which current designees should be deleted because of long inactivity on an account, sort or filter the *Last Login Date* column on this page.

2. To delete a designee, click the Delete [X] icon next to the applicable designee name.

The *Delete Designee Confirmation* page appears (Figure 8-22).

3. If you do not want to delete the selected designee, click **Cancel** to return to the *Designee Listing* page. The AD will still be listed, and their status will be unchanged.
4. If you do want to delete the selected designee, click **Continue**.

The system disassociates the AD from the account. The *Designee Listing* page appears again without the AD who was just deleted. This removes the AD from this account ID only, but they will retain access to any other account ID with which they are currently associated.

Figure 8-22: Delete Designee Confirmation

Home About This Site CMS Links How To... Reference Materials Contact Us Logoff [Skip Navigation](#)

Delete Designee Confirmation

[Print this page](#)

Please click on the Continue button to confirm your delete request for this Account Designee. This will remove the individual from this Account ID only. The Designee will no longer have access to this Account ID but will retain access to any other accounts to which they are currently associated.

Click on the Cancel button to return to the Designee Listing page without deleting this Account Designee.

Designee First Name: Jane
Designee Last Name: Lewis
Designee E-Mail: sadams@gmail.com

[Continue](#) [Cancel](#)

Quick Help
[Help About This Page](#)

8.3.3 Edit Designee Information

An AM can edit a designee's personal information as long as the designee status is equal to Pending. ADs in Pending status have not yet registered on the MSPRP. Once a designee has registered and their status has been changed to Active, the AM can only view the designee's personal information.

1. On your home page, click the **Designee Maintenance** link in the *Account Settings* box on your Account ID page (Figure 8-17).

The *Designee Listing* page appears (Figure 8-18).

2. Click the last name of the designee in pending status whose information you wish to update.

The *Update Designee Information* page appears and is open for editing (Figure 8-23).

3. Revise information as necessary and click **Continue**. You will need to re-enter the designee email address and passphrase.

The *Designee Confirmation* page appears with the updated designee information (Figure 8-24).

4. Click **Continue** to return to the *Designee Listing* page.

The *Designee Listing* page appears again with the list of designee names (Figure 8-18).

5. Click **Cancel** to return to your home page.

To edit information for another designee registered to this account ID, click the designee's last name, and follow these previous steps.

Figure 8-23: Update Designee Information
Table 8-8: Update Designee Information

Field	Description
Designee First Name	Displays the designee's first name. Make changes as necessary.
Designee Last Name	Displays the designee's last name. Make changes as necessary.
Designee E-mail Address	Displays the designee's email address. Make changes as necessary.
Re-enter Designee E-mail Address	Does not display the designee's email address. You will need to re-enter the designee's email address for verification purposes. Make sure that this email address is the same as the email address entered in the <i>Designee E-mail Address</i> field.
Passphrase	Displays the designee's passphrase. Make changes as necessary. Note: If you change this passphrase, you will need to notify the designee of the new passphrase so they can register.
Re-enter Passphrase	Does not display the designee's passphrase. You will need to re-enter the designee's passphrase for verification purposes. Make sure that this passphrase is the same as the passphrase entered in the passphrase field.
Regenerate token. Check this box if another invitation e-mail must be sent to the Designee.	Select this checkbox to regenerate the token and invitation email. This information will be sent to the designee for registration to the MSPRP.
Continue	Command button. Click to save changes and continue to the next page.
Cancel	Command button. Click to cancel changes and return to the <i>Designee Listing</i> page.

Figure 8-24: Designee Confirmation

Home About This Site CMS Links How To... Reference Materials Contact Us Logoff [Skip Navigation](#)

Designee Confirmation

The following Designee has been successfully added to the account. The designee will receive an email notifying them that they have been invited to become a designee on the Account and may access the Account information by logging into the MSPRP Website. If the invited Designee is not currently a registered user, please contact the Designee and provide them with passphrase you created; the passphrase is necessary for them to complete registration.

Click the Continue button to return to the Designee Listing page.

Designee First Name: AAAA
Designee Last Name: AAAA
Designee E-Mail: AAAA.AAAA@AAA.AAA

[Print this page](#)

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

[Continue](#)

8.3.4 Regenerate Invitation Email

When the AM invites a person to be an AD, an email is generated and sent to the intended designee informing them of the invitation. The email includes a token link for the user to access the MSPRP site and self-register as an AD.

If the intended designee has misplaced or deleted the invitation email, or if the designee has not registered within 30 days, the AM can regenerate the invitation email, allowing the intended AD to self-register.

Note: The previously generated token link will not work once a new email is generated. Invitation emails can only be regenerated for designees in Pending status. The email will come from DoNotReply@cob.hhs.gov. Inform your designee to allow email deliveries from this address.

1. On your home page, click the **Designee Maintenance** link in the Account Settings box on your Account ID page (Figure 8-17).

The *Designee Listing* page appears (Figure 8-18).

2. Click the last name of the designee who needs the email regenerated.

The *Update Designee Information* page appears, with the designee's personal information open for editing (Figure 8-25).

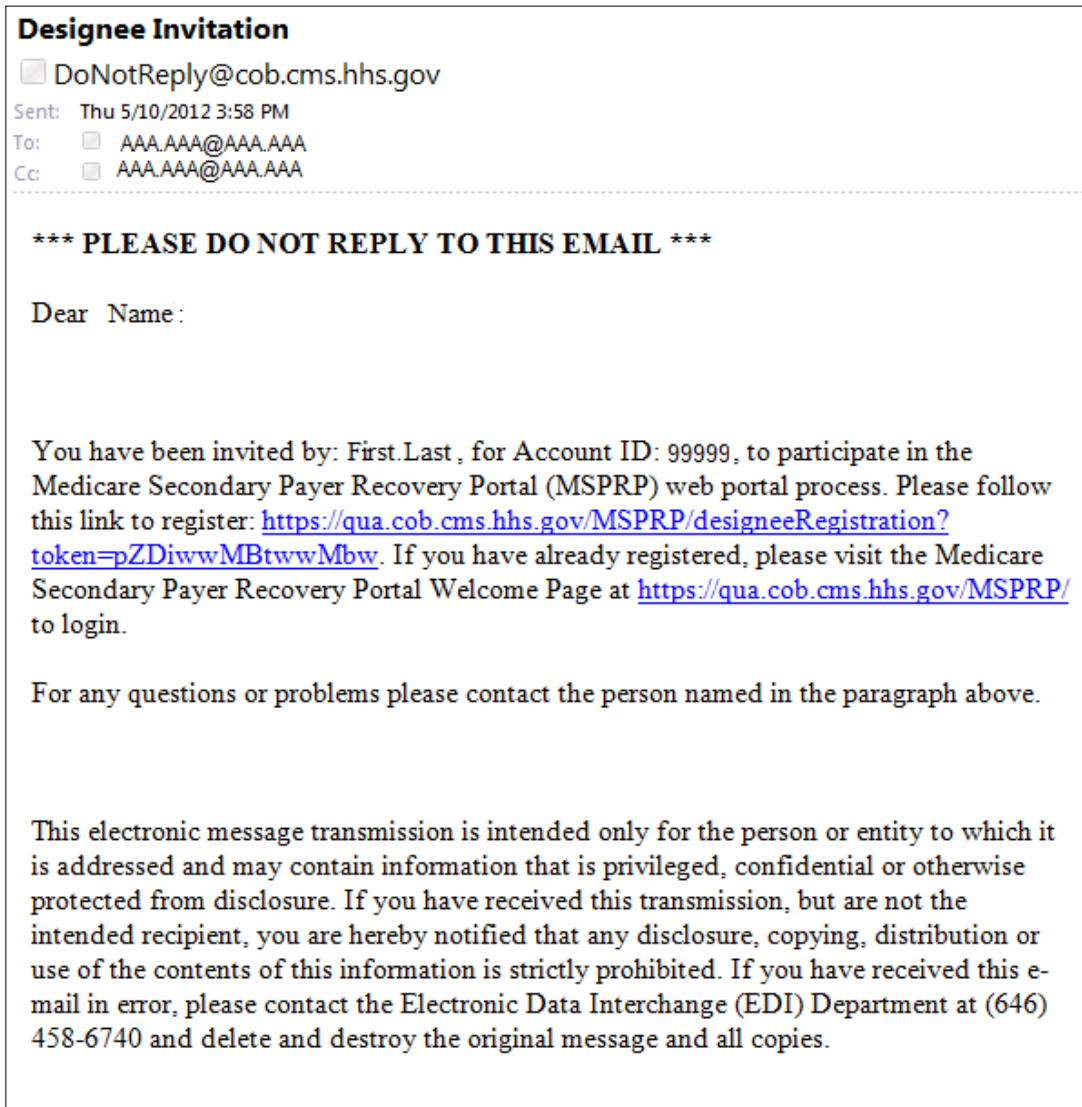
Figure 8-25: Update Designee Information

The screenshot shows a web application interface for updating designee information. At the top is a green navigation bar with links: Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, and Logoff. A 'Skip Navigation' link is in the top right. The main content area has a title 'Update Designee Information' and a 'Print this page' link. Below the title is instructional text: 'Please click the Continue button to update the information of a potential designee. To cancel and return to the Designee Listing page, click the Cancel button.' and a note: 'An asterisk (*) indicates a required field.' The form contains several labeled input fields: 'Designee First Name' (with 'Jennifer' entered), 'Designee Last Name' (empty), 'Designee E-mail Address' (with '.l.com' entered), 'Re-enter Designee E-mail Address' (empty), 'Passphrase' (with 'test' entered), and 'Re-enter Passphrase' (empty). There is a checkbox labeled 'Regenerate token. Check this box if another invitation e-mail must be sent to the Designee.' At the bottom are two buttons: 'Continue' (green) and 'Cancel' (grey). To the right of the form is a 'Quick Help' box with a link 'Help About This Page'.

3. Enter the designee's email address and passphrase, select the *Regenerate token* checkbox, and click **Continue**.

The *Designee Confirmation* page appears. The system re-generates the invitation email and sends it to the registered email address for the Account Designee.

4. Click **Continue** to return to the *Designee Listing* page.

Figure 8-26: Sample of Re-Generated Email Invitation

8.4 View Account Activity

Users may view account activity for the MSPRP account for which they are registered. The Case IDs displayed will either be the “BCRC Case ID” (BCRC beneficiary cases) or “CRC Recovery ID” (Commercial Repayment Center [CRC] insurer cases).

1. To view activity associated with your account, log in to the MSPRP from your Account ID page.
2. Click **View Account Activity** under *Account Settings* (Figure 8-17).

The *Account Activity* page appears (Figure 8-27).

If you are the AM, all activity performed for the account will display.

If you are the AD, you will only see those activities you performed.

Users can print the history by clicking the **Print this page** link in the upper right side of the page.

3. Click **Cancel** to return to your home page.

Figure 8-27: Account Activity Page

Home About This Site CMS Links How To... Reference Materials Contact Us Logoff

Account Activity

Below is the account activity for the Account ID *****

Please report any discrepancies to the Benefits Coordination & Recovery Center (BCRC).

Selecting Cancel will return to the Home Page.

[Print this page](#)

Quick Help
[Help About This Page](#)

Account Activity

Activity Date	Activity Description	Case ID	User
April 16, 2014	Request an update to the conditional payment amount	*****	*****
March 11, 2014	Request an update to the conditional payment amount	*****	*****
November 27, 2013	Request an update to the conditional payment amount	*****	*****
October 25, 2013	Request an update to the conditional payment amount	*****	*****
August 13, 2013	Request a mailed copy of the conditional payment letter	*****	*****
July 31, 2013	File an Authorization	*****	*****
April 26, 2013	Request an update to the conditional payment amount	*****	*****

[Cancel](#)

8.4.1 Access More Than 1000 Account Activity Records

When a user's total count of account activity records exceeds 1000 the *Account Activity* page displays the *Display Range* drop-down menu (Figure 8-28), allowing users with more than 1000 records of account activity changes to access, view, and sort through all of their account activity records.

Figure 8-28: Account Activity Page with Display Range and Pagination Control

Account Activity

Below is the account activity for the Account ID 32323

Please report any discrepancies to the Benefits Coordination & Recovery Center (BCRC).

Selecting **Cancel** will return to the Home Page.

Display Range:

Total Records Found : 3742 Current Display Range : 1 - 1000

1,000 items found, displaying 1 to 100.
[Prev](#) [1](#), [2](#), [3](#), [4](#), [5](#), [6](#), [7](#), [8](#), [9](#), [10](#) [Next](#)

Activity Date	Activity Description	Case ID	User
07/29/2014	Dispute Claims	#####	MSPRPQUA REPACCOUNT
07/24/2014	Dispute Claims	#####	MSPRPQUA REPACCOUNT
07/15/2014	Dispute Claims	#####	MSPRPQUA REPACCOUNT
07/10/2014	Dispute Claims	#####	MSPRPQUA REPACCOUNT
07/10/2014	Dispute Claims	#####	MSPRPQUA REPACCOUNT
07/10/2014	Dispute Claims	#####	MSPRPQUA REPACCOUNT
07/10/2014	Dispute Claims	#####	MSPRPQUA REPACCOUNT
07/10/2014	Dispute Claims	#####	MSPRPQUA REPACCOUNT
07/09/2014	Dispute Claims	#####	MSPRPQUA REPACCOUNT
07/08/2014	Request a mailed copy of the conditional payment letter	#####	MSPRPQUA REPACCOUNT
10/01/2013	Dispute Claims	#####	MSPRPQUA REPACCOUNT
10/01/2013	File an Authorization	#####	MSPRPQUA REPACCOUNT
10/01/2013	File an Authorization	#####	MSPRPQUA REPACCOUNT
10/01/2013	File an Authorization	#####	MSPRPQUA REPACCOUNT
10/01/2013	Request an update to the conditional payment amount	#####	MSPRPQUA REPACCOUNT

The *Display Range* drop-down menu contains a list of range selections.

- Each range selection shows a span of 1000 records (For example: 1001 – 2000).
- Users can select any range in the drop-down menu by clicking the **down arrow** and selecting the desired range (for example: 3001 – 4000; 6001 – 7000).

The *Account Activity* page also displays the following:

- Hyperlinked page numbers (For example: 1 – 10). Each page displays up to 100 records of the range selected.
- The total number of records returned (For example: Total records found: 1234).
- The current number of records in the range and the number of records currently on the page (For example: 1000 items found, displaying 1 to 100).

Users can page through account activity records by clicking **Prev** to move to a previous range and **Next** to move forward to the next range.

To view account activity when there is more than 1000 records:

1. Log in to the MSPRP from your home page.
2. Click **View Account Activity** under *Account Settings* (Figure 8-17).

The *Account Activity* page appears (Figure 8-27 and Figure 8-28).

3. Click the **down arrow** to the right of the *Display Range* drop-down menu.
4. Select the range of account activity records (For example: 3001 – 4000).
5. Click **Submit**.

MSPRP displays account activity records for the range selected.

8.5 Change Password

The system requires you to change your password every 60 days. You will also need to change your password when you have forgotten it and have been sent a temporary password. In this case, you must change your password the next time you log in to the MSPRP. Your password can only be changed once every 24 hours.

To change your password, perform the following steps.

1. From your home page, click **Change Password** under *Account Settings* on the right side of the page (Figure 8-29).

The *Change Password* page appears (Figure 8-30).

Enter your current or temporary password and then enter and re-enter a new password that adheres to the prescribed guidelines shown next and on the *Change Password* help page.

- Login IDs must be seven characters.
- Login IDs must be in the format of AA999AA (first two alphabetic, next three numeric, last two alphabetic).
- Login ID and Password cannot be the same.
- Password must be changed every 60 days.
- Password must consist of at least eight characters.
- Password must contain at least one uppercase letter, one lowercase letter, one number and one special character.
- Password must contain a minimum of four changed characters from the previous password.
- Password cannot be changed more than once per day.
- Password must be different from the previous 24 passwords.
- Password cannot contain a reserved word:

PASSWORD, WELCOME, CMS, HCFA, SYSTEM, MEDICARE, MEDICAID, TEMP, LETMEIN, GOD, SEX, MONEY, QUEST, 1234, F20ASYA, RAVENS, REDSKIN, ORIOLES, BULLETS, CAPITOL, TERPS, DOCTOR, 567890, 12345678, ROOT, BOSSMAN, JANUARY, FEBRUARY, MARCH, APRIL, MAY, JUNE, JULY, AUGUST, SEPTEMBER, OCTOBER, NOVEMBER, DECEMBER, SSA, FIREWALL, CITIC, ADMIN, UNISYS, PWD, SECURITY, 76543210, 43210, 098765, IRAQ, OIS, TMG, INTERNET, INTRANET, EXTRANET, ATT, LOCKHEED, LOCKH33D, SOCIAL, FACEBOOK, YOUTUBE, WINDOWS, STEELERS, PATRIOTS, COMPUTER, DILBERT, MONDAY, TUESDAY, WEDNESDAY, THURSDAY, FRIDAY, SATURDAY, SUNDAY, SPRING, SUMMER, AUTUMN, FALL, WINTER, BACKUP, BUSINESS, FALCONS, BRONCOS, EAGLES, PANTHERS, DOLPHINS, JAGUARS, CHIEFS, TEXANS, RAMS, BEARS, BROWNS, LIONS, BENGALS, COWBOYS, CARDINAL, CHARGERS, RAIDERS, SAINTS, REDSOX, YANKEES, PIRATES, PHILLIES, HHS, BRAVES,

NATIONAL, UNITED, STATES, TWITTER, MITRE, MARLINS, OILERS, WHITESOX, CUBS, DODGERS, GIANTS, ANGELS, DEVILS, DIAMOND, SEATTLE, HOLLYWOOD, ARIZONA, ALABAMA, ALASKA, ARKANSAS, COLORADO, DELAWARE, FLORIDA, GEORGIA, HAWAII, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, KENTUCKY, MAINE, MARYLAND, MICHIGAN, MISSOURI, MONTANA, NEBRASKA, NEVADA, LASVEGAS, NEWYORK, OHIO, OKLAHOMA, OREGON, UTAH, VERMONT, VIRGINIA, WYOMING, ATLANTIC, PACIFIC, SANFRAN, REGIONAL, MACS, EDC, BOSTON, ATLANTA, CMSNET, MDCN, TAMPA, MIAMI, STLOUIS, CHICAGO, DETROIT, DENVER, HOUSTON, DALLAS, INDIANS, TIGERS, ROYALS, BREWERS, TWINS, MARINERS, RANGERS, BLUEJAYS, ROCKIES, ASTROS, PADRES, LAPTOP, MODEM, DELL, SOLARIS, UNIX, LINUX, IBM, ROUTER, SWITCH, SERVER, STAFF, GOOGLE, YAHOO, VERIZON, ISSO, CISO, HACKER, PROGRAM, CYBER, DESKTOP, ENTER, EXIT, UNION, PIV, NETWORK, DROID, IPAD, IPHONE, DANGER, STARWAR, STARTREK, VULCAN, KLINGON, SPOCK, KIRK, CAPTAIN, XMEN, FLASH, FRINGE, JEDI, HOLIDAY, OUTLOOK, VETERAN, ARMY, NAVY, MARINE, AIRFORCE, MAINFRAME, CDS, HP, LHM, FLEX, SESAME, POLICY, HCPCS, DME, HOD, INTEL, VIPS, VPN, CISCO, APPLE, SECURE, DISNEY, VACATION, LEXMARK, LAKERS, THUNDER, JAZZ, MAVERICKS, PHOENIX, SPURS, CELTICS, HEAT, MAGIC, BULLS, HAWKS, HORNETS, NUGGETS, BLAZERS, GRIZZLIES, BOBCATS, WIZARDS, WARRIORS, KINGS, CLIPPERS, KNICKS, NETS, RAPTORS, 76ERS, ROCKETS, PISTONS, BUCKS, PACERS, CAVALIERS, SUNS, TIMBERWOLVES

2. Click **Continue** to proceed.

The *Change Password Confirmation* page appears confirming that your password has been changed successfully (Figure 8-31). You will be required to use the new password the next time you log in to the MSPRP.

3. Click the **Medicare Secondary Payer Recovery Portal Welcome Page** link to continue to your home page or click the navigation **Logoff** link to exit the MSPRP.

Figure 8-29: Account Settings Box

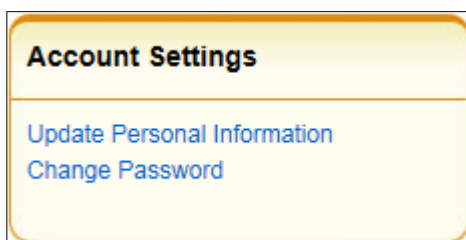



Figure 8-30: Change Password

HomeAbout This SiteCMS LinksHow To...Reference MaterialsContact UsLogoff

Change Password

[Print this page](#)

Choose your password carefully.

- Password must be changed every sixty (60) days.
- Password must consist of at least eight (8) characters.
- Password must contain at least one uppercase letter, one lowercase letter, one number and one special character.
- Password must contain a minimum of four (4) changed characters from the previous password.
- Password cannot be changed more than once per day.
- Password must be different from the previous twenty four (24) passwords.
- Password cannot contain a reserved word (See Help About This Page for a complete list).

An asterisk (*) indicates a required field.

*Enter your Current or Temporary password:

*Enter your new password:

*Re-enter your new password:

Continue

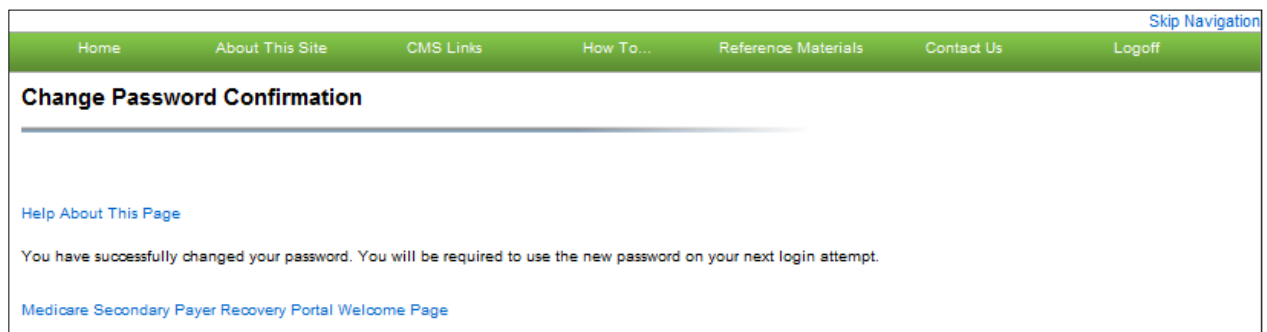
Cancel

Quick Help

[Help About This Page](#)

Table 8-9: Change Password

Field	Description
Enter your Current or Temporary password	Enter your current or temporary password, as applicable. Note: Temporary passwords are provided during password resets.
Enter your new password	Enter your new password using the password guidelines listed.
Re-enter your new password	Re-enter your new password a second time for verification purposes.
Temporary Passwords	When entering a temporary password, review the pre-filled security questions and answers provided.
Security Question 1 Answer 1	To change Security Question #1, select a question from the drop-down menu, then enter the answer in the text field provided. Optional
Security Question 2 Answer 2	To change Security Question #2, select a question from the drop-down menu, then enter the answer in the text field provided. Optional
Continue	Command button. Click to save changes and continue to the next page.
Cancel	Command button. Click to return to the <i>Account Setup Introduction</i> page.

Figure 8-31: Change Password Confirmation

Chapter 9: Account Designee Registration

Account Designees (ADs) are optional users associated with an account ID who assist the Account Manager (AM) in managing a Corporate or Representative account. ADs can perform most of the functions on the MSPRP but will not be able to invite additional users to be associated with the account ID and are not permitted to update company information.

ADs are assigned by the AM. After the AM adds you to an account, the system sends you an invitation email containing a specific URL. It is necessary for you to use this URL, as it contains a specific token link which grants access to the registration site. You will also separately receive a passphrase from the AM, which must be entered during the registration process. The token link becomes inactive after 30 days of non-use, so it is imperative to register as soon as possible after receiving the invitation email.

As an AD, you register yourself on the MSPRP using the information contained in the system-generated email sent by Medicare and the passphrase given to you by your AM. You will only go through this process once, as you need only one login ID no matter how many account IDs you will ultimately work with.

To successfully register yourself as an AD, follow the steps outlined below.

1. Click the token link provided in the invitation email sent by Medicare (Figure 9-1).

The *Login Warning* page appears, detailing the Data Use Agreement (DUA) (Figure 9-2).

The email will come from DoNotReply@cob.hhs.gov. You must allow email deliveries from this address.

2. Review the DUA. To proceed, click the **I Accept** link at the bottom of the page.

The *Designee Registration* page appears, confirming that you have been invited as an AD for the listed account ID (Figure 9-3).

You will be denied access to the MSPRP registration process if you click **I Decline**.

3. In the *Enter the Passphrase* field, type the passphrase given to you by your AM.

Note: The passphrase is case-sensitive. Enter it exactly as it was given to you.

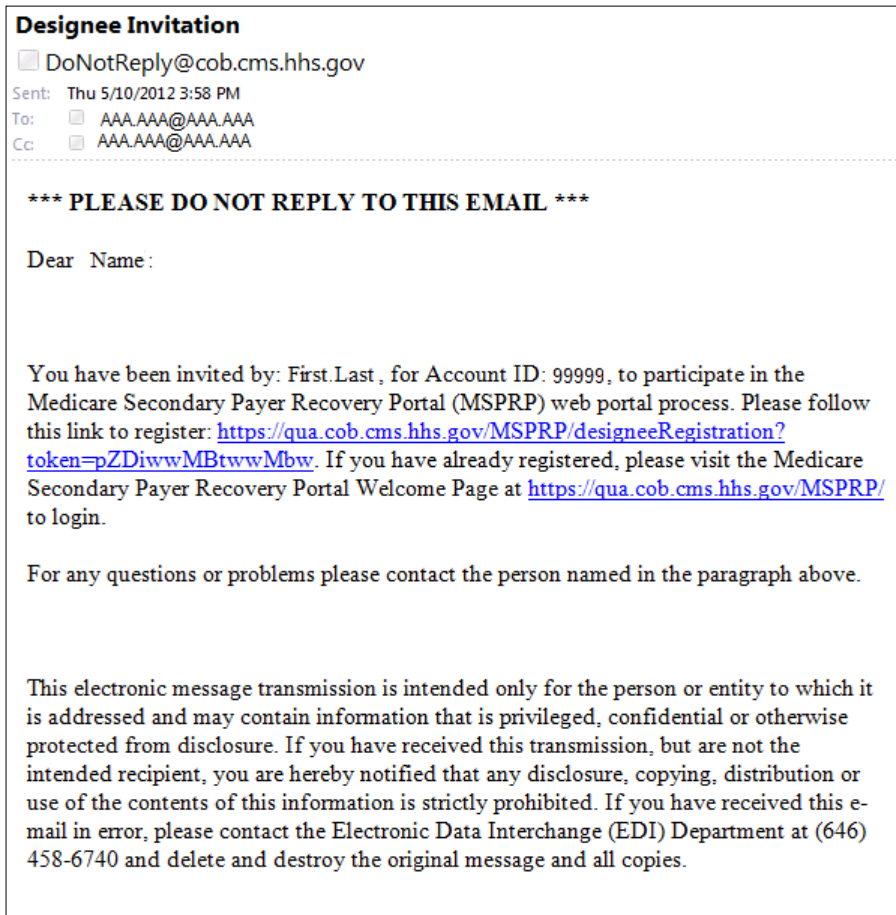

Figure 9-1: Sample Designee Invitation Email

Figure 9-2: Login Warning

Login Warning

 [Print this page](#)

UNAUTHORIZED ACCESS TO THIS COMPUTER SYSTEM IS PROHIBITED BY LAW

This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this Government system, which includes: (1) this computer network, (2) all computers connected to this network, and (3) all devices and storage media attached to this network or to a computer on this network. This system is provided for Government-authorized use only.

Unauthorized or improper use of this system is prohibited and may result in disciplinary action, as well as civil and criminal penalties.

Personal use of social media and networking sites on this system is limited as to not interfere with official work duties and is subject to monitoring.

By using this system, you understand and consent to the following:

- *You have no reasonable expectation of privacy regarding any communication or data transiting or stored on this system.
- *The Government may monitor, record, and audit your system usage, including usage of personal devices and email systems for official duties or to conduct HHS business. Therefore, you have no reasonable expectation of privacy regarding any communication or data transiting or stored on this system. At any time, and for any lawful Government purpose, the Government may monitor, intercept, and search and seize any communication or data transiting or stored on this system.
- *Any communication or data transiting or stored on this system may be disclosed or used for any lawful Government purpose.

<http://www.cms.hhs.gov/About-CMS/Agency-Information/Aboutwebsite/Security-Protocols.html>

Privacy Act Statement

The collection of this information is authorized by Section 1862(b) of the Social Security Act (codified at 42 U.S.C 1395y(b)) (see also 42, C.F.R. 411.24). The information collected will be used to identify and recover past conditional and mistaken Medicare primary payments and to prevent Medicare from making mistaken payments in the future for those Medicare Secondary Payer situations that continue to exist. The Privacy Act (5 U.S.C. 552a(b)), as amended, prohibits the disclosure of information maintained by the Centers for Medicare & Medicaid Services (CMS) in a system of records to third parties, unless the beneficiary provides a written request or explicit written consent/authorization for a party to receive such information. Where the beneficiary provides written consent/proof of representation, CMS will permit authorized parties to access requisite information.

Attestation of Information

The information provided is complete, truthful, accurate, and meets all requirements set forth to use this process; and, I have read and understand all of the Centers for Medicare & Medicaid Services information at <http://cms.gov/Medicare/Coordination-of-Benefits-and-Recovery/Coordination-of-Benefits-and-Recovery-Overview/Medicare-Secondary-Payer/Medicare-Secondary-Payer.html>.

LOG OFF IMMEDIATELY if you do not agree to the conditions stated in this warning.

[I Accept](#)

[Decline](#)

¹ A Privacy Act system of records is a group of any records about individuals and under the control of any Federal agency from which information is retrieved by the name or other personal identifier of the individual.

Figure 9-3: Designee Registration

Designee Registration

The Account Manager listed below has invited you to be a Designee for the following account:

Submitter Information

Submitter ID:

Account Manager Information

First Name: MI: Last Name:

Phone: -- ext.

E-Mail:

To set up a Login ID for you to act as a Designee, you will need the pass-phrase created by the Account Manager. If you do not have the pass-phrase, please contact the above Account Manager.

If you have already registered, please visit the Medicare Secondary Payer Recovery Portal Welcome Page at <https://qua.cob.cms.hhs.gov/MSPRP/> to login.

Enter the passphrase:

You must read the User Agreement provided in the scrolling box. To accept the agreement, click the checkbox. You must accept and agree to the terms of the User Agreement in order to continue through the registration process.

[View and print the agreement below](#)

User Agreement

THE FOLLOWING DESCRIBES THE TERMS AND CONDITIONS BY WHICH THE CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) OFFERS YOU ACCESS TO THE MEDICARE SECONDARY PAYER RECOVERY PORTAL (MSPRP) SECURE WEB SITE.

You must read and accept the terms and conditions contained in this User Agreement expressly set out below and incorporated by reference before you may access the MSPRP

Please check the following box:

☐ I accept the User Agreement and Privacy Policy above

Continue **Cancel**

4. Review the User Agreement. To proceed with the registration process, click the **I Accept the User Agreement and Privacy Policy above** checkbox at the bottom of the page, otherwise you will be denied access to the MSPRP registration process.

The *Designee Personal Information* page appears (Figure 9-4).

5. Enter the required information and click **Continue**.

The *Designee Login Information* page appears (Figure 9-5).

6. Using the posted guidelines, create your login ID and password, which will be used to enter the MSPRP site.

To see a list of reserved words you cannot use for a password, see Section 8.5.

7. Select and provide answers to two security questions, which will allow you to access your login ID and reset your password in the event you forget either one.

The *Designee Summary* page appears (Figure 9-6). This page provides a summary of all the information you have entered.

8. To make any corrections, click **Edit** next to the applicable heading to return to that section.
9. Once all corrections have been made, click **Continue** at the bottom of that page.

The *Designee Login Information* page will display again.

10. Re-enter the designee's assigned password and click **Continue** to navigate back to the *Designee Summary* page.
11. After you have returned to the *Designee Summary* page, click **Continue**.

The *Designee Thank You* page appears (Figure 9-7). This confirms that you have successfully completed the designee registration and activation process.

12. Click **Exit**.

You will return to the *Welcome to the MSPRP* page where you can log back into the MSPRP using the credentials you just set up.

Figure 9-4: Designee Personal Information

The screenshot shows a web form titled "Designee Personal Information" with a green navigation bar at the top containing links: "About This Site", "CMS Links", "How To...", "Reference Materials", and "Contact Us". The form itself has a light orange background. On the right side of the form is a "Quick Help" box with a link "Help About This Page". The form contains several input fields, some marked with a red asterisk (*) to indicate they are required. The fields are: "First Name:" (required), "MI:" (middle initial), "Last Name:" (required), "E-mail Address:" (pre-filled with "AAAAAAA"), "Phone:" (with separate boxes for area code, number, and extension), "Mailing Address:" (with "Address Line 1:" (required), "Address Line 2:", "City:", "State:" (a dropdown menu currently showing "Please Select"), and "Zip Code:" (with separate boxes for the first three and last two digits). At the bottom of the form are two green buttons: "Previous" with a left arrow and "Continue" with a right arrow.

Table 9-1: Designee Personal Information

Field	Description
First Name	Enter your first name.
MI	Enter the first initial of your middle name (optional).
Last Name	Enter your last name.
E-mail Address	Enter your personal email address.
Phone	Enter your personal phone number.
Ext.	Enter the extension for your phone number (optional).
Address Line 1	Enter the first line of your company mailing address.
Address Line 2	Enter the second line of your company mailing address (optional).
City	Enter the city where your company is located.
State	Select the state where the company is located from the drop-down list. Note: To quickly select a state, type the first letter to scroll to the desired state.
Zip Code	Enter the company's ZIP code (required), plus four-digit ZIP code suffix (optional).
Previous	Command button. Click to return to the previous page.
Continue	Command button. Click to save changes and continue to the next page.

Figure 9-5: Designee Login Information

Designee Login Information

The security information requested on this page will allow the system to authenticate your identity each time you log on. This will ensure only you are provided the access and updating privileges restricted to an Account Designee.

Choose your Login ID and password carefully.

- Login IDs must be 7 characters
- Login IDs must be unique within the system
- Login IDs must be in the format of AA99AA (first two alphabetic, next three numeric, last two alphabetic)
- Password must be changed every sixty (60) days.
- Password must consist of at least eight (8) characters.
- Password must contain at least one upper-case letter, one lower-case letter, one number and one special character.
- Password must contain a minimum of four (4) changed characters from the previous password.
- Password cannot be changed more than once per day.
- Password must be different from the previous 24 passwords.
- Password cannot contain a reserved word (See Help About This Page for a complete list).

An asterisk (*) indicates a required field.

*Login ID:

*Password:

*Re-enter Password:

The Security Questions allow you to regain account access if you forget your password. Please note the answers you provide to these questions should be actual answers and not hints for your password. Choose Security Questions and Provide Answers

*Security Question 1:

*Answer 1:

*Security Question 2:

*Answer 2:


[Previous](#) [Continue](#)

Quick Help
[Help About This Page](#)



Table 9-2: Designee Login Information

Field	Description
Login ID	Enter a new login ID that will be assigned to you the designee.
Password	Enter a new password that will be assigned to you the designee.
Re-enter Password	Enter the new password a second time for verification purposes.
Security Question 1	Click the drop-down arrow to view the list of security questions. Select one question to answer.
Answer 1	Enter your answer to the security question. Make sure to remember this answer.
Security Question 2	Click the drop-down arrow to view the list of security questions. Select one question to answer.
Answer 2	Enter your answer to the security question. Make sure to remember this answer.
Previous	Command button. Click to return to the previous page.
Continue	Command button. Click to save changes and continue to the next page.

Figure 9-6: Designee Summary

Designee Summary  [Print this page](#)

Please review your personal and login information. If you need to change the information, click the Edit button. If you are satisfied with the information click the Continue button to submit your information. Click Cancel to cancel the setup process; all data will be lost. Please print this page for your records.

Personal Information  **Login ID** 

First Name: FIRST MI: M Last Name: LAST Login ID: AA###AA

E-Mail: AAA@AAA.AAA

Phone: ###-###-#### ext. ##

Mailing Address




Address Line 1: AAAAAAAAAA

Address Line 2: AAAAAAAAAA

City: AAAAAAAAAA

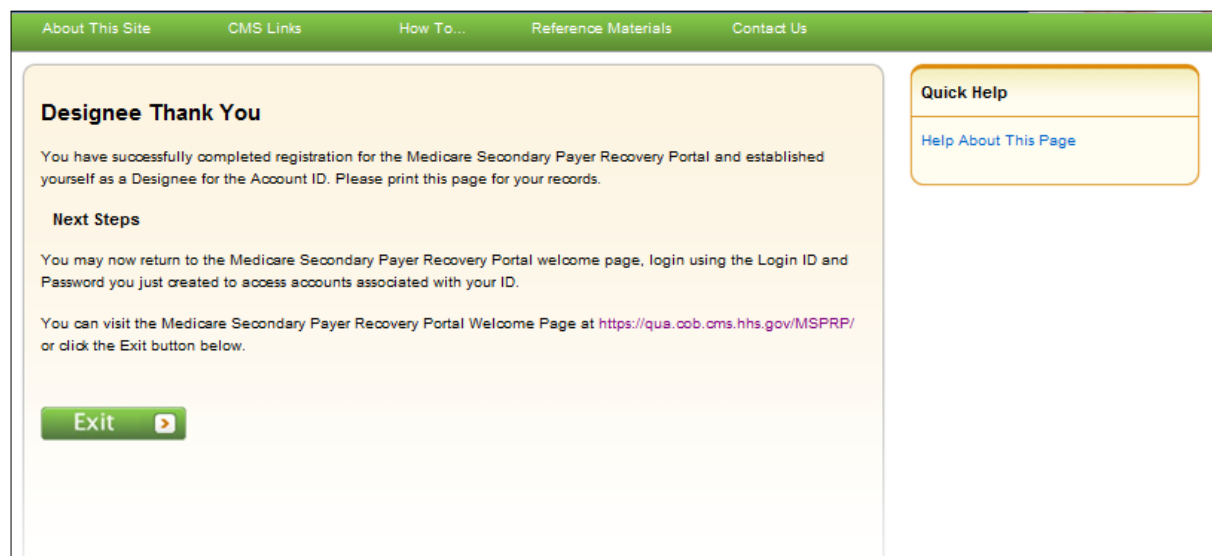
State: AAAAAAAAAA

Zip Code: #####

Quick Help

[Help About This Page](#)

Figure 9-7: Designee Thank You

Chapter 10: Case Authorization

Centers for Medicare & Medicaid (CMS) will allow an individual or entity to have access to a Medicare beneficiary's personal information only if the Medicare beneficiary has provided this authorization to CMS in writing. Two types of beneficiary authorizations are Beneficiary Proof of Representation (POR) and Beneficiary Consent to Release (CTR). Another type of authorization, Recovery Agent Authorization, allows an individual or entity to work on behalf of a liability insurer, no-fault insurer, or workers' compensation entity.

The MSPRP allows you to view or manage MSPRP Benefits Coordination & Recovery Center (BCRC) (insurer and all beneficiary) and Commercial Repayment Center (CRC) (insurer) recovery cases only if you have the correct authorization. This authorization must be submitted on the MSPRP and be in a Verified Authorization Status. See Section 14.1.2.1 for more information on how to submit an authorization.

Note: The case debtor (beneficiary or insurer) can perform all the available actions on a case without authorization. Authorization applies only to users working on behalf of the case debtor.

10.1 Authorization Request Types

The three types of authorization for case management are:

- **Beneficiary Proof of Representation (POR)** is the authorization request that is submitted to inform Medicare that the Medicare beneficiary has given another individual or entity (including an attorney) the authority to represent them and act on their behalf with respect to their case. An individual/entity with a verified POR will be able to submit information/requests, receive copies of all mail related to the case (e.g., the Rights and Responsibilities letter, the Conditional Payment Letter, the Demand letter, etc.), receive identifiable health information, respond to requests from the MSPRP, or resolve any potential recovery claim that Medicare may have if there is a settlement, judgment, award, or other payment. See also the [What is Beneficiary Proof of Representation?](#) Help page for available case actions.
- **Beneficiary Consent to Release (CTR)** is the authorization request that is submitted to inform Medicare that the Medicare beneficiary has given another individual or entity the authority to receive claims and other information related to the injury and/or illness but does not give this individual the authority to represent the Medicare beneficiary and act on their behalf. An individual or entity with a verified CTR will be able to receive copies of all mail sent related to the case (e.g., the Rights and Responsibilities letter, the Conditional Payment Letter, the Demand letter, etc.). See also the [What is Beneficiary Consent to Release?](#) Help page for available case actions.
- **Recovery Agent Authorization** is the authorization request that is submitted to inform Medicare that a liability insurer (including self-insured entities), no-fault insurer, or workers' compensation entity wishes to be represented by another party. The identified representative can act on behalf of the insurer regarding an MSP recovery case and is authorized to take any actions or make any decisions needed to resolve Medicare's recovery claim. See also the [What is Recovery Agent Authorization?](#) Help page for available case actions.

10.2 Authorizations: Example Letters, Templates, and Model Language

Example letters, blank templates, and model language for these three authorization types (CTR, POR, or Recovery Agent Authorization) can be found on the CMS.gov website:

- Beneficiaries can visit: <https://go.cms.gov/MEDRECOVPROC>
- Insurers can visit: <https://go.cms.gov/INSNGHPRECOV>

10.3 Authorization Status

When you submit an authorization request for a case, whether for yourself or for another party, Medicare will attempt to verify the information in the request, as well as your supporting documentation, and will assign it one of the following status values:

- **Verified:** Authorization request has been reviewed and approved.
- **Unverified:** Authorization request is currently under review.
- **Invalid:** Authorization request has been reviewed and rejected.

Note: When an authorization request is submitted, you are required to upload supporting documentation that backs up the authorization you are requesting. The main reason that a request would be invalid (and be rejected) is if there is a problem or error with the supporting documentation.

When an authorization request is determined to be invalid, the MSPRP will display the reason for the rejection next to the Authorization Status on the *Case Information* page. Authorization requests that are deemed to be invalid must be resubmitted as a new authorization request until it receives a Verified status. The possible reasons that a request will be rejected include:

- **Authorization signed by Deceased Beneficiary** – An authorization for a beneficiary who is deceased has been requested without providing a copy of the legal documentation to confirm that the individual can sign on the beneficiary's behalf. To rectify this, upload legal documentation that confirms which individual is authorized to sign on behalf of the beneficiary such as:
 - Executor/Executrix papers;
 - Next of kin attested by court documents with a court stamp and a judge's signature;
 - Letter of Testamentary or Administration with a court stamp and judge's signature;
 - Personal representative papers with a court stamp and judge's signature;
 - Will;
 - Birth certificate, marriage license, or death certificate;
 - Signed/notarized statement.
- **Medicare ID Does Not Match** – The beneficiary's Medicare ID submitted on the authorization request does not match the Medicare ID on the MSPRP case. To rectify this, resubmit the authorization request with the corrected Medicare ID.
- **Beneficiary Name Does Not Match** – The beneficiary's name submitted on the authorization request does not match the beneficiary's name on the MSPRP case. To rectify this, resubmit the authorization request with the corrected beneficiary name.

- **Date(s) of Authorization conflict with Supporting Documentation** – The authorization start/end date(s) submitted on the *Authorization Documentation* page are different than the corresponding date(s) submitted on the uploaded supporting documentation. To rectify this, verify the start and end dates on the supporting documentation are correct. Submit a new authorization request and ensure that the dates provided on the supporting documentation exactly match the authorization start date and end date (if applicable) you entered on the *Authorization Documentation* page.
- **DOI Not Provided** – The Date of Incident (DOI) submitted on the authorization request was not provided. To rectify this, re-submit the authorization request that includes the correct DOI.
- **Missing or Insufficient Supporting Documentation** – Information is missing from the supporting documentation. To rectify this, identify what is missing, make the necessary correction(s), submit a new authorization request, and upload the applicable supporting documentation.
- **Missing Required Signature(s)** – One or more signatures are missing from the supporting documentation (e.g., the beneficiary or attorney’s signature). To rectify this, obtain the missing signatures, submit a new authorization request, and upload the appropriate supporting documentation.
- **Name on Document Does Not Match the Name Entered** – The name on the supporting document does not match the name entered by an individual submitting an authorization on behalf of another person. To rectify this, resubmit the document with the appropriate name.
- **Name on Document Does Not Match the Portal Submitter** – The supporting document that was submitted identifies an individual to whom the information can be released but that name does not match the company name listed on the portal account by an individual submitting their own authorization. To rectify this, resubmit the document with the appropriate name.

For example: The company name on the portal account is “ABC Law Firm.” An authorization request is submitted for this case, but the letterhead/company name on the supporting document is for “Mary Smith.” Since the BCRC cannot assume that “Mary Smith” is a part of “ABC Law Firm,” the authorization request will be considered invalid. In this case, the supporting document should be re-submitted with the name, “Mary Smith, ABC Law Firm.” The letterhead/company name on the supporting document must match the company name of the portal account you are uploading the supporting documentation to, otherwise the request will be considered invalid.

- **No Authorizing Statement on Document** – The CTR that was submitted did not indicate which entity (e.g., attorney, recovery agent, etc.) is allowed to receive information from CMS, its agents, and/or contractors. To rectify this, resubmit a new CTR that clearly identifies the name, address, and phone number of the entity that can receive this information.
- **Other/Multiple Reason(s) for Authorization being invalid** – The requirements for submission were not met for reasons other than those listed above (e.g., the uploaded authorization documentation does not match the case, or all required documentation is missing etc.). To rectify this, make all necessary corrections and submit the authorization request as a new authorization request and upload all applicable supporting documentation.
- **Case ID/Recovery ID Number Does Not Match** – The supporting document did not match the information on the case. To rectify this, review the documentation that was uploaded and resubmit the correct documentation to the appropriate case.

- **Signed by Third Party with No Supporting Documentation** – An authorization was submitted by an entity, but the required supporting documentation was missing. To rectify this, re-submit the required supporting documentation. See the following sections for CTR requirements and for POR requirements. See Section 10.3.3 for Recovery Agent Authorization requirements.

10.3.1 Beneficiary CTR Supporting Documentation Requirements

- The Medicare beneficiary's name exactly as shown on their Medicare card;
- Medicare ID (Health Insurance Claim Number [HICN] or Medicare Beneficiary Identifier [MBI]) of the Medicare beneficiary exactly as it is shown on the Medicare card, including any letters;
- Name of individual or entity to which the information may be disclosed;
- When to start the request for authorization;
- When to terminate the request for authorization (if applicable);
- Signature of the Medicare beneficiary or the beneficiary's representative; and
- Date the Medicare beneficiary signed the CTR.

Note: If you are requesting authorization for a deceased beneficiary, you must include a copy of the legal documentation which confirms that you can sign or speak on the beneficiary's behalf. For example, you can include:

- Executor/Executrix papers;
- Next of kin attested by court documents with a court stamp and a judge's signature;
- Letter of Testamentary or Administration with a court stamp and judge's signature;
- Personal representative papers with a court stamp and judge's signature;
- Birth certificate;
- Marriage license;
- Death certificate; or
- Signed/notarized statement.

10.3.2 Beneficiary POR Supporting Documentation Requirements

A copy of a Retainer Agreement (i.e., an agreement between a client and his or her lawyer that spells out the terms of the business arrangement between them) will be accepted as POR.

Required information if you are submitting a Retainer Agreement:

- Retainer Agreement on attorney letterhead or accompanied by a cover letter on letterhead;
- Beneficiary name (printed on the agreement or cover letter);
- Signature of beneficiary;
- Date of signature of beneficiary;
- Signature of attorney; and
- Date of signature of attorney.

Required information if you are not submitting a Retainer Agreement:

- The Medicare beneficiary's name exactly as shown on their Medicare card;

- Medicare ID (HICN or MBI) of the Medicare beneficiary exactly as it is shown on the Medicare card, including any letters;
- Representation type (i.e., Attorney, Guardian/Conservator, Power of Attorney, Third Party Administrator, Individual/Other);

If the POR is for a Third Party Administrator, the POR must also include a letter on the insurer's letterhead that contains:

- A beneficiary-specific statement (including the beneficiary's name and Medicare ID) on the insurer or workers' compensation entity's letterhead that the agent is representing the insurer or workers' compensation carrier with respect to a claim involving the identified Medicare beneficiary;
- Name(s) of person(s) that have been hired; and
- A statement as to what they are approved to do.
- Firm/company name (if applicable);
- Signature of beneficiary;
- Date of signature of beneficiary;
- Name of representative/attorney;
- Signature of representative/attorney; and
- Date of signature of representative/attorney.

Note: If the beneficiary is incapacitated, you must also include a court document appointing power of attorney to confirm that you can sign the POR or speak on the beneficiary's behalf.

10.3.3 Recovery Agent Authorization Supporting Document Requirements

An authorization, such as a Recovery Agent Authorization, is required any time that an applicable plan (such as self-insured, no-fault insurer or workers' compensation entity) is represented by an agent that will work with CMS' contractors to address coordination of benefits and recovery issues on behalf of that applicable plan.

CMS must have authorization on file for each recovery case. Any time that an applicable plan would like an agent to work on its behalf, CMS must have authorization on file.

Notes:

If an applicable plan designates an agent electronically via Section 111 reporting, further documentation does not need to be submitted unless the agent needs to act on behalf of the insurer after a demand is issued. Actions that occur after a demand is issued include requests for appeal and requests for reopening. Requests for appeal and reopening will be denied if submitted by an entity other than the applicable plan and we do not have Recovery Agent Authorization in verified status on file.

Recovery Agents who are associated to an insurer-debtor case as the insurer's Section 111 (S111) Recovery Agent may submit a Recovery Agent authorization. An S111 Recovery Agent with an active Recovery Agent authorization in verified status has authority on the insurer-debtor case pre- and post-demand, even if the agent was removed or replaced on the insurer's S111 Tax Identification Number (TIN) Reference File.

Required information if you are submitting a Recovery Agent Authorization:

- It must be in writing (that is, signed and dated by both entities).

- It must state that one entity appoints the other entity to act on its behalf.
- It must include purpose and scope (that is, it must describe the reason for the authorization).
- It must include name, phone and address of each entity. (**Note:** These elements are often already part of the letterhead.)
- It must reference professional status or relationship between the entities (for example: attorney/client, agency, third-party administrator, etc.).
- It must reference the recovery case ID, or otherwise provide information that allows CMS' recovery contractor to associate authorization to a particular beneficiary file.
- It must include a timeframe for the agent's authority.
- It must be submitted to CMS' recovery contractor.

Chapter 11: Request Case Access

11.1 Account Designee

The MSPRP requires the Account Designee (AD) or Account Manager (AM) to perform an initial request for access for each recovery case that must be managed on the MSPRP. Once the initial request for access has been successfully submitted, you will be able to view and manage the case on your *Case Listing* page (see Chapter 12). You can request cases from the Benefits Coordination & Recovery Center [BCRC] and from the Commercial Repayment Center [CRC]) case IDs displayed will either be the “BCRC Case ID” (BCRC insurer cases and all beneficiary cases) or the “CRC Recovery ID” (CRC insurer cases).

Online, you can distinguish between BCRC and CRC cases in two ways: by the format of their Case ID and by the correspondence received for the cases. The case ID is a 15-digit number in ##### format. BCRC Case IDs begin with the number two (2), while CRC case IDs begin with the number three (3).

Note: When your AM submits a request for case access and the MSPRP verifies that the AM is authorized to access the case, the AM can grant case access to an AD (see Section 12.2.4).

The steps in this section explain the process that an AD will follow in order to perform an initial request for access to a case that is not currently on their *Case Listing* page.

1. Begin by obtaining the Case ID and/or DOI, beneficiary Medicare ID (HICN or MBI) or Social Security Number (SSN), beneficiary name, and beneficiary date of birth, and optionally the insurance type.

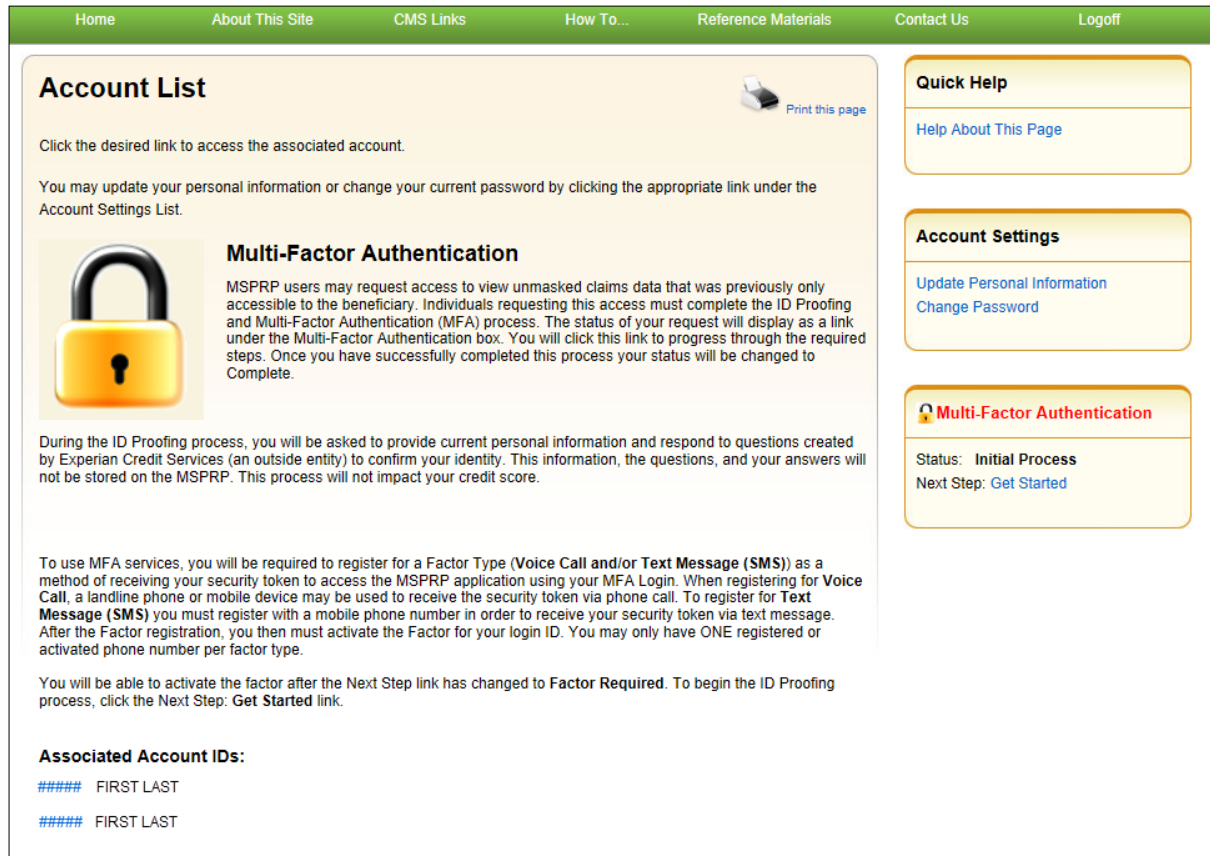
Note: The Case ID is created once Medicare has received MSP information and initiated a recovery case. For BCRC cases, it is displayed as a 15-digit number and is displayed as 2##### on correspondence related to the case such as the Rights and Responsibilities letter and CPL. For CRC cases, it is a 15-digit number displayed as 3#####.

2. Log in to the MSPRP.

The *Account List* page appears (Figure 11-1).

3. Click the **Associated Account ID** for the account you want to work with. Verify the Account ID before selecting it.

The *Welcome!* Page appears (Figure 11-2). The Account ID and corresponding Corporate name/Representative name are displayed at the top of the page.

Figure 11-1: Account List (Account Designee)


Account List

Click the desired link to access the associated account.

You may update your personal information or change your current password by clicking the appropriate link under the Account Settings List.

Multi-Factor Authentication

MSPRP users may request access to view unmasked claims data that was previously only accessible to the beneficiary. Individuals requesting this access must complete the ID Proofing and Multi-Factor Authentication (MFA) process. The status of your request will display as a link under the Multi-Factor Authentication box. You will click this link to progress through the required steps. Once you have successfully completed this process your status will be changed to Complete.

During the ID Proofing process, you will be asked to provide current personal information and respond to questions created by Experian Credit Services (an outside entity) to confirm your identity. This information, the questions, and your answers will not be stored on the MSPRP. This process will not impact your credit score.

To use MFA services, you will be required to register for a Factor Type (**Voice Call and/or Text Message (SMS)**) as a method of receiving your security token to access the MSPRP application using your MFA Login. When registering for **Voice Call**, a landline phone or mobile device may be used to receive the security token via phone call. To register for **Text Message (SMS)** you must register with a mobile phone number in order to receive your security token via text message. After the Factor registration, you then must activate the Factor for your login ID. You may only have ONE registered or activated phone number per factor type.

You will be able to activate the factor after the Next Step link has changed to **Factor Required**. To begin the ID Proofing process, click the Next Step: **Get Started** link.

Associated Account IDs:

FIRST LAST

FIRST LAST

Quick Help

[Help About This Page](#)

Account Settings

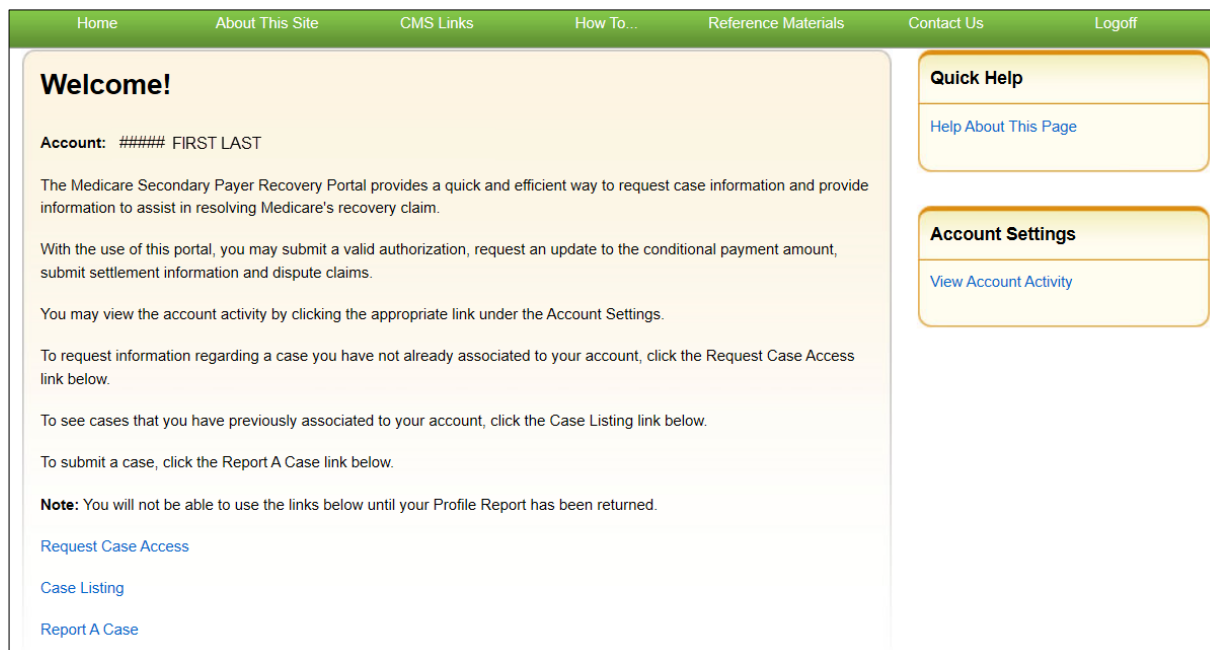
[Update Personal Information](#)

[Change Password](#)

Multi-Factor Authentication

Status: **Initial Process**

Next Step: [Get Started](#)

Figure 11-2: Welcome! Page (Account Designee)


Welcome!

Account: ##### FIRST LAST

The Medicare Secondary Payer Recovery Portal provides a quick and efficient way to request case information and provide information to assist in resolving Medicare's recovery claim.

With the use of this portal, you may submit a valid authorization, request an update to the conditional payment amount, submit settlement information and dispute claims.

You may view the account activity by clicking the appropriate link under the Account Settings.

To request information regarding a case you have not already associated to your account, click the Request Case Access link below.

To see cases that you have previously associated to your account, click the Case Listing link below.

To submit a case, click the Report A Case link below.

Note: You will not be able to use the links below until your Profile Report has been returned.

[Request Case Access](#)

[Case Listing](#)

[Report A Case](#)

Quick Help

[Help About This Page](#)

Account Settings

[View Account Activity](#)

4. Click the **Request Case Access** link.

The *New Case Request* page appears (Figure 11-3). This page is used to verify that you have the authority to access a specific recovery case.

5. Enter the required information and optionally select the insurance type from the drop-down menu. Then click **Continue**.

If the MSPRP cannot locate the case based on the submitted information, it will display the following message: “No Matching Case Records Found based on the information provided.”

If you do not enter either a Case ID or a DOI, the MSPRP will display the following message: “Please enter Case ID or Date of Incident.” If the MSPRP detects an invalid DOI, it will display the following message: “Date of Incident is invalid. Date of Incident must be prior to the current date and MM/DD/CCYY format.”

If the MSPRP locates more than one case matching the information you submitted, it will display the *Case Results* page (Figure 11-4).

Figure 11-3: New Case Request

Table 11-1: New Case Request

Field	Description
Case ID	Enter the recovery case identification number. Note: The Case ID is assigned by CMS to the case. It is located on any case-specific correspondence received from Medicare such as the Rights and Responsibilities Letter or Conditional Payment Letter. The Case ID is a 15-digit number in ##### ##### ##### format. BCRC Case IDs begin with the number two (2), and CRC Case IDs begin with the number three (3).
Date of Incident	Enter the date of the incident (DOI) for the case you would like associated to your Account. Notes: <ul style="list-style-type: none"> The DOI is only required if the Case ID is not entered. If the application locates more than one case with the same DOI (plus or minus three days), then you will be asked to select a case.

Field	Description
Medicare ID	Enter the HICN or MBI for the beneficiary associated to the case.
SSN	Enter the Social Security Number for the beneficiary associated to the case. Note: This field is required if the Medicare ID is not entered.
Last Name	Enter the beneficiary's last name. (A minimum of five characters must be entered).
Beneficiary's Date of Birth	Enter the beneficiary's date of birth in MM/DD/CCYY format.
Insurance Type	Select the insurance type (no-fault, workers' compensation, or liability) from the drop-down menu (optional).
Continue	Command button. Click to save changes and continue to the next page.
Cancel	Command button. Click to exit this page and return to the <i>Welcome!</i> Page without making any requests.

6. If the MSPRP locates more than one case matching the information you submitted, it will display the *Case Results* page (Figure 11-4).

Note: The Industry DOI displayed in the *Case Results* page is the self-reported DOI provided by the RREs to the BCRC or CRC. See Table 14-1 for details.

Click **Previous** to return to the *New Case Request* page with current search field values displayed.

7. Click the **Case ID** of the case you wish to see; the MSPRP will display the *Case Information* page for that case and will add it to your *Case Listing* page (see Chapter 14).

Note: The Industry DOI displayed in the *Case Results* page is the self-reported DOI provided by the Responsible Reporting Entities (RREs) to the BCRC or CRC. See Table 14-1 for details.

Verify that the data was entered correctly. If any of the fields were incorrectly entered, correct the error and click **Continue**.

If the MSPRP locates the case based on the information submitted, the *Case Information* page will display (see Chapter 14).

Figure 11-4: Case Results Page

Case ID	Bene Last Name	Medicare ID	Bene DOB	DOI	Industry DOI	Insurance Type	Case Status	Contractor
2012 #####	LAST NAME	*****3057A	02/08/1949	02/03/2008	02/03/2008	D	In development	BCRC
3011 #####	LAST NAME	*****3057A	02/08/1949	02/03/2008		L	Open	CRC

11.2 Account Manager

The MSPRP requires the AD or the AM to perform an initial request for access for each recovery case that must be managed on the MSPRP. Once the initial request for access has been successfully submitted, you will be able to view and manage the case on your *Case Listing* page (see “Chapter 12”).

Note: When the AM submits a request for case access and the MSPRP verifies that they are authorized to access the case, the AM can grant access to ADs.

The steps in this section explain the process that you an AM will follow in order to perform an initial request for access to a case that is not currently on their *Case Listing* page.

1. Begin by obtaining the Case ID or DOI, beneficiary Medicare ID (HICN or MBI) or SSN, beneficiary name, and beneficiary date of birth, and optionally the insurance type.

Note: The Case ID is created once Medicare has received MSP information and initiated a recovery case. It is a 15-digit number and is displayed as ##### ##### ##### on correspondence related to the case such as the Rights and Responsibilities and Conditional Payment letters.

2. Log in to the MSPRP. When your home page appears, click the **Request Case Access** link (Figure 11-5).

The *New Case Request* page appears (Figure 11-6). This page is used to verify that you have the authority to access a specific recovery case.

Figure 11-5: Welcome! Page (Account Manager)

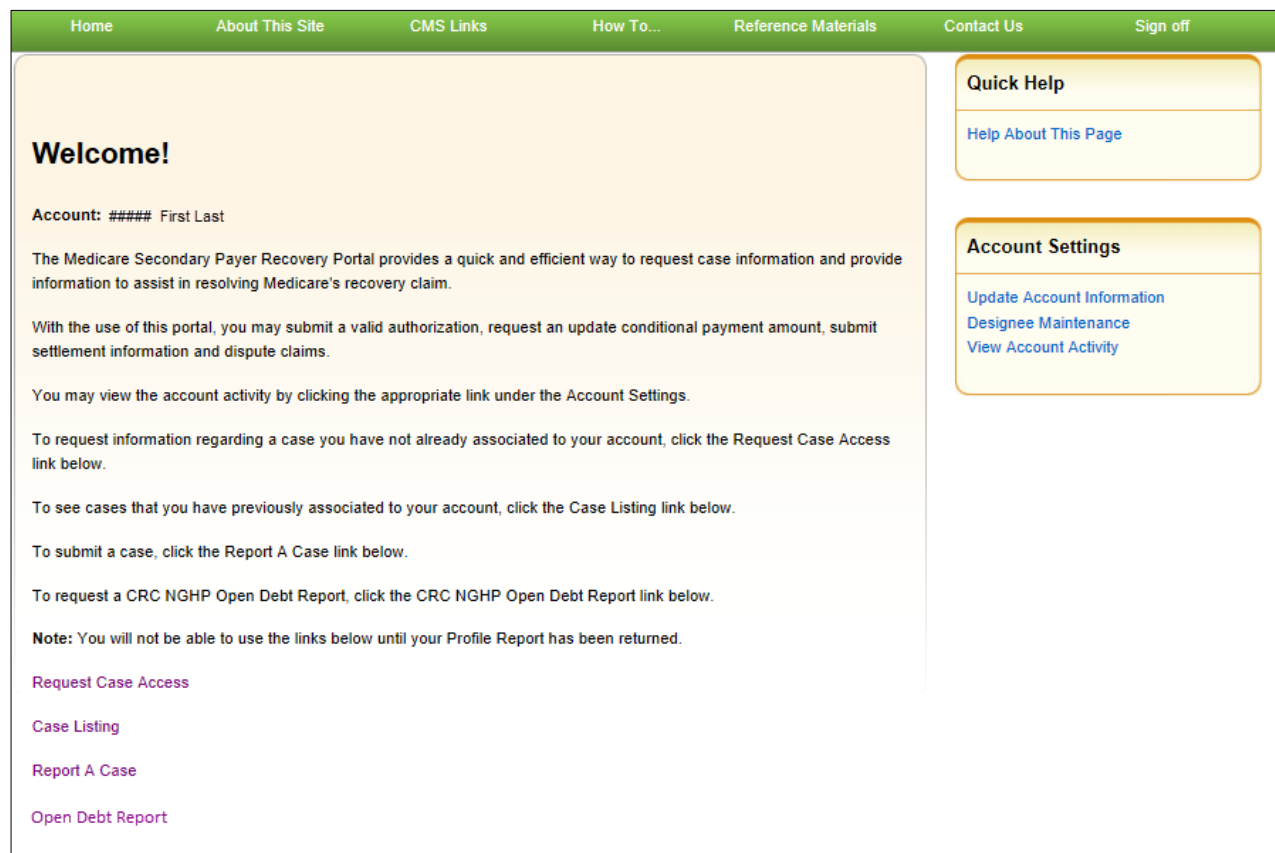


Figure 11-6: New Case Request

New Case Request

The information requested below will be systematically validated to ensure you have the appropriate authority to access the ReMAS case. Once the information is validated, you can perform specific actions on the case, upload corresponding documentation in PDF file format, request conditional payment letter.

To begin the new case inquiry process, enter the required data and click the Continue button. To cancel the case creation click the Cancel button to return to the Home page.

*Case ID: OR *Date of Incident: / /

*Medicare ID: OR *SSN: - -

*Last Name: (at least first five letters)

*Beneficiary's Date of Birth: / / (MM/DD/CCYY)

Insurance Type: (Dropdown menu with options: -Select-, Liability, No-Fault, Workers' Compensation)

Quick Help
[Help About This Page](#)

Table 11-2: New Case Request

Field	Description
Case ID	Enter the recovery case identification number. Note: The Case ID is assigned by CMS to the case. It is located on any case-specific correspondence received from Medicare such as the Rights and Responsibilities Letter or Conditional Payment Letter. The Case ID is a 15-digit number in ##### format. BCRC Case IDs begin with the number two (2), and CRC Case IDs begin with the number three (3).
Date of Incident	Enter the date of the incident (DOI) for the case you would like associated to your Account. Notes: <ul style="list-style-type: none"> The DOI is only required if the Case ID is not entered. If the application locates more than one case with the same DOI (plus or minus three days), then you will be asked to select a case.
Medicare ID	Enter the HICN or MBI for the beneficiary associated to the case.
SSN	Enter the Social Security number for the beneficiary associated to the case. Note: This field is required if the Medicare ID is not entered.
Last Name	Enter the beneficiary's last name. (A minimum of five characters must be entered).
Beneficiary's Date of Birth	Enter the beneficiary's date of birth in MM/DD/CCYY format.
Insurance Type	Select the insurance type (no-fault, workers' compensation, or liability) from the drop-down menu (optional).
Continue	Command button. Click to save changes and continue to the next page.
Cancel	Command button. Click to exit this page and return to your home page without making any requests.

3. Enter the required information and optionally select the insurance type from the drop-down menu. Then click **Continue**.

If the MSPRP cannot locate the case based on the submitted information, it will display the following message: “No Matching Case Records Found based on the information provided.”

If you do not enter either a Case ID or a DOI, the MSPRP will display the following message: “Please enter Case ID or Date of Incident.”

If the MSPRP detects an invalid DOI, it will display the following message: “Date of Incident is invalid. Date of Incident must be prior to the current date and MM/DD/CCYY format.”

4. If the MSPRP locates more than one case matching the information you submitted, it will display the *Case Results* page (Figure 11-7).

Note: The Industry DOI displayed in the *Case Results* page is the self-reported DOI provided by the RREs to the BCRC or CRC. See Table 14-1 for details.

Click **Previous** to return to the *New Case Request* page with current search field values displayed.

5. Click the **Case ID** of the case you wish to see; the MSPRP will display the *Case Information* page for that case and add it to your *Case Listing* page. See Chapter 14 for more information.
6. Verify that the data was entered correctly. If any of the fields were incorrectly entered, correct the error and click **Continue**.

If the MSPRP locates the case based on the information submitted, the *Case Information* page will display. See Chapter 14 for more information.

Figure 11-7: Case Results Page

Case ID	Bene Last Name	Medicare ID	Bene DOB	DOI	Industry DOI	Insurance Type	Case Status	Contractor
2012 #####	LAST NAME	****3057A	02/08/1949	02/03/2008	02/03/2008	D	In development	BCRC
3011 #####	LAST NAME	****3057A	02/08/1949	02/03/2008		L	Open	CRC

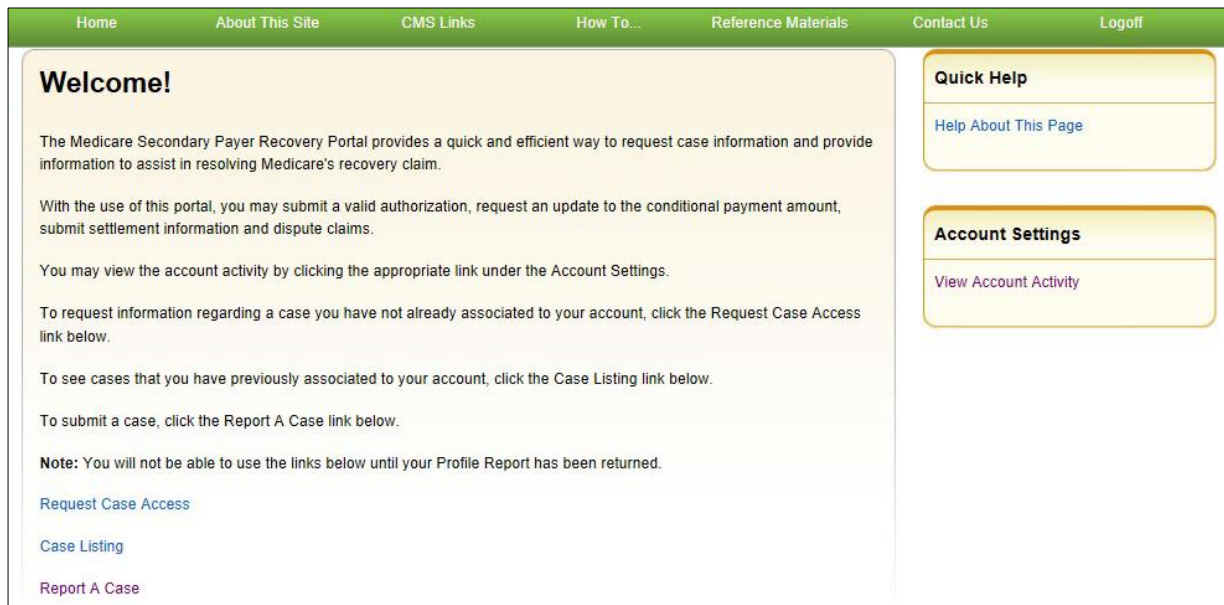
11.3 Beneficiary

As a beneficiary, you are authorized to access and manage each of your recovery cases on the MSPRP. However, the MSPRP will require you to perform an initial request for access to each recovery case that you did not access directly from the MyMedicare.gov website.

Note: Each case that you accessed directly from the MyMedicare.gov website (i.e., when you clicked the **Case ID** link on the *Payment Details* tab on the MyMedicare web page), as well as each new case you request access to on the MSPRP can be viewed and managed by clicking the **Case Listing** link on the *Welcome!* Page (your home page) (see Chapter 12).

1. Log in to your MyMedicare account via the MyMedicare.gov website at <https://mymedicare.gov/>.
2. Enter your established login ID and password for that application in the Secure Sign In section of the web page.
3. Go to the MSP section and click the **Go to MSPRP** button on the MyMedicare web page. See Section 6.2 for more information.
4. When the *Welcome!* Page appears, click the **Request Case Access** link.
The *New Case Request* page appears (Figure 11-9).

Figure 11-8: Welcome! Page (Beneficiary)



5. To request case access, enter the Case ID and click **Continue**.
If the MSPRP cannot locate the case based on the submitted information, it will display the following message: “No Matching Case Records Found based on the information provided.”
6. Verify that the data was entered correctly.
7. If the Case ID was entered incorrectly, correct the error and click **Continue**.
If the MSPRP locates the case based on the information submitted, the *Case Information* page will display (see Chapter 14).

Figure 11-9: New Case Request

New Case Request

The information requested below will be validated to ensure you have the appropriate authority to access the Medicare Secondary Payer record. Once your information is validated you will continue to the next step where you will see the available options for the case.

To begin the case inquiry process, enter the required Case ID and click the Continue button. To cancel the case creation process, click the Cancel button to return to the Home page.

An asterisk (*) indicates a required field.

*Case ID:

Medicare ID: *****A

Beneficiary Last Name: Smith

Beneficiary Date of Birth: 02 / 15 / 1940

Quick Help

[Help About This Page](#)

Table 11-3: New Case Request

Field	Description
Case ID	Enter the case identification number.
Medicare ID	Displays the beneficiary's HICN or MBI, which can be found on their Medicare card.
Last Name	Displays the beneficiary's last name.
Beneficiary's Date of Birth	Displays the beneficiary's date of birth.
Previous	Command button. Click to exit this page and return
Continue	Command button. Click to save changes and continue to the next page.
Cancel	Command button. Click to exit this page and return to the <i>Welcome!</i> Page without making any requests.

Chapter 12: Case Listing

12.1 Account Designee

The *Case Listing* page displays a list of cases that you are authorized to access. The Case ID displayed will either be the “BCRC Case ID” (Benefits Coordination & Recovery Center [BCRC] insurer cases and all beneficiary cases) or the “CRC Recovery ID” (Commercial Repayment Center [CRC] insurer cases). The list includes cases that you successfully requested access to (on the *New Case Request* page), any cases that you have reported using the *Report a Case* action, and cases that your Account Manager (AM) has granted you access to.

Notes:

If you are approaching settlement on a case that is not yet available on the MSPRP and you wish to initiate the *Final Conditional Payment* process, you can add this case using the *Report a Case* link found on the MSPRP *Welcome!* page or contact the BCRC by phone at (855) 798-2627, or by mail at: NGHP, P.O. Box 138832, Oklahoma City, OK 73113. See Chapter 15 for details regarding the *Final Conditional Payment* process.

To get to the *Case Listing* page, perform the following steps:

1. On the *Account List* page (Figure 12-1), click the **Associated Account ID** link.

The *Welcome!* Page appears (Figure 12-2). The Account ID and corresponding Corporate name/Representative name are displayed at the top of the page.


Note: Verify the account ID before selecting it.

2. Click the **Case Listing** link.

The *Case Listing* page appears (Figure 12-3). This page allows you to:


- Locate a specific case(s) by providing search criteria.
- View detailed case information for a selected case.
- Remove a case(s) from the *Case Listing* page.

Figure 12-1: Account List (Account Designee)

Account List  [Print this page](#)

Click the desired link to access the associated account.

You may update your personal information or change your current password by clicking the appropriate link under the Account Settings List.



Multi-Factor Authentication

MSPRP users may request access to view unmasked claims data that was previously only accessible to the beneficiary. Individuals requesting this access must complete the ID Proofing and Multi-Factor Authentication (MFA) process. The status of your request will display as a link under the Multi-Factor Authentication box. You will click this link to progress through the required steps. Once you have successfully completed this process your status will be changed to Complete.

During the ID Proofing process, you will be asked to provide current personal information and respond to questions created by Experian Credit Services (an outside entity) to confirm your identity. This information, the questions, and your answers will not be stored on the MSPRP. This process will not impact your credit score.

To use MFA services, you will be required to register for a Factor Type (**Voice Call and/or Text Message (SMS)**) as a method of receiving your security token to access the MSPRP application using your MFA Login. When registering for **Voice Call**, a landline phone or mobile device may be used to receive the security token via phone call. To register for **Text Message (SMS)** you must register with a mobile phone number in order to receive your security token via text message. After the Factor registration, you then must activate the Factor for your login ID. You may only have ONE registered or activated phone number per factor type.

You will be able to activate the factor after the Next Step link has changed to **Factor Required**. To begin the ID Proofing process, click the Next Step: **Get Started** link.

Associated Account IDs:

FIRST LAST

FIRST LAST

Quick Help

[Help About This Page](#)

Account Settings

[Update Personal Information](#)

[Change Password](#)

Multi-Factor Authentication

Status: **Initial Process**

Next Step: [Get Started](#)

Figure 12-2: Welcome! Page (Account Designee)

Welcome!

Account: ##### FIRST LAST

The Medicare Secondary Payer Recovery Portal provides a quick and efficient way to request case information and provide information to assist in resolving Medicare's recovery claim.

With the use of this portal, you may submit a valid authorization, request an update to the conditional payment amount, submit settlement information and dispute claims.

You may view the account activity by clicking the appropriate link under the Account Settings.

To request information regarding a case you have not already associated to your account, click the Request Case Access link below.

To see cases that you have previously associated to your account, click the Case Listing link below.

To submit a case, click the Report A Case link below.

Note: You will not be able to use the links below until your Profile Report has been returned.

[Request Case Access](#)

[Case Listing](#)

[Report A Case](#)

Quick Help

[Help About This Page](#)

Account Settings

[View Account Activity](#)

Figure 12-3: Case Listing

Case Listing

The following are the case reports associated to Account ID: #####

To view case detail information, click the case number. To manage Designee access to the case, click on the Manage Access link. To perform a search, enter any search criteria and click the **Search** button.

If you are approaching settlement on a case that is not yet available on the MSPRP and you wish to initiate the Final Conditional Payment process, you can add this case using the Report A Case link found on the MSPRP Welcome page.

Case ID: [Search Hint](#)

Medicare ID:

Beneficiary SSN: - -

Beneficiary Last Name: [Search Hint](#)

Selecting **Cancel** will return to the Home Page.

Selecting **Remove Cases** will remove all cases checked in the Select column.

* Case IDs denoted with an asterisk were reported via the Report A Case process on the MSPRP.

Cases

Select	Case ID	Bene Last Name	Medicare ID	Bene Date of Birth	Case Access
<input type="checkbox"/>	#####	LAST	#####A	##/##/####	Manage Access
<input type="checkbox"/>	#####	LAST	#####A	##/##/####	Manage Access
<input type="checkbox"/>	#####	LAST	#####A	##/##/####	Manage Access

Locate One or More Cases

The MSPRP allows you to perform a case search so you can limit the number of cases that display on your *Case Listing* page. To complete a search, enter information in at least one of the search fields: *Case ID*, *Medicare ID (Health Insurance Claim Number [HICN] or Medicare Beneficiary Identifier [MBI])*, *Beneficiary Social Security Number [SSN]*, or *Beneficiary Last Name*. Then click **Search**.

Note: To make your search more effective, you can search for variations of Case ID and Beneficiary Last Name using the wildcard percent sign (%) (see the field descriptions in Table 12-1).

If the MSPRP locates more than 1,000 active (not removed) recovery cases matching the search criteria entered, the following message will display “Results have exceeded the 1,000-row maximum. Refine the search criteria to limit the results.”

If the MSPRP is unable to locate the case based on the data entered, it will display the following message: “No Matching Case Records Found based on the information provided.” Check your search criteria and try again.

If the MSPRP is able to locate the case(s) based on the search criteria entered, the Case ID, Bene Last Name, Medicare ID/SSN, and Bene Date of Birth for the case(s) will be listed on the bottom half of the page under the *Cases* heading. Click the **Case ID** for the desired case. The MSPRP will display the *Case Information* page for the selected case (see Chapter 14).

Table 12-1: Case Listing (Top)

Field	Description
Case ID	<p>The unique identifier assigned by Medicare to the case. If the Case ID is available, it should be entered to help ensure that your case is found. The Case ID is located on any case specific correspondence received from Medicare such as the Rights and Responsibilities Letter or Conditional Payment Letter. The Case ID is a 15-digit number in #####-####-#### format. BCRC Case IDs begin with the number two (2), and CRC Case IDs begin with the number three (3).</p> <p>Note: To make your search more effective, you can search for variations of the Case ID using the percent sign (%) as a wildcard symbol. When used, the percent sign (%) replaces one (or more than one) number(s) at the end of the Case ID. Only one percent sign (%) can be entered and it must be placed at the end of the Case ID search term. When using the wildcard symbol in the Case ID field, a minimum of five characters must be entered (four numbers plus the percent sign). For example, to locate all recovery cases where the Case ID begins with the numbers 2011, enter 2011% in the Case ID field and click Search. The MSPRP will retrieve all recovery case records associated to your Account ID with a Case ID that begins with 2011. You can further limit the number of cases returned by using the wildcard symbol in both the <i>Case ID</i> and the <i>Beneficiary Last Name</i> fields. The wildcard symbol can only be used in these two fields.</p>
Medicare ID	<p>The HICN or MBI for the beneficiary associated with the case. If the Medicare ID is entered without entering the Case ID and the beneficiary has multiple cases on the MSPRP, multiple cases will be returned (i.e., displayed on the <i>Case Listing</i> page).</p>
Beneficiary SSN	<p>The Social Security Number for the beneficiary associated with the case. If the Beneficiary SSN is entered without entering the Case ID and the beneficiary has multiple cases on the MSPRP, multiple cases will be returned (i.e., displayed on the <i>Case Listing</i> page).</p>
Beneficiary Last Name	<p>The surname of the beneficiary associated with the case. If the Beneficiary Last Name is entered without entering the Case ID and the beneficiary has multiple cases on the MSPRP, multiple cases will be returned (i.e., displayed on the <i>Case Listing</i> page).</p> <p>Note: To make your search more effective, you can search for variations of the Beneficiary Last Name using the percent sign (%) as a wildcard symbol. When used, the percent sign (%) replaces one (or more than one) character(s) at the end of the Beneficiary Last Name. Only one percent sign (%) can be entered and it must be placed at the end of the Beneficiary Last Name search term. When using the wildcard symbol in the Beneficiary Last Name field, a minimum of two characters must be entered (one character plus the percent sign). For example, to locate all recovery cases where the Beneficiary Last Name begins with SM (such as Smith, Smithson, Small), enter SM% in the Beneficiary Last Name field and click Search. The MSPRP will retrieve all recovery case records associated to your Account ID with a Beneficiary Last Name that begins with SM. You can further limit the number of cases returned by using the wildcard in both the <i>Case ID</i> and the <i>Beneficiary Last Name</i> fields. The wildcard symbol can only be used in these two fields.</p>
Search	Click to search for the Case ID that matches the search criteria entered.

Table 12-2: Case Listing (Bottom)

Field	Description
Checkbox	Indicates whether the case will/will not be removed from the <i>Case Listing</i> page. Blank: indicates the case has not been selected for removal. It can be marked for removal by clicking the box. Checkmark: indicates the case has been selected for removal. It can be un-marked for removal by clicking the box again. Note: When an AD removes a case, it will be removed from their <i>Case Listing</i> page but will still be visible and available on the AM's <i>Case Listing</i> page. When an AM removes a case, it will be removed from the <i>Case Listing</i> page of both the AM and the AD(s).
Case ID	The Case ID for the recovery case. Click to view case details on the <i>Case Information</i> page. Once the Case ID is clicked, the MSPRP will look up the current authorization level of the Account ID. Appropriate MSPRP functionality for the case will be enabled based on the Authorization Level and Authorization Status. Note: An asterisk indicates that the case was reported using the <i>Report a Case</i> action on the MSPRP. The data in this column will be displayed in ascending order by default. The sort order can be changed by clicking the arrow in the column heading. Click the arrow once to change the sort order to descending. Click the arrow again to sort in ascending order.
Bene Last Name	The surname of the beneficiary associated with the case. Note: The sort order can be changed by clicking the arrow in the column heading. Click the arrow once to change the sort order to descending. Click the arrow again to sort in ascending order.
Medicare ID/SSN	The Medicare ID (HICN or MBI) or SSN of the beneficiary associated to the case. The number that will appear is the one that was entered on the <i>Request Case Access</i> page when the user first requested access to the case on the MSPRP. The first five positions of a HICN or SSN are masked (hidden from view) with asterisks, unless you are the beneficiary, or you have logged in using multi-factor authentication.
Bene Date of Birth	The date of birth of the beneficiary associated with the case.
Remove Cases	Command button. Click to remove selected cases from your <i>Case Listing</i> page.
Cancel	Command button. Click to return to the <i>Welcome!</i> Page.

12.1.1 View Detailed Case Information

Scroll through the list of cases under the *Cases* heading. Click the **Case ID** of the desired case. The MSPRP will display the *Case Information* page for the selected case (see Chapter 14).

Note: The data in the *Case ID* and *Beneficiary Last Name* columns can be sorted in ascending or descending order. Click the down arrow in the column heading once to sort in ascending order. Click the down arrow again to sort in descending order.

12.1.2 Remove a Case

The MSPRP allows you to remove a case(s) from your *Case Listing* page through the use of the **Remove Cases** button. When you (the AD) perform the **Remove Cases** action, the case will be removed from your *Case Listing* page, but it will still be visible and available on your AM's *Case Listing* page.

Note: You may choose to remove a case when there are no more actions you can take on it and you no longer wish to see it on the *Case Listing* page. A case that has been removed is not deleted. However, it will not display again unless you choose to re-associate it with your account by requesting access to it again (see Chapter 11). Some reasons for removing a case are:

- Case has been closed
 - Case had the Demand Letter issued
 - Case has been approved for the Fixed Percentage Option
 - Case has been approved for the Self-Calculated Conditional Payment Amount
1. To remove a case, click the checkbox next to each Case ID that you want to remove, and click **Remove Cases**.

The *Remove Cases Verification* page displays the list of cases selected for removal (Figure 12-4).

2. Verify the list of cases to ensure that it only includes cases you wish to remove from your *Case Listing* page. To revise the list, click **Previous** to return to the *Case Listing* page.
3. After you have verified that the cases listed on this page are those cases you wish to remove, click **Continue**.

The *Remove Cases Confirmation* page appears confirming that the cases have been removed (Figure 12-5).

4. Click **Continue** to return to the *Case Listing* page.

Figure 12-4: Remove Cases Verification

Home About This Site CMS Links How To... Reference Materials Contact Us Logoff Skip Navigation

Remove Cases Verification

Print this page

Below is a list of cases you have selected for removal from the Case Listing screen, please review for accuracy. To cancel or revise your selection, click the **Previous** button.

Selecting **Continue** will remove the cases from the Case Listing screen.

Case ID	Bene Last Name	Medicare ID/SSN	Bene Date of Birth
#####	AAAAAAA	#####A	MM/DD/YYYY

Previous Continue

Quick Help
Help About This Page

Figure 12-5: Remove Cases Confirmation

Remove Cases Confirmation

You have successfully removed cases from your Case Listing. If you would like to reinstate any cases previously removed from the Case Listing screen, you can do so by performing the Case Request again.

Cases Removed

Case ID	Bene Last Name	Medicare ID/SSN	Bene Date of Birth
#####	AAAAAAA	#####A	MM/DD/YYYY

[Continue](#)

Quick Help
[Help About This Page](#)

12.2 Account Manager

The *Case Listing* page displays a list of cases that you are authorized to access. The list includes cases that you or your ADs successfully requested access to (on the *New Case Request* page) while working under your account ID and any cases that you have reported using the *Report a Case* action.

Note: If you are approaching settlement on a case that is not yet available on the MSPRP and you wish to initiate the *Final Conditional Payment* process, you can add this case using the *Report a Case* link found on the MSPRP *Welcome!* page or contact the BCRC by phone at (855) 798-2627, or by mail at: NGHP, P.O. Box 138832, Oklahoma City, OK 73113. See Chapter 15 for details regarding the *Final Conditional Payment* process.

To get to the *Case Listing* page, perform the following steps:

1. Log in to the MSPRP site.

The *Welcome!* Page appears (Figure 12-6).

2. Click the **Case Listing** link.

The *Case Listing* page appears (Figure 12-7). This page allows you to:

- Locate a specific case(s) by providing search criteria.
- View detailed case information for a selected case.
- Remove a case(s) from the *Case Listing* page.
- Grant/revoke AD access to a specific case.

Figure 12-6: Welcome! Page (Account Manager)

Welcome!

Account: ##### First Last

The Medicare Secondary Payer Recovery Portal provides a quick and efficient way to request case information and provide information to assist in resolving Medicare's recovery claim.

With the use of this portal, you may submit a valid authorization, request an update conditional payment amount, submit settlement information and dispute claims.

You may view the account activity by clicking the appropriate link under the Account Settings.

To request information regarding a case you have not already associated to your account, click the Request Case Access link below.

To see cases that you have previously associated to your account, click the Case Listing link below.

To submit a case, click the Report A Case link below.

To request a CRC NGHP Open Debt Report, click the CRC NGHP Open Debt Report link below.

Note: You will not be able to use the links below until your Profile Report has been returned.

[Request Case Access](#)

[Case Listing](#)

[Report A Case](#)

[CRC NGHP Open Debt Report](#)

Quick Help

[Help About This Page](#)

Account Settings

[Update Account Information](#)

[Designee Maintenance](#)

[View Account Activity](#)

Figure 12-7: Case Listing

Case Listing

The following are the case reports associated to Account ID: #####

To view case detail information, click the case number. To manage Designee access to the case, click on the Manage Access link. To perform a search, enter any search criteria and click the **Search** button.

If you are approaching settlement on a case that is not yet available on the MSPRP and you wish to initiate the Final Conditional Payment process, you can add this case using the Report A Case link found on the MSPRP Welcome page.

Case ID: [Search Hint](#)

Medicare ID:

Beneficiary SSN: - -

Beneficiary Last Name: [Search Hint](#)

Selecting **Cancel** will return to the Home Page.

Selecting **Remove Cases** will remove all cases checked in the Select column.

* Case IDs denoted with an asterisk were reported via the Report A Case process on the MSPRP.

Cases

Select	Case ID	Bene Last Name	Medicare ID	Bene Date of Birth	Case Access
<input type="checkbox"/>	#####	LAST	#####A	###/###/####	Manage Access
<input type="checkbox"/>	#####	LAST	#####A	###/###/####	Manage Access
<input type="checkbox"/>	#####	LAST	#####A	###/###/####	Manage Access

Quick Help

[Help About This Page](#)

Table 12-3: Case Listing (Top)

Field	Description
Case ID	<p>Enter the unique identifier assigned by Medicare to the case. If the Case ID is available, it should be entered to help ensure your case is found. The Case ID is located on any case specific correspondence received from Medicare such as the Rights and Responsibilities Letter or Conditional Payment Letter. It is a 15-digit number and is displayed as ##### ##### ##### on the correspondence from Medicare. BCRC Case IDs begin with the number two (2), and CRC Case IDs begin with the number three (3).</p> <p>Note: To make your search more effective, you can search for variations of the Case ID using the percent sign (%) as a wildcard symbol. When used, the percent sign (%) replaces one (or more than one) number(s) at the end of the Case ID. Only one percent sign (%) can be entered and it must be placed at the end of the Case ID search term. When using the wildcard symbol in the Case ID field, a minimum of five characters must be entered (four numbers plus the percent sign). For example, to locate all recovery cases where the Case ID begins with the numbers 2011, enter 2011% in the Case ID field and click Search. The MSPRP will retrieve all recovery case records associated to your Account ID with a Case ID that begins with 2011. You can further limit the number of cases returned by using the wildcard symbol in both the <i>Case ID</i> and the <i>Beneficiary Last Name</i> fields. The wildcard symbol can only be used in these two fields.</p>
Medicare ID	<p>The Medicare ID (HICN or MBI) for the beneficiary associated with the case. If the Medicare ID is entered without entering the Case ID and the beneficiary has multiple cases on the MSPRP, multiple Case IDs will be returned (i.e., displayed on the <i>Case Listing</i> page).</p>
Beneficiary SSN	<p>The Social Security Number for the beneficiary associated with the case. If the beneficiary SSN is entered without entering the Case ID and the beneficiary has multiple cases on the MSPRP, multiple Case IDs will be returned (i.e., displayed on the <i>Case Listing</i> page).</p>
Beneficiary Last Name	<p>The surname of the beneficiary associated with the case. If the beneficiary's last name is entered without entering the Case ID and the beneficiary has multiple cases on the MSPRP, multiple Case IDs will be returned (i.e., displayed on the <i>Case Listing</i> page).</p> <p>Note: To make your search more effective, you can search for variations of the beneficiary last name using the percent sign (%) as a wildcard symbol. When used, the percent sign (%) replaces one (or more than one) character(s) at the end of the beneficiary last name. Only one percent sign (%) can be entered and it must be placed at the end of the beneficiary last name search term. When using the wildcard symbol in the beneficiary last name field, a minimum of two characters must be entered (one character plus the percent sign). For example, to locate all recovery cases where the beneficiary last name begins with SM (such as Smith, Smithson, Small), enter SM% in the <i>Beneficiary Last Name</i> field and click Search. The MSPRP will retrieve all recovery case records associated with your Account ID with a beneficiary last name that begins with SM. You can further limit the number of cases returned by using the wildcard in both the Case ID and the <i>Beneficiary Last Name</i> fields. The wildcard symbol can only be used in these two fields.</p>

Table 12-4: Case Listing (Bottom)

Field	Description
Checkbox	<p>Indicates whether the case will/will not be removed from the <i>Case Listing</i> page</p> <p>Blank: indicates the case has not been selected for removal. It can be marked for removal by clicking the box.</p> <p>Checkmark: indicates the case has been selected for removal. It can be un-marked for removal by clicking the box again.</p> <p>Note: When an AD removes a case, it will be removed from their <i>Case Listing</i> page but will still be visible and available on the AM's <i>Case Listing</i> page. When an AM removes a case, it will be removed from the <i>Case Listing</i> page of both the AM and the AD(s).</p>
Case ID	<p>The Case ID for the recovery case. Click to view case details on the <i>Case Information</i> page. Once the Case ID is clicked, the MSPRP will look up the current authorization level of the Account ID. Appropriate MSPRP functionality for the case will be enabled based on the Authorization Level and Authorization Status.</p> <p>Note: An asterisk indicates that the case was reported using the <i>Report a Case</i> action on the MSPRP. The data in this column will be displayed in ascending order by default. The sort order can be changed by clicking the arrow in the column heading. Click the arrow once to change the sort order to descending. Click the arrow again to sort in ascending order.</p>
Bene Last Name	<p>The surname of the beneficiary associated to the case.</p> <p>Note: The sort order can be changed by clicking the arrow in the column heading. Click the arrow once to change the sort order to descending. Click the arrow again to sort in ascending order.</p>
Medicare ID/SSN	<p>The Medicare ID (HICN or MBI) or SSN of the beneficiary associated to the case. The number that will appear is the one that was entered on the <i>Request Case Access</i> page when the user first requested access to the case on the MSPRP. The first five positions of a HICN or SSN are masked (hidden from view) with asterisks, unless you are the beneficiary, or you have logged in using multi-factor authentication.</p>
Bene Date of Birth	<p>The date of birth of the beneficiary associated to the case.</p>
Case Access (Manage Access Link)	<p>A link that, when clicked, will display the <i>Manage Case Access</i> page. The <i>Manage Case Access</i> page allows the AM to grant or revoke an AD's access to the specific case.</p>
Remove Cases	<p>Command button. Click to remove selected cases from your <i>Case Listing</i> page.</p> <p>Note: This button is disabled if there are no cases displayed.</p>
Cancel	<p>Command button. Click to return to the <i>Welcome!</i> Page.</p>

12.2.1 Locate One or More Cases

The MSPRP allows you to perform a case search so you can limit the number of cases that display on your *Case Listing* page. To complete a search, enter information in at least one of the search fields: *Case ID*, *Medicare ID (HICN or MBI)*, *Beneficiary SSN*, or *Beneficiary Last Name*, and click **Search**.

Note: To make your search more effective, you can search for variations of Case ID and Beneficiary Last Name using the wildcard percent sign (%) (Table 12-3).

If the MSPRP locates more than 1,000 active (not removed) recovery cases matching the search criteria entered, the following message will display “Results have exceeded the 1,000 row maximum. Refine the search criteria to limit the results.”

If the MSPRP is unable to locate the case based on the data entered, it will display the following message: “No Matching Case Records Found based on the information provided.” Check your search criteria and try again.

If the MSPRP is able to locate the case(s) based on the search criteria entered, the Case ID, bene last name, Medicare ID/SSN, and bene date of birth for the matching case(s) will be listed on the bottom half of the page under the *Cases* heading. Click the **Case ID** for the desired case. The MSPRP will display the *Case Information* page for the selected case (see Chapter 14).

12.2.2 View Detailed Case Information

Scroll through (if applicable) the list of cases under the *Cases* heading until you see the desired case. Click the desired **Case ID**. The MSPRP will display the *Case Information* page for the selected case (see Chapter 14).

Note: The data in the *Case ID* and *Beneficiary Last Name* columns can be sorted in ascending or descending order. Click the down arrow in the column heading once to sort in ascending order. Click the down arrow again to sort in descending order.

12.2.3 Remove a Case

The MSPRP allows you to remove a case(s) from your *Case Listing* page through the use of the **Remove Cases** button. When you (the AM) perform the **Remove Cases** action, the case will be removed from your *Case Listing* page and the *Case Listing* page for your ADs.

Note: You may choose to remove a case when there are no more actions you can take on it and you no longer wish to see it on the *Case Listing* page. A case that has been removed is not deleted. However, it will not display again unless you choose to re-associate it with your account by requesting access to it again (see Chapter 11). Some reasons for removing a case are:

- Case has been closed
 - Case had the Demand Letter issued
 - Case has been approved for the Fixed Percentage Option
 - Case has been approved for the Self-Calculated Conditional Payment Amount
1. To remove a case, click the checkbox next to each Case ID that you want to remove, and click **Remove Cases**.

The *Remove Cases Verification* page displays the list of cases selected for removal.

2. Verify this list to ensure that it only includes cases you wish to remove from your *Case Listing* page. To revise the list, click **Previous** to return to the *Case Listing* page. After you have verified that the only cases listed are those cases you wish to remove, click **Continue**.

The *Remove Cases Confirmation* page will display confirming that the cases have been removed (Figure 12-9).

3. Click **Continue** to return to the *Case Listing* page.

Figure 12-8: Remove Cases Verification

Home About This Site CMS Links How To... Reference Materials Contact Us Logoff [Skip Navigation](#)

Remove Cases Verification

[Print this page](#)

Below is a list of cases you have selected for removal from the Case Listing screen, please review for accuracy. To cancel or revise your selection, click the **Previous** button.

Selecting **Continue** will remove the cases from the Case Listing screen.

Case ID	Bene Last Name	Medicare ID/SSN	Bene Date of Birth
#####	AAAAAAA	#####A	MM/DD/YYYY

[Previous](#) [Continue](#)

Quick Help
[Help About This Page](#)

Figure 12-9: Remove Cases Confirmation

Home About This Site CMS Links How To... Reference Materials Contact Us Logoff [Skip Navigation](#)

Remove Cases Confirmation

[Print this page](#)

You have successfully removed cases from your Case Listing. If you would like to reinstate any cases previously removed from the Case Listing screen, you can do so by performing the Case Request again.

Cases Removed

Case ID	Bene Last Name	Medicare ID/SSN	Bene Date of Birth
#####	AAAAAAA	#####A	MM/DD/YYYY

[Continue](#)

Quick Help
[Help About This Page](#)

12.2.4 Grant/Revoke Case Access

The ability to grant/revoke access to a specific recovery case (Case ID) is only available to AMs. AMs must perform the following steps in order to grant/revoke access:

1. Log in to the MSPRP.

The *Welcome!* Page appears (Figure 12-10).

2. Click the **Case Listing** link.

The *Case Listing* page displays information for all cases that you previously have requested access to on the *New Case Request* page, any cases that you have reported using the *Report a*

Case action, and includes any cases that your ADs have requested access to while working under your Account ID (Figure 12-11).

3. To grant/revoke access to a specific Case ID, click the **Manage Access** link (in the *Case Access* column) for the desired Case ID.

The *Manage Case Access* page appears for the selected Case ID (Figure 12-12).

4. To grant case access to a designee, select the **Grant/Revoke Access** checkbox next to the designee's name. To revoke case access to a Designee, de-select the checkbox next to the designee's name.
5. Click **Continue** to proceed.

The *Case Access Confirmation* page displays the list of designees that have access to this case (Figure 12-13). You can print this page using the **Print this page** link.

6. Click **Continue** to proceed.

The *Case Listing* page appears again. You can search for another case or click **Cancel** to exit.

Figure 12-10: Welcome! Page (Account Manager)

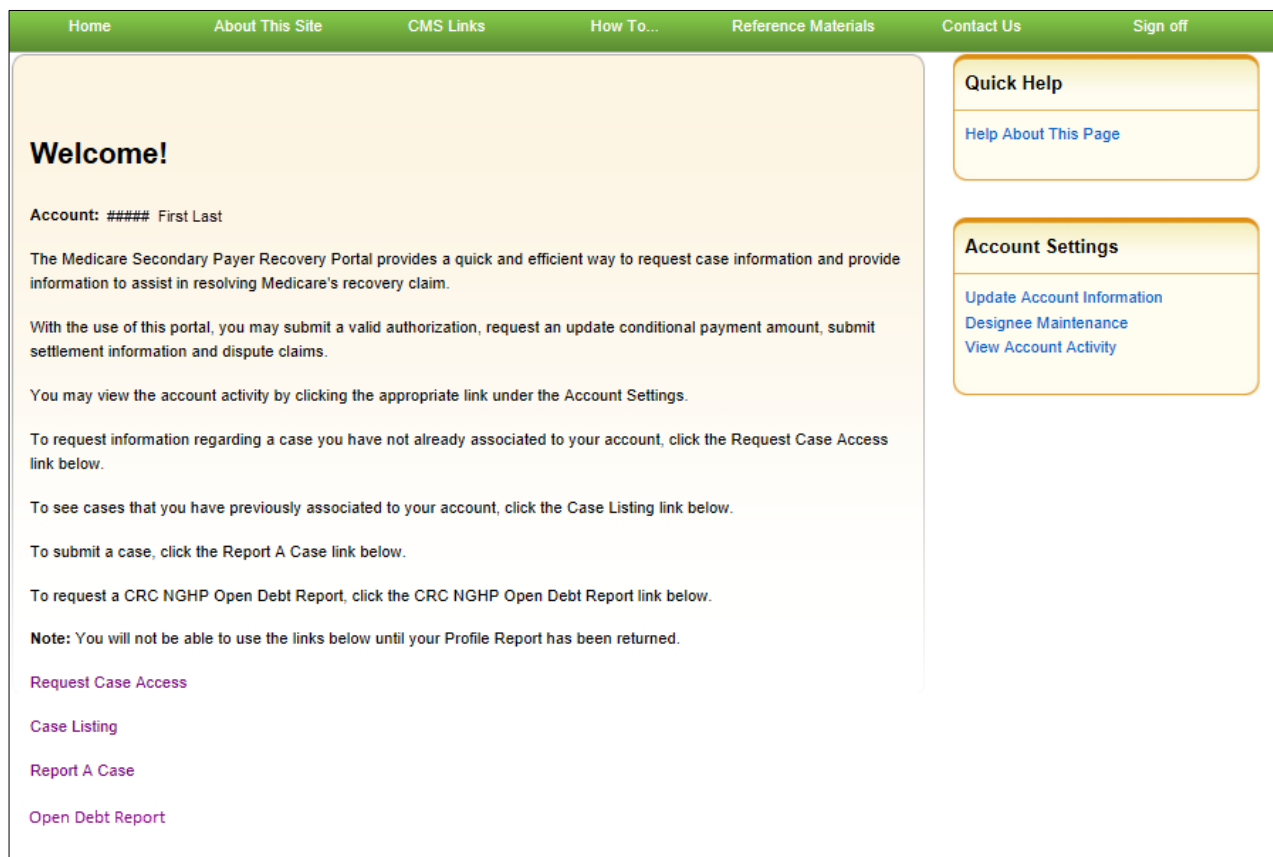



Figure 12-11: Case Listing

[Home](#)
[About This Site](#)
[CMS Links](#)
[How To...](#)
[Reference Materials](#)
[Contact Us](#)
[Logoff](#)

Case Listing

 [Print this page](#)

The following are the case reports associated to Account ID: #####

To view case detail information, click the case number. To manage Designee access to the case, click on the Manage Access link. To perform a search, enter any search criteria and click the **Search** button.

If you are approaching settlement on a case that is not yet available on the MSPRP and you wish to initiate the Final Conditional Payment process, you can add this case using the Report A Case link found on the MSPRP Welcome page.

Case ID: [Search Hint](#)

Medicare ID:

Beneficiary SSN: - -

Beneficiary Last Name: [Search Hint](#)

Selecting **Cancel** will return to the Home Page.

Selecting **Remove Cases** will remove all cases checked in the Select column.

* Case IDs denoted with an asterisk were reported via the Report A Case process on the MSPRP.

Cases

Select	Case ID	Bene Last Name	Medicare ID	Bene Date of Birth	Case Access
<input type="checkbox"/>	#####	LAST	#####A	##/##/####	Manage Access
<input type="checkbox"/>	#####	LAST	#####A	##/##/####	Manage Access
<input type="checkbox"/>	#####	LAST	#####A	##/##/####	Manage Access


Quick Help

[Help About This Page](#)

Figure 12-12: Manage Case Access

[Home](#)
[About This Site](#)
[CMS Links](#)
[How To...](#)
[Reference Materials](#)
[Contact Us](#)
[Logoff](#)

Manage Case Access

 [Print this page](#)

Case ID: ##### Beneficiary Last Name: AAAA

You may select a designee by checking the checkbox next to their name. To select all Designees, click the Select All checkbox. To remove all previously selected designees, click on the Select All checkbox twice.

Designee associations for the case:

Designee Name	Grant/Revoke Access
AAAA AAAAAA	<input type="checkbox"/>

☐ Select All

Quick Help

[Help About This Page](#)

Figure 12-13: Case Access Confirmation

12.3 View Open Debt Report

The *Open Debt Report* page shows the status for open debts on-demand (with data refreshed nightly), for Non-Group Health Plans (NGHP) insurer-debtor cases. The report is created per account ID and is visible and available to AMs only. For details, review the case information on the MSPRP.

For cases to appear on the report, the accounts receivable (AR) balance must be greater than zero and your account ID must be linked to the debtor on the case. Otherwise, the report will be blank when displayed. All information is read-only. The report will display a maximum of 1000 cases.

To view the *Open Debt Report*:

1. Log into **MSPRP**, the *Account List* (Figure 12-1) page appears.
2. From the *Account List* page, click on an **Associated Account ID**. The *Welcome* (Figure 12-10) page appears.
3. Click on the **Open Debt Report** link.

The *Open Debt Report* appears (Figure 12-14). It will display up to 1000 cases. To narrow down the results, enter a **demand date range** and click **Search**.

4. To export the list to Excel, click **Export to Excel**.
5. Click **Cancel** to return to the MSPRP *Welcome* page.

Figure 12-14: Open Debt Report

Open Debt Report

Click **Search** to return up to 1000 Cases, oldest to newest, or enter a Demand Date range to limit the cases returned.

From Demand Date: / / To Demand Date: / /

Selecting **Cancel** will return to the Welcome! page.

The following are the cases with open debts as of 08/07/2019 associated to Account ID: #####

Open Debt Cases

Case ID	Insurer Name	Insurer TIN	RRE ID	Recovery Agent/TPA Name	Bene First Name	B
201117#####	Mrs. Jane	1234576	RRE#####	Mary	John	D
201117#####	Mrs. Jane	1234576	RRE#####	Mary	John	D
201117#####	Mrs. Jane	1234576	RRE#####	Mary	John	D
201117#####	Mrs. Jane	1234576	RRE#####	Mary	John	D
201117#####	Mrs. Jane	1234576	RRE#####	Mary	John	D
201117#####	Mrs. Jane	1234576	RRE#####	Mary	John	D
201117#####	Mrs. Jane	1234576	RRE#####	Mary	John	D
201117#####	Mrs. Jane	1234576	RRE#####	Mary	John	D
201117#####	Mrs. Jane	1234576	RRE#####	Mary	John	D
201117#####	Mrs. Jane	1234576	RRE#####	Mary	John	D
201117#####	Mrs. Jane	1234576	RRE#####	Mary	John	D
201117#####	Mrs. Jane	1234576	RRE#####	Mary	John	D
201117#####	Mrs. Jane	1234576	RRE#####	Mary	John	D
201117#####	Mrs. Jane	1234576	RRE#####	Mary	John	D
201117#####	Mrs. Jane	1234576	RRE#####	Mary	John	D

Quick Help

[Help About This Page](#)

Table 12-5: Open Debt Report

Field	Description
Case ID	The unique case identifier assigned by the Centers for Medicare & Medicaid Services (CMS).
Insurer Name	The name of the insurer associated with a case.
Insurer TIN	The insurer Tax Identification Number (TIN).
RRE ID	The Responsible Reporting Entity (RRE) ID number.
Recovery Agent/TPA Name	The name of the Recovery Agent or the Third-Party Administrator (TPA). Note: This field may be blank.
Bene First Name	The first name of the beneficiary listed on the case.
Bene Last Name	The last name of the beneficiary listed on the case.
Demand Letter ID	The Demand letter or correspondence ID.
Demand Letter Date	The date on the Demand letter (mm/dd/yyyy)
Insurance Claim Number	The insurance claim number provided by the case lead, if available. Otherwise, the field will be blank.
Original Demand Amount	The original Demand amount sent by CMS.
Current HIGLAS Amount	The current debt amount as reported by the Healthcare Integrated General Ledger Accounting System (HIGLAS).
Current Status of Debt	The current status of the debt as reported by HIGLAS.

12.4 Beneficiary

The *Case Listing* page displays information for all cases that you previously requested access to on the *New Case Request* page, any cases that you have reported using the *Report a Case* action, and includes any cases that you accessed directly from the MyMedicare.gov website (by clicking the **Case ID** on the *Payment Details* tab on the MyMedicare web page).

Note: If you are approaching settlement on a case that is not yet available on the MSPRP and you wish to initiate the *Final Conditional Payment* process, you can add this case using the *Report a Case* link found on the MSPRP *Welcome!* page or contact the BCRC by phone at (855) 798-2627, or by mail at: NGHP, P.O. Box 138832, Oklahoma City, OK 73113. See Chapter 15 for details regarding the *Final Conditional Payment* process.

To get to the *Case Listing* page, perform the following steps:

1. Log in to your MyMedicare account via the MyMedicare.gov website at <https://mymedicare.gov/>.
2. Enter your established login ID and password for that application in the *Secure Sign In* section of the web page.
3. Once logged in, enter the MSP section and click the **Go to MSPRP** button on the MyMedicare web page (see Section 6.2).

The *Welcome!* Page appears.

4. Click the **Case Listing** link.

The *Case Listing* page appears (Figure 12-16). This page allows you to:

- Locate a specific case by providing the Case ID
- View detailed case information for a selected case

Figure 12-15: Welcome! Page (Beneficiary)

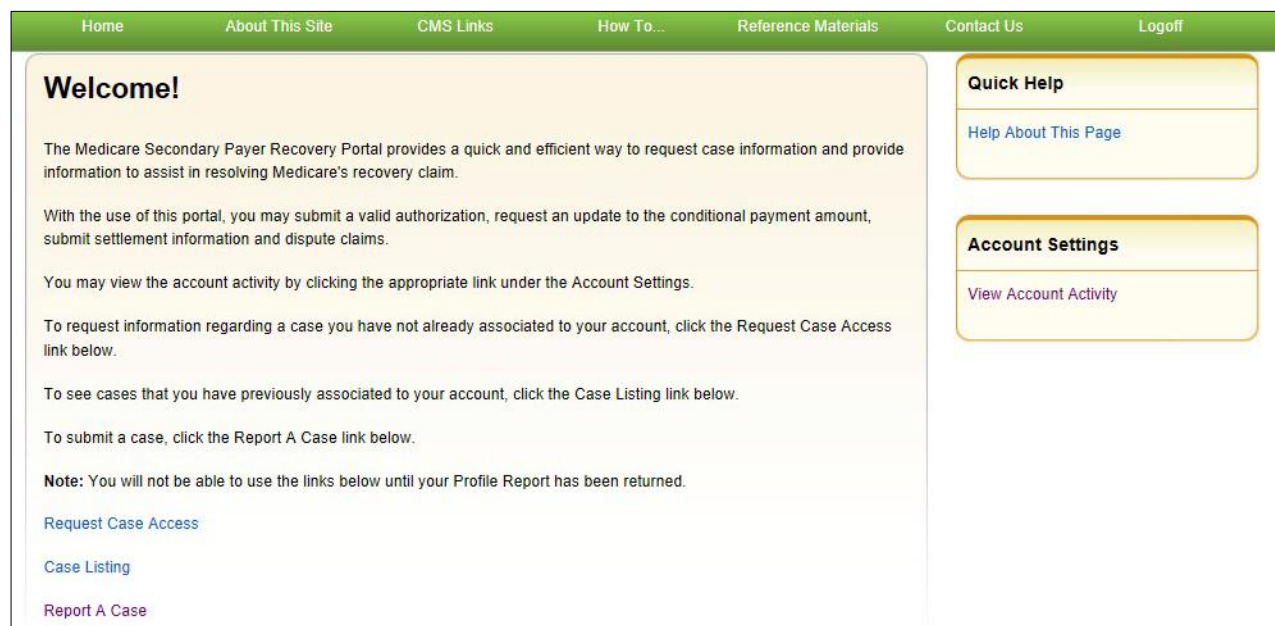


Figure 12-16: Case Listing (Beneficiary)

Case Listing

Below is a listing of the cases for which you have previously requested information.

To view case detail information, click the case number. To manage Designee access to the case, click on the Manage Access link. To perform a search, enter any search criteria and click the **Search** button.

If you are approaching settlement on a case that is not yet available on the MSPRP and you wish to initiate the Final Conditional Payment process, you can add this case using the Report A Case link found on the MSPRP Welcome page.

Case ID:

Search

The Case Listing is sorted by Case ID in ascending order. Selecting **Cancel** will return to the Home Page.

* Case IDs denoted with an asterisk were reported via the Report A Case process on the MSPRP.

Cases

Case ID

#####

#####*

#####

#####

Cancel

Quick Help

[Help About This Page](#)

Table 12-6: Case Listing

Field	Description
Case ID	Enter the unique identifier assigned by Medicare to the case. If the Case ID is available, it should be entered to help ensure your case is found. The Case ID is located on any case specific correspondence received from Medicare such as the Rights and Responsibilities Letter or Conditional Payment Letter. It is a 15-digit number and is displayed as #####* ##### on the correspondence from Medicare. BCRC Case IDs begin with the number two (2), and CRC Case IDs begin with the number three (3).
Search	Command button. Click to search for the Case ID that was entered.
Case ID	The Case ID for the recovery case. Click to view case details on the <i>Case Information</i> page. Note: An asterisk indicates that the case was reported using the <i>Report a Case</i> action on the MSPRP.
Cancel	Command button. Click to return to the <i>Welcome!</i> Page.

12.4.1 Locate a Case

The MSPRP allows you to perform a case search so you can quickly find your case. To start a case search, enter information in the *Case ID* field at the top of the page and click **Search**.

If the MSPRP is unable to locate the case based on the data entered, it will display the following message: “No Matching Case Records Found based on the information provided.” Check your search criteria and try again.

If the MSPRP is able to locate the case based on the search criteria entered, the Case ID for the case will be listed on the bottom half of the page under the *Cases* heading. Click the **Case ID** for the desired case. The MSPRP will display the *Case Information* page for the selected case (see Chapter 14).

12.4.2 View Detailed Case Information

Scroll through (if applicable) the list of cases under the *Cases* heading until you see the desired case. Click the desired **Case ID**. The MSPRP will display the *Case Information* page for the selected case (see Chapter 14).

Note: An asterisk indicates that the case was reported using the *Report a Case* action on the MSPRP.

Chapter 13: Report a Case

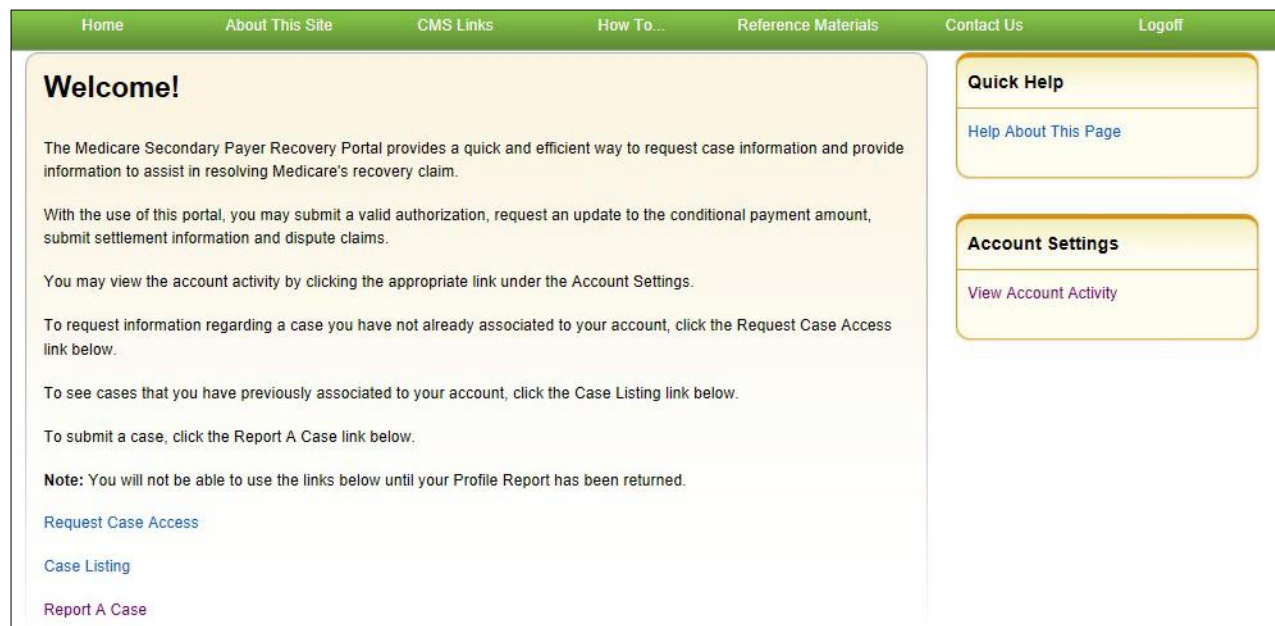
The MSPRP allows beneficiaries and non-beneficiaries to report a case on behalf of a beneficiary or an insurer. Users may begin the case reporting process using the *Report a Case* action on the MSPRP *Welcome!* page.

The following information is required to report a case: Beneficiary's Medicare ID (Health Insurance Claim Number [HICN] or Medicare Beneficiary Identifier [MBI]) or Social Security Number (SSN); Beneficiary's Last Name, Beneficiary's Date of Birth, Date of Accident/Incident, and Insurance Type. Additionally, at least one diagnosis code is required for case submission.

Note: The **Report a Case** link is not accessible until after your Profile Report has been returned and your account has been activated.

For more information on how to access the *Welcome!* page, please see the applicable section for your user role: Sections 6.1 (Account Designee and Account Manager), or Section 6.2 (Beneficiary).

Figure 13-1: Welcome! Page (Beneficiary Example)



13.1 Case Reporting

To begin the case reporting process, click the **Report a Case** link on the *Welcome!* page. Clicking this link redirects you to the *Report a Case* page if you are a non-beneficiary, or to the *Case Creation* page if you are a beneficiary.

Note: Proceed to Section 13.1.1 for steps on continuing the reporting process if you are a non-beneficiary, or go to Section 13.1.2 if you are a beneficiary.


13.1.1 Report a Case

If you are a non-beneficiary, you may use this page to identify who you are reporting the case on behalf of (i.e., Beneficiary Representative or Insurer or Insurer Representative) and answer questions to determine if the case is eligible for submission (if you are reporting on behalf of an insurer).

If your case is eligible for submission, you will be redirected to the *Case Creation* page (Figure 13-3) once you complete the necessary fields on the *Report a Case* page and click **Continue**. If your case is not eligible for submission, you will receive an error message and you will not be able to continue the reporting process.

Note: You should only report a case if ongoing responsibility for medicals (ORM) has not been accepted for the case and there is a pending settlement, but settlement has not yet been reached.

Figure 13-2: Report a Case

Report a Case  [Print this page](#)

To report a case, you will be required to provide the following information: Medicare Beneficiary's Last Name, Medicare Number, Date of Birth, Date of Accident/Incident, and identify the type of case being reported (Liability, No-Fault, or Workers' Compensation).

Please Note: Medicare will not release information regarding this case without proper authorization from the beneficiary. To ensure receipt of recovery related correspondence, you will need to submit a signed Consent to Release or Proof of Representation document from the beneficiary. You will be able to submit this information later in this process.

A case should only be reported if ongoing responsibility for medicals (ORM) has not been accepted for the case and there is a pending settlement, but settlement has not yet been reached. Note: ORM refers to the Insurer's responsibility to pay, on an ongoing basis, for the injured party's (the Medicare beneficiary's) "medicals" (medical care) associated with a claim.

An asterisk(*) indicates a required field.

* Please identify if you are reporting a case on behalf of a beneficiary or an insurer:
☐ Beneficiary Representative ☒ Insurer or Insurer Representative

If you are reporting a case on behalf of an insurer, please provide a response to the following questions:

* Has the insurer accepted ORM? ☐ Yes ☐ No

* Has a settlement been reached for the accident/incident you are reporting? ☐ Yes ☐ No

* Is there a pending settlement for the accident/incident you are reporting? ☐ Yes ☐ No

Click Continue to proceed. Click Cancel to return to the Welcome! page without reporting the new case.

[Continue](#) [Cancel](#)

Quick Help
[Help About This Page](#)

Table 13-1: Report a Case

Field	Description
Beneficiary Representative	Select the <i>Beneficiary Representative</i> radio button if you are reporting the case on behalf of a beneficiary. Note: Required if the <i>Insurer or Insurer Representative</i> radio button is not selected.
Insurer or Insurer Representative	Select the <i>Insurer or Insurer Representative</i> radio button if you are reporting the case on behalf of an insurer. Notes: Required if the <i>Beneficiary Representative</i> radio button is not selected. Three additional questions will appear and must be answered if you select the <i>Insurer or Insurer Representative</i> radio button.
Question 1: Has the insurer accepted ORM?	Select the “Yes” or “No” radio button to indicate whether the insurer has accepted ORM. Note: If you select “Yes,” your case is not eligible for reporting on this page.
Question 2: Has a settlement been reached for the accident/incident you are reporting?	Select the “Yes” or “No” radio button to indicate whether a settlement has been reached for the accident/incident you are reporting. Note: If you select “Yes,” your case is not eligible for reporting on this page.
Question 3: Is there a pending settlement for the accident/incident you are reporting?	Select the “Yes” or “No” radio button to indicate whether there is a pending settlement for the accident/incident you are reporting. Note: If you select “No,” your case is not eligible for reporting on this page.
Continue	Command button. Click to proceed to the <i>Case Creation</i> page.
Cancel	Command button. Click to cancel the reporting process and return to the <i>Account List</i> page.

If you are reporting a case on behalf of a beneficiary:

1. Select the **Beneficiary Representative** radio button.
2. Click **Continue**.

The *Case Creation* page appears.

If you are reporting a case on behalf of an insurer:

1. Select the **Insurer or Insurer Representative** radio button.
2. Answer the three questions that appear.
3. Click **Continue**.

If your case is eligible for submission, you will be redirected to the *Case Creation* page (Figure 13-3). If your case is not eligible for submission, you will receive an error message and you will not be able to continue the reporting process.

13.1.2 Case Creation

Use this page to continue the case reporting process from the *Welcome!* page (if you are a beneficiary) or the *Report a Case* page (if you are a non-beneficiary). From this page, you can enter information related to the incident to verify that the case does not already exist and to determine whether the case is eligible to be created.

Figure 13-3: Case Creation

Case Creation

Enter data related to the accident/incident. This information will be validated to ensure the case does not already exist and that the data meets the criteria for creating a case. Once the case is successfully submitted, a case will be created where the beneficiary is the debtor, and the Rights and Responsibilities letter will be generated and mailed. The only entities who will be able to take an action on this case will be the beneficiary and their authorized representatives.

Click **Continue** to proceed. Click **Cancel** to return to the Account List page without submitting the new case.

An asterisk(*) indicates a required field.

*Beneficiary's Medicare ID: OR *Social Security Number(SSN): - -

*Beneficiary's Last Name: (at least first five letters)

*Beneficiary's Date of Birth: / / (MM/DD/CCYY)

*Date of Accident/Incident: / / (MM/DD/CCYY)

*Insurance Type:

☐ **Liability** (including self-insurance) - coverage that protects the policyholder or self-insured entity against claims based on negligence, inappropriate action, or inaction that results in bodily injury or damage to property. Liability insurance includes, but is not limited to, the following: Homeowners' liability insurance, Automobile liability insurance, Product liability insurance, Malpractice liability insurance, Uninsured motorist liability insurance, and Underinsured motorist liability insurance.

☐ **No-Fault** - insurance that pays for health care services resulting from injury to an individual or damage to property in an accident, regardless of who is at fault for causing the accident. No-fault insurance may be found as part of: Automobile insurance policies, Homeowners' insurance policies, Commercial insurance plans, Medical Payments Coverage/Personal Injury Protection/Medical Expense Coverage.

☐ **Workers' Compensation** - law or program administered by a state (defined to include commonwealths, territories and possessions of the United States) or the United States to provide compensation to workers for work-related injuries and/or illnesses. The term includes a similar compensation plan established by an employer that is funded by such employer directly or indirectly through an insurer, to provide compensation to a worker of such employer for a work-related injury or illness. Workers' compensation is a law or plan that compensates employees who get sick or injured on the job. Most employees are covered under workers' Compensation plans.

Continue **Cancel**

Table 13-2: Case Creation

Field	Description
Beneficiary's Medicare ID	Enter the beneficiary's Medicare ID (HICN or MBI). This can be found on the beneficiary's Medicare card. Note: This field is required if the SSN is not entered. You must enter either the Medicare ID or the SSN, but not both.
Social Security Number (SSN)	Enter the beneficiary's SSN. This can be found on the beneficiary's Social Security card. This field can only accept numbers. Do not enter dashes or spaces. Note: This field is required if the Medicare ID is not entered. You must enter the Medicare ID or the SSN, but not both.
Beneficiary's Last Name	Enter the beneficiary's last name. Required. Note: You must enter at least the first five characters.
Beneficiary's Date of Birth	Enter the beneficiary's date of birth. Required.

Field	Description
Date of Accident/Incident	Enter the date of accident or incident for the case. Required. Note: You must enter a date on or after 1/1/1900 and less than the current date. This is also known as the Date of Incident (DOI).
Insurance Type	Select the insurance type (liability [including self-insurance], no-fault, or workers' compensation). Required.
Continue	Command button. Click to continue the reporting process.
Cancel	Command button. Click to cancel the reporting process and return to the <i>Welcome!</i> page (if you are a beneficiary) or return to the <i>Account List</i> page (if you are a non-beneficiary user).

Note: The *Beneficiary's Medicare ID*, *Social Security Number*, *Beneficiary's Last Name*, and *Beneficiary's Date of Birth* fields are automatically set and not editable when the beneficiary accesses the MSPRP from MyMedicare.gov. Data entered in these fields must match an active Medicare beneficiary exactly or you will receive an error.

13.1.2.1 Eligibility

Case Not Eligible for Creation

If a match is found to an existing case where recovery was previously pursued or is in the process of being pursued (including a case in a closed or demanded status), your information will not be developed as a new case. You will be redirected to the *Case Found* page (Figure 13-4), and each matching case will automatically be added to your *Case Listing* page.

Case Eligible for Creation

If there is a matching record that can be developed into a case, the existing record will be used to develop the case. If there are any diagnosis codes on the existing record, you will be redirected to the *Case Submission Confirmation* page (Figure 13-8). If there are no diagnosis codes on the existing record, you will be redirected to the *Case Creation Continued* page (Figure 13-5), where you can enter and edit related diagnosis codes for the case.

Note: If an exact match is found, that record will be developed. If multiple matching records are found (such as two or more records with the same date of accident or incident, also known as the Date of Incident [DOI]), the record that was most recently added in the BCRS will be developed. If there is no exact match on the date of accident or incident, the most recent case (that matches the DOI within three days) will be developed. All remaining associated records will remain associated to the most recently added record.

13.1.3 Reporting a Case Steps

To report a case:

1. Log in to the MSPRP and access the *Welcome!* page (Figure 13-1).
2. Click the **Report a Case** link.

The *Report a Case* page (Figure 13-2) appears if you are a non-beneficiary; the *Case Creation* page (Figure 13-3) appears if you are a beneficiary.

Note: If you are a non-beneficiary, complete the required fields on the *Report a Case* page and click **Continue**. If your case is eligible for submission, you will then be redirected to the *Case Creation* page. See Section 13.1.1 for details.

- From the *Case Creation* page, enter the required information and select the insurance type radio button. Then click **Continue**.

A pop-up message will appear, asking you to acknowledge that you are requesting the creation of a beneficiary-debtor case. Click **OK** to continue with your request.

If the information you submitted matches an already developed case, your case will not be developed into a new case. Instead, you will be redirected to the *Case Found* page (Figure 13-4). From the *Case Found* page, you may click the case ID to open the *Case Information* page for the selected case or click **Continue** to return to the *Welcome!* page.

If a case is eligible for creation, you will be redirected to the *Case Creation Continued* page (if there are no diagnosis codes for the case) or the *Case Submission Confirmation* page (if there are any diagnosis codes on the existing record).

Note: If you are redirected to the *Case Creation Continued* page (Figure 13-5), you must add at least one diagnosis code related to the accident/incident. If you are redirected to the *Case Submission Confirmation* page (Figure 13-8), this page confirms that you have successfully submitted the case.

See Section 13.1.2.1 for case eligibility details.

- From the *Case Creation Continued* page, enter a diagnosis code in the *Related Diagnosis (DX) Code(s)* field or click the **DX Code Search** button or **Injury Category DX Code Search** button to search for a diagnosis code to add.

Note: If you click **DX Code Search**, the *Diagnosis Code Search* page appears (Figure 13-6). If you click **Injury Category DX Code Search**, the *Diagnosis Code Selection by Injury Category* page appears (Figure 13-7). You must add at least one diagnosis code before you can submit the case.

- After you have added at least one diagnosis code to the *Case Creation Continued* page, click **Continue** to submit the case to the Centers for Medicare & Medicaid Services (CMS).

The *Case Submission Confirmation* page appears (Figure 13-8).

- Review the *Case Submission Confirmation* page and click **Continue** to return the *Welcome!* page.

Figure 13-4: Case Found

Figure 13-5: Case Creation Continued

Case Creation Continued

The case information on the previous page has been validated. It is recommended that you include diagnosis codes related to the accident/incident, as this aids in the recovery process. You can directly enter diagnosis codes one at a time or perform a search to locate and add specific diagnosis codes.

Click **Continue** to submit the case to CMS. Click **Cancel** to return to the *Welcome* page without submitting the case.

An asterisk(*) indicates a required field.

Beneficiary Medicare ID: ##### Beneficiary Last Name: LAST Beneficiary Date of Birth: #####
 Date of Accident/Incident: ##### Insurance Type: Liability

DX Code Search Injury Category DX Code Search

* Related Diagnosis (DX) Code(s): DX Ind: ☐ ICD-9 ☒ ICD-10 Add DX Code Total Codes Selected: 0

Delete	DX Code	DX Ind	Description
--------	---------	--------	-------------

Continue Cancel

Table 13-3: Case Creation Continued

Field	Description
Beneficiary Medicare ID	The beneficiary's Medicare ID (HICN or MBI). Read-only.
Beneficiary's Last Name	The beneficiary's last name. Read-only.
Beneficiary's Date of Birth	The beneficiary's date of birth. Read-only.
Date of Accident/Incident	The date of accident or incident. Read-only.
Insurance Type	The insurance type (liability (including self-insurance), no-fault, or workers' compensation). Read-only.
DX Code Search	Click this button to open the <i>Diagnosis Code Search</i> page and begin the process of searching for diagnosis codes to add. Note: Once a diagnosis code is selected and added, it will appear in the diagnosis code table.
Injury Category DX Code Search	Click this button to open the <i>Diagnosis Code Selection by Injury Category</i> page and begin the process of searching for diagnosis codes to add. Notes: You may search for diagnosis codes by injury category, view a list of available diagnosis codes, add a list of selected diagnosis codes, and add diagnosis codes on the <i>Diagnosis Code Search</i> page. Once a diagnosis code is selected and added, it will appear in the diagnosis code table.
Related Diagnosis (DX) Code(s)	Enter a diagnosis code related to the accident/incident. Note: You may only enter one diagnosis code at a time.
DX Ind	Select the ICD indicator (ICD-9 or ICD-10). Note: If the Date of Accident/Incident is on or after 10/1/2015, the <i>DX Ind</i> field will automatically be set to ICD-10 and cannot be changed. If this date is before 10/1/15, you must manually select the ICD indicator for the related diagnosis code.

Field	Description
Add DX Code	Click this button to add the diagnosis code to the case. Note: You must enter at least one diagnosis code (and no more than 25 diagnosis codes). You must select an ICD indicator before you can add the diagnosis code. If your diagnosis code and ICD indicator are valid, the diagnosis code will appear in the diagnosis code table.
Total Codes Selected:	Displays the total number of codes attached to the record.
Diagnosis Code Table	A list of all diagnosis codes related to the accident/incident.
Delete	Click the “X” to delete any diagnosis code that was added to the record.
DX Code	The diagnosis code added to the record.
DX Ind	The ICD indicator for the corresponding diagnosis code (ICD-9 or ICD-10).
Description	The description for the corresponding diagnosis code.
Continue	Command button. Click to submit the case to CMS.
Cancel	Command button. Click to cancel the case submission process and return to the <i>Welcome!</i> page (if you are a beneficiary) or the <i>Account List</i> page (if you are a non-beneficiary)

Figure 13-6: Diagnosis Code Search

The screenshot shows the 'Diagnosis Code Search' web application. At the top is a green navigation bar with links: Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, and Logoff. Below the navigation bar is a header section with the title 'Diagnosis Code Search', a 'Print this page' icon, and a 'Quick Help : Help About This Page' link.

The main content area is divided into two sections. The first section, 'Diagnosis Code Search Criteria', contains the following fields and controls:

- Date of Accident/Incident:** A text field with a placeholder '##/##/####'.
- Current Count on Case:** A text field showing '0'.
- Total Count:** A text field showing '0'.
- Selected Count:** A text field showing '0'.
- Total Diagnosis Codes Remaining:** A text field showing '25'.
- Search Method Selection:** Four radio buttons: 'Enter Single Code', 'Enter Range', 'Enter Code List', and 'Enter Description'.
- Input Fields:**
 - For 'Enter Single Code': A text field for 'Diagnosis Code:'.
 - For 'Enter Range': Text fields for 'Diagnosis Code Start:' and 'Diagnosis Code End:'.
 - For 'Enter Code List': A text field for 'Diagnosis Code(s):'.
 - For 'Enter Description': A text field for 'Diagnosis Code Description' with a note '(wild card % not required)'.
- ICD Selection:** Two radio buttons: 'ICD-9' and 'ICD-10' (which is selected).
- Search Button:** A button labeled 'Search'.

The second section, 'Diagnosis Code Search Results', contains:

- Table Header:** A table with columns: 'Select', 'DX Code', 'DX Ind', and 'Description'.
- Table Content:** The text 'No results to display'.
- Buttons:** Two buttons at the bottom: 'Add Selected Codes' (with a right arrow icon) and 'Cancel' (with an 'X' icon).

Table 13-4: Diagnosis Code Search

Field	Description
Diagnosis Code Search Criteria	Use this section to enter search criteria for a single code, a range of codes, a list of codes, or a code description to enter with your file submission.
Date of Accident/Incident	Displays the date of loss or injury.
Current Count on Case	Displays the number of diagnosis codes already attached to the record.
Total Count	Displays the number of diagnosis codes currently attached to the record added to the number of codes selected on this page.
Selected Count	Displays the number of diagnosis codes selected in the checkbox sections of this page, not yet added to the record.
Total Diagnosis Codes Remaining	Displays the number of diagnosis codes you may add before you reach the 25-code limit, determined by subtracting the Total Count from 25.
Enter Single Code	Select this radio button to search using a single diagnosis code. Note: Selecting this radio button will disable all text fields except <i>Diagnosis Code</i> .
Diagnosis Code	Enter a single diagnosis code to search. You can enter a partial diagnosis code, followed by the “%” wildcard. No decimal points are allowed when entering diagnosis codes.
Enter Range	Select this radio button to search for a diagnosis code within a defined range of codes. Note: Selecting this radio button will disable all text fields except <i>Diagnosis Code Start</i> and <i>Diagnosis Code End</i> .
Diagnosis Code Start	Enter the beginning of the range within which to search for a diagnosis code. This value must be the same length as the end of the range. No wildcard characters or decimal points are allowed.
Diagnosis Code End	Enter the end of the range within which to search for a diagnosis code. This value must be the same length as the beginning of the range. No wildcard characters or decimal points are allowed.
Enter Code List	Select this radio button to search for multiple codes by entering a list of diagnosis codes. Note: Selecting this radio button will disable all text fields except <i>Diagnosis Code(s)</i> .
Diagnosis Code(s)	Enter a single diagnosis code or multiple diagnosis codes, up to 10, by which to search, separated by commas and no spaces. No decimal points are allowed when entering diagnosis codes.
Enter Description	Select this radio button to search for a diagnosis code by its description. Note: Selecting this radio button will disable all text fields except <i>Diagnosis Code Description</i> .
Diagnosis Code Description	Enter a word, words, or phrase(s) to search for within the diagnosis code description.
ICD-9	Select this radio button to search the ICD-9 code set. Note: This option is only available if the Date of Incident/Accident (DOI) is before October 1, 2015.
ICD-10	Select this radio button to search the ICD-10 code set. Note: This option is the default selection if the DOI is on or after October 1, 2015.

Field	Description
Search	Click this button to run the search with the criteria you specified.
Diagnosis Code Search Results	The results of your search appear in this section of the page.
Select	Select the checkboxes of the diagnosis code(s) that you wish to add. Check or uncheck the box in the header to select all or un-select all, respectively.
DX Code	Displays the diagnosis code.
DX Ind	Displays the indicator for the ICD version. Possible values: 9 10
Description	Displays the description for the diagnosis code.
Cancel	Command button. Click to cancel your search and return to the <i>Case Creation Continued</i> page without adding any diagnosis codes.
Add Selected Codes	Command button. Click to add the diagnosis code(s) and return to the <i>Case Creation Continued</i> page, which will display your code selections in the <i>Diagnosis Codes</i> table.

Figure 13-7: Diagnosis Code Selection by Injury Category

The screenshot shows a web application interface for selecting diagnosis codes. At the top is a green navigation bar with links: Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, and Logoff. The main content area has a title 'Diagnosis Code Selection by Injury Category' and a 'Print this page' icon. Below the title, there are input fields for 'Date of Accident/Incident' (with a date mask '##/##/####') and 'ICD Version' (set to 'ICD-10'). A summary section shows 'Diagnosis Code Count on Case: 0', 'Total Count: 0', 'Selected Count: 0', and 'Total Diagnosis Codes Remaining: 25'. A list of injury categories is displayed with expandable icons: Conditions, Head & Neck, Lower Extremities, Mid Section, Organs, and Upper Extremities. At the bottom are two buttons: 'Add Selected Codes' (green) and 'Cancel' (grey with a red X icon). On the right side, there is a 'Quick Help' box with a 'Help About This Page' link.

Table 13-5: Diagnosis Code Selection by Injury Category

Field	Description
Date of Accident/Incident	Displays the date of accident or injury for the record.
ICD Version	Displays the ICD version of the record. Possible values: ICD-9 ICD-10 Note: ICD Version 9 only appears if the date of accident/incident or date of loss is before 10/01/2015. ICD Version 10 only appears if the date of accident/incident or date of loss is on or after 10/01/2015.
Diagnosis Code Count on Case	Displays the number of diagnosis codes already attached to the record.
Total Count	Displays the number of diagnosis codes currently attached to the record added to the number of codes selected on this page.
Selected Count	Displays the number of diagnosis codes selected in the checkbox sections of this page, not yet added to the record.
Total Diagnosis Codes Remaining	Displays the number of diagnosis codes you may add before you reach the 25-code limit, determined by subtracting the Total Count from 25.
Injury Category	Open an injury category using the plus signs next to the category name. Open categories show minus signs next to the category name; click the minus sign to close the list again. Possible categories: Conditions Diseases Head & Neck Lower Extremities Mid-Section Organs Upper Extremities
Code List	Open categories display a list of available diagnosis codes with descriptions, based on the ICD version displayed at the top of this page. Check the checkbox next to any codes you wish to add to the record.
Add Selected Codes	Command button. Click to add the diagnosis code(s) and return to the <i>Case Creation Continued</i> page, which will display your code selections in the <i>Diagnosis Codes</i> table.
Cancel	Command button. Click to close the <i>Diagnosis Code Selection by Injury Category</i> page without adding any diagnosis codes and return to the <i>Case Creation Continued</i> page.

Figure 13-8: Case Submission Confirmation

Case Submission Confirmation

Case ID: ##### Beneficiary Medicare ID: ####A####

Beneficiary Last Name: LAST

You have successfully submitted the case. The Conditional Payment Letter (CPL) will automatically be mailed to the beneficiary and all authorized parties after the claims retrieval process has completed. This letter provides information on items or services that Medicare paid conditionally which have been identified as being related to the submitted case. To ensure receipt of this letter, authorization must be on file for all parties except the beneficiary. Click [Provide Authorization](#) to submit this information now.

If a settlement has been reached for the submitted case, a Conditional Payment Notice (CPN) will be mailed instead of the CPL if settlement information is provided at this time. Like the CPL, the CPN provides conditional payment information but, also advises on what actions must be taken within 30 days of its receipt or the demand letter will be issued. To upload settlement information, authorization must be on file for all parties except the beneficiary. Click [Provide Authorization](#) to submit this information now. Once submitted, settlement information can be provided from the *Case Information* page.

Click [Continue](#) to return to the *Welcome* Page. Click the Case ID link to access the *Case Information* page.

[Continue](#) [Provide Authorization](#)

Quick Help
[Help About This Page](#)

Table 13-6: Case Submission Confirmation

Field	Description
Case ID	Displays the case ID for the submitted case. Click the hyperlinked case ID to access the <i>Case Information</i> page for the submitted case.
Beneficiary Medicare ID	Displays the beneficiary's Medicare ID (HICN or MBI).
Beneficiary Last Name	Displays the beneficiary's last name.
Continue	Command button. Click to return to the <i>Welcome!</i> page.
Provide Authorization	Command button. Click to submit an authorization for yourself or someone else to access the new case (if you are a beneficiary or an authorized beneficiary representative). See Section 14.1.2.1 for more details on authorizations.

Chapter 14: Retrieve a Recovery Case

The MSPRP requires the Account Designee (AD) or the Account Manager(AM) to perform an initial request for access for each recovery case that must be managed on the MSPRP (see Chapter 11). The Case ID displayed will either be the “BCRC Case ID” (Benefits Coordination & Recovery Center [BCRC] insurer cases and all beneficiary cases) or the “CRC Recovery ID” (Commercial Repayment Center [CRC] insurer cases).

Online, you can distinguish between BCRC and CRC cases in two ways: by the format of their Case ID and by the correspondence received for the cases. The Case ID is a 15-digit number in ##### format. BCRC Case IDs begin with the number two (2), while CRC Case IDs begin with the number three (3).

Once this initial request has been performed, the user can retrieve the recovery case as follows:

1. Log in to the MSPRP and access the *Case Listing* page.

For more information on how to access this page, please see the applicable section for your user role: Sections 12.1 (Account Designee), 12.2 (Account Manager), or 12.3(Beneficiary).

2. From the *Case Listing* page, click the **Case ID** of the case you want to access or manage.

The *Case Information* page appears (Figure 14-1).

Note: If you are a beneficiary, the *Case Information* page will also display if you click the applicable **Case ID** on the MyMedicare.gov website. When a beneficiary accesses the *Case Information* page, the **View/Request Authorizations** (Proof of Representation, Consent to Release, or Recovery Agent Authorization) action will not be visible.

14.1 Case Information Page

The *Case Information* page is organized into three sections: header (top), tabs (middle), and actions (bottom). The header provides basic information about the case and remains static on the page. The tabs display different case data organized by information topics. The case actions are actions that can be performed by the user. All actions appear below the tabs and are controlled by the authorization level and authorization status for the recovery case.

Figure 14-1: Case Information: Header Fields

Home About This Site CMS Links How To... Reference Materials Contact Us Sign off

Case Information

Print this page **Quick Help :** [Help About This Page](#)

Case ID: 2011##### Case Type: Liability Insurance Case Status: Demand What is this? Current Status of Debt: Intent to Refer Letter Sent	Medicare ID: #####A Beneficiary DOB: mm/dd/yyyy Beneficiary Last Name: Last Treasury Referral Date: 01/01/2016
Date of Incident: 09/15/2009 Industry Date of Incident: 09/15/2009 What is this? ORM: Yes	Authorization Level: Proof of Representation Authorization Status: Verified What is this? ORM Termination Date: 01/01/2016

Table 14-1: Case Information: Header Fields

Field	Description
Case ID	<p>The primary identifier assigned by the Centers for Medicare & Medicaid Services (CMS) to the case. The case ID is located on any case-specific correspondence received from Medicare such as the Rights and Responsibilities Letter or Conditional Payment Letter. The Case ID is a 15-digit number in ##### format.</p> <p>Note: BCRC case IDs begin with the number two (2), and CRC Case IDs begin with the number three (3).</p>
Case Type	<p>The type of insurance coverage provided by the plan for the case. This can be any of the following:</p> <ul style="list-style-type: none"> Liability Insurance – Insurance that pays on behalf of the policyholder or self-insured entity against claims for negligence, inappropriate action or inaction, which results in injury or illness to an individual or property damage. Workers' Compensation – A law or plan that requires the employer's insurance company to provide medical care or compensation for an employee who gets sick or injured on the job. No-Fault – Insurance that pays for health care services resulting from injury to an individual or damage to property in an accident, regardless of who is at fault for causing the accident.

Field	Description
Case Status	<p>The current state of the case in the Medicare Secondary Payer Recovery Portal (MSPRP) system.</p> <p>For BCRC cases, it can be any of the following:</p> <ul style="list-style-type: none"> • In Development • Open • Claim Retrieval • Demand or Demand in Progress • Extended Repayment • Bill Issued • Closed <p>For CRC cases, it can be any of the following:</p> <ul style="list-style-type: none"> • In Development • Open • Claim Retrieval • Transitioned • Demand or Demand in Progress • Extended Repayment • Closed <p>For a complete description of all statuses, please see Table 14-11.</p>
Current Status of Debt	<p>If case was referred or is being referred to Treasury, this field appears.</p> <p>Possible values:</p> <ul style="list-style-type: none"> • Intent to Refer Letter Sent • Debt Referral Pending • Debt Referred to Treasury • Debt Recalled from Treasury (Referral Exemption) • Debt Returned from Treasury • Debt Resubmitted to Treasury
Date of Incident	The Date of Incident (DOI) (or Date of Injury) is the date defined by the Centers for Medicare & Medicaid Services (CMS).
Industry Date of Incident	The Industry DOI is a self-reported date used by the insurance/workers' compensation industry.
ORM	If ORM exists, this field appears, showing a value of "Yes". If no ORM exists, this field does not appear.
Medicare ID	<p>The Medicare ID (Health Insurance Claim Number [HICN] or Medicare Beneficiary Identifier [MBI]) of the beneficiary who is associated to the case.</p> <p>This number can be found on the beneficiary's Medicare card. The first five positions of a HICN will be masked (hidden from view) with asterisks, unless you are the beneficiary, or you have logged in using multi-factor authentication.</p>
Beneficiary DOB	The date of birth of the Medicare beneficiary associated to the case.
Beneficiary Last Name	The beneficiary's last name as it appears on the Medicare card.
Treasury Referral Date	The date the debt was referred to Treasury, or will be referred if the date is in the future. This field only appears if the Intent to Refer to Treasury letter has been sent.

Field	Description
Authorization Level	<p>The type of authorization (Beneficiary Proof of Representation (POR), Beneficiary Consent to Release (CTR), or Recovery Agent Authorization) that was submitted to date that has the highest authorization level associated to the user who is currently logged in.</p> <p>If multiple authorizations have been submitted for the case, the authorization type and authorization status with the highest authorization level will display on this page.</p>
Authorization Status	<p>The status of the authorization with the highest authorization level that was submitted to date associated to the user who is currently logged in. It can be:</p> <ul style="list-style-type: none"> • Verified • Unverified • Invalid <p>Please see the Authorization Status Definitions help page for a full description of these statuses.</p> <p>Note: Only one authorization type and authorization status will appear on this page. To view all submitted authorizations associated to the user who is currently logged in, select the View/Request Authorizations (i.e., Beneficiary POR, Beneficiary CTR, or Recovery Agent Authorization) action and then click Continue.</p>
ORM Termination Date	<p>The date ORM ended, if ORM has been terminated, or blank, if ORM has not been terminated. If no ORM exists, this field does not appear.</p>

14.1.1 Case Tabs

The *Case Information* page tabs organize the case data (Table 14-2 to Table 14-10). Generally, the tabs and, in some cases, the tables under each tab, will appear to a user only if information has been submitted for that information category.

The tabs include:

- Payment Information

This is the default tab that appears when you access the *Case Information* page. It allows you to view conditional payment, demand, and balance information for a case or start the electronic payment process for a demanded case (See Electronic Payments).

- Electronic Payment History

This is the default tab that appears when you access this page from the *Payment Status* page. This tab lists payment history details for electronic payments submitted through the MSPRP on Pay.gov; it is only displayed when there is electronic payment data for the case.

- Refund Information

This tab appears only when there is refund data to display (i.e., at least one refund has been generated for the case).

- Letter Activity

This tab displays correspondence that has been received or letters that have been sent related to a BCRC or CRC case. It also allows you to select how you want to view the list of case correspondence. Options include: *All Correspondence Received* and *All Letters Sent*; *Correspondence Received*, and *Letters Sent*. The default view is *All Correspondence Received*.

and All Letters Sent. If you are logged in using MFA and have the proper authorization (see Chapter 10), you may also view and print PDFs of outgoing correspondence using this tab.

The *Letter Activity* tab appears only when there is correspondence to display. However, if a case includes outgoing correspondence but no incoming correspondence, then this tab will display only the *Letters Sent* view. Conversely, if a case includes incoming correspondence but no outgoing correspondence, then the tab will display only the *Correspondence Received* view.

The default sort order for incoming correspondence is descending by *Date Received*, and then by the *Correspondence Type*, while the sort order for outgoing correspondence is descending by *Date Sent* and then the *Correspondence Type*.

- Waiver/Redetermination/Compromise

This tab appears only when a waiver, redetermination, or a compromise has been submitted for a case. The tab label that appears is dependent upon the type of case you are viewing. Since waiver and compromise submissions are not applicable to a CRC case, the tab label will display “Redetermination” when viewing this case type. If you are viewing a BCRC case, the tab label will display “Waiver/Redetermination/Compromise.” When viewing a case, all information for each submitted waiver, redetermination, and compromise (either submitted in the mail or received on the portal) is displayed.

Sub-tables will display information for waiver, redetermination, and/or compromise submissions, but will only appear when there is data to display in a table.

- Final Conditional Payment Process

This tab appears only for cases in the *Final Conditional Payment* process.

14.1.1.1 Payment Information Tab

Figure 14-2: Payment Information Tab

Home
About This Site
CMS Links
How To...
Reference Materials
Contact Us
Sign off

Print this page
Quick Help : [Help About This Page](#)

Case Information

Case ID: 2011#####
Case Type: Liability Insurance
Case Status: Demand Issued [What is this?](#)
Current Status of Debt: Intent to Refer Letter Sent

Date of Incident: 09/15/2009
Industry Date of Incident: 09/15/2009 [What is this?](#)
ORM: Yes

Medicare ID: 987#####A
Beneficiary DOB: 02/08/1940
Beneficiary Last Name: Last Name
Treasury Referral Date: 01/01/2016

Authorization Level: Proof of Representation
Authorization Status: Verified
ORM Termination Date: 01/01/2016

Payment Information
Electronic Payment History
Refund Information
Letter Activity
Waiver/Redetermination/Compromise
Final Conditional Payment Process

***Current Conditional Payment Amount: \$2,800.00**

**Note: Claims are retrieved daily. This amount is current as of: 07/23/2018. Please be advised that the claims associated to this case are currently being evaluated for relevance. This typically takes 3-5 business days. The conditional payment amount will be automatically updated once this process is complete. Please contact the BCRC or CRC at (855) 798-2627 if immediate assistance with this amount is required.*

Rights and Responsibilities Letter Mail Date: 06/10/2010

Conditional Payment Letter Amount: \$496.06
Conditional Payment Letter Mail Date: 06/01/2011
Conditional Payment Amount Update Requested: 06/01/2011

Demand Letter Mail Date: 06/01/2011
Demand Amount: \$3,754.00
Interest Rate: 10%
Last Interest Accrual Date: 06/08/2018

Conditional Payment Notice Amount: \$500.00
Conditional Payment Notice Mail Date: 06/18/2011
Conditional Payment Notice Response Due Date: 07/31/2011

Balance Amount: \$1,234.56
Balance as of Date: 06/30/2011
Remaining Principal Balance Amount: \$1,234.56
Remaining Interest Balance Amount: \$1,234.56
Note: Remaining balance amounts may not reflect recent payments.

[Make a Payment](#)
[What is this?](#)

Table 14-2: Payment Information Tab Fields

Field	Description
Current Conditional Payment Amount	<p>This is the total conditional payment amount.</p> <p>Notes:</p> <p>A conditional payment is a payment Medicare makes for services on behalf of a Medicare beneficiary when another payer may be responsible. The payment is “conditional” because it must be repaid to Medicare when a settlement, judgment, award, or other payment is made.</p> <p>As new claims are received and processed, the current conditional payment amount will be updated.</p> <p>An asterisk (*) and a note that explains the current state of claims processing will appear below this field, indicating that claims are retrieved daily. If any claims have been processed, the note gives the date the conditional payment amount was last calculated. If claim processing has started but not yet finished, the note gives the expected timeframe of 3-5 days, and lists a number to call if an updated amount is needed sooner.</p>
Rights and Responsibilities Letter Mail Date	<p>The date the Rights and Responsibilities Letter was sent by CMS to the beneficiary and/or the entity responsible for repayment of a debt owed to Medicare. This letter is sent when CMS first learns of the case. The letter confirms that a Medicare Secondary Payer (MSP) recovery case has been established and educates the recipient about Medicare’s right of recovery.</p> <p>Note: This letter is sent only for BCRC cases; not CRC cases.</p>
Conditional Payment Letter Amount	<p>The conditional payment amount listed in the Conditional Payment Letter (CPL). This amount will be zero if No Claims Paid by Medicare Letter (NCP) was sent instead of a CPL. This field is blank when neither letter was sent.</p>
Conditional Payment Letter Mail Date	<p>The date the Conditional Payment Letter (CPL) or the date the No Claims Paid by Medicare Letter (NCP) was mailed to the addressee.</p> <p>If no CPL or NCP date is available, then “N/A” appears in the field.</p> <p>Note: The CPL is automatically sent within 65 days of the Rights and Responsibilities letter for BCRC cases. It may be sent subsequently upon request.</p>
Conditional Payment Amount Update Requested	<p>The date a user initiated the <i>Request an update to the conditional payment amount</i> action. This field will only display when this action has been taken.</p>
Demand Letter Mail Date	<p>The date the demand letter was sent by CMS.</p>
Demand Amount	<p>The amount the debtor is required to repay Medicare. This amount is noted in the demand letter.</p>
Interest Rate	<p>The interest rate for the demand.</p> <p>Note: If the demand letter has not been issued, this field will not appear.</p>
Last Interest Accrual Date	<p>The date interest last accrued on the demand balance.</p> <p>Note: If the demand letter has not been issued, this field will not appear.</p>
Conditional Payment Notice Amount	<p>The Final Conditional Payment Amount listed on the CPN letter.</p>
Conditional Payment Notice Mail Date	<p>The date the CPN letter was mailed. If multiple CPN letters were mailed, this field displays the most recent date.</p>
Conditional Payment Notice Response Due Date	<p>The date the CPN response is due, as listed on the letter. If multiple CPN letters were mailed, this field displays the most recent date.</p>
Balance Amount	<p>The total Accounts Receivable (AR) balance amount for the case.</p> <p>Note: If the demand letter has not been issued, this field will not appear.</p>

Field	Description
Balance as of Date	The latest date the AR balance was processed. Note: If the demand letter has not been issued, this field will not appear.
Remaining Principal Balance Amount	The total AR remaining principal balance amount for the demand. Note: If the demand letter has not been issued, this field will not appear.
Remaining Interest Balance Amount	The total AR remaining interest balance amount for the demand. Note: If the demand letter has not been issued, this field will not appear.
Make a Payment	Click this button to begin the process of submitting an electronic payment for a demand. See Electronic Payments for more details. Note: This button is only enabled if you are the debtor, an insurer representative (with a verified Recovery Agent Authorization for an insurer-debtor case), or a user with a verified POR on file. Additionally, the demand letter must have been previously generated and the demand balance amount minus any pending electronic payments must be more than zero (\$0.00).

Electronic Payments

If you are an authorized user, you can use the MSPRP to submit electronic payments for a demand via Pay.gov, a secure government-wide collection portal that processes payments online.

To start the electronic payment process, go to the *Payment Information* tab on the *Case Information* page, and click the **Make a Payment** button. This opens the *Make a Payment* page. This page allows you to enter the account holder's name, review payment information, and edit the payment amount, if necessary, before submitting a payment for a demand. From there, you will be directed to Pay.gov, where your payment can be processed.

Once your payment is complete, Pay.gov will return you to the MSPRP *Payment Status* page with updated payment information and status. You may also view the *Electronic Payment History* tab on the *Case Information* page for more information about your payment(s).

Note: To pay on Pay.gov, you will need either a PayPal account (linked to a bank account), your debit card information, or your bank account information (type of account, routing number, and account number). Pay.gov allows a maximum payment of \$99,999,999.99 (via your bank account), \$24,999.99 (for debit cards), and \$10,000 (using PayPal). You will receive an error if your payment is greater than these amounts.

To make an electronic payment:

1. Select the case ID that you wish to make a payment for on the *Case Listing* page.

The *Payment Information* tab on *Case Information* page appears.

2. Click **Make a Payment**.

The *Make a Payment* page appears (Figure 14-3).

3. Enter the account holder's name and update the payment amount, if necessary.

Note: You may make a full or partial payment. However, if you are making a partial payment and you want to appeal individual claims associated with your case, you should upload supporting documentation via the redetermination, waiver, or compromise request action. See Chapter 16 for details.

4. Click **Continue** to proceed.

You will be redirected to the Pay.gov website (Figure 14-4).

Note: If the Pay.gov site is not available, you will get an error message saying to try again later.

5. Select your payment type and enter your payment information on Pay.gov.

When you have completed making your payment, Pay.gov will take you to the *Payment Status* page on the MSPRP (Figure 14-5).

Note: If you decide to cancel the payment process from Pay.gov, you will be returned to the MSPRP *Make a Payment* page.

6. Review your payment details and click **Continue** to view more information about your payment.

The *Electronic Payment History* tab on the *Case Information* page appears (Figure 14-6).

Figure 14-3: Make a Payment Page

Table 14-3: Make a Payment Fields

Field	Description
Case ID	The primary identifier assigned by CMS to the case. The Case ID is located on any case-specific correspondence received from Medicare such as the demand letter. The Case ID is a 15-digit number in ##### ##### ##### format. Read-only.
Debtor Name	The name of the debtor. Read-only.
Remaining Principal Amount	The total remaining principal balance amount for the case. Read-only.

Field	Description
Remaining Interest Amount	The total remaining interest balance amount for the case. Read-only.
Total Remaining Balance Amount	The total remaining balance amount for the case. Read-only. Note: This amount does not include pending electronic payments.
Pending Electronic Payment Amount	The total amount of all pending electronic payments. Read-only.
Payment Amount	The amount of the payment to be submitted on Pay.gov. Enter a new amount to update the payment amount. Required. Note: By default, this amount is set to the total remaining balance amount on the case minus any pending payments. You may update the payment amount to make a partial payment by entering the new value. Your payment cannot be greater than the default payment amount.
Account Holder Name	Enter the name on the account used to make the payment. Required.
Continue	Click this button to open the <i>Payment Information</i> page on the Pay.gov site. Note: For more information on Pay.gov, click the What Is Pay.gov? link.
Cancel	Click this button to return to the <i>Case Information</i> page and cancel the payment process.

Figure 14-4: Pay.Gov (Example Payment Page)

Pay.gov

Medicare Secondary Payer Recovery Portal (MSPRP) Non-Group

Please enter checking or savings account information below.
* indicates required fields

Agency Tracking ID: #####

Payment Amount: \$4.00

* Account Holder Name:

* Account Type:

Routing Number Account Number Check Number

* Routing Number:

* Account Number:

* Confirm Account Number:

[Previous](#) [Cancel](#) [Continue](#)

Figure 14-5: Payment Status Page (Accepted Example)

The screenshot displays a web page titled "Payment Status". At the top, there is a green navigation bar with links: Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, and Sign off. Below the navigation bar, the page title "Payment Status" is prominently displayed. To the right of the title, there is a "Print this page" icon and a "Quick Help : Help About This Page" link. The main content area contains a message: "Your payment of \$2,023.66 received on 10/16/2018 is in process. Please save or print this page for your records." Below this message, the following details are listed: "Confirmation Number: #####", "Case ID: #####", "Debtor Name: First Last", and "Payment Amount: \$2,023.66". A note states: "Click Continue to view information about your payment on the Electronic Payment History tab." At the bottom of the content area, there is a green "Continue" button with a right-pointing arrow.


Table 14-4: Payment Status Fields

Field	Description
Confirmation Number	The transaction ID number for the payment submitted on Pay.gov. Read-only.
Case ID	The primary identifier assigned by CMS. Read-only.
Debtor Name	The name of the debtor. Read-only.
Payment Amount	The amount of the payment submitted on Pay.gov. Read-only. Note: This amount is \$0.00 if the payment was declined.
Continue	Click this button to view the <i>Electronic Payment History</i> tab on the <i>Case Information</i> page for more information about your payment.

14.1.1.2 Electronic Payment History Tab

Figure 14-6: Electronic Payment History Tab

[Home](#)
[About This Site](#)
[CMS Links](#)
[How To...](#)
[Reference Materials](#)
[Contact Us](#)
[Sign off](#)


[Print this page](#)

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

Case Information

Case ID: #####
Case Type: Liability Insurance
Case Status: Demand Issued [What is this?](#)
Date of Incident: 09/15/2009
Industry Date of Incident: 09/15/2009 [What is this?](#)

Medicare ID: #####A
Beneficiary DOB: ####/####
Beneficiary Last Name: Last
Authorization Level: Proof of Representation
Authorization Status: Verified

[Payment Information](#)
[Electronic Payment History](#)
[Refund Information](#)
[Letter Activity](#)
[Waiver/Redetermination/Compromise](#)
[Final Conditional Payment Process](#)

Demand Letter Mail Date: 04/15/2020
Demand Amount: \$3,500.00

Remaining Principal Balance Amount: \$2,500.00
Remaining Interest Balance Amount: \$0.00
Total Remaining Balance Amount: \$2,500.00

When the payment process at Pay.gov has finalized and the Pay.gov Status is **Accepted**, your payment will be processed by the BCRC/CRC and applied to the remaining balance. The remaining balance amounts will not reflect your payment until the Demand Balance Status is **Complete**.

Payment Date	Payment Method	Account Holder Name	Payment Amount	Pay.gov Payment Status	Pay.gov Confirmation Number	Demand Balance Status	Demand Balance Update Date
06/10/2019	ACH	First Last	\$2,500.00	Accepted	#####	In Process	
05/01/2019	PayPal	First Last	\$1,000.00	Accepted	#####	Complete	5/7/2019
05/01/2019	Debit Card	First Last	\$1,000.00	Pending	#####		
05/01/2019	Unknown	First Last	\$1,000.00	Declined	#####		

Table 14-5: Electronic Payment History Tab Fields

Field	Description
Demand Letter Mail Date	The date the Demand Letter was sent by CMS.
Demand Amount	The final amount the debtor is required to repay Medicare. This amount is noted in the Demand Letter.
Remaining Principal Balance Amount	The total remaining principal balance amount for the demand.
Remaining Interest Balance Amount	The total remaining interest balance amount for the case.
Total Remaining Balance Amount	The total remaining balance amount for the case. This amount includes principal and interest.
Payment Date	The date the electronic payment was submitted on Pay.gov.
Payment Method	The type of payment submitted on Pay.gov. Possible values: ACH (Automated Clearing House) Debit Card PayPal Unknown
Account Holder Name	The name on the account used to make the payment.
Payment Amount	The amount of the payment submitted on Pay.gov.
Pay.gov Payment Status	The status of the payment submitted on Pay.gov. Possible values: Accepted – The payment has been accepted or completed successfully Cancelled – The payment was voided or cancelled before it was submitted Declined – The transaction failed Pending – The transaction was successfully submitted Reversal – The payment was reversed; full or partial refund completed Unknown – Unknown response from PayPal
Pay.gov Confirmation Number	The transaction ID number for the payment submitted on Pay.gov.
Demand Balance Status	The status of the demand balance. Possible values: Blank – Payment not accepted or in process at Pay.gov. In Process – Payment is accepted at Pay.gov, but not applied to the AR balance. Complete – Payment is accepted at Pay.gov, applied to the AR balance, and the balance is updated on the MSPRP.
Demand Balance Update Date	The date the demand balance Status changed to Complete.

14.1.1.3 Refund Information Tab

Figure 14-7: Refund Information Tab

The screenshot shows the 'Case Information' page with the 'Refund Information' tab selected. The page has a green navigation bar at the top with links: Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, and Sign off. A 'Print this page' icon and a 'Quick Help : Help About This Page' link are also present. The main content area is divided into two sections. The top section displays case details: Case ID (redacted), Case Type: Liability Insurance, Case Status: Demand Issued (with a 'What is this?' link), Date of Incident: 09/15/2009, Industry Date of Incident: 09/15/2009 (with a 'What is this?' link), Medicare ID: #####A, Beneficiary DOB: mm/dd/yyyy, Beneficiary Last Name: Last Name, Authorization Level: Proof of Representation, and Authorization Status: Verified. The bottom section contains tabs for Payment Information, Refund Information (selected), Letter Activity, Waiver/Redetermination/Compromise, and Final Conditional Payment Process. Below the tabs, it shows Demand Letter Mail Date: 06/01/2011, Demand Amount: \$3754.00, Balance Amount: \$1234.56, and Balance as of Date: 06/30/2011. A table lists refund transactions with columns for Refund Date, Refund Amount, Check Number, and Payee Name.

Refund Date	Refund Amount	Check Number	Payee Name
03/01/2015	\$5,296.23	12345678	John Smith
06/01/2015	\$105.20	12345679	John Smith

Table 14-6: Refund Information Tab Fields

Field	Description
Demand Letter Mail Date	The date the Demand Letter was sent by CMS.
Balance Amount	The total AR balance amount for the case. Note: If no data is available, this field will not be shown.
Demand Amount	The final amount the debtor is required to repay Medicare. This amount is noted in the Demand Letter.
Balance as of Date	The date the Balance Amount for the case was last calculated (MM/DD/YYYY).
Refund Date	The refund date (MM/DD/YYYY).
Refund Amount	The refund amount (\$0.00).
Check Number	The check number (numeric up to 10 characters).
Payee Name	The payee name (first and last, up to 60 characters).

14.1.1.4 Letter Activity Tab

Figure 14-8: Letter Activity Tab

[Home](#)
[About This Site](#)
[CMS Links](#)
[How To...](#)
[Reference Materials](#)
[Contact Us](#)
[Sign off](#)

[Print this page](#)
[Quick Help : Help About This Page](#)

Case Information

Case ID: 2011#####

Case Type: Liability Insurance

Case Status: Demand Issued [What is this?](#)

Current Status of Debt: Intent to Refer Letter Sent

Date of Incident: 09/15/2009

Industry Date of Incident: 09/15/2009 [What is this?](#)

ORM: Yes

Medicare ID: 987#####A

Beneficiary DOB: 02/08/1940

Beneficiary Last Name: Last Name

Treasury Referral Date: 01/01/2016

Authorization Level: Proof of Representation

Authorization Status: Verified

ORM Termination Date: 01/01/2016

[Payment Information](#)
[Electronic Payment History](#)
[Refund Information](#)
[Letter Activity](#)
[Waiver/Redetermination/Compromise](#)
[Final Conditional Payment Process](#)

Select the correspondence option you wish to view:

☒ All Correspondence Received and All Letters sent
 ☐ Correspondence Received
 ☐ Letters Sent

Correspondence Type	Date Received	Date Sent	Status	Status Date
Redetermination testing with long descriptions to see if it will wrap or not.	03/01/2015		Open	03/01/2015
Notice of Settlement Information	03/01/2001		Closed	03/01/2001
1st Level Appeal Request		03/01/2019	Open	03/01/2017
Special Project Case Correspondence		03/01/2010	Open	03/01/2017

Table 14-7: Letter Activity Tab Fields

Field	Description
Select the correspondence option you wish to view	Options for viewing correspondence. Possible values: <ul style="list-style-type: none"> All Correspondence Received and All Letters Sent Correspondence Received Letter Sent
Correspondence Type	The description of the correspondence. Note: For outgoing correspondence, click the hyperlinked correspondence type to open the <i>Images for Correspondence Type</i> page. This page will allow you to view details for the outgoing letter and PDFs of all available images of the letter and its attachments. See the Images for Correspondence Type section for more details. This hyperlink is only available on the Beneficiary/MFA version of the <i>Letter Activity</i> tab.
Date Received	The date the correspondence was received (MM/DD/CCYY).
Date Sent	The date the correspondence was sent (MM/DD/CCYY).

Field	Description
Status	The status of the correspondence. Possible values: <ul style="list-style-type: none"> • Open – New or Pending (incoming only) • Closed – Resolved (incoming only) • Sent (outgoing only)
Status Date	The date associated with the <i>Status</i> of the correspondence. Possible values: <ul style="list-style-type: none"> • If the <i>Status</i> is “Open,” this will be the <i>Date Received</i>. • If the <i>Status</i> is “Closed,” this will be the date the correspondence was closed. • If the <i>Status</i> is “Sent,” this will be the <i>Date Sent</i>.

Images for Correspondence Type

Click the hyperlinked correspondence type on the *Letter Activity* tab to open the *Images for Correspondence Type* page. Use this page to view details for an outgoing letter and PDFs of all available images of the letter and its attachments.

Figure 14-9: Images for Correspondence Type

Home About This Site CMS Links How To... Reference Materials Contact Us Sign off [Skip Navigation](#)

Images for Correspondence Type

[Print this page](#) [Quick Help : Help About This Page](#)

All images associated to the selected Correspondence Type are displayed on this page. Click the Associated Image link to view/print the correspondence. Click Continue to return to the Case Information page.

Case ID: 20111 ##### Medicare ID: #####

Correspondence Type	Date Sent	Associated Images
Special Project Case Correspondence	03/01/2019	Image1.pdf
Special Project Case Correspondence	03/01/2010	Image2.pdf

[Continue](#)


Table 14-8: Images for Correspondence Type

Field	Description
Case ID	The primary identifier assigned by CMS.
Medicare ID	The Medicare ID (Health Insurance Claim Number [HICN] or Medicare Beneficiary Identifier [MBI]) of the beneficiary who is associated to the case.
Correspondence Type	The description of the correspondence.
Date Sent	The date the correspondence was sent.
Associated Images	Image icon for each image associated to the letter. Click the hyperlinked icon to open the PDF of the image in a new window.
Continue	Command button. Click to return to the <i>Case Information</i> page.

14.1.1.5 Waiver/Redetermination/Compromise Tab

Figure 14-10: Waiver/Redetermination/Compromise Tab

[Home](#) [About This Site](#) [CMS Links](#) [How To...](#) [Reference Materials](#) [Contact Us](#) [Sign off](#)

 [Print this page](#) [Quick Help : Help About This Page](#)

Case Information

Case ID: #####
Case Type: Liability Insurance
Case Status: Demand Issued [What is this?](#)
Date of Incident: 09/15/2009
Industry Date of Incident: 09/15/2009 [What is this?](#)

Medicare ID: #####A
Beneficiary DOB: MM/DD/YYYY
Beneficiary Last Name: Last Name
Authorization Level: Proof of Representation
Authorization Status: Verified

[Payment Information](#) [Electronic Payment History](#) [Refund Information](#) [Letter Activity](#) [Waiver/Redetermination/Compromise](#) [Final Conditional Payment Process](#)

Waiver information

Received	Decision	Decision Date
04/01/2017	Pending Review	
10/30/2016	Dismissal	12/31/2016

Redetermination Information

Received	Decision	Decision Date
04/01/2017	Pending Review	

Compromise Information

Received	Decision	Decision Date
04/01/2017	Pending Review	

Table 14-9: Waiver/Redetermination/Compromise Tab (BCRC case)/Redetermination Tab (CRC case) Fields

Field	Description
Waiver Information	-
Received	The date the waiver request was received (MM/DD/YYYY).
Decision	<p>The decision made regarding the waiver request, as applicable. Values may include:</p> <ul style="list-style-type: none"> • Denial (Hardship Criteria) • Denial (Equity and Good Conscience Criteria) • Denied (Ineligible for waiver request) • Dismissed • Dismissed – Missing/Invalid POR • Dismissed – Medicare Demand not issued • Duplicate Request • Fully Favorable (Hardship Criteria) • Fully Favorable (Equity and Good Conscience Criteria) • Partially Favorable (Hardship Criteria) • Partially Favorable (Equity and Good Conscience Criteria) <p>Note: Until a decision has been made, the decision status “<i>Pending Review</i>” will display in this field.</p>
Decision Date	The date a decision was made regarding the waiver request (MM/DD/YYYY).
Redetermination Information	Displays information for each submitted redetermination request. For authorized users (see “Who Can View a Redetermination?” in Section 14.1.2.11), click the hyperlinked title to open the <i>View Submitted Redeterminations</i> page.
Received	The date the redetermination was received either on the MSPRP or by mail.
Decision	<p>The decision regarding the redetermination. Values may include:</p> <ul style="list-style-type: none"> • Pending Review: The redetermination decision is under review. • Denied • Dismissals: We have considered and reviewed your request. However, based on the information submitted, we were not able to process it. <ul style="list-style-type: none"> • Dismissed – Missing documentation • Dismissed – Not authorized to appeal • Dismissed – Untimely filing • Dismissed – Due to interest • Dismissed – Missing/Invalid POR • Favorable: All of the claims submitted with your request have been removed from your case and will no longer be included with the amount owed to Medicare. • Partially Favorable: Some of the claims submitted with your request have been removed from your case and the rest will continue to be included with the amount owed to Medicare. • Unfavorable: None of the claims submitted with your request have been removed from your case and will continue to be included with the amount owed to Medicare. • Duplicate Request
Decision Date	The date the redetermination decision was made. If a decision has not been made, this field will be blank.

Field	Description
Compromise Information	-
Received	The date of submission of the compromise (MM/DD/YYYY).
Decision	<p>The decision made regarding the compromise request.</p> <p>When reviewed by the BCRC, the values may include:</p> <ul style="list-style-type: none"> • Closed – Insufficient Information • Closed – Invalid Authorization • Closed – Case Referred to Treasury • Closed – Compromise Request Withdrawn • Closed – Duplicate Request <p>When referred to the Regional Office (RO) for a decision, the values may include:</p> <ul style="list-style-type: none"> • Fully Favorable • Partially Favorable • Denied • Denied (not the debtor) • Complete. Contact the BCRC for more information. • Duplicate Request <p>Note: When a decision is pending, the decision status “<i>Pending Review</i>” will display in this field.</p>
Decision Date	The date the compromise decision was made (MM/DD/YYYY).

14.1.1.6 Final Conditional Payment Process Tab

Figure 14-11: Final Conditional Payment Process Tab

The screenshot displays the MSPRP Case Information page. At the top is a green navigation bar with links: Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, and Sign off. Below the navigation bar is a header section with the title "Case Information" and a "Print this page" button. To the right of the title is a "Quick Help : Help About This Page" button. The main content area is divided into two sections. The first section contains case details: Case ID: #####, Case Type: Liability Insurance, Case Status: Demand Issued (with a "What is this?" link), Date of Incident: 09/15/2009, Industry Date of Incident: 09/15/2009 (with a "What is this?" link), Medicare ID: #####A, Beneficiary DOB: mm/dd/yyyy, Beneficiary Last Name: Last Name, Authorization Level: Proof of Representation, and Authorization Status: Verified. The second section contains tabs for "Payment Information", "Refund Information", "Letter Activity", "Waiver/Redetermination/Compromise", and "Final Conditional Payment Process". The "Final Conditional Payment Process" tab is selected and highlighted with a dashed border. Below the tabs, the following information is displayed: Final Conditional Payment Status: Complete, Final Conditional Payment Status Date: 07/01/2017, Final Conditional Payment Requested: 05/01/2017, Final Conditional Payment Amount: \$4528.00, Final Conditional Payment Process Initiated: 06/05/2017, Request Final Conditional Payment by: 08/01/2017, and 120 days' Notice of Anticipated Settlement Mail Date: 04/01/2017.

Table 14-10: Final Conditional Payment Process Tab Fields

Field	Description
Final Conditional Payment Status	The current Final Conditional Payment Status. Options may include: <ul style="list-style-type: none"> • Active – User has initiated the Final Conditional Payment process. • Pending NOS (Notice of Settlement) – User has requested their Final Conditional Payment Amount. • Complete – User has completed their required actions as specified by the Final CP process. • Voided – User has failed to successfully complete their required actions in the Final CP process. • Void in Progress – Case Unavailable – User did not successfully complete the required actions in the <i>Final Conditional Payment</i> process and the case is in the process of being voided.
Final Conditional Payment Status Date	The date the Final Conditional Payment Status was updated.
Final Conditional Payment Process Initiated	The date the Final Conditional Payment process was initiated.
Request Final Conditional Payment by	The latest date a user can select the Calculate Final Conditional Payment Amount action. This date is equal to the <i>Final Conditional Payment Process Initiated</i> date plus 120 calendar days. If the <i>Final Conditional Payment Status</i> equals Voided, this field will be blank.
Final Conditional Payment Requested	The date and timestamp when the Final Conditional Payment amount was calculated.
Final Conditional Payment Amount	The Final Conditional Payment Amount of the case.
120 days' Notice of Anticipated Settlement Mail Date	The date that the 120 days' Notice of Anticipated Settlement letter (NAS) was sent.

14.1.2 Case Actions

The bottom half of the *Case Information* page (Figure 14-12) lists the actions that can be performed on a case when the Case status is *Open*. The ability to perform these actions is dependent on the authorization level and associated status for the case. Note that the *Submit Waiver Request*, *View/Provide the Notice of Settlement Information* action (view only), *Submit Compromise Request*, and the *View/Submit Redetermination (First Level Appeal)* action will all be available post-demand (Case status is *Demand*).

The actions that are available to a user for a case depend on the following conditions:

- The user has authorization to perform that action,
- The case is in *Open* status, and
- The action is available for the case at the time of login.

Note: The case debtor (beneficiary or insurer) can perform all the available actions on a case without authorization. Authorization applies only to users working on behalf of the case debtor.

The following actions can be performed on a case that is in an *Open*, *Active*, and (where noted) in *Demand* status. Some actions may not be available depending on your authorization level and the type of case.

- View/Request Authorizations
- Request an update to the conditional payment amount
- Request an Electronic Copy of the Conditional Payment Letter with Current Conditional Payment Amount
- Request a (mailed) copy of the conditional payment letter
- Begin Final Conditional Payment Process and Provide 120 Days' Notice of Anticipated Settlement
- Calculate Final Conditional Payment Amount
- Request an Electronic Dispute Denial for Final Conditional Payment Case Letter with Current Conditional Payment Amount
- View/Dispute Claims Listing
- View/Provide the Notice of Settlement Information (view-only available post demand where Case Status is *Demand*)
- Initiate Demand Letter
- View/Submit Redetermination (First Level Appeal) (available post demand where Case Status is *Demand* and a Demand letter has been sent for the case (as determined by the Demand Letter Mail Date)
- Submit Compromise Request (available post demand where Case Status is *Demand* or *Demand in Process*)
- Submit Waiver Request (available post demand where Case Status is *Demand*)

When one or more actions are not available for any of the above reasons, the action is grayed out and disabled.

Figure 14-12: Case Actions (Example)

Please select an action from the following list, if the option is disabled (grayed out) it may not be available for the case at this time:

- ☐ View / Request Authorizations
- ☐ Request an update to the conditional payment amount [What is this?](#)
- ☐ Request an electronic conditional payment letter with Current Conditional Payment Amount [What is this?](#)
- ☐ Request a mailed copy of the conditional payment letter [What is this?](#)
- ☐ Begin Final Conditional Payment Process and Provide 120 Days' Notice of Anticipated Settlement [What is this?](#)
- ☐ Calculate Final Conditional Payment Amount [What is this?](#)
- ☐ Request an electronic Dispute Denial for Final Conditional Payment Case Letter with Current Conditional Payment Amount [What is this?](#)
- ☐ View / Dispute Claims Listing [What is this?](#)
- ☐ View/Provide the Notice of Settlement Information [What is this?](#)
- ☐ Initiate Demand Letter [What is this?](#)
- ☐ View / Submit Redetermination (First Level Appeal) [What is this?](#)
- ☐ Submit Waiver Request [What is this?](#)
- ☐ Submit Compromise Request [What is this?](#)

[Previous](#) [Continue](#) [Cancel](#)

Table 14-11: Case Status Definitions

Status	Description
In Development	CMS has been notified of a BCRC or CRC case and is in the process of gathering the information needed about the case
Open	The recovery efforts for the case are in process by Medicare.
Claim Retrieval	CMS is in the process of obtaining claim information for payments made by Medicare that are related to the injuries/illnesses sustained by the beneficiary.
Demand (or Demand in Progress)	CMS has issued/or is in the process of issuing a formal demand letter advising the debtor of their payment responsibility. The demand letter is sent to formally advise the debtor of the amount of money owed to the Medicare program (recovery claim). It includes the following: a summary of conditional payments made by Medicare, the total demand amount, and, in letters to beneficiary-debtors, it includes information on applicable waiver and administrative appeal rights.
Extended Repayment	The demand has been issued, and CMS has authorized an extended repayment plan (ERP) in monthly installments for the amount due.
Bill Issued	<p>CMS has approved the Fixed Percentage Option Request or agreed to the Self-Calculated Conditional Payment Amount and has issued a bill to the beneficiary for the amount due. Payment must be received within the timeframe specified on the bill.</p> <p>Note: This status is only applicable to BCRC cases where the beneficiary has opted to resolve Medicare's recovery claim using the Fixed Percentage Option or the Self-Calculated Conditional Payment Option.</p>
Transitioned	<p>CMS has been notified by the insurer that the debt associated to this case is within 120 calendar days of anticipated settlement. This debt has been transferred to the beneficiary and has been placed in the Final Conditional Payment process. As a Final Conditional Payment case, the insurer and their representatives will be prevented from taking any further actions on the case. To receive copies of future recovery-related correspondence for this case, the entity must submit to the BCRC a proper CTR or POR signed by the beneficiary.</p> <p>Note: This status applies to BCRC cases only.</p>
Closed	<p>CMS has terminated recovery efforts for the case. Case closure may occur when a case should not have been created (e.g., the case was created for an incorrect date of incident), or the beneficiary was not eligible during the MSP coverage period.</p> <p>Note: If you feel that a case should not have been closed or if you want to take further action (such as filing an appeal), please contact customer service at (855)-798-2627 to speak with a customer service representative.</p>

14.1.2.1 View/Request Authorizations

This action allows you to view the list of authorizations currently on file that are associated with this case for the user who is currently logged in, submit a new authorization for yourself or another party, and upload supporting documentation. AMs, ADs, and beneficiaries who have logged in through the MyMedicare.gov website may all submit or request authorizations on behalf of someone else.

Note: Authorization for another party does not make them an account designee on your account. However, the party can perform actions on the case, receive correspondence, call customer service, etc.

Who Can Access?

Available to all users.

Other Requirements?

None

Note: The authorization level and status for the case apply to the AM and each AD who is granted access to the case.

To select this action:

1. Click **View/Request Authorizations** on the *Case Information* page for the applicable Case ID and click **Continue**.

The *Authorization Documentation* page appears (Figure 14-13).

2. Select the authorization type: *Beneficiary Consent to Release*, *Beneficiary Proof of Representation*, or *Recovery Agent Authorization*.
3. Click the drop-down arrow to select the type of representation that is authorized to have access to the case.

The following options are available: Attorney, Guardian/Conservator, Power of Attorney, Individual/Other, Third Party Administrator.

4. Enter the **Start Date of Authorization**: The date the authorization request goes into effect.
If the supporting documentation does not specify a start date, enter the date the authorization was signed by the beneficiary/representative.
5. Enter the **End Date of Authorization**.

If the supporting documentation does not specify a termination date, this field must be left blank.


6. If this authorization is being submitted for another party, select **Yes** and enter the required representative information (i.e., the name and address for the other party). If you are not submitting the authorization for another party, select **No** and fields in the *Representative Information* section will not be displayed.

Note: For beneficiary and insurer-debtor users, **Yes** is set as the default and is not editable since these users do not require authorization on their own cases.

Figure 14-13: Authorization Documentation

[Home](#)
[About This Site](#)
[CMS Links](#)
[How To...](#)
[Reference Materials](#)
[Contact Us](#)
[Logoff](#)

Authorization Documentation

 [Print this page](#) [Quick Help : Help About This Page](#)

This page displays a list of authorizations currently on file that are associated with the case for the user who is currently logged in. This page will also allow the submission of new authorizations.

Authorizations

Authorization Type	Status What is this?	Start Date	End Date
Beneficiary Consent to Release	Verified	01/01/2018	12/31/4000

Submit New Authorization:

An asterisk (*) indicates a required field.

***Select the authorization type:**

☐ Beneficiary Consent to Release [What is Beneficiary Consent to Release?](#)
☐ Beneficiary Proof of Representation [What is Beneficiary Proof of Representation?](#)

To get more information about the Beneficiary Proof of Representation or Consent to Release, and to obtain blank templates, go to <http://go.cms.gov/MEDRECOVPROC>. To get more information about the Recovery Agent Authorization and to see the model language, go to <http://go.cms.gov/INSNGHPRECOV>.

*** Please select from one of the following which best describes the representation type:** -Select-

*** Start Date of Authorization:** / / (MM/DD/CCYY)

End Date of Authorization: / / (MM/DD/CCYY) Optional


Representative Information

*** Is this authorization being submitted for someone other than yourself/your company?** ☒ Yes ☐ No
Submitting an authorization for another party will allow them to perform actions on the case and permit them to receive correspondence related to the case. This action will not make them an account designee.

***Last Name:** **MI:** ***First Name:** **OR *Company/Firm Name:**

***Address Line 1:** **Address Line 2:**

***City:** ***State:** -Select- ***Zip Code:** -

*** Supporting Documentation is Required.** Please refer to [Help About This Page](#) to identify what documents should be submitted. To upload supporting documentation, please click here [Upload Documentation](#) 

Selecting **Continue** will submit the files to CMS. Selecting **Cancel** will return you to the Case Information page, the files will not be submitted to CMS.

Figure 14-14: Authorization Documentation Upload

Home About This Site CMS Links How To... Reference Materials Contact Us Logoff Skip Navigation

Authorization Documentation Upload

Please type in the document name or click browse to find the document.

The document must be in .PDF format and the size limit is 40 MB (megabyte) per document for attachments.

Selecting **Continue** will upload the documents. Selecting **Cancel** will return you to the Authorization Documentation page and documents will not be uploaded.

Browse...

Browse...

Browse...

Browse...

Browse...

Continue **Cancel**

Quick Help

[Help about this page](#)

7. Upload any additional supporting documentation. To attach supporting documentation to this case, click the **Upload Documentation** link.

The *Authorization Documentation Upload* page appears.

8. Click **Browse** to locate the document you want to upload; then click **Continue**.

Note: Before uploading your document, ensure that the following requirements are met, otherwise your file will fail to upload:

- The file format must be a PDF.
- The file must be virus free.
- The file size must be less than or equal to 40 MB (megabytes) in size.
- The filename (naming convention) must only include the following valid characters: alphanumeric (any letter: A-Z, a-z), any number (0-9), and any of the following special characters: hyphen (-), period (.) and underscore (_).
- The filename does not include spaces.

The page size must not be larger than 8.5 by 11 inches.

The uploaded document will be displayed on the bottom the *Authorization Documentation* page (

Figure 14-15).

9. Select the attestation checkbox to confirm that the information you have provided, and the uploaded documentation, is complete and accurate.
10. Click **Continue**.

If you are submitting an authorization for yourself, the *Authorization Documentation Confirmation* page appears (Figure 14-16). The first five characters of a beneficiary HICN will be masked (hidden from view), unless you have logged in using multi-factor authentication.

If you are submitting an authorization for another party and have entered the required representative information, the *Representative Information Verification* page appears
(

Figure 14-17). The MSPRP will conduct a search to determine if the party you entered already exists in the system. If the system does not find a matching party, a message indicating that a matching party was not found and the representative information you entered will be displayed. If the system finds a matching party, that information and the representative information you entered will be displayed. Select the party you wish to add as a representative to the case and click **Continue** to submit your files to CMS; the *Authorization Documentation Confirmation* page will appear.

Note: From the *Representative Information Verification* page, you may also click **Previous** to return to the *Authorization Documentation* page or click **Cancel** to cancel the submission and return to the *Case Information* page.

11. Click **Continue**. You are returned to the *Case Information* page.

Notes: Once submitted, you can view your status (if you requested the authorization) or the other party can view the status when they log in to the MSPRP (if the authorization was requested for another party) under *Authorization Level* on the *Case Information* page, as well as view the new authorization on this page, along with the authorization start and end dates.

MSPRP users will not see the authorization level and status of other parties associated with a case on the *Case Information* page.

Figure 14-15: Sample of Uploaded Document

Submit New Authorization:

An asterisk (*) indicates a required field.

***Select the authorization type:**

☐ Beneficiary Consent to Release [What is Beneficiary Consent to Release?](#)

☒ Beneficiary Proof of Representation [What is Beneficiary Proof of Representation?](#)

To get more information about the Beneficiary Proof of Representation or Consent to Release, and to obtain blank templates, go to <http://go.cms.gov/MEDRECOVPROC>. To get more information about the Recovery Agent Authorization and to see the model language, go to <http://go.cms.gov/INSNGHPRECOV>.

*** Please select from one of the following which best describes the representation type:** Individual/Other

*** Start Date of Authorization:** 02 / 01 / 2018 (MM/DD/CCYY)

End Date of Authorization: / / (MM/DD/CCYY) Optional

Representative Information


*** Is this authorization being submitted for someone other than yourself/your company?** ☒ Yes ☐ No

Submitting an authorization for another party will allow them to perform actions on the case and permit them to receive correspondence related to the case. This action will not make them an account designee.

***Last Name:** Last **MI:** ***First Name:** First **OR *Company/Firm Name:**

***Address Line 1:** 123 Main St **Address Line 2:**

***City:** New York ***State:** New York ***Zip Code:** 55555 -

*** Supporting Documentation is Required.** Please refer to [Help About This Page](#) to identify what documents should be submitted. To upload supporting documentation, please click here [Upload Documentation](#) 

Below is a list of documents to be submitted for the case. If you'd like to delete a document from the list, click the **Delete** link to the right of the document name.

- POR_Letter.pdf [Delete](#)

☐ **By checking this box, I attest that the information provided and uploaded documentation is complete and accurate to the best of my knowledge.**

Selecting **Continue** will submit the files to CMS. Selecting **Cancel** will return you to the Case Information page, the files will not be submitted to CMS.

Figure 14-16: Authorization Documentation Confirmation

Home About This Site CMS Links How To... Reference Materials Contact Us Sign off

Authorization Documentation Confirmation  [Print this page](#)

Case ID: ##### **Medicare ID:** #####A

Beneficiary Last Name: LastName

You have successfully submitted the following Authorization documentation for the case listed above:

Authorization2.pdf

Click **Continue** to return to the Case Information page.

Quick Help

[Help About This Page](#)

Figure 14-17: Representative Information Verification

14.1.2.2 Request an Update to the Conditional Payment Amount

This option allows a user to request CMS to re-calculate the current conditional payment amount (see **Note**). The conditional payment amount is an amount paid by CMS for services on behalf of a Medicare beneficiary when there is evidence that another payer may be responsible. These payments are referred to as conditional payments because the money must be repaid to CMS when a settlement, judgment, award, or other payment is secured. The total of these payments is the Conditional Payment Amount.

Who Can Access?

- BCRC and CRC Cases: Available to all users – no authorization required.

Other Requirements?

- The Case Status on the *Case Information* page is Open.
- The case is not in bankruptcy proceedings.

The conditional payment amount is an interim amount. CMS may continue to make conditional payments for items and/or services related to the case while the case is pending. When this action is selected, all medical claims related to the case that may have been paid by CMS subsequent to the last time the conditional payment amount was calculated will be retrieved and included in the current conditional payment amount.

Note: Claims are retrieved daily. The MSPRP displays claims information for your case on the *Case Information* page. The current conditional payment amount is displayed in the *Current Conditional Payment Amount* field.

If you click the *Request an update to the conditional payment amount* checkbox, you will receive a message that claim information on the MSPRP is up to date as of today's date. However, the MSPRP will **not** automatically generate a conditional payment letter. If you require a hardcopy letter with the updated conditional payment information, select the **Request a copy of the conditional payment letter** action on the *Case Information* page.

14.1.2.3 Request an Electronic Copy of the Conditional Payment Letter with Current Conditional Payment Amount

This action allows beneficiaries and their authorized representatives to submit a request for an electronic copy of the Conditional Payment Letter (eCPL), as long as the case meets certain requirements. The eCPL includes the associated case and claims information as displayed on the *Case Information* page, in .PDF format. The eCPL will include a *Payment Summary Form* (Figure 14-18) unless the overpayment amount equals zero (\$0.00), in which case an *Electronic No Claims Paid by Medicare* letter is sent without a *Payment Summary Form*. See "Other Requirements?"

This action also allows insurers, recovery agents who are on the TIN reference file, and insurer representatives with a verified Recovery Agent Authorization, who also log in using multi-factor authentication, to request an eCPL, on insurer-debtor cases only. Again, the eCPL will include the associated case and claims information as displayed on the *Case Information* page, in .PDF format. The eCPL will also include a *Payment Summary Form* unless the overpayment amount equals zero (\$0.00).

Who Can Access?

- BCRC Beneficiary-Debtor Cases: Beneficiaries and their authorized representatives who have an existing verified POR and who have logged in to the MSPRP using multi-factor authentication.
- BCRC or CRC Insurer-Debtor Cases: Insurers, recovery agents on the Tax Identification Number (TIN) reference file, and insurer representatives with a verified recovery agent authorization who have logged in to the MSPRP using multi-factor authentication. Beneficiaries and their authorized representatives who have an existing verified POR on the MSPRP and who have logged in to the MSPRP using multi-factor authentication also have access.

Other Requirements?

- The Case Status on the *Case Information* page is *Open*,
- Automated processing and initial claims retrieval are complete for the case,
- A Conditional Payment Notice (CPN):
 - Has not been issued previously or is not pending, or
 - Was previously issued in error, and
- No claims on the *Claims Listing* page are in dispute,
- The total count of Part-A claims and Part-B claim lines actively associated to the case is less than or equal to 1,500,
- Beneficiary must not have accepted the self-calculated conditional payment option or entered into a Fixed Percentage Agreement.

Notes: If the overpayment, or Current Conditional Payment Amount, is equal to zero (\$0.00) and the case is not in the *Final Conditional Payment* (Final CP) process (that is, Status is not *Active*, *Pending NOS*, or *Complete*) (BCRC cases only), an *Electronic No Claims Paid by Medicare* letter is generated (Figure 14-20). A Payment Summary Form is not displayed with this letter.

When you select this option, the MSPRP will generate the eCPL in a separate browser window, along with the *Payment Summary Form* in .PDF. A confirmation page is displayed afterwards indicating that you have successfully requested the generation of the eCPL. Once displayed, you will see options to save or print the letter to a local machine or printer. Clicking **Continue** on the confirmation page returns you to the *Case Information* page.

If this action is selected for a case in the *Final Conditional Payment* process, the electronic version of the traditional conditional payment letter will **not** be generated. See Chapter 15 for details.

Note: When requested, the eCPL always contains current conditional payment and claims information. The MSPRP does not save previously generated electronic payment letters that you can later access or print. Additionally, the electronic letter will not be mailed to other authorized representatives associated to the case.

To request an electronic copy of the conditional payment letter:

1. Click the *Request an electronic copy of the conditional payment letter with Current Conditional Payment Amount* checkbox on the *Case Information* page for the applicable Case ID and click **Continue**.
2. The *Electronic Conditional Payment Letter Confirmation* page appears (Figure 14-19), or the *Electronic No Claims Paid by Medicare Letter Confirmation* page appears if the overpayment = \$0 (Figure 14-20). Both confirmation pages confirm that you have successfully submitted a request for an eCPL.
3. Click **Continue** to return to the *Case Information* page.

Figure 14-18: Payment Summary Form

Payment Summary Form

Jun 3, 2020 09:32 AM

Report Number: RMCAN-5-5

Beneficiary Name:	LAST, FIRST	Case Type:	D - Auto no-fault
Medicare ID:	*****1274A	Date of Incident:	Sep 11, 2017
Case ID:	317## #####		
Reported Diagnosis Code(s):	R079		

TOS	ICN	Line	Processing Contractor	Provider Name / NPI #	ICD Indicator	***DX Codes	**HCPCS/CPT /DRG	From Date	To Date	Total Charges	Reimbursed Amount	Conditional Payment
71	123456712345678	1	10302	LAST, FIRST / #####	ICD-10	I10	H:99222	09/13/2017	09/13/2017	\$169.00	\$99.05	\$99.05
71	123456712345678	1	10302	LAST, FIRST / #####	ICD-10	R05	H:36415	10/04/2017	10/04/2017	\$6.00	\$2.94	\$2.94
71	123456712345678	2	10302	LAST, FIRST / #####	ICD-10	R05	H:85025	10/04/2017	10/04/2017	\$22.00	\$10.45	\$10.45
71	123456712345678	1	10302	LAST, FIRST / #####	ICD-10	R069	H:71020	10/04/2017	10/04/2017	\$68.80	\$8.04	\$8.04

**H -- HCPCS/CPT, D -- DRG Code
 CPT only copyright 2020 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS Restrictions Apply in Government Use.
 ***Part-A Claim Primary Diagnosis Code is denoted in bold font

Sum of Total Charges	\$265.80
Total Reimbursed Amount	\$120.48
Total Conditional Payments	\$120.48

<<<Confidential>>>

The documents accompanying this correspondence contain confidential health information that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation and is required to destroy the information after its stated need has been fulfilled.

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Page: 1 of 1

Table 14-12: Payment Summary Form Fields

Field	Description
TOS	<p>A two-digit identifier that represents the type of service received for the line item on the claim. It can be any of the following:</p> <ul style="list-style-type: none"> 10 – Home Health Agency 20 – Skilled Nursing Facility (SNF) Non-swing 30 – SNF Swing 40 – Outpatient 41 – Outpatient Full Encounter 42 – Outpatient Abbreviated Encounter 50 – Hospice 60 – Inpatient 61 – Inpatient Full Encounter 62 – Inpatient Abbreviated Encounter 71 – Carrier 72 – Carrier Durable Medical Equipment Prosthetics/Orthotics & Supplies (DMEPOS) Claim) 73 – Carrier Full Encounter Claim 81 – Durable Medical Equipment Regional Carriers (DMERC) Non-DMEPOS 82 – DMERC DMEPOS
Claim Control ID (ICN)	<p>Claim Number (Internal Control Number) assigned to the claim by the Medicare processing contractor.</p> <p>Note: A red asterisk (*) will appear next to this number for claims that are either disputed or denied during a redetermination. A message will appear at the bottom of the form that explains the asterisk.</p>
Line	Reference to the individual service rendered on the claim.
Processing Contractor	Identification number for the Medicare contractor that processed the claim.
Provider Name/NPI#	Name of the institutional or individual provider that submitted the claim for the service and provider's NPI number.
ICD Indicator	The type of ICD diagnostic code used, whether ICD-9 or ICD-10.
DX Codes	<p>A code that represents the reason for the office visit or medical test. The diagnosis codes used by Medicare are known as ICD-9 or ICD-10 (ICD-9-CM or ICD-10-CM) codes which mean the International Classification of Diseases 9th or 10th Revision (respectively), Clinically Modified. If you need assistance in understanding these codes, go to the following links:</p> <p>https://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/codes.html for more information of ICD-9 diagnosis codes.</p> <p>https://www.cms.gov/Medicare/Coding/ICD10/2020-ICD-10-CM.html for more information of ICD-10 diagnosis codes.</p> <p>Note: This column will also show the Primary Diagnosis Code, when used.</p>
HCPCS/CPT/DRG	The five-character Healthcare Common Procedure Coding System/Current Procedural Terminology (HCPCS/CPT) codes for the Part-B Claims, or the three-digit Diagnosis Related Group (DRG) codes for the Part-A Claims.
From Date	The start date of service for the claim.
To Date	The end date of service for the claim.

Field	Description
Total Charges	Amount billed by the provider.
Reimbursed Amount	Amount Medicare paid the provider.
Conditional Payment	Amount due Medicare.
Sum of Total Charges	Sum total dollar amount of the <i>Total Charges</i> column.
Total Reimbursed Amount	Sum total dollar amount of the <i>Reimbursed Amount</i> column.
Total Conditional Payments	Sum total dollar amount of the <i>Conditional Payment</i> column.

Figure 14-19: Electronic Conditional Payment Letter Confirmation
Figure 14-20: Electronic No Claims Paid by Medicare Letter Confirmation

14.1.2.4 Request a Mailed Copy of the Conditional Payment Letter

This option allows you to request a mailed copy of the Conditional Payment Letter for either a BCRC or CRC case. The letter that is generated is a new letter, not a copy of the last conditional payment letter that was sent. It will include the current conditional payment amount that is reflected in the *Current Conditional Payment Amount* field of the *Case Information* page. It will also include a *Payment Summary Form* (Figure 14-18) that lists each claim that is included in the

Current Conditional Payment Amount. The date of the new letter will be the date the letter was requested plus five (5) business days.

Who Can Access?

- BCRC Cases: No authorization required. Letter goes to the authorized beneficiary and authorized parties on the case. Option is not available for a case in the *Final Conditional Payment* process if the **Final Conditional Payment Status** is set to *Pending NOS* or *Complete*.
- CRC Cases: No authorization required.

Other Requirements?

- The Case Status on the *Case Information* page is *Open*,
- Case has completed the initial claims retrieval and automation process,
- Current Conditional Payment Amount must be greater than or equal to zero (\$0.00),

Note: If the overpayment or Current Conditional Payment Amount is equal to zero (\$0.00) and the case is not in the *Final Conditional Payment* (Final CP) process (that is, Status is not *Active*, *Pending NOS*, or *Complete*) (for a BCRC case), then a *No Claims Paid by Medicare* letter is generated (Figure 14-22).

- A CPN or demand:
 - Has not been issued previously or is not pending, or
 - Was previously issued in error, and
- No claims are in dispute (i.e., no claims have a faded checkmark in the Dispute checkbox on the *Claims Listing* page).
- The case is not in bankruptcy proceedings.

Note: This is not a request for an updated conditional payment amount.

For BCRC cases, the MSPRP will send the conditional payment letter to each authorized individual/entity associated to the case (i.e., the beneficiary and each individual/entity with a verified POR or verified CTR on file for the case). The letters will be mailed to the address/addresses Medicare has on file which may not necessarily be the same address that is listed on the MSPRP. Please allow three to five days for the system to process this request and additional time for postal delivery.

To request a mailed copy of the conditional payment letter, perform the following steps:

1. Click the *Request a mailed copy of the conditional payment letter* checkbox on the *Case Information* page for the applicable Case ID and click **Continue**.

The *Conditional Payment Letter Confirmation* page appears, or the *No Claims Paid by Medicare Letter Confirmation* page appears if the overpayment = \$0. Both confirmation pages confirm that you have successfully submitted a request for an updated CPL.

Note: The first 5 characters of a beneficiary HICN will be masked (hidden from view), unless you are the beneficiary, or you have logged in using multi-factor authentication.

2. Click **Continue** to return to the *Case Information* page.

If this action is selected for a BCRC case in the *Final Conditional Payment* (Final CP) process with a Final Conditional Payment Status set to *Active*, a mailed copy of the *Notice of Anticipated Settlement* letter and *Payment Summary Form* will be created instead. See Chapter 15.

Figure 14-21: Conditional Payment Letter Confirmation

Home About This Site CMS Links How To... Reference Materials Contact Us Sign off

Conditional Payment Letter Confirmation Page

Case ID: ##### Medicare ID: #####

Beneficiary Last Name: LAST

You have successfully requested the generation of the Conditional Payment letter. This request could take 7 to 10 days to complete. Click Continue to return to the Case Information page.

Click **Continue** to return to the Case Information page.

Continue ➔

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Quick Help

[Help About This Page](#)

Figure 14-22: No Claims Paid by Medicare Letter Confirmation

Home About This Site CMS Links How To... Reference Materials Contact Us Sign off

Conditional Payment Letter Confirmation Page

Case ID: ##### Medicare ID: #####

Beneficiary Last Name: LAST

You have successfully submitted a request for a Conditional Payment letter. You will receive the No Claims Paid by Medicare letter for this case. Please allow 3-5 days for the system to process this request and additional time for postal delivery. All authorized entities will receive a copy of the letter.

Click **Continue** to return to the Case Information page.

Continue ➔

Print this page

Quick Help

[Help About This Page](#)

14.1.2.5 View/Dispute Claims Listing

This action allows you to view the list of medical claims associated with the case and provides you with the ability to dispute any un-related claims. The claims are also listed on the *Payment Summary Form* (Figure 14-18) that is mailed with the Conditional Payment Letter. The claims listed on the *Claims Listing* page may differ from the last-issued statements if there has been any recent case activity between the date of the statement and the current date.

Note: The *Claims Listing* page will continue to display all claims that are included with your submitted dispute even after a dispute is denied. However, if a claim was disputed and the dispute was approved, the claim will automatically be removed from the *Claims Listing* page.

Disputing a claim means that you are requesting CMS to remove the claim from the Current Conditional Payment Amount because it is not related to the injury/illness sustained by the beneficiary. If CMS agrees that the claims are not related to the case, the claims will be removed from the *Claims Listing* page and the conditional payment amount will be adjusted accordingly.

Pre-Demand

After a CPN or CPL has been issued for a case, but prior to that case being demanded, when you click **View/Dispute Claims Listing**, the MSPRP retrieves all claim information that is included in

the Current Conditional Payment Amount and display that information on the *Claims Listing* page. The retrieval of this information may be slightly delayed depending on the volume of claim information returned. After the *Claims Listing* page appears, you can review all claims associated to the case.

Prior to a demand being sent, you may send an unlimited number of disputes, as long as the case meets certain conditions (discussed below). Each dispute may contain multiple claims.

Post-Demand

After a case has been demanded, or if a case has completed or is pending notice of settlement in the *Final Conditional Payment* process (BCRC cases only), clicking **View/Dispute Claims Listing** redirects you to the *Demand Claims Listing* page (Figure 14-25) instead of the *Claims Listing* page. This read-only page displays information regarding the demanded claims for the selected case, such as the date the Demand letter was sent and the Demand Amount (or amount the debtor is required to pay Medicare).

Disputes related to Final CP cases are addressed within 11 business days. See Chapter 15.

The **View/Dispute Claims Listing** action can only be selected when:

- Case Status is:
 - *Open* and *Active*, or
 - *Demanded*, or
 - *Complete* or *Pending NOS* if the case is in the *Final CP* process (BCRC cases), and
- User is the case-debtor or has an authorization type of Beneficiary POR, Beneficiary CTR, or Recovery Agent Authorization (or is the recovery agent associated with the debtor), and
- Current Conditional Payment Amount is greater than zero (\$0.00).

If the case has been demanded, you will not be able to dispute any claims. You may, however, continue to view all claims.

Who Can View Claims?

- BCRC Cases: Beneficiaries, case debtors, or users with a verified Beneficiary POR, a Beneficiary CTR, or Recovery Agent Authorization, as long as their credentials pass all other existing rules for allowing access to the *View/Dispute Claims* option.
- CRC Cases: Case beneficiaries, users with verified Beneficiary POR or Beneficiary CTR, case debtors (insurers) and insurer representatives with a verified Recovery Agent Authorization.

Who Can Dispute Claims?

- BCRC Cases: Users must be the case beneficiary, the case debtor, or have verified Beneficiary POR or Recovery Agent Authorization.
- CRC Cases: Users must be an insurer debtor or an authorized insurer representative with a verified Recovery Agent Authorization (or be the recovery agent associated with the debtor). Beneficiaries, or their representatives, cannot dispute claims.

Other Requirements?

The overpayment amount must be greater than zero (\$0.00)

To view/dispute claims (Pre-Demand)

1. Click **View/Dispute Claims Listing** on the *Case Information* page for the applicable Case ID and click **Continue**.

The *Claims Listing* page displays a list of claims associated with the case. You can print the list by clicking the **Print this page** link.

Because of the requirements of the Centers for Medicare & Medicaid Services (CMS) Department of Health & Human Services (DHHS) Privacy Rule, all protected health information (PHI) will not be included on the *Claims Listing* page. The content displayed on the *Claims Listing* page will differ for a non-beneficiary vs. a beneficiary (

Figure 14-23 and Figure 14-24).

Note: If a case has been demanded has completed or is pending settlement in the *Final CP* process (BCRC cases only), clicking this action redirects you to the *Demand Claims Listing* page (Figure 14-25) instead of the *Claims Listing* page. This read-only page displays information regarding the demanded claims for the selected case, such as the Total Charges, Reimbursed Amounts, and Conditional Payments.

Note: If you have completed the *ID Proofing* process (Chapter 7), you can elect to view previously masked case information during the login process.

2. To dispute a claim, select the checkbox in the *Dispute* column, next to the *Claim Control ID* number for the claim in dispute, and click **Continue**.

Optionally, click the **Select All/Deselect All** hyperlink at the bottom of the list to select or deselect all claims on the page. Only claims that are available for disputes will be selected.

The *Claims Dispute Verification* page appears showing the list of claims in dispute (Figure 14-26).

Note: If the case has been demanded, you will not be able to dispute the claim.

3. Verify the claims that are listed on this page to ensure that it only includes claims you believe are unrelated to the case. To revise the list, click **Previous** to be return to the *Claims Listing* page.

After you have verified that the only claims listed are those claims that are not related to the case, you must submit documentation (evidence) to support your contention. You can enter up to 500 characters of free-form text in the *Supporting Information Notes* text box on the *Claims Dispute Verification* page to explain the reason for your dispute.

4. If you require additional space to support your dispute, create a .PDF file of your documentation and upload the supporting documents by clicking **Upload Documentation**.

The *Dispute Claims Documentation Upload* page appears (Figure 14-27).

5. Click **Browse** to locate the document you want to upload and click **Continue**.

Note: Before uploading your document, ensure that the following requirements are met, otherwise your file will fail to upload:

- The file format must be a PDF.
- The file must be virus free.
- The file size must be less than or equal to 40 MB (megabytes) in size.
- The filename (naming convention) must only include the following valid characters: alphanumeric (any letter: A-Z, a-z), any number (0-9), and any of the following special characters: hyphen (-), period (.) and underscore (_).
- The filename does not include spaces.

The page size must not be larger than 8.5 by 11 inches.

The *Claims Dispute Verification* page appears again.

6. Click **Continue** to confirm submission of the dispute and to submit any provided documents and notes to CMS.

The *Claims Dispute Confirmation* page appears (Figure 14-28).


The free-form text you entered is added to the permanent case, and MSPRP. Any documentation is uploaded to MSPRP, and all notes are **available for viewing** in the *Supporting Information Notes* text box.

7. Click **Continue** to return to the *Case Information* page.

Figure 14-23: Example Claims Listing for a Non-Beneficiary or Viewed without MFA

[Home](#)
[About This Site](#)
[CMS Links](#)
[How To...](#)
[Reference Materials](#)
[Contact Us](#)
[Logoff](#)

Claims Listing

 [Print this page](#)
[Quick Help : Help About This Page](#)

The following are the claims associated to Case ID: #####

These claims may also be found on a Payment Summary Form included with the Conditional Payment Letter. This listing may differ from the last issued Payment Summary Form if there has been any recent case activity between the date of the Payment Summary Form and the current date. Examples of recent case activity include claim disputes or new claims being associated to the case.

Note: If a claim is disputed and we agree with the dispute, the claim will automatically be removed from the claims listing. Part-A Claim Primary Diagnosis Code is denoted in bold font.

If you believe any of the claims listed on this screen are unrelated to the case, you may request the claims be removed by submitting a dispute below.


To select a claim for dispute, click the checkbox to the left of the claim number. When all disputed claims have been marked, click the **Continue** button. The next screen will allow you to verify the claims you have disputed and provide any supporting documentation.

Click **Clear** to remove any sorting or filtering and restore the default display of claims information.

Click **Previous** will return you to the Case Information page, your dispute selections will be lost. Click **Cancel** will return you to the Home Page.

Note: If the checkbox next to the claim number is disabled, the claim may not be disputed.

Claims


Dispute	Claim Control ID (ICN)	Line Number	Total Charges	Reimbursed Amount	Conditional Payment	Dispute Submitted Date	Dispute Decision Date
			<input type="text" value="Search"/>	<input type="text" value="Search"/>		<input type="text" value="v"/>	<input type="text" value="v"/>
<input type="checkbox"/>	*****0234902GAA	0	\$1,163.66	\$0.00	\$0.00		
<input type="checkbox"/>	*****0267902NTA 01	0	\$535.25	\$77.64	\$77.64		
<input type="checkbox"/>	*****10271220	1	\$72.50	\$27.48	\$27.48		
<input type="checkbox"/>	*****10271220	2	\$875.00	\$311.85	\$311.85		
<input checked="" type="checkbox"/>	*****10291320 	1	\$54.00	\$12.42	\$12.42	07/08/2020	
<input type="checkbox"/>	*****27174230	1	\$148.00	\$27.46	\$27.46		
<input type="checkbox"/>	*****27174230	2	\$125.00	\$23.14	\$23.14		
<input type="checkbox"/>	*****27174230	3	\$172.00	\$28.82	\$28.82		
<input type="checkbox"/>	*****38151190	1	\$900.00	\$191.53	\$191.53		
<input type="checkbox"/>	*****65900640	1	\$1,840.00	\$323.21	\$323.21		
<input type="checkbox"/>	*****65900650	1	\$1,710.00	\$281.26	\$281.26		
<input type="checkbox"/>	*****72900028	1	\$267.00	\$0.00	\$0.00		

[Select All](#) | [Deselect All](#)

Figure 14-24: Example Claims Listing for a Beneficiary or Viewed with MFA

Home
About This Site
CMS Links
How To...
Reference Materials
Contact Us
Logoff

Claims Listing

 [Print this page](#)

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The following are the claims associated to Case ID: #####

These claims may also be found on a Payment Summary Form included with the Conditional Payment Letter. This listing may differ from the last issued Payment Summary Form if there has been any recent case activity between the date of the Payment Summary Form and the current date. Examples of recent case activity include claim disputes or new claims being associated to the case.

Note: If a claim is disputed and we agree with the dispute, the claim will automatically be removed from the claims listing. Part-A Claim Primary Diagnosis Code is denoted in bold font.

If you believe any of the claims listed on this screen are unrelated to the case, you may request the claims be removed by submitting a dispute below.

To select a claim for dispute, click the checkbox to the left of the claim number. When all disputed claims have been marked, click the **Continue** button. The next screen will allow you to verify the claims you have disputed and provide any supporting documentation.

Click **Clear** to remove any sorting or filtering and restore the default display of claims information.

Click **Previous** will return you to the Case Information page, your dispute selections will be lost. Click **Cancel** will return you to the Home Page.

Note: If the checkbox next to the claim number is disabled, the claim may not be disputed.

Reported Diagnosis Codes:
 ICD-9:
 8470 Sprain of neck

Claims

* CPT only copyright 2020 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/IDFARS Restrictions Apply to Government Use.



Dispute	TOS	Claim Control ID (ICN)	Line #	Processing Contractor	Provider Name	Diagnosis Codes	DRG Cd	*CPT/ HCPCS	From Date	To Date	Total Charges	Reimbursed Amount	Cor Ps
		<input type="text" value="Search"/>			<input type="text" value="Search"/>				<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="text" value="Search"/>		
<input type="checkbox"/>	71	5111#####	1	000099999	LAST, FIRST	ICD-9: XX000XX, XX000		A0425	04/10/2010	04/10/2010	\$72.50	\$27.48	\$27
<input type="checkbox"/>	71	5111#####	2	000099999	LAST, FIRST	ICD-9: XX000XX, XX000		A0427	04/10/2010	04/10/2010	\$875.00	\$311.85	\$31
<input checked="" type="checkbox"/>	71	5111##### 	1	000010202	LAST, FIRST	ICD-9: 8470, E8120		72050	04/10/2010	04/10/2010	\$54.00	\$12.42	\$12

Figure 14-25: Demand Claims Listing

[Home](#)
[About This Site](#)
[CMS Links](#)
[How To...](#)
[Reference Materials](#)
[Contact Us](#)
[Logoff](#)

Demand Claims Listing


[Print this page](#)

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The following are the claims associated to Case ID: 2011 XXXXXXXXXX

Demand Amount: **\$3,754.00**

Demand Letter Date: 06/01/2011

The claims listed on this page have been identified as being related to the alleged incident, illness or injury for the Case ID listed on this page. These claims have been included in the Demand Amount associated to this case and may also be found on the attachment included with the Demand Letter you previously received.

Click **Previous** to return to the Case Information page. The amount shown in the Conditional Payment column is what was included in the case Demand Amount.

Claims

Claim Control ID (ICN)	Line Number	Total Charges	Reimbursed Amount	Conditional Payment
*****025871	1	\$180.00	\$10.00	\$10.00
*****031533	1	\$70.00	\$10.00	\$10.00
*****023399	1	\$60.00	\$10.00	\$10.00
*****17026700	1	\$60.00	\$31.98	\$31.98
*****83061300	1	\$60.00	\$31.98	\$31.98
*****17026740	1	\$60.00	\$31.98	\$31.98
*****83061330	1	\$60.00	\$31.98	\$31.98
*****83061290	1	\$225.00	\$40.18	\$40.18
*****83061290	2	\$125.00	\$24.78	\$24.78
*****83061290	3	\$225.00	\$87.67	\$87.67
*****83061290	4	\$125.00	\$60.28	\$60.28
*****83061290	5	\$450.00	\$29.22	\$29.22

Table 14-13: Claims Listing (All Fields)

Field	Description
Clear	Click this button to remove any formatting and restore the default display of claims information.
Export	Click this button to export a spreadsheet of the claims information shown.
Case ID	Displays the current case ID.
Demand Amount	Displays the amount currently being demanded. This field only appears on the <i>Demand Case Listing</i> page.
Demand Letter Date	Displays the date of the demand letter. This field only appears on the <i>Demand Case Listing</i> page.
Reported Diagnosis Codes	Displays a list of the diagnosis codes reported on the case, with code version (ICD-10 or ICD-9). This section only appears for the Beneficiary/MFA version of the <i>Claims Listing</i> page.
Dispute	<p>Checkbox that indicates whether the claim is/is not being disputed. There are three statuses:</p> <p>Blank: indicates the claim is selectable. It can be marked for dispute by clicking the box.</p> <p>Faded checkmark: indicates the claim is not selectable. It has been previously selected for dispute and is currently under review.</p> <p>Blank (greyed out/disabled): indicates the claim is not selectable. The claim has not been disputed but the claim is not available because of the user's authorization level. See Section 14.1.2.5 for authorization details.</p>

Field	Description
TOS	<p>A two-digit identifier that represents the type of service received for the line item on the claim. It can be any of the following:</p> <ul style="list-style-type: none"> 10 – Home Health Agency 20 – Skilled Nursing Facility (SNF) Non-swing 30 – SNF Swing 40 – Outpatient 41 – Outpatient Full Encounter 42 – Outpatient Abbreviated Encounter 50 – Hospice 60 – Inpatient 61 – Inpatient Full Encounter 62 – Inpatient Abbreviated Encounter 71 – Carrier 72 – Carrier Durable Medical Equipment Prosthetics/Orthotics & Supplies (DMEPOS) Claim 73 – Carrier Full Encounter Claim 81 – Durable Medical Equipment Regional Carriers (DMERC) Non-DMEPOS 82 – DMERC DMEPOS
Claim Control ID (ICN)	Claim Number/Internal Control Number assigned to the claim by the Medicare processing contractor. Sortable and filterable column: click the arrows in the header to sort or reverse sort order; type in the text box to show only claims containing the entered text.
Line Number	For Part A (Institutional claims) this number will always be “0.” For Part B, this number indicates one or more services that were billed on a single claim per Date of Service.
Processing Contractor	Identification Number of the Medicare claims contractor who processed the claim for payment.
Provider Name	Name of the Institutional or Individual Provider that submitted the claim for the service. Sortable and filterable column: click the arrows in the header to sort or reverse sort order; type in the text box to show only claims containing the entered text.
Diagnosis Codes	<p>The ICD indicator and diagnosis code(s) for each listed claim. A diagnosis code represents the reason for the office visit or medical test. (Example format: ICD-10: E11.9, R51)</p> <p>The diagnosis codes used by Medicare are known as ICD-9 or ICD-10 (or ICD-9-CM or ICD-10-CM) codes which mean the International Classification of Diseases 9th or 10th Revision (respectively), Clinically Modified. If you need assistance in understanding these codes, go to the following links:</p> <p>https://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/codes for more information of ICD-9 diagnosis codes.</p> <p>https://www.cms.gov/Medicare/Coding/ICD10/2020-ICD-10-PCS for more information of ICD-10 diagnosis codes.</p> <p>Note: Hover over the field to view a description.</p>
DRG Cd	<p>The three-digit Diagnosis Related Group codes for the Part-A Claims.</p> <p>Note: Hover over the field to view a description.</p>
*CPT/HCPCS	<p>The Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) code for the Part-B Claims (up to five characters).</p> <p>Note: Hover over the field to view a description.</p>

Field	Description
From Date	The start date of service for the claim. Sortable and filterable column: click the arrows in the header to sort or reverse sort order: select from the drop-down menu to show only claims in the selected date range.
To Date	The end date of service for the claim. Sortable and filterable column: click the arrows in the header to sort or reverse sort order: select from the drop-down menu to show only claims in the selected date range.
Total Charges	Amount billed by the provider. Sortable and filterable column: click the arrows in the header to sort or reverse sort order: type in the text box to show only claims containing the entered text.
Reimbursed Amount	Amount Medicare paid the provider.
Conditional Payment	Amount due Medicare.
Dispute Submitted Date	The (most recent) date the dispute was submitted on a case. Sortable and filterable column: click the arrows in the header to sort or reverse sort order: select from the drop-down menu to show only claims in the selected date range. Note: The field will remain blank for any disputes submitted prior to the implementation of this feature.
Dispute Decision Date	The (most recent) date for the dispute decision. Sortable and filterable column: click the arrows in the header to sort or reverse sort order: select from the drop-down menu to show only claims in the selected date range. Note: The field will remain blank for any disputes submitted prior to the implementation of this feature.
Previous	Command button. Click to return to the <i>Case Information</i> page. Your dispute selections will not be saved.
Continue	Command button. Click to save changes and continue to the next page.
Cancel	Command button. Click to end this transaction and return to the <i>Welcome</i> page. Any dispute selections will not be saved.


Table 14-14: Demand Claims Listing

Field	Descriptions
Claim Control ID	Claim Number/Internal Control Number assigned to the claim by the Medicare processing contractor.
Line Number	For Part A (Institutional claims) this number will always be “0.” For Part B, this number indicates one or more services that were billed on a single claim per Date of Service.
Total Charges	Amount billed by the provider.
Reimburses Amount	Amount Medicare paid the provider.
Conditional Payment	Amount due Medicare.

Figure 14-26: Claims Dispute Verification (BCRC)

[Home](#) [About This Site](#) [CMS Links](#) [How To...](#) [Reference Materials](#) [Contact Us](#) [Logout](#)

Claims Dispute Verification

 [Print this page](#)

Below is a list of claims associated to Case ID: ***** you have selected for dispute, please review for accuracy. To revise your selection click the **Previous** button.

Claims Disputed

Claim Control ID (ICN)	Line Number	Total Charges	Reimbursed Amount	Conditional Payment
*****07137680	1	\$132.00	\$55.90	\$55.90


Supporting Information & Documentation:

Please provide a brief description of the injury and explanation for any claims you disputed as unrelated to the case. If you have more than one explanation, please provide the date range for each explanation. (*Example: Claims with the dates between January 1, 2010 and September 13, 2010 were for back surgery but this case is for a sprained knee.*)

This claim has been reviewed.

Please note Supporting Information Notes cannot exceed 500 characters

For disputes that require additional information, please upload supporting documentation. (*Examples of when supporting documentation should be uploaded include: providing clarification of incident related injuries, proving a pre-existing condition, or establishing incident end date of treatment.*)


[Upload Documentation](#) 


To upload supporting documentation, please click here


Select **Continue** to confirm submission of the dispute and to submit any provided documents and/or Notes to CMS.

Selecting **Previous** will return you to the View/Dispute Claims Listing page.

Selecting **Cancel** will return you to your home page. All changes will be lost and the documents will not be submitted to the BCRC.

 Previous

Continue 

Cancel 

Quick Help
[Help About This Page](#)

Table 14-15: Claims Dispute Verification

Field	Description
Previous	Command button. Click to return to the <i>Claims Listing</i> page. Your dispute selections will not be saved. Additionally, any and all notes entered in the <i>Supporting Information Notes</i> text box will not be saved.
Continue	Command button. Click to save changes and continue to the next page. Any and all notes entered in the <i>Supporting Information Notes</i> text box and any additional documents will be saved. You will be redirected to the <i>Claims Dispute Confirmation</i> page.
Cancel	Command button. Click to end this transaction and return to your home page. Any dispute selections will not be saved, and all notes entered in the <i>Supporting Information Notes</i> text box and any additional documents will not be saved.

Figure 14-27: Dispute Claims Documentation Upload

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Dispute Claims Documentation Upload

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Please click browse to find the document.

The document must be in .PDF format and the size limit is 40 MB (megabyte) per document for attachments.

Selecting **Continue** will upload the documents. Selecting **Cancel** will return you to the View / Dispute Claims Listing page and documents will not be uploaded.

Quick Help

[Help about this page](#)

Figure 14-28: Claims Dispute Confirmation (BCRC)

Home About This Site CMS Links How To... Reference Materials Contact Us Logoff

Claims Dispute Confirmation

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You have successfully submitted the claims listed below for dispute associated to Case ID: #####

Claims Disputed

Claim Control ID (ICN)	Line Number	Total Charges	Reimbursed Amount	Conditional Payment
*****07186270	9	\$190.00	\$0.00	\$0.00

You have successfully submitted the following notes for the case listed above:

This claim has been reviewed.

You have successfully submitted the following documentation for the case listed above:

Click **Continue** to return to the Case Information page.

[Continue](#)

Quick Help

[Help About This Page](#)

14.1.2.6 Begin Final Conditional Payment Process and Provide 120 Days' Notice of Anticipated Settlement

This option allows users to notify the BCRC that a specific case is approaching settlement and request that the case be a part of the Final CP process. This option can only be selected **once**. See Chapter 15.

Who Can Access?

- BCRC Cases: Available to the identified beneficiary-debtor and their authorized representatives who have verified PORs.
- CRC Cases: Available to the identified insurer-debtor and their authorized representatives who have verified Recovery Agent Authorizations.

Other Requirements?

This option is not available if:

- The user is not the identified debtor or their authorized representative.
- The case has Ongoing Responsibility for Medicals (ORM) that have not been terminated.
- The *Fixed Percentage* option was selected for the case.
- The *Self-Calculated Conditional Payment Amount* option was selected for the case.
- The case is a no-fault case.
- A CPN was issued (BCRC-owned case).
- The case is included in a BCRC special project.

14.1.2.7 Calculate Final Conditional Payment Amount

This action allows a user to request a Final CP amount for a case in the Final CP process and is enabled for a Final CP case where the Final Conditional Payment Status is set to Active. This option is unavailable if the Final Conditional Payment amount has already been calculated. See Chapter 15.

This action must be selected within 120 calendar days of starting the *Final CP* process or the case will be voided.

Who Can Access?

- BCRC Beneficiary-Debtor Cases: Users with a verified Beneficiary POR authorization and beneficiaries.
- CRC Cases: None. Option is not available (or visible) to any users.

Other Requirements?

This option is unavailable if:

- There is a pending dispute on one or more claims or line items associated with the case.
- The **Calculate Final Conditional Payment Amount** action has already been selected.
- The **Final Conditional Payment Requested Date** has been set.

14.1.2.8 Request an Electronic Dispute Denial for Final Conditional Payment Case Letter with Current Conditional Payment Amount

This action is available on Final CP cases in which at least one submitted dispute was denied after the *Final CP* process was initiated. It allows users to request an *Electronic Dispute Denial for Final Conditional Payment Case* letter that displays the current Conditional Payment Amount. See Chapter 15.

This letter, along with the *Payment Summary Form*, will be created and displayed in a separate browser window. The dispute denial letter and the *Payment Summary Form* will both display in .PDF format. The *Payment Summary Form* includes all active claims related to the case.

Note: The letter and the *Payment Summary Form* can be saved and/or printed.

Who Can Access?

- BCRC Beneficiary-Debtor Cases: Users with a verified Beneficiary POR authorization who have logged in to the MSPRP using multi-factor authentication, and beneficiaries.
- CRC Cases: None. Option is not available (or visible) to any users.

Other Requirements?

This letter cannot be requested if the Final CP status on the case is *Voided* or *Void in progress*.

14.1.2.9 View/Provide the Notice of Settlement Information

Pre-Demand

This action will direct you to the *Settlement Information* page where you (the beneficiary or beneficiary representative with a verified POR) can enter NOS information for a beneficiary-debtor case, upload supporting settlement documentation, and if the case qualifies, elect the Fixed Percentage Option.

Completion of this page will result in the issuance of a demand bill. Once a case has settled, notice of the settlement must be transmitted to Medicare so that the reimbursement process can be concluded.

Note: Users cannot provide notice of settlement information for insurer-debtor cases (BCRC or CRC).

For cases that are in the *Final CP* process, notice of settlement information must be submitted within 30 calendar days of requesting the Final CP amount. See Chapter 15.

Post Demand

This action will direct you (the beneficiary or beneficiary representative with a verified POR beneficiary representative with a verified CTR) to the *View Settlement Information* page (Figure 14-30), a read-only version of the *Settlement Information* page, which displays the notice of settlement information previously submitted. This page appears if the *Case Status* is set to *Demand*, *Demand in Progress*, or *Bill Issued*; or where the *Final Conditional Payment Status* is *Complete*.

Who Can Provide the Notice of Settlement?

- BCRC Beneficiary-Debtor Cases: Users with a verified beneficiary POR authorization and beneficiaries.
- CRC Cases: None. Option is not available (or visible) to any users.

Who Can View Settlement Information?

- BCRC Beneficiary-Debtor Cases: Users with a verified beneficiary POR or verified beneficiary CTR authorization and beneficiaries.
- CRC Cases: None. Option is not available (or visible) to any users.

Other Requirements?

- The overpayment amount must be greater than zero (\$0.00).
- No claims are in dispute (i.e., no claims have a faded checkmark in the *Dispute* checkbox on the *Claims Listing* page).
- The case is not in bankruptcy proceedings.
- The Case Status is not *Closed*.

To enter Settlement Information

1. Click **View/Provide the Notice of Settlement Information** on the *Case Information* page for the applicable Case ID and click **Continue**.

The *Settlement Information* page appears (Figure 14-29).

2. Enter all required information.

3. If you are not uploading additional documents, click **Continue**.
4. If you are submitting supporting documents for the settlement, click the **Upload Documentation** link.

The *Notice of Settlement Documentation Upload* page appears (Figure 14-31).

Note: Before uploading your document, ensure that the following requirements are met, otherwise your file will fail to upload:

- The file format must be a PDF.
- The file must be virus free.
- The file size must be less than or equal to 40 MB (megabytes) in size.
- The filename (naming convention) must only include the following valid characters: alphanumeric (any letter: A-Z, a-z; any number 0-9), and any of the following special characters: hyphen (-), period (.) and underscore (_).
- The filename does not include spaces.


The page size must not be larger than 8.5 by 11 inches.

5. Click **Browse** to locate the documents you want to upload.

Figure 14-29: Settlement Information

[Home](#)
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[CMS Links](#)
[How To...](#)
[Reference Materials](#)
[Contact Us](#)
[Sign off](#)

Settlement Information

 [Print this page](#)

This page allows you to enter Notice of Settlement information, upload Notice of Settlement documentation, or elect the Fixed Percentage Option. Completion of this page will result in the issuance of a demand/bill. Note: if you believe any of the claims listing on the Claims Listing Page are unrelated to the case, click Cancel and select the View / Dispute Claims Listing option to submit a dispute. Please do not submit a dispute as part of the settlement documentation.

An asterisk (*) indicates a required field.

***Injury Type:**

Note : If this case is in the Final Conditional Payment Process and the Injury Type selected is Non-Physical Trauma-Based Injury, CMS reserves the right to amend or modify the Final Conditional Payment Amount if additional claims related to the alleged injury resulting from exposure, implantation, or ingestion of a substance are later identified and were not included in the Final Conditional Payment Amount.

☐ Traumatic Injury (e.g. Slip and Fall or Auto Accident)
☐ Non-Physical Trauma-Based Injury (e.g. Alleged injury resulting from exposure, implantation, or ingestion of a substance.)

***Settlement Amount:** (0.00 - 999,999,999.00)
***Settlement Date:** / / (MM/DD/CCYY)

Settlement Details

Please choose one of the following options:

Note: Fees and costs are limited to what the beneficiary had to pay to attain his/her settlement. Only those costs borne by the beneficiary should be entered. If nothing is entered, this request will be processed without Attorney Fees.

☐ None
☐ Attorney Fees [What are Attorney Fees?](#)

Attorney Fees: (0.00 - 999,999,999.00)
Attorney Expenses: (0.00 - 999,999,999.00)


☐ Attorney Fee Percentage: %
☐ Fixed Percentage Option [What is Fixed Percentage Option?](#)

Exclusions

MED/PIP/Other Exclusions: (0.00 - 999,999,999.00) [What are Exclusions?](#)

☐ I attest that the settlement information provided above is correct.

Official Settlement Documentation (court documents) is not required unless needed to resolve relatedness issues on conditional payments made. In certain situations, CMS may require a detailed breakdown of attorney fees and expenses to be provided/uploaded.

To upload supporting documentation, please click here [Upload Documentation](#) 

Note: Please submit settlement related documentation only. Any other documents submitted will not be reviewed.

Selecting Continue will submit the files to CMS. Selecting Cancel will return you to the Case Information page, the files will not be submitted to CMS.

Quick Help

[Help About This Page](#)

Table 14-16: Settlement Information

Field	Description
Injury Type	<p>The type of accident/injury/illness being claimed and/or released with respect to the Medicare beneficiary. This field is required.</p> <p>Select:</p> <p>Traumatic Injury – An injury/illness resulting from a sudden physical injury such as a slip and fall, or auto-accident (i.e., the injury/illness does not relate to ingestion, exposure, or medical implant).</p> <p>Non-Physical Trauma-Based Injury – An injury/illness that does not result from a sudden physical injury (i.e., an alleged injury resulting from exposure, implantation, or ingestion of a substance.)</p> <p>Notes:</p> <p>Traumatic Injury must be selected when the Fixed Percentage Option is selected.</p> <p>If this case is in the <i>Final Conditional Payment</i> process and the Injury Type selected is a Non-Physical Trauma-Based injury, Medicare reserves the right to amend or modify the Final Conditional Payment Amount if additional claims related to the alleged injury resulting from exposure, implantation, or ingestion of a substance are later identified and were not included in the Final Conditional Payment Amount.</p>
Settlement Amount	<p>The dollar amount of the total payment obligation to or on behalf of the Medicare beneficiary in connection with the settlement, judgment, award, or other payment. Note: If attorney fees and/or costs are awarded in addition to the settlement, please include the award as a part of the Settlement Amount. This field is required.</p> <p>Data Entry Requirements:</p> <ul style="list-style-type: none"> • Enter a numeric value (decimals and commas are optional). You can enter cents as well. If cents are not entered, the MSPRP will store the amount with zero cents. For example, a settlement amount of \$10,000. Could be entered as: 10000, or 10,000, or 10,000.00). • Do not enter the '\$' as part of your entry. • Amount must be less than or equal to \$5,000 if the Fixed Percentage Option is selected.
Settlement Date	<p>The date the payment obligation was established, not necessarily the payment date or check issue date. It is the date the obligation is signed if there is a written agreement unless court approval is required. If court approval is required, it is the later of the date the obligation is signed or the date of court approval. If there is no written agreement it is the date the payment (or first payment if there will be multiple payments) is issued. This field is required.</p> <p>Data Entry Requirements:</p> <ul style="list-style-type: none"> • Must be a valid date. • Date must be greater than 01/01/1960. • Date must be less than or equal to the current date. • Date must be greater than the Date of Incident on the case. <p>Note: For cases in the <i>Final Conditional Payment</i> process: if the entered Settlement Date is not within three (3) business days of the Final Conditional Payment Requested date, you will be asked to verify the Settlement Date. If the Settlement Date is not within three (3) business days of the Final Conditional Payment Requested Date, the case will be voided from the <i>Final Conditional Payment</i> process.</p>

Field	Description
None	Settlement Detail Option. Indicates that the beneficiary did not incur any attorney fees.
Attorney Fees	<p>Settlement Detail Option. Indicates that the beneficiary incurred attorney fees. Select this option when a dollar amount will be entered for the attorney fees and/or expenses.</p> <p>If this option is selected, you must enter a numeric value in the <i>Attorney Fees</i> field (i.e., the total amount charged by the attorney to take the case) and/or <i>Attorney Expenses</i> field (i.e., the total amount of additional expenses, not including the Attorney Fees).</p> <p>Data Entry Requirements:</p> <ul style="list-style-type: none"> Decimals and commas are optional. Do not enter the '\$' as part of your entry. Cents can be entered. If cents are not entered, the MSPRP will store the amount with zero cents. <i>Attorney Fees</i> and/or <i>Attorney Expenses</i> cannot both be zero.
Attorney Fee Percentage	<p>Settlement Detail Option. Indicates that there was an agreed-upon percentage of the settlement amount charged by the attorney to the beneficiary.</p> <p>If this option is selected, you must enter a whole number between 1 and 100. You cannot enter a fraction or a percent.</p>
Fixed Percentage Option	<p>Settlement Detail Option. Indicates that the Medicare beneficiary has opted to resolve Medicare's recovery claim using the fixed percentage option.</p> <p>This option is disabled for cases in the Final Conditional Payment (Final CP) process.</p> <p>Note: The case must meet specific criteria in order to qualify for this option.</p>
MED/PIP/Other Exclusions	<p>The total coverage amount paid directly to the Medicare beneficiary and/or Medicare from Medical Payments Coverage (MEDPAY), Personal Injury Protection (PIP), or another coverage with respect to the accident/injury/illness/incident being claimed and/or released. Note: If Medicare has paid claims in relation to the incident, Medicare's recovery amount will be directly impacted by the amount entered.</p> <p>Data Entry Requirements:</p> <ul style="list-style-type: none"> Cannot be entered if the Fixed Percentage Option has been selected. <p>When entered, it must contain a numeric value (decimals and commas are allowed).</p>
Attestation	A checkbox that indicates you are confirming the accuracy of the submitted settlement information. You must select this box in order to submit your settlement information.
Upload Documentation	Hyperlink. Click to upload settlement related documentation.
Continue	Command button. Click to save changes and continue to the next page.
Cancel	Command button. Click to return to the <i>Case Information</i> page.

Figure 14-30: View Settlement Information

View Settlement Information [Print this page](#)

This page allows you to view previously enter Notice of Settlement information. Updates are not permitted.

Settlement Amount: \$1,50,000
Settlement Date: 02/21/2016

Settlement Details

Attorney Fees: \$2,000
Attorney Expenses: \$5,500
Attorney Fee Percentage: 15 %

Exclusions

MED/PIP/Other Exclusions: <\$1,000 [What are Exclusions?](#)

Select Cancel to return to the Case Information page.

[Cancel](#)

Quick Help
[Help About This Page](#)

Figure 14-31: Notice of Settlement Documentation Upload

Notice of Settlement Documentation Upload [Print this page](#)

Please click browse to find the document.

The document must be in .PDF format and the size limit is 40 MB (megabyte) per document for attachments.

Selecting Continue will upload the documents. Selecting Cancel will return you to the Settlement Information page and documents will not be uploaded.

[Browse...](#)
 [Browse...](#)
 [Browse...](#)
 [Browse...](#)
 [Browse...](#)

[Continue](#) [Cancel](#)

Quick Help
[Help about this page](#)

- When your supporting documentation has been located and added to the *Notice of Settlement Documentation Upload* page, click **Continue**.

The *Settlement Information* page appears again. The document(s) you added will be listed.

- Click **Continue** to confirm the submission. The *Notice of Settlement Confirmation* page appears. You can print this page by clicking the **Print this page** link.
- Click **Continue** to return to the *Case Information* page.

Figure 14-32: Notice of Settlement Confirmation

14.1.2.10 Initiate Demand Letter

The *Initiate Demand Letter* action allows you to initiate a request for a demand letter earlier than the default 30-day time period, if you agree with the Conditional Payment Amount identified in the CPN for BCRC and CRC cases.

For a case where the beneficiary is the debtor, the confirmation page (Figure 14-34) allows the beneficiary to verify the settlement information that was previously submitted by viewing information displayed in the following fields: Settlement Amount, Settlement Date, Attorney Fees, Attorney Expenses, and Attorney Fee Percentage. If any of this information is missing or incorrect, the beneficiary/authorized representative has the option to edit the information by clicking the **Update Settlement Information** button, which shows the *Update Settlement Information* page (Figure 14-35).

Note: The radio buttons under the *Update Settlement Information, Settlement Details* section will not be pre-selected. You must select one of the options to continue with the updates.

Once this process has been initiated, the demand letter will be mailed to each authorized entity. Please allow 7-12 business days for the system to process this request for a case.

Who Can Initiate a Demand Letter?

- BCRC Cases: User must be the case beneficiary, the case debtor, or have verified Beneficiary POR or Recovery Agent Authorization.
- CRC Cases: User must be the case debtor or an authorized insurer representative with a verified Recovery Agent Authorization.

Other Requirements?

- There are no duplicate claims, no pending disputes, and no unresolved correspondence for the case,
- The case is not active in the *Final Conditional Payment* process (i.e., the Final Conditional Payment Status is not *Active*, *Pending NOS*, or *Complete*, or a void is in progress) (BCRC cases only),
- A CPN was mailed,
- The case is not in Demand, Demand in Progress, or Closed status, and
- A demand was not previously requested on the MSPRP or was not previously mailed (unless it was mailed in error).

To Initiate a Demand Letter

1. Click **Initiate Demand Letter** on the *Case Information* page for the applicable case ID and click **Continue**.

The *Initiate Demand Letter Confirmation* page appears.

For bene-debtors, you can also click **Update Settlement Information** if you need to make additional updates prior to initiating a request for a demand.

2. Click **Continue** to initiate the request or click **Previous** to cancel the request.

Figure 14-33: Initiate Demand Letter Confirmation (BCRC Case)

Home About This Site CMS Links How To... Reference Materials Contact Us Logoff

Initiate Demand Letter Confirmation

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Case ID: 20111 #####

Beneficiary Last Name: Smith

Medicare ID: #####A

You have requested that Medicare send your Demand now. Once you confirm this action, the Demand letter will be mailed within 7-12 business days and no further actions will be allowed on this case on the MSPRP.

Click **Continue** to proceed. To cancel this action, click **Previous**

[< Previous](#) [Continue >](#)

Figure 14-34: Initiate Demand Letter Confirmation (Bene-Debtor)

Home About This Site CMS Links How To... Reference Materials Contact Us Logoff

Initiate Demand Letter Confirmation

[Print this page](#) [Quick Help : Help About This Page](#)

Case ID: 20111 #####

Beneficiary Last Name: Lastname

Medicare ID: #####A

Settlement Information:

Settlement Amount: \$152,300.00	Attorney Fees: \$15,000
Settlement Date: 02/21/2016	Attorney Expenses: \$10,000
	Attorney Fee Percentage: 15 %

You have requested that Medicare send your Demand now. Medicare will take the beneficiary's reasonable procurement costs (i.e., attorney fees and expenses) shown on this page into consideration when calculating its demand. If any of these amounts are missing or incorrect, click **Update Settlement Information** to edit the information before the demand is generated.

If you agree with the information listed on this page, click **Continue** to proceed. Once **Continue** has been clicked, the Demand letter will be mailed within 7-12 business days. To cancel this action, click **Previous**.

[< Previous](#) [Update Settlement Information](#) [Continue >](#)

Figure 14-35: Update Settlement Information

Update Settlement Information

This page allows you to update Notice of Settlement information or revise Notice of Settlement documentation. Completion of this page will result in the issuance of a demand/bill.

An asterisk (*) indicates a required field.

* Settlement Amount: 1990 .06 (0.01 - 999,999,999.99)

* Settlement Date: 07 / 05 / 2014 (MM/DD/CCYY)

Settlement Details

Please choose one of the following options:

Note: Fees and costs are limited to what the beneficiary had to pay to attain his/her settlement. Only those costs borne by the beneficiary should be entered. If nothing is entered, this request will be processed without Attorney Fees.

☐ None

☒ Attorney Fees [What are Attorney Fees?](#)

Attorney Fees: 15000 .00 (0.00 - 999,999,999.99)

Attorney Expenses: 10000 .00 (0.00 - 999,999,999.99)

☐ Attorney Fee Percentage 0 %

Exclusions

MED/PIP/Other Exclusions: 0 .00 (0.00 - 999,999,999.99) [What are Exclusions?](#)

☐ I attest that the settlement information provided above is correct.

Official Settlement Documentation (court documents) is not required unless needed to resolve relatedness issues on conditional payments made. In certain situations, CMS may require a detailed breakdown of attorney fees and expenses to be provided/uploaded.

To upload supporting documentation, please click here [Upload -- Documentation](#)

Note: Please submit settlement related documentation only. Any other documents submitted will not be reviewed.

Selecting **Continue** will submit the files to CMS. Selecting **Cancel** will return you to the Initiate Demand Letter Confirmation page, the files will not be submitted to CMS.

Continue **Cancel**

14.1.2.11 View/Submit Redetermination (First Level Appeal)

If you are a beneficiary-debtor or insurer-debtor, or are a verified authorized representative, and you have received a demand letter, you have the right to appeal the determination if you disagree that you owe money, as explained in the demand letter, or if you disagree with the amount that you owe.

Clicking the **View/Submit Redetermination (First Level Appeal)** action allows you to submit a redetermination request (first level appeal) on the MSPRP. After a redetermination request is submitted on the MSPRP or by mail, you can click this action to submit further redetermination requests or to view redetermination status information for the case including the *Received Date*, *Decision*, and the *Decision Date* by clicking the **Waiver/Redetermination/Compromise** tab on the *Case Information* page. See Section 16.1 for details.

Who Can Submit a Redetermination?

- Beneficiary-debtor cases: The beneficiary or beneficiary representative with a verified POR
- Insurer-debtor cases: The insurer or insurer representative with verified Recovery Agent Authorization

Who Can View a Redetermination?

- Beneficiary-debtor cases: The beneficiary or beneficiary representative with a verified POR
- Insurer-debtor cases: The beneficiary or beneficiary representative with a verified POR, or the insurer or insurer representative with verified Recovery Agent Authorization
- Beneficiary- or insurer-debtor cases: A beneficiary representative with a verified CTR

Other Requirements to Submit a Redetermination Request?

- A demand letter has been sent for the case.
- Redetermination requests must be submitted within 120 days after you receive the demand letter. Users may submit only one request per claim or claim line.

Other Requirements to View a Redetermination Request?

- At least one redetermination request must have been previously submitted on the MSPRP or by mail.

14.1.2.12 Submit Waiver Request

The *Submit Waiver Request* action allows you to submit a request to the Medicare program for a waiver. A waiver is when all or part of the demand amount owed to Medicare is waived or dismissed. This action is only available if a waiver has not yet been submitted on the MSPRP or sent in the mail.

You have the right to request that the Medicare program waive recovery of the demand amount owed in full or in part. The Medicare program may waive recovery of the amount owed if the following conditions are met:

- You are not at fault for Medicare making conditional payments, and;
- Paying back the money would cause financial hardship or would be unfair for some other reason, and;
- A demand letter has been sent for the case.

You must provide supporting information or submit supporting documentation to back up your request. It is recommended that you complete and submit the **SSA 632 Request for Waiver** form if you are claiming financial hardship. A hyperlink to the form is available during the waiver request process or download the [SSA 632](#) form from the ssa.gov website. You can also submit additional documents to support your request. See Section 16.2 for details.

Who Can Submit a Waiver Request?

- BCRC Beneficiary-Debtor Cases: Users with a verified Beneficiary POR authorization and beneficiaries.
- CRC Cases: None. Option is not available (or visible) to any users.

Other Requirements for a Waiver Request on the MSPRP?

- No waiver request exists for your case.
- A demand letter has been sent.

14.1.2.13 Submit Compromise Request

The *Submit Compromise Request* action allows you to submit a request that the Medicare program grant a compromise for the amount you owe on a debt and to accept a lesser amount. You can request a compromise before a demand letter is issued (called a pre-settlement compromise), or after the case settles and funds have been paid (called a post-settlement compromise).

When you submit a compromise request, you must state the reason why you believe a compromise should be granted and provide supporting information or documentation by entering a text explanation or uploading documentation (evidence). See Section 16.3 for details.

Who Can Submit a Compromise Request?

- BCRC Beneficiary-Debtor Cases: Users with a verified Beneficiary POR authorization and beneficiaries.
- CRC Cases: None. Option is not available (or visible) to any users.

Other Requirements for a Compromise Request?

The case must be in an Open, Bill Issued, Demand, or Demand in Process status. Compromise requests cannot be submitted when the case status is Claim Retrieval, Closed, In Development, or Transitioned.

Chapter 15: Obtaining Final Conditional Payment Amount

The MSPRP provides authorized users with the option of requesting a case to be put into the Final Conditional Payment (Final CP) process. This process permits authorized users to notify the Benefits Coordination & Recovery Center (BCRC) that a case is approaching settlement, obtain time- and date-stamped final conditional payment summary documents before reaching settlement, and ensure that related disputes are addressed within 11 business days of receipt of dispute documentation. The *Final CP* process is only available for liability and workers' compensation cases where the beneficiary is the identified debtor.

NOTE: An insurer and their authorized representatives can initiate the Final CP process on a case where the insurer is the identified debtor under certain circumstances. This action will close the insurer case and transition the debt to the beneficiary. Please see the Final CP Process (Insurers) section for additional information.

If you are approaching settlement on a case that is not yet available on the MSPRP and you wish to initiate the *Final CP* process, you can add this case using the *Report a Case* link found on the MSPRP *Welcome!* page or contact the BCRC at: (855) 798-2627.

This chapter discusses the details and the steps for the *Final CP* process.

15.1 Things to Consider Before Initiating the Final CP Process

Before initiating the *Final CP* process, please note the following:

- All Final CP actions must be completed on the MSPRP.
- Process can be initiated by:
 - A beneficiary-debtor, or an authorized representative of the beneficiary with a verified POR on a case where the beneficiary is the identified debtor, or
 - An insurer user, or an authorized representative of the insurer with a verified Recovery Agent Authorization.
- Only available for liability cases.
- Can only be initiated once per case.
- Limits disputes to one per claim (that is, claims can only be disputed *one time*).
- Guarantees that claim disputes submitted through the MSPRP are addressed within 11 business days.
- Final Conditional Payment Amount on the Payment Summary Form.

15.2 Final CP Timeline: Required Actions

Once the *Final CP* process has been initiated, you will be required to complete the following actions in order for the case to remain in this process. **Failure to complete any of these actions in time** will void the *Final CP* process and you will not be permitted to start the process again.

Note: Calendar days include the final day (e.g., “30 calendar days” includes the 30th day).

- Request your Final Conditional Payment Amount on the MSPRP within 120 calendar days from the date that you initiated the process (i.e., 120 calendar days from the *Final Conditional Payment Process Requested* date).
- Settle the case within three (3) business days of requesting the Final Conditional Payment Amount.
- Submit your settlement information on the MSPRP within 30 calendar days of requesting the Final Conditional Payment Amount (i.e., 30 calendar days from the *Final Conditional Payment Requested* date).

15.3 Final CP Payments

To request your Final Conditional Payment Amount, the following conditions apply:

- Can only be requested after the *Final CP* process has been initiated for a case.
- Must be requested within 120 calendar days of initiating the *Final CP* process.
- Can only be requested after all submitted disputes have been resolved.

Note: Once you request a calculation of the final payment amount, you will not be permitted to submit any additional disputes.

- **Once calculated, the Final CP amount will remain frozen as long as you complete the following required Final CP actions on time.**
 - a. **Settle the case within three (3) business days** of requesting the Final Conditional Payment Amount.
 - b. **Submit your settlement information on the MSPRP within 30 calendar days** of requesting the Final Conditional Payment Amount (i.e., 30 calendar days from the *Final Conditional Payment Requested* date).

Note: The Final Conditional Payment Amount is displayed in the *Final Conditional Payment Amount* field on the *Case Information* page. It includes all items or services the BCRC has identified as being related to the pending claim that Medicare has paid conditionally to date. This amount is considered your Final Conditional Payment as of the day you requested it.

15.4 Cases Ineligible for Final CP

The *Final CP* process is not available if:

- The user is not the identified debtor or their authorized representative.
- The case has Ongoing Responsibility for Medicals (ORM) that have not been terminated.
- The *Fixed Percentage* option was selected for the case.
- The *Self-Calculated Conditional Payment Amount* option was selected for the case.
- The case is a no-fault case.
- A Conditional Payment Notice (CPN) was issued (BCRC-owned case).
- The case is included in a BCRC special project.

15.5 Final CP Process (Beneficiaries)

The following process is for cases where the debtor is the beneficiary and the beneficiary wishes to initiate the *Final CP* process.

15.5.1 Notify BCRC within 120 Days of Settlement

If you want a case that is approaching settlement to be a part of the *Final CP* process, you must initiate the process on the MSPRP by first notifying the BCRC. See also Section 14.1.2.6.

To initiate the *Final CP* process:

1. From the *Case Information* page, click the **Begin Final Conditional Payment Process and Provide 120 Days' Notice of Anticipated Settlement** action.
2. Click **Continue**.

The *Warning – 120 Day Notification Action Can Only Be Selected Once* page appears (Figure 15-1).

3. Click **Cancel** to cancel the process and return to *Case Information* page or click **Continue** to proceed.

The *120 Days' Notice of Anticipated Settlement Confirmation* page appears (Figure 15-2).

4. Click **Continue** to return to the *Case Information* page.

When you click **Continue**, the case is put into the *Final CP* process.

Figure 15-1: Warning – 120 Day Notification Action Can Only Be Selected Once

The screenshot shows a web application interface with a green header bar containing navigation links: Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, and Sign off. The main content area has a yellow background and is titled "WARNING-120 Day Notification Action Can Only Be Selected Once" with a printer icon and a "Print this page" link. The text explains that the user has chosen to notify the BCRC and that this action can only be selected once per case. It lists three steps: 1. Request your Final Conditional Payment Amount on the MSPRP within 120 calendar days from today, 2. Settle the case within 3 business days of requesting your Final Conditional Payment Amount, and 3. Submit your settlement information on the MSPRP within 30 calendar days of requesting your Final Conditional Payment Amount. At the bottom, it says "Click Continue to proceed or Cancel to return to the Case Information page." and provides two buttons: "Continue" (green with a right arrow) and "Cancel" (gray with a red X). On the right side, there is a "Quick Help" box with a "Help About This Page" link.

Figure 15-2: 120 Days' Notice of Anticipated Settlement

120 Days' Notice of Anticipated Settlement Confirmation

Case ID: 20111 ##### Beneficiary Last Name: Lastname

Medicare ID: *****A Final Conditional Payment Process Initiated: 06/01/2015

You have successfully notified the Benefits Coordination & Recovery Center (BCRC) that you are within 120 calendar days of your anticipated settlement and initiated the Final Conditional Payment process. We will mail an updated Conditional Payment Letter within 7-12 business days. This letter will include a list of claims currently associated to your case, information about the Final Conditional Payment process, and the procedures you must follow for this case.

Please check back regularly. As Medicare pays for medical care related to your case, we will update the conditional payment amount and claims associated to this case. If you believe that unrelated claims have been included, you are able to submit a dispute through the portal. Please note that you are permitted to dispute each claim/line item only once before requesting a Final Conditional Payment amount.

After all disputes are addressed and you are within 3 business days of reaching a settlement, you can request a Final Conditional Payment Amount. Once this amount has been calculated, it will not change as long as you reach settlement within 3 business days of requesting the Final Conditional Payment Amount and submit settlement information on MSPRP within 30 calendar days of requesting the Final Conditional Payment Amount.

Click **Continue** to return to the *Case Information* page.

Continue

Quick Help

[Help About This Page](#)

15.5.2 View/Submit Disputes

If the Final CP case includes any claims or claim line items that you believe are not related to the case, you must submit the dispute on the MSPRP. Disputes submitted on the MSPRP for Final CP cases are addressed within 11 business days.

To view/dispute claims:

1. Click **View/Dispute Claims Listing** on the *Case Information* page for the applicable Case ID.
2. Click **Continue**.
3. Follow the detailed steps in Section 14.1.2.5 regarding how to view and dispute claims.

15.5.2.1 Electronic Dispute Denials for Final CP Cases

This option is available on Final CP cases in which at least one submitted dispute was denied after the *Final CP* process was initiated. It allows you and any authorized representatives who have a verified Proof of Representation and who have logged in to the MSPRP using multi-factor authentication to request an *Electronic Dispute Denial for Final Conditional Payment Case Letter* that includes the current Conditional Payment Amount.

This letter, along with the *Payment Summary Form*, is created and displayed in separate browser windows. The letter and the *Payment Summary Form* will both display in .PDF format. The *Payment Summary Form* includes all claims related to the case.

Note: The letter and *Payment Summary Form* can be saved and/or printed.

To request an *Electronic Dispute Denial for Final Conditional Payment Case Letter*:

1. Click the **Request an Electronic Dispute Denial for Final Conditional Payment Case Letter** checkbox on the *Case Information* page for the applicable Case ID and click **Continue**.

The *Electronic Dispute Denial for Final Conditional Payment Case Letter Confirmation* page appears, in a separate window. It confirms that you have successfully submitted a request for an *Electronic Dispute Denial for Final Conditional Payment Case Letter*.

2. Click **Continue** to return to the *Case Information* page.

Figure 15-3: Electronic Dispute Denial for Final CP Letter Confirmation

15.5.3 Request Final CP Amount

Within 120 calendar days after initiating the *Final CP* process, you are required to request your Final Conditional Payment Amount. This action can only be completed **once** per case.

When you click the **Calculate Final Conditional Payment Amount** action, your conditional payment amount will be frozen, and you will not be permitted to submit any additional disputes. This amount will remain your Final Conditional Payment Amount as long as:

- Your actual Settlement Date is within three (3) business days of requesting your Final Conditional Payment Amount, and
- You submit notice of settlement information on the MSPRP within 30 calendar days of requesting your Final Conditional Payment Amount.

If you fail to provide this information in time, additional claims may be added to your conditional payment amount. However, this amount may decrease if unrelated claims are identified and removed from the conditional payment amount.

To request a Final Conditional Payment Amount:

1. Click **Calculate the Final Conditional Payment Amount** on the *Case Information* page.

The *WARNING – Calculate Final Conditional Payment Amount Can Only Be Selected Once* page appears (Figure 15-4).

Note: New claims can be added to the case at any time until you request a Final Conditional Payment Amount.

2. Click **Cancel** to cancel this process and return to *Case Information* page or click **Continue** to proceed.

The *Calculate Final Conditional Payment Amount Confirmation* page appears (Figure 15-5).

3. Click **Continue** to return to the *Case Information* page.

Figure 15-4: Warning – Calculate Final CP Amount Can Only Be Selected Once

The screenshot shows a web page with a green header bar containing navigation links: Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, and Sign off. The main content area has a light yellow background and is titled "WARNING - Calculate Final Conditional Payment Amount Can Only Be Selected Once". To the right of the title is a printer icon and a link "Print this page". Below the title, the page displays case information: Case ID: 20111 #####, Beneficiary Last Name: Lastname, Final Conditional Payment Amount: \$####.##, Medicare ID: *****A, and Final Conditional Payment Requested: 06/01/2015. A paragraph explains that the displayed amount includes all items and services the Benefits Coordination & Recovery Center (BCRC) has identified as being related to the pending insurance or workers' compensation claim that Medicare has paid conditionally to date. It includes a note that the amount may decrease if unrelated claims are identified when clicking "Continue". A list of two conditions follows: 1. Your actual settlement date is within 3 business days of 06/01/2015, and 2. You provide notice of settlement information on the MSPRP by 06/30/2015. A failure to provide this information timely may result in new claims being added to your case and your conditional payment amount to increase. A "NOTE" states that if the case involves alleged exposure to an environmental hazard, ingestion of a particular substance, or the effects of an implant, it is the user's responsibility to ensure that the Final Conditional Payment Amount includes all claims related to the case before continuing. At the bottom, it says "Click Continue to proceed or Cancel to return to the Case Information page." and provides two buttons: "Continue" (green with a right arrow) and "Cancel" (gray with a red X).

Home About This Site CMS Links How To... Reference Materials Contact Us Sign off

WARNING - Calculate Final Conditional Payment Amount Can Only Be Selected Once

Print this page

Case ID: 20111 ##### Beneficiary Last Name: Lastname
Final Conditional Payment Amount: \$####.## Medicare ID: *****A
Final Conditional Payment Requested: 06/01/2015

The Final Conditional Payment Amount displayed on this page includes all items and services the Benefits Coordination & Recovery Center (BCRC) has identified as being related to the pending insurance or workers' compensation claim that Medicare has paid conditionally to date. Please review this amount carefully. * Please Note: This amount may decrease if unrelated claims are identified when you click **Continue**. If you continue with this process, you will not be able to submit any additional disputes. However, Medicare's demand letter will provide information on how to request an appeal if you disagree with the amount or existence of the debt once you receive the demand letter.

Your Final Conditional Payment Amount will not increase as long as:

1. Your actual settlement date is within 3 business days of 06/01/2015,
2. You provide notice of settlement information on the MSPRP by 06/30/2015.

Failure to provide this information timely may result in new claims being added to your case and your conditional payment amount to increase.

NOTE: If this case involves alleged exposure to an environmental hazard, ingestion of a particular substance, or the effects of an implant, it is your responsibility to ensure that the Final Conditional Payment Amount includes all claims related to your case before you continue with this process.

Click **Continue** to proceed or **Cancel** to return to the *Case Information* page.

Continue **Cancel**

Quick Help
[Help About This Page](#)

Figure 15-5: Calculate Final Conditional Payment Amount Confirmation

The screenshot shows a web page with a green header bar containing navigation links: Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, and Sign off. The main content area has a light yellow background and is titled "Calculate Final Conditional Payment Amount Confirmation". To the right of the title is a printer icon and a link "Print this page". Below the title, the page displays case information: Case ID: 20111 #####, Beneficiary Last Name: Lastname, Final Conditional Payment Amount: \$####.##, Medicare ID: *****A, and Final Conditional Payment Requested: 06/01/2015. A paragraph states that the user has successfully requested their Final Conditional Payment Amount and that the amount remains valid only if settlement is reached by 06/04/2015 and settlement information is provided on the MSPRP within 30 calendar days of the requested date. It concludes with "Click Continue to return to the Case Information page." and a single "Continue" button (green with a right arrow).

Home About This Site CMS Links How To... Reference Materials Contact Us Sign off

Calculate Final Conditional Payment Amount Confirmation

Print this page

Case ID: 20111 ##### Beneficiary Last Name: Lastname
Final Conditional Payment Amount: \$####.## Medicare ID: *****A
Final Conditional Payment Requested: 06/01/2015

You have successfully requested your Final Conditional Payment Amount. In order for this amount to remain valid, your settlement must be reached by **06/04/2015** and you must provide your settlement information on the MSPRP within 30 calendar days of the Final Conditional Payment Requested date.

Click **Continue** to return to the *Case Information* page.

Continue

Quick Help
[Help About This Page](#)

15.5.4 Request Conditional Payment Letter

When a case is in the *Final CP* process and you request a conditional payment letter, electronic or mailed, you will receive one of the following letters, depending on the status of your Final CP case:

- Notice of Anticipated Settlement Letter – generated if the Final Conditional Payment Status is set to **Active**.
- Final Conditional Payment Letter – generated if the Final Conditional Payment Status is set to **Pending NOS** or **Complete**. This letter is only available in an electronic format.

A conditional payment letter includes a *Payment Summary Form*, which lists all claims paid by Medicare that are being claimed and/or released with respect to the accident, illness, injury, or other incident. See also Sections 14.1.2.3 and 14.1.2.4.

Note: The ability to request an electronic version of the conditional payment letter is available to beneficiaries and authorized beneficiary representatives who have a verified POR signed by the beneficiary, and who have logged into the MSPRP in using multi-factor authentication. Insurers and their authorized representatives who have a verified Recovery Agent Authorization, who log in using multi-factor authentication, can also request an eCPL for insurer-debtor cases only.

15.5.4.1 Mailed Copy of the Notice of Anticipated Settlement Letter

If the status of your Final CP case is **Active**, and you request a mailed copy of the conditional payment letter, you will receive the *Notice of Anticipated Settlement Letter* along with a *Payment Summary Form*.

To request a mailed copy of the *Notice of Anticipated Settlement Letter*:

1. Click the **Request a mailed copy of the conditional payment letter** checkbox on the *Case Information* page for the applicable case ID and click **Continue**.

The *Notice of Anticipated Settlement Letter Confirmation* page appears, confirming that you have successfully submitted a request for this conditional payment letter. You and all authorized representatives on the case will receive a copy of the *Notice of Anticipated Settlement Letter*.

2. Click **Continue** to return to the *Case Information* page.

Figure 15-6: Notice of Anticipated Settlement Letter Confirmation

Home About This Site CMS Links How To... Reference Materials Contact Us Sign off

Notice of Anticipated Settlement Letter Confirmation

Print this page

Case ID: 20111 ##### Medicare ID: *****A
Beneficiary Last Name: Lastname

You have successfully submitted a request for a Conditional Payment letter. You will receive the 120 days' Notice of Anticipated Settlement letter for this Final Conditional Payment Case. Please allow 3-5 days for the system to process this request and additional time for postal delivery. All authorized entities will receive a copy of the letter.

Click **Continue** to return to the *Case Information* page.

Continue ➔

Quick Help
Help About This Page

15.5.4.2 Electronic Notice of Anticipated Settlement Letter

If the status of your Final CP case is **Active**, and you request an electronic copy of the conditional payment letter, you will receive the electronic version of the *Notice of Anticipated Settlement Letter* along with a *Payment Summary Form*.

To request an electronic copy of the *Notice of Anticipated Settlement Letter*:

1. Select the **Request an Electronic Copy of the Conditional Payment Letter with Current Conditional Payment Amount** action.

The *Electronic Notice of Anticipated Settlement Letter Confirmation* page appears, confirming that you have successfully submitted a request for an *Electronic Notice of Anticipated Settlement Letter*.

Note: The *Electronic Notice of Anticipated Settlement Letter* and *Payment Summary Form* are displayed in a separate window.

2. Click **Continue** to return to the *Case Information* page.

Note: The *Electronic Notice of Anticipated Settlement Letter* and the *Payment Summary Form* can be saved and/or printed.

Figure 15-7: Electronic Notice of Anticipated Settlement Letter Confirmation

The screenshot shows a web application interface with a green navigation bar at the top containing links: Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, and Sign off. The main content area has a light beige background. On the left, the title "Electronic Notice of Anticipated Settlement Letter Confirmation" is displayed in bold. Below the title, there is a "Print this page" link with a printer icon. The page displays two fields: "Case ID: 20111 #####" and "Medicare ID: *****A". Below these, it says "Beneficiary Last Name: Lastname". A paragraph of text states: "You have successfully requested the generation of the electronic conditional payment letter. The 120 days' Notice of Anticipated Settlement letter will be generated for this Final Conditional Payment Case." Below this, it says "Click Continue to return to the Case Information page." At the bottom left, there is a green "Continue" button with a right-pointing arrow. On the right side of the page, there is a "Quick Help" section with a "Help About This Page" link.

15.5.4.3 Electronic Final Conditional Payment Letter

If the status of your Final CP case is *Pending NOS* (Notice of Settlement) or *Complete*, and you request an electronic copy of the conditional payment letter, you will receive the electronic version of the *Final Conditional Payment Letter* along with a date- and time-stamped *Payment Summary Form* in a separate window.

To request an electronic *Final Conditional Payment Letter*:

1. Select the **Request an Electronic Copy of the Conditional Payment Letter with Current Conditional Payment Amount** action.

The *Electronic Final Conditional Payment Letter Confirmation* page display (Figure 15-8).

Note: The *Final Conditional Payment Letter* and *Payment Summary Form* are displayed in a separate window.

2. Click **Continue** to return to the *Case Information* page.

Note: The *Final Conditional Payment Letter* and the *Payment Summary Form* can be saved and/or printed.

Figure 15-8: Electronic Final Conditional Payment Letter Confirmation

15.5.5 Final CP Requirements for Providing Settlement Information

For a case to remain in the *Final CP* process, notice of settlement information must be provided on the MSPRP within 30 calendar days of requesting the Final Conditional Payment Amount and the Settlement Date must be within three (3) business days of the *Final Conditional Payment Requested* date.

See Section 14.1.2.9 for details on how to provide notice of settlement on the MSPRP.

- If the *Final Conditional Payment Status* on the *Case Information* page is **Voided**, and you click the **Provide the Notice of Settlement Information** action on the *Case Information* page, the *Final Conditional Payment Amount Voided Confirmation* page (Figure 15-9) appears instead of the *Settlement Information* page.

This page notifies you that you did not comply with the Final CP requirements and the case was voided from the *Final CP* process. Click **Continue** on this page to be transferred to the *Settlement Information* page.

- If the *Final Conditional Payment Status* on the *Case Information* page is *Pending NOS*, the *Settlement Information* page appears.

If the Settlement Date entered on this page is **not** within three (3) business days of the *Final Conditional Payment Requested* date:

- The *Verify Settlement Date* page appears as a warning to you to check that the Settlement Date entered is correct (Figure 15-10).
- If you click **Continue**, the Final Conditional Payment Amount will be voided and the case will be removed from the *Final CP* process.

Figure 15-9: Final Conditional Payment Amount Voided Confirmation
Figure 15-10: Verify Settlement Date

15.6 Final CP Process (Insurers)

Insurer-debtor cases that are within 120 calendar days of anticipated settlement can also be placed in the *Final Conditional Payment* process. This action is only available to the identified insurer-debtor or their authorized representatives who have a verified Recovery Agent Authorization.

NOTE: When an insurer or their authorized representative initiates the Final CP Process on their insurer-debtor case, they are confirming the following:

- A settlement is pending on the case, and
- They do not have outstanding Ongoing Responsibility for Medicals (ORMs) for the case.

Once the Final CP process has been started on a case where the insurer is the identified debtor, the following events will occur:

- Insurer-debtor case will be closed and put in a *Transitioned* status.
- Debt from the insurer-debtor case will be transferred to a new case where the beneficiary is the identified debtor.
- The insurer and authorized representatives will not be able to work the beneficiary-debtor case or receive copies of any recovery-related correspondence related to the new beneficiary-debtor case until they obtain and submit an authorization signed by the beneficiary.

15.6.1 Notify BCRC that Insurer-Debtor Case is 120 Days of Settlement

To notify the BCRC:

1. From the *Case Information* page, click the **Begin Final Conditional Payment Process and Provide 120 Days' Notice of Anticipated Settlement** action.
2. Click **Continue**.

The *Warning – 120 Day Notification Action Can Only Be Selected Once* page appears (Figure 15-11).

3. Click **Cancel** to cancel the process and return to *Case Information* page or click **Continue** to proceed.

The *120 Days' Notice of Anticipated Settlement Confirmation* page appears (Figure 15-12).

4. Click **Continue** to proceed.

The debt will be transferred to a new Final CP case with the beneficiary as the debtor and the insurer and their authorized representatives will not receive any further correspondence on the beneficiary-debtor case or be permitted to take any additional action on the case unless proper *Consent to Release* or *Proof of Representation* from the beneficiary is submitted to the BCRC.

See Chapter 10 for more information on submitting authorizations.

The beneficiary will then be required to complete the following steps in the *Final CP* process, as outlined in Section 15.2.

Figure 15-11: 120-Day Notification Action Can Only Be Selected Once (Insurer)

Home About This Site CMS Links How To... Reference Materials Contact Us Sign off

WARNING-120 Day Notification Action Can Only Be Selected Once [Print this page](#)

You have chosen to notify the Benefits Coordination & Recovery Center (BCRC) that this case is within 120 calendar days of anticipated settlement date. This action can only be selected once per case. By initiating this process, you are confirming the following:



1. A settlement is pending for this case, and
2. You do not have ongoing responsibility for medicals (ORM).

If you continue, you will not be able to take any further action on this case. This debt will be transferred to a new case that will be placed in the Final Conditional Payment process with the beneficiary as the debtor. You will not receive any correspondence on the new case unless you submit proper Consent to Release or Proof of Representation from the beneficiary to the BCRC.

To obtain a Final Conditional Payment amount, the beneficiary or their authorized representative will be required to complete the following procedures:



1. Request their Final Conditional Payment Amount on the MSPRP within 120 calendar days from today, and
2. Settle the case within 3 business days of requesting their Final Conditional Payment Amount, and
3. Submit settlement information on the MSPRP within 30 calendar days of requesting the Final Conditional Payment Amount.

Click **Continue** to proceed or **Cancel** to return to the *Case Information* page.

Continue  **Cancel** 

Quick Help
[Help About This Page](#)

Figure 15-12: 120-Day Notice of Settlement Confirmation (Insurer)

Home	About This Site	CMS Links	How To...	Reference Materials	Contact Us	Sign off
<h2>120 Days' Notice of Anticipated Settlement Confirmation</h2> <div> Print this page</div> <div>Case ID: 20111 ##### Medicare ID: *****A</div> <div>Beneficiary Last Name: Lastname Final Conditional Payment Process Initiated: 06/01/2015</div> <p>You have successfully notified the Benefits Coordination & Recovery Center (BCRC) that the debt associated to this case is within 120 calendar days of anticipated settlement. This debt has been transferred to the beneficiary and has been placed in the Final Conditional Payment process. Within 7-12 business days, a new Conditional Payment Letter will be mailed to the beneficiary associated to the new case. This letter will include a list of claims currently associated to the new case, information about the Final Conditional Payment process, and the procedures the beneficiary must follow going forward. You will not receive a copy of this letter or any correspondence for this new case unless you submit a proper Consent to Release or Proof of Representation signed by the beneficiary to the BCRC.</p> <p>Click Continue to return to the <i>Case Information</i> page.</p> <div>Continue </div>						<div>Quick Help</div> <div>Help About This Page</div>

Chapter 16: Requesting Redeterminations, Waivers, and Compromises

The MSPRP provides authorized users with the following options if the user disagrees with the balance detailed in the demand letter: The user may submit a request to appeal the demand amount (i.e., Redetermination), to waive the amount (in full or in part), or to reduce the amount (i.e., Compromise), depending on the circumstances.

- **Redetermination (Appeal) Requests:** If you are a beneficiary-debtor or insurer-debtor, or are a verified authorized representative, and you have received a demand letter, you have the right to appeal the determination if you disagree that you owe money, as explained in the demand letter, or if you disagree with the amount that you owe (see Section 16.1).
- **Waiver (Dismiss) Requests:** If you are the beneficiary-debtor, or a verified authorized representative of the beneficiary, and a demand letter has been sent for the case, you have the right to request that Medicare waive recovery of the demand amount owed in part or in full. The amount may be waived or dismissed if you are not at fault for Medicare making conditional payments and if paying back the money would cause financial hardship or would be unfair for some other reason (see Section 16.2). (**Note:** The right to request a waiver of recovery is separate from the right to appeal the demand letter. However, both requests can be made at the same time.)
- **Compromise Requests:** If you are the beneficiary-debtor, or a verified authorized representative of the beneficiary, you have the right to submit a request for Medicare to accept less than the amount owed. A compromise request can be submitted either before the case has settled (pre-demand settlement) or after the case has settled (post-demand settlement) (see Section 16.3).

Each request option is described in more detail in the following sections.

16.1 Redetermination Requests (First Level Appeal)

To begin the process, go to the *Case Information* page, click the **View/Submit Redetermination (First Level Appeal)** action, and review the *Warning – Confirm Request to Submit a Redetermination (First Level Appeal)* page (if a redetermination has not been submitted yet). Then, submit a redetermination request through the *Redetermination (First Level Appeal) Submission* page (Figure 16-2).

The submission page allows you to identify a claim or claims that you believe are not related to this case and include them in the request. You will be required to select at least one claim on this page and provide at least one reason (for each selected claim, other than “Other”) or documentation (in the form of written notes in the text box provided or via uploaded documents) to support the request on a subsequent page in this process.

Once Medicare receives your redetermination, they will review the request and decide if the original demand amount is correct and send you a letter that explains the reasons for their decision. This letter will also explain the steps you will need to follow to appeal that decision if it is less than fully favorable to you.

While your redetermination request is being processed at any level of review, no collection action will be taken.

16.1.1 Redetermination Timeline

The following information provides a timeline for each phase of the redetermination process:

- You have 120 calendar days from the date you receive the demand letter to submit a redetermination request.
- If you do not file a redetermination request within the first 30 days after receipt of the demand letter, interest begins to accrue.
- Once the redetermination request is submitted, Medicare will make a decision on the case within 60 days.
- If additional documentation is submitted after the redetermination was requested, Medicare has an additional 14 days (equaling 74 days from the original redetermination request) to make a decision.

16.1.2 Before Requesting a Redetermination

When submitting a redetermination request (first level appeal), please note the following:

- A demand letter has been sent for the case.
- Redetermination requests must be submitted within 120 days after you receive the demand letter.
- Users may submit only one request per claim or claim line. However, you may combine multiple claims into one redetermination request.

16.1.3 Submitting a Redetermination Request

To submit a redetermination request:

1. Go to the *Case Information* page and click the **View/Submit Redetermination (First Level Appeal)** action.

If a redetermination has not been submitted on the MSPRP when you click this action, you will be directed to the *Warning – Confirm Request to Submit a Redetermination (First Level Appeal)* page (Figure 16-1).

If a redetermination has already been submitted by mail or on the MSPRP when you click this action and further claims are available for redetermination, you will be directed to the *Redetermination (First Level Appeal) Submission* page (Figure 16-2).

If a redetermination has already been submitted by mail or on the MSPRP when you click this action, AND no options remain for submitting further redetermination requests (outside the time frame, or no claims remain available, or you are a beneficiary representative with a CTR), you will be directed to the read-only *View Submitted Redeterminations* page (Figure 16-7).

Figure 16-1: Warning – Confirm Request to Submit a Redetermination (First Level Appeal)

The screenshot shows a web application interface with a green navigation bar at the top containing links: Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, and Logoff. The main content area has a light beige background. On the left, a large box contains the title "WARNING – Confirm Request to Submit a Redetermination (First Level Appeal)" in bold black text, followed by a printer icon and a "Print this page" link. Below the title, there are three paragraphs of text explaining the redetermination process, the 120-day deadline, and the five levels of the appeals process. At the bottom of this box are two buttons: a green "Continue" button with a right-pointing arrow and a grey "Cancel" button with a red 'X' icon. On the right side of the main content area, there is a yellow box titled "Quick Help" containing a link "Help About This Page".

Home About This Site CMS Links How To... Reference Materials Contact Us Logoff

WARNING – Confirm Request to Submit a Redetermination (First Level Appeal)

[Print this page](#)

You are choosing to submit a redetermination. A redetermination is the first level of the Medicare Appeals Process. It provides you with the opportunity to challenge the amount or existence of the debt, or initial determination (the demand letter you received).

A Redetermination is an independent re-examination of an initial claim determination and its supporting documentation by staff who were not involved in the initial determination. You (or anyone acting on your behalf) must submit this appeal within 120 days of receipt of your demand letter. You will need to submit supporting paperwork to back up your appeal. If you have documents (such as a doctor's statement) used in the original coverage determination request or new evidence that wasn't submitted before, it is important to include that information with your appeal submission.

The appeals process has five levels. The first level (redetermination) asks Medicare for a "redetermination" of the original demand. A decision will be made within 60 days of receipt of the redetermination request. The notice will explain the decision, and if your appeal is denied, how you may appeal to the next level.

If you wish to submit a redetermination (first level appeal), click **Continue** to proceed or **Cancel** to return to the *Case Information* page.

Continue **Cancel**

Quick Help
[Help About This Page](#)

2. Review the warning page. Click **Cancel** to cancel the redetermination submission and return to the *Case Information* page or click **Continue** to proceed.

The *Redetermination (First Level Appeal) Submission* page appears (Figure 16-2).

The details shown for each of the listed claims depends on your authorization level. All claims appear in the same order in the Payment Summary Form (PSF).

Figure 16-2: Redetermination (First Level Appeal) Submission (Example: Beneficiary/MFA)

Home
About This Site
CMS Links
How To...
Reference Materials
Contact Us
Logout

Redetermination (First Level Appeal) Submission

Print this page Quick Help : [Help About This Page](#)

An asterisk (*) indicates a required field.

The Claims listed on this page were included in the demand letter and are currently associated to Case ID: #####

Demand Amount: \$216.82 Demand Letter Date: 06/25/2020

To request a redetermination, click the checkbox under the "Select for Redeterm." column for each available claim included in the request or click the **Select All** option under this column to include all available claims.

You may, but are not required to, provide a redetermination reason for any claim included in the request. To do this, click the checkbox under the "Select for Reason" column for each claim that has an active check mark in the "Select for Redeterm." column or click the **Select All** option under this column to include all available claims. Next, select a Redetermination Reason below the Claims table and click the **Apply** button. The selected Reason will appear in the "Redeterm. Reason" column. **Note:** Different Reasons for different claims may be included by selecting the applicable claim(s) and applying the different Reason. To remove a Redetermination Reason from a claim, click the checkbox under the "Select for Reason" column for the applicable claim(s) and click the **Remove Reason** button. The Reason will be removed.

A claim/line item can only be submitted for redetermination one time. If you previously submitted a redetermination and it was resolved in your favor, that claim is no longer associated to your case. Any claim previously submitted for redetermination that was not resolved in your favor will remain associated to your case and will continue to be listed below. You will be unable to submit these claims for redetermination again.

Click **Clear** to remove any sorting or filtering and restore the default display of claims information.

Click **Continue** to proceed. The screen that displays next will allow you to verify the selected claims and provide any supporting documentation. Click **Cancel** to return to the *Case Information* page without submitting your redetermination.

Reported Diagnosis Codes:
ICD-9:
95901 Head injury, unspecified
9597 Knee, leg, ankle, and foot injury

*** Claims**

Select for Redeterm.	Select for Reason	TOS	Claim Control ID (ICN)	Line #	Redeterm. Reason	Redeterm. Received	Processing Contractor	Provider Name	Diagnosis Codes	From Date	To Date	Total Charge
<div> <input type="text" value="Search"/> <input type="button" value="v"/> <input type="text" value="Search"/> <input type="button" value="v"/> <input type="text" value="Search"/> </div>												
Select All Deselect All	Select All Deselect All											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	72	590302364001030	1	Duplicate Primary Payment	MSPRP 2020-08-18 14:44:28.201761	590	VINSANT, JOHN E	ICD-9: 9598, 7234, 7244, 8471	10/22/2002	10/22/2002	\$190.00
<input type="checkbox"/>	<input type="checkbox"/>	72	590302364001030	2			590	VINSANT, JOHN E	ICD-9: 9598, 7234, 7244, 8471	10/22/2002	10/22/2002	\$65.00
<input type="checkbox"/>	<input type="checkbox"/>	71	590903111785910	1			590	QUEST DIAGNOSTICS CLINIC LAB	ICD-9: 71949, 3829, 5231	07/15/2020	07/15/2020	\$27.80
<input type="checkbox"/>	<input type="checkbox"/>	71	590903111785910	2			590	QUEST DIAGNOSTICS CLINIC LAB	ICD-9: 3829, 5231, 71949	07/15/2020	07/15/2020	\$33.00
<input type="checkbox"/>	<input type="checkbox"/>	71	590103139817080	1			590	VINSANT, JOHN E	ICD-9: 7234, 7244, 8471, 92401	06/26/2020	06/26/2020	\$415.00

Select a Redetermination Reason to apply to the selected claims:

Table 16-1: Redetermination (First Level Appeal) Submission Fields

Field	Description
Clear	Click to remove any sorting or filtering and restore the default display of claims information.
Export	Click to export a spreadsheet of claims information shown.
Case ID	Displays the current Case ID.
Demand Amount	Displays the amount currently being demanded.
Demand Letter Date	Displays the date of the demand letter.
Reported Diagnosis Codes	Displays a list of the diagnosis codes reported on the case, with code version (ICD-10 or ICD-9). This section only appears for the Beneficiary/MFA version of the page.
Claims	-
Select for Redeterm.	<p>Select the box next to the available claim(s) you wish to include for redetermination. You must select at least one claim to continue.</p> <p>Click the Select All or Deselect All link to select or deselect all available claims.</p> <p>Note: Claims already submitted for redetermination will be read-only. Redeterminations in your favor will remove the claim from the case, so those will not appear.</p>
Select for Reason	<p>Select the box to add or remove a reason for the redetermination request as it applies to this claim.</p> <p>Notes: You can only select one reason per claim, but you can select a different reason for each claim.</p> <p>A reason (other than “Other”) or documentation is required for each claim selected. You can add documentation from the <i>Redetermination (First Level Appeal) Verification</i> page, after you click Continue on this page.</p>
TOS	<p>A two-digit identifier that represents the type of service received for the line item on the claim. It can be any of the following:</p> <ul style="list-style-type: none"> 10 - Home Health Agency 20 - Skilled Nursing Facility (SNF) Non-Swing 30 - SNF Swing 40 - Outpatient 41 - Outpatient Full Encounter 42 - Outpatient Abbreviated Encounter 50 - Hospice 60 - Inpatient 61 - Inpatient Full Encounter 62 - Inpatient Abbreviated Encounter 71 - Carrier 72 - Carrier Durable Medical Equipment Prosthetics/Orthotics & Supplies (DMEPOS) Claim) 73 - Carrier Full Encounter Claim 81 - Durable Medical Equipment Regional Carriers (DMERC) Non-DMEPOS 82 - DMERC DMEPOS <p>Note: This column only appears for beneficiaries or authorized representatives logged in using MFA.</p>

Field	Description
Claim Control ID (ICN)	Claim Number (Internal Control Number) assigned to the claim by the Medicare processing contractor.
Line #	This number indicates one or more services that were billed on a single claim per Date of Service.
Redeterm. Reason	Reason currently selected for requesting a redetermination of this claim, or the reason submitted with a prior submission. Sortable and filterable column: click the arrows in the header to sort or reverse sort order; select a reason from the drop-down menu to show only claims with that redetermination reason.
Redeterm. Received	For prior redetermination submissions, displays the method of submission (MSPRP or Mail/Fax), and if MSPRP, the date submission was made.
Processing Contractor	Identification number for the Medicare contractor that processed the claim. Note: This column only appears for beneficiaries or authorized representatives logged in using MFA.
Provider Name	Name of the institutional or individual provider that submitted the claim for the service. Sortable and filterable column: click the arrows in the header to sort or reverse sort order; type in the text box to show only claims containing the entered text. Note: This column only appears for beneficiaries or authorized representatives logged in using MFA.
Diagnosis Codes	The ICD indicator and diagnosis code(s) for each listed claim. A diagnosis code represents the reason for the office visit or medical test. (Example format: ICD-10: E11.9, R51) The diagnosis codes used by Medicare are known as ICD-9 or ICD-10 (ICD-9-CM or ICD-10-CM) codes (i.e., International Classification of Diseases 9th or 10th Revision, Clinically Modified). If you need assistance in understanding these codes, go to the following links: https://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/codes for more information regarding ICD-9 diagnosis codes. https://www.cms.gov/Medicare/Coding/ICD10/2020-ICD-10-PCS for more information regarding ICD-10 diagnosis codes. Notes: This column only appears for beneficiaries or authorized representatives logged in using MFA. Hover over the field to view a description.
From Date	The start date of service for the claim. Sortable and filterable column: click the arrows in the header to sort or reverse sort order; select from the drop-down menu at the top of the column to show only claims within the selected date range. Note: This column only appears for beneficiaries or authorized representatives logged in using MFA.
To Date	The end date of service for the claim. Sortable and filterable column: click the arrows in the header to sort or reverse sort order; select from the drop-down menu at the top of the column to show only claims within the selected date range. Note: This column only appears for beneficiaries or authorized representatives logged in using MFA.
Total Charges	Amount billed by the provider. Sortable and filterable column: click the arrows in the header to sort or reverse sort order; type in the text box to show only claims containing the entered text.
Reimbursement Amount	Amount Medicare paid the provider.
Conditional Payment Amount	Amount due Medicare.

Field	Description
Select a Redetermination Reason to apply to the selected claims:	<p>Choose a reason from the drop-down menu. This field only appears after you have selected a claim and checked the “Select for Reason” checkbox. Possible values:</p> <p>For BCRC cases:</p> <ul style="list-style-type: none"> -Select- Duplicate Primary Payment Previous Payment to CMS/Treasury/BCRC Relatedness Treatment Ended Wrong Insurer Other <p>For CRC cases:</p> <ul style="list-style-type: none"> -Select- Benefits Exhausted Policy Cancelled Previous Payment to CMS/Treasury/CRC Relatedness Services Not Covered Treatment Ended Other
Apply	Click to apply selected reason for redetermination to selected claim(s).
Remove Reason	Click to remove reason for redetermination from selected claim(s).
Continue	Click to display the <i>Redetermination (First Level Appeal) Verification</i> page.
Cancel	Click to cancel the redetermination process and return to the <i>Case Information</i> page. No data will be saved.

- Click the *Select for Redetermine*. checkboxes to select one or more available claims from the list to include with the redetermination request. Clicking **Select All** selects all the available claims, while **Deselect All** deselects all the selected claims.
- Check the box in the *Select for Reason* column next to any selected claims for which you wish to provide a reason. Below the table, choose a reason to apply to all the selected claim(s). Click the **Apply** button to apply the selected reason to the selected claim(s).


If you are using more than one reason, apply the reason you wish to the claims you wish, and select and apply a new reason for the next claim(s).

Please submit documentation for any claims for which you don’t choose a reason, or for which you select the reason “Other.”
- Click **Continue** to proceed to the *Redetermination (First Level Appeal) Verification* page to verify your selected claims and submit your supporting documentation (Figure 16-3).
- Click **Cancel** to return to the *Case Information* page without saving any data.

Figure 16-3: Redetermination (First Level Appeal) Verification (Example: Beneficiary/MFA)

[Home](#) [About This Site](#) [CMS Links](#) [How To...](#) [Reference Materials](#) [Contact Us](#) [Sign off](#)

Redetermination (First Level Appeal) Verification

 [Print this page](#)

Below is the list of claims associated to Case ID: ##### that you have selected for redetermination. Please review for accuracy. To revise your selection, click [Previous](#).


Claims included in the redetermination request:

TOS	Claim Control ID (ICN)	Line #	Redeterm. Reason	Total Charges	Reimbursement Amount	Conditional Payment Amount
1	99999999999991	1	Other	\$5,296.23	\$5,296.23	\$5,296.23
2	99999999999991	2	Previous Payment to CMS/Treasury/BCRC	\$105.20	\$105.20	\$105.20
3	99999999999991	3	Previous Payment to CMS/Treasury/BCRC	\$51.98	\$51.98	\$51.98
4	99999999999992	1	Previous Payment to CMS/Treasury/BCRC	\$9.27	\$9.27	\$9.27

Supporting Information & Documentation: [What is this?](#)

You are required to enter an explanation or upload at least one document if you did not supply a Redetermination Reason for each claim included with your request or supplied a reason of 'Other' for any claim. It is in your best interest to provide complete and accurate supporting documentation to ensure proper review of the redetermination. Once the redetermination is submitted, you will not have the option to submit additional documentation on the MSPRP for this request. You may use the following text box for this purpose.

For redeterminations that require additional information, please upload supporting documentation. (Examples of when supporting documentation should be uploaded include: providing clarification of injuries related to the date of incident or establishing incident end date of treatment).

To upload supporting documentation, please click here [Upload Documentation](#) 

Click **Continue** to confirm submission of the redetermination and to submit any uploaded documents. Click **Previous** to return to the Redetermination (First Level Appeal) Submission page. Click **Cancel** to return to the Case Information page without submitting your redetermination.

[Previous](#) [Continue](#) [Cancel](#)

Quick Help[Help About This Page](#)

7. Review the list of selected claims for accuracy.

Verify this list to ensure that it includes all claims you wish to submit for redetermination. Once you click **Continue**, you will confirm submission of the redetermination and you will be prevented from adding any additional claims to the current redetermination request.

If you did not provide a reason (other than “other”) for each request, before you can proceed, you are also required to enter an explanation in the text box provided and/or upload at least one document in order to ensure proper review of the redetermination. If you are providing an explanation for your request, enter up to 500 characters of free-form text in the text area provided.

8. To upload supporting documentation, click **Upload Documentation** to open the *Redetermination (First Level Appeal) Documentation Upload* page.

For a list of documents and other information that would assist in processing your redetermination request, click the **What Is This?** link.

Make sure you upload all supporting documentation before submitting your request. Once you complete the submission process, you cannot upload any more documents on the MSPRP for this redetermination request. However, see Section 16.4 for information on mailing additional documentation.


9. Click **Continue** to proceed or **Cancel** to cancel the redetermination submission.

If the upload was successful, the *Redetermination (First Level Appeal) Verification* page appears, displaying the text you entered (if applicable) and/or a list of the supporting documents to be submitted (Figure 16-4).

Figure 16-4: Redetermination (First Level Appeal) Verification (Uploaded Documents)

[Home](#)
[About This Site](#)
[CMS Links](#)
[How To...](#)
[Reference Materials](#)
[Contact Us](#)
[Sign off](#)

Redetermination (First Level Appeal) Verification

 [Print this page](#)

Below is the list of claims associated to Case ID: ##### that you have selected for redetermination. Please review for accuracy. To revise your selection, click [Previous](#).


Claims included in the redetermination request:

TOS	Claim Control ID (ICN)	Line Number	Total Charges	Reimbursement Amount	Conditional Payment Amount
1	999999999999991	1	\$5,296.23	\$5,296.23	\$5,296.23
2	999999999999991	2	\$105.20	\$105.20	\$105.20
3	999999999999991	3	\$51.98	\$51.98	\$51.98
4	999999999999992	1	\$9.27	\$9.27	\$9.27
5	999999999999992	2	\$131.50	\$131.50	\$131.50

Supporting Information & Documentation: [What is this?](#)

You are required to enter an explanation or upload at least one document in order to ensure proper review of the redetermination. It is in your best interest to provide complete and accurate supporting documentation at this time. Once the redetermination is submitted, you will not have the option to submit a additional documentation on the MSPRP for this request. You may use the following text box for this purpose.


For redetermination that require additional information, please upload supporting documentation (Examples of when supporting documentation should be uploaded include: providing clarification of injuries related to the date of incident or establishing incident end date of treatment).


To upload supporting documentation, please click here [Upload Documentation](#) 


Below is a list of documents to be submitted with you redetermination. If you'd like to delete a document from the list, click the [Delete](#) link to the right of the document name.

- Redetermination1.pdf [Delete](#)
- Redetermination2.pdf [Delete](#)

Click [Continue](#) to confirm submission of the redetermination and to submit any uploaded documents. Click [Previous](#) to return you to the Redetermination (First Level Appeal) Submission page. Click [Cancel](#) to return to the Case Information page without submitting your redetermination.

 Previous

Continue 

Cancel 

Quick Help

[Help About This Page](#)


10. Click **Continue** to complete the submission and proceed to the read-only *Redetermination (First Level Appeal) Submission Confirmation* page (Figure 16-5).

11. Click **Continue** on the confirmation page to return to the *Case Information* page.

Figure 16-5: Redetermination (First Level Appeal) Submission Confirmation (Example: BCRC)

[Home](#)
[About This Site](#)
[CMS Links](#)
[How To...](#)
[Reference Materials](#)
[Contact Us](#)
[Sign off](#)

Redetermination (First Level Appeal) Submission Confirmation

 [Print this page](#)

You have successfully submitted the information displayed on this page for the redetermination associated to Case ID: #####.

If you need to submit any additional documentation, it must be mailed to the Benefits Coordination & Recovery Center (BCRC) at the following address:

MSPRP
PO Box 138892
Oklahoma City OK 73113

Click [Continue](#) return to the Case Information page.

Claims submitted with the redetermination request:

Type Of Service (TOS)	Claim Control ID (ICN)	Line #	Redeterm. Reason	Total Charges	Reimbursement Amount	Conditional Payment Amount
1	99999999999991	1	Other	\$5,296.23	\$5,296.23	\$5,296.23
2	99999999999991	2	Previous Payment to CMS/Treasury/BCRC	\$105.20	\$105.20	\$105.20
3	99999999999991	3	Previous Payment to CMS/Treasury/BCRC	\$51.98	\$51.98	\$51.98
4	99999999999992	1	Previous Payment to CMS/Treasury/BCRC	\$9.27	\$9.27	\$9.27


Notes submitted with the redetermination request:

This claim is not related to the treatment.

Documents submitted with the redetermination request:

- Redetermination1.pdf
- Redetermination2.pdf

Click [Continue](#) to return to the Case Information page.

[Continue](#) 

Quick Help

[Help About This Page](#)

16.1.4 Uploading Redetermination Documents and Completing Submission

The MSPRP requires each uploaded file to be a PDF file, less than or equal to 40 MB, and virus free. Also, the file name cannot have any spaces. Files that do not meet these criteria will be rejected. You are also limited to uploading five files at a time. The page size must not be larger than 8.5 by 11 inches.

To upload supporting documentation from the *Redetermination (First Level Appeal) Documentation Upload* page:

1. Enter the file name and location in the text box or click **Browse** to search your computer for the desired file.
2. Click the file name, and then click **Open**.

When the file has been selected, the file name and location will appear on the *Documentation Upload* page.

Note: If you have more than five files to upload, you must repeat this entire process after returning to the *Redetermination (First Level Appeal) Verification* page.

3. Click **Continue** to upload the documents. Click **Cancel** to return to the *Redetermination (First Level Appeal) Verification* page without uploading any documents.

If the upload was successful, the *Redetermination (First Level Appeal) Verification* page appears, displaying a list of the supporting documents to be submitted (Figure 16-4). Click **Delete** next to any document that you want to remove from the list.

Figure 16-6: Redetermination (First Level Appeal) Documentation Upload

16.1.5 Viewing Redetermination Requests

After submitting a redetermination request successfully, whether by mail or on the MSPRP, you can view that request in one of two ways:


When there is still the possibility of submitting further redetermination requests (see below), clicking the **View/Submit Redetermination (First Level Appeal)** action on the *Case Information* page will (after you click through the warning page; beneficiary representatives with a Consent to Release [CTR] will not see the warning page) show you all the claims attached to your case. Any claims with submitted requests will be shown as read-only; any claims with successful (in your favor) redeterminations will not appear (that is, disassociated from the case); and any claims still available for redetermination will be shown as such on the submission version of the page.

At any time in the process, you can view submitted claims by clicking the *Waiver/Redetermination/Compromise* tab on the *Case Information* page to see the following details for the redetermination(s) that has/have been requested for the current case ID *Received* (date), *Decision*, and the *Decision Date* (Table 14-9). Additionally, you can view activity details for a successful redetermination submitted for a case on the *Account Activity* page (Figure 8-27).

Figure 16-7: View Submitted Redeterminations (Example: BCRC)

Home
About This Site
CMS Links
How To...
Reference Materials
Contact Us
Sign off

View Submitted Redeterminations

 [Print this page](#)
[Quick Help : Help About This Page](#)

The following information has been submitted for redetermination (first level appeal) consideration for Case ID: #####.

If this redetermination was resolved in your favor, some or all of the claims submitted with your redetermination request have been removed and are no longer associated to this Medicare recovery case.

If you need to submit any additional documentation, it must be mailed to the Benefits Coordination & Recovery Center (BCRC) at the following address:

MSPRP
PO Box 138892
Oklahoma City, OK 73113

Click [Continue](#) to return to the *Case Information* page.

Claims submitted with the redetermination request(s) and currently associated to the case:

TOS	Claim Control ID (ICN)	Line #	Redeterm. Reason	Redeterm. Received	Total Charges	Reimbursement Amount	Conditional Payment Amount
1	9999999999991	1	Duplicate Primary Payment	MSPRP 02/04/2019	\$5,296.23	\$5,296.23	\$5,296.23
2	9999999999991	2		Mail/Fax	\$105.20	\$105.20	\$105.20
3	9999999999991	3	Relatedness	MSPRP 02/03/2019	\$51.98	\$51.98	\$51.98
4	9999999999992	1		Mail/Fax	\$9.27	\$9.27	\$9.27
5	9999999999992	2		Mail/Fax	\$131.50	\$131.50	\$131.50

Notes submitted with the MSPRP redetermination request(s):

Date Received	Note Text
03/12/2018	These claims aren't related to the treatment
03/10/2018	These charges on the demand are for an issue unrelated to the accident. Please see attached copy of our demand for your review.

Documents submitted with the MSPRP redetermination request(s):

Date Received	Document Name
03/12/2018	Redetermination1.pdf
03/10/2018	Redetermination2.pdf

Continue

16.2 Waiver Requests

To begin the waiver request submission process, go to the *Case Information* page, click the **Submit Waiver Request** action, and review the *Warning – Confirm Request to Submit a Waiver* page. Then, review information about the submission process on the *Waiver Submission* page. From there, you can access the *Waiver Documentation Upload* page, where you may begin your waiver request. This page allows you to upload documentation to support a waiver request. You will be required to provide documentation (in the form of written notes in the text box provided or via uploaded documents) to support the request, depending on your reason for the waiver request.

Once the BCRC receives your waiver request, they will review it and decide if the waiver of recovery can be granted and send you a letter that explains the reason for their decision. This letter will also explain the steps you will need to follow to appeal that decision if it is less than fully favorable to you.

Note: The right to request a waiver of recovery is separate from the right to appeal the demand amount; however, both a waiver and an appeal may be requested at the same time.

Once a decision is made, the decision will be displayed on the MSPRP on the *Waiver/Redetermination/Compromise* tab of the *Case Information* page.

16.2.1 Before Requesting a Waiver

When submitting a waiver request, please note the following:

- The case cannot have any waiver requests.
- A demand letter must have been sent.

16.2.2 Submitting a Waiver Request

To submit a waiver request:

1. Go to the *Case Information* page and click the **Submit Waiver Request** action.

The *Warning – Confirm Request to Submit a Waiver* page appears (Figure 16-8).

2. Review the warning page. Click **Cancel** to cancel the waiver submission and return to the *Case Information* page or click **Continue** to proceed.

The *Waiver Submission* page appears (Figure 16-9).

3. Review details about the waiver submission process and conditions for a waiver.

If you are claiming financial hardship, it is recommended that you complete and submit the *SSA 632 Request for Waiver* form, which requests specific information about the beneficiary's income, assets, expenses, and the reasons why waiver of recovery should be granted. Click the **SSA 632 Request for Waiver** hyperlink on this page to access this form and instructions on completing it. Optionally, you may also download the [SSA 632](#) form on the ssa.gov website. Save the form to your computer. You will upload it on the *Waiver Verification* page.

4. Click **Continue** to proceed.

The *Waiver Verification* page appears (Figure 16-10). Click **Cancel** to return to the *Case Information* page.

Figure 16-8: Warning – Confirm Request to Submit a Waiver

Home About This Site CMS Links How To... Reference Materials Contact Us Logoff

WARNING – Confirm Request to Submit a Waiver [Print this page](#)



You are choosing to submit a waiver request. This action allows you to request the Medicare program to waive recovery of the demand amount owed in full or in part. The right to request a waiver of recovery is separate from the right to request a redetermination (first level appeal). The Medicare program may waive recovery of the amount owed if the following conditions are met:

- The beneficiary is not at fault for Medicare making conditional payments, and
- Paying back the money would cause financial hardship or would be unfair for some other reason.

To determine if a plaintiff/beneficiary is "without fault," the following factors will be considered:

- The amount of out-of-pocket medical expenses incurred by the beneficiary;
- Whether the beneficiary's assets are insufficient to pay Medicare;
- The beneficiary's assets, monthly income, and expenses; and
- The age of the beneficiary and whether he or she has any physical or mental impairments.

If you believe that you meet these qualifications and wish to submit a waiver request, click **Continue**. To cancel this process, click **Cancel** to return to the *Case Information* page.

Continue  **Cancel** 

Quick Help
[Help About This Page](#)

Figure 16-9: Waiver Submission

Home About This Site CMS Links How To... Reference Materials Contact Us Sign off



Waiver Submission [Print this page](#)

An asterisk (*) indicates a required field.

Case ID: ##### Demand Amount: \$10,523.86 Demand Letter Mail Date: 10/01/2015

The waiver submission requires you to complete and submit the **SSA 632 Request for Waiver** form which requests specific information about the beneficiary's income, assets, expenses, and the reasons why waiver of recovery should be granted. A copy of this form and instructions on how to complete this form may be accessed at the following link: [SSA 632 Request for Waiver](#).

Once a decision has been made, you will receive a letter that explains the reason(s) for the decision and the steps to be followed to appeal that decision if it is less than fully favorable. Click **Continue** to proceed. The screen that displays next will allow you to enter information to justify the waiver request and provide any supporting documentation. Click **Cancel** to return to the *Case Information* page to cancel the waiver request at this time.

Continue  **Cancel** 

Quick Help
[Help About This Page](#)

Figure 16-10: Waiver Verification

Waiver Verification

You have elected to submit a waiver request for the following
Case ID: #####.

In order for Medicare to determine if waiver of recovery from the beneficiary is applicable, you must submit supporting documentation with your request. Note that if you are claiming financial hardship, you are required to supply the information requested on the SSA-632 form. This form is not required if you can justify the waiver request in detail using the free form text box on this page. If you are not prepared to submit this information at this time or if you need to obtain the SSA 632 Request for Waiver form, click [Previous](#)

Supporting Information & Documentation: [What is this?](#)

You must enter an explanation to justify your waiver request or upload at least one document in order to ensure proper review. It is in your best interest to provide complete and accurate supporting documentation at this time. You may use the following text box for this purpose

For waivers that require additional information, please upload supporting documentation (Examples of when supporting documentation should be uploaded include: the completed SSA 632 Request for Waiver form if the beneficiary is claiming financial hardship).

To upload supporting documentation, please click here [Upload Documentation](#)

Click **Continue** to confirm submission of the waiver and to submit any uploaded documents. Click **Cancel** to return to the Case Information page without submitting your waiver.

[Previous](#) [Continue](#) [Cancel](#)

5. Enter an explanation in the text box provided and/or upload at least one document to ensure proper review of the waiver request.

If you are providing an explanation for your request, enter up to 500 characters of free-form text in the text area provided.

6. To upload supporting documentation, click **Upload Documentation** to open the *Waiver Documentation Upload* page. See Section 16.2.3 for information on uploading waiver documents and completing submission.


Notes: For a list of documents and other information that would assist in processing your waiver request, click the **What Is This?** Link.

Make sure you upload all supporting documentation before submitting your request. Once you complete the submission process, you cannot upload any more documents on the MSPRP for this waiver request. However, see Section 16.4 for information on mailing additional documentation.

7. Click **Continue** to proceed or **Cancel** to cancel the waiver submission.

If the upload was successful, the *Waiver Verification* page appears, displaying any text you entered and a list of the supporting documents to be submitted (Figure 16-11).

Figure 16-11: Waiver Verification (Uploaded Documents)

Waiver Verification  [Print this page](#)


You have elected to submit a waiver request for the following
Case ID: #####

In order for Medicare to determine if waiver of recovery from the beneficiary is applicable, you must submit supporting documentation with your request. Note that if you are claiming financial hardship, you are required to supply the information requested on the SSA-632 form. This form is not required if you can justify the waiver request in detail using the free form text box on this page. If you are not prepared to submit this information at this time or if you need to obtain the SSA 632 Request for Waiver form, click [Previous](#)

Supporting Information & Documentation: [What is this?](#)

You must enter an explanation to justify your waiver request or upload at least one document in order to ensure proper review. It is in your best interest to provide complete and accurate supporting documentation at this time. You may use the following text box for this purpose

For waivers that require additional information, please upload supporting documentation (*Examples of when supporting documentation should be uploaded include: the completed SSA 632 Request for Waiver form if the beneficiary is claiming financial hardship*).

To upload supporting documentation, please click here [Upload Documentation](#) 

Below is a list of documents to be submitted for the case. If you'd like to delete a document from the list, click the **Delete** link to the right of the document name.

- * Waiver 1.pdf [Delete](#)
- * Waiver 2.pdf [Delete](#)

Click **Continue** to confirm submission of the waiver and to submit any uploaded documents. Click **Cancel** to return to the Case Information page without submitting your waiver.

[Previous](#) [Continue](#) [Cancel](#)

8. Review the verification page and click **Continue** to complete the submission and proceed to the read-only *Waiver Submission Confirmation* page (Figure 16-12).
9. Click **Continue** on the confirmation page to return to the *Case Information* page.

Figure 16-12: Waiver Submission Confirmation

Home About This Site CMS Links How To... Reference Materials Contact Us Sign off

Waiver Submission Confirmation

[Print this page](#)

You have successfully submitted a waiver for Case ID: #####. The following information has been included in this submission. If you need to submit any additional documentation, it can be mailed to the Benefits Coordination & Recovery Center (BCRC) at the following address:

Medicare
NGHP
PO Box 138892
Oklahoma City, OK 73113

Notes submitted with the waiver request:

This waiver is not related to the treatment.

Documents submitted with the waiver request:

- Waiver1.pdf
- Waiver2.pdf

Click **Continue** to return to the Case Information page.

Continue

Quick Help

[Help About This Page](#)

16.2.3 Uploading Waiver Documents and Completing Submission

The MSPRP requires each uploaded file to be a PDF file, less than or equal to 40 MB, and virus free. Also, the file name cannot have any spaces. Files that do not meet these criteria will be rejected. You are also limited to uploading five files at a time. The page size must not be larger than 8.5 by 11 inches.

To upload supporting documentation from the *Waiver Documentation Upload* page:

1. Click **Browse** to search your computer for the desired file.

A *Choose File to Upload* dialog box will appear.

2. Enter the file name in the text box or click the file name, and then click **Open**.

When the file has been selected, the file name and location will appear on the *Waiver Documentation Upload* page.

Note: If you have more than five files to upload, you must repeat this entire process after returning to the *Waiver Verification* page.

3. Click **Continue** to upload the documents. Click **Cancel** to return to the *Waiver Verification* page without uploading any documents.

If the upload was successful, the *Waiver Verification* page appears, displaying any text you entered and a list of the supporting documents to be submitted (Figure 16-11). Click **Delete** next to any document that you want to remove from the list.

Figure 16-13: Waiver Documentation Upload

Waiver Documentation Upload

Please click **Browse** to find the document(s) to upload in support of the waiver. Each uploaded document must be in .PDF format and cannot be larger than 40MB (megabytes).

Click **Continue** to upload the document(s). Click **Cancel** to return to the Waiver Verification page without uploading any documents.

	Browse...
	Browse...
	Browse...
	Browse...
	Browse...

Continue **Cancel**

Quick Help
[Help About This Page](#)

16.2.4 Viewing Waiver Request Details

After submitting a waiver request successfully on the MSPRP, you can view details about your request and all requests submitted for a case by clicking the **Waiver/Redetermination/Compromise** tab on the *Case Information* page. This tab displays a record of each waiver that has been requested for the current case ID and includes details such as the *Received* (date), *Decision*, and the *Decision Date* (see Table 14-9 for details). Additionally, non-beneficiary users and account managers can view activity details for all successful waivers submitted for a case on the *Account Activity* page (see Figure 8-27).

16.3 Compromise Requests

To begin the compromise request submission process, go to the *Case Information* page, click the **Submit Compromise Request** action, and review the *Warning – Confirm Request to Submit a Compromise* page. Then, submit a request through the *Compromise Request* page. This page allows you to submit a request for compromise before or after settlement. You will be required to enter the amount of compromise, state the reason why you believe a compromise should be granted, and provide documentation (in the form of written notes in the text box provided or via uploaded documents) to support the request.

Once the BCRC receives your compromise request, they will forward it to the appropriate Centers for Medicare & Medicaid Services (CMS) Regional Offices (RO) for review. A staff member from the Regional Office will decide if your request can be granted and contact you once a decision is made.

Note: The BCRC does not have the authority to approve or deny compromise requests. A compromise decision made by CMS is final and is not subject to appeal; however, if you do not agree with the compromise amount, you may decline the offer and submit a waiver request.

16.3.1 Before Requesting a Compromise

When submitting a compromise request, please note the following:

- The case must be in an Open, Bill Issued, Demand, or Demand in Process status.
- Compromise requests cannot be submitted when the case status is Claim Retrieval, Closed, In Development, or Transitioned.

16.3.2 Submitting a Compromise Request

To submit a compromise request:

1. Go to the *Case Information* page and click the **Submit Compromise Request** action.

The *Warning – Confirm Request to Submit a Compromise* page appears (Figure 16-14).

2. Review the warning page. Click **Cancel** to cancel the compromise submission and return to the *Case Information* page or click **Continue** to proceed.


The *Compromise Request* page appears.

Note: The details shown on the request page vary depending on whether the request is being submitted before or after settlement. For compromise requests submitted after settlement (post-demand), the request page will display either the attorney fees and attorney expenses/procurement costs or attorney fee percentage (depending on which was selected when settlement information was provided). If you are submitting a request before settlement, you will be able to enter this information.

3. Enter the required information in the fields provided.

If you are requesting a compromise before settlement (pre-demand), you must enter the proposed/negotiated settlement amount, attorney fees, and the compromise amount (see Figure 16-15). If you are requesting a compromise after settlement (post-demand), you will only need to enter the compromise amount (Figure 16-16).

Figure 16-14: Warning – Confirm Request to Submit a Compromise

WARNING – Confirm Request to Submit a Compromise  [Print this page](#)

You are choosing to submit a compromise request. This action allows you to request the Medicare program to compromise the amount you owe and accept a lesser amount. Compromise requests must be submitted in writing to the Benefits Coordination & Recovery Center (BCRC), who will forward the request to the appropriate Centers for Medicare & Medicaid Services (CMS) Regional Office for requests of (<\$100,000) or Central Office for requests of (> \$100,000) for consideration.


A compromise decision made by CMS is final and is not subject to appeal. However, if you are not in agreement with the CMS compromised amount, you do not have to accept it. You have the option to decline the offer and pursue a waiver.

A compromise can be requested before or after settlement. If the request is post-settlement, settlement information must be submitted in writing before your request will be processed.

CMS uses the following factors to determine if a compromise or suspension of a claim is warranted. Whether or not a compromise will be granted depends on a number of factors and each matter is considered on a case-by-case basis.


1. Inability to pay - the cost of collection does not justify the enforced collection of the full amount of the claim;
2. If there is an inability to pay within a reasonable time on the part of the individual against whom the claim is made; or
3. Chances of successful litigation are questionable, making it advisable to seek a compromised settlement

If you believe that you meet these qualifications and wish to submit a compromise request, click **Continue** to proceed or **Cancel** to return to the *Case Information* page.

Continue  **Cancel** 

Quick Help
[Help About This Page](#)

Figure 16-15: Compromise Request (Pre-Demand)

Compromise Request  [Print this page](#)

The Centers for Medicare & Medicaid Services (CMS) is given authority to consider the compromise of Medicare's claim under the Federal Claims Collection Act (FCCA) at 31 USC, 3711 et seq. and 42 CFR 401.613. When submitting your compromise request, you must state the reason why you believe a compromise should be granted and include any supporting notes or documentation.

Beneficiary Last Name: **Case ID:**
An asterisk(*) indicates a required field.


***Proposed/Negotiated Settlement Amount:** - (0.01 - 999,999,999.99)

Attorney Fees: - (0.00 - 999,999,999.99)
[What are Attorney Fees?](#)



Attorney Expenses/Procurement Costs: - (0.00 - 999,999,999.99)

***Compromise Amount:** - (0.01 - 999,999,999.99)

Additional Notes:

To upload supporting documentation, please click here [Upload Documentation](#) 

Selecting Continue will submit the files to CMS. Selecting Cancel will return you to the Case Information page, the files will not be submitted to CMS.

Continue  **Cancel** 

Quick Help
[Help About This Page](#)

Figure 16-16: Compromise Request (Post-Demand)

Home About This Site CMS Links How To... Reference Materials Contact Us Sign off

Compromise Request

[Print this page](#)

This page displays Notice of Settlement information previously submitted for this case. Updates to any previously submitted information are not allowed.

Beneficiary Last Name: LAST Case ID: #####

An asterisk (*) indicates a required field.

Settlement Amount: \$45000.00
Settlement Date: MM/DD/YYYY

Attorney Fees [What are Attorney Fees?](#)

Attorney Fees : \$14000.00
Attorney Expenses/Procurement Costs : \$7000.00

Or

Attorney Fee Percentage : 40%

Total of Attorney Costs : \$21,000.00

*Compromise Amount: . (0.00 - 999,999,999.99)

Additional Notes

To upload supporting documentation, please click here [Upload Documentation](#)

Selecting **Continue** will submit the files to CMS. Selecting **Cancel** will return you to the Case Information page, the files will not be submitted to CMS.

[Continue](#) [Cancel](#)

4. Enter an explanation in the *Additional Notes* text box provided and/or upload at least one document for the compromise request.

If you are providing an explanation for your request, enter up to 500 characters of free-form text in the text area provided.

5. To upload supporting documentation, click **Upload Documentation** to open the *Compromise Request Documentation Upload* page. See Section 16.3.3 for information on uploading compromise request documents and completing submission.

Notes: Make sure you upload all supporting documentation before submitting your request. Once you complete the submission process, you cannot upload any more documents on the MSPRP for this compromise request. However, see Section 16.4 for information on mailing additional documentation.

6. Click **Continue** to proceed or **Cancel** to cancel the compromise request submission.

If the upload was successful, the *Compromise Request* page appears, displaying settlement details, attorney fees, compromise amount, additional notes (if applicable), and a list of the supporting documents to be submitted (Figure 16-17).

Figure 16-17: Compromise Request (Pre-Demand Uploaded Documents)

Compromise Request

The Centers for Medicare & Medicaid Services (CMS) is given authority to consider the compromise of Medicare's claim under the Federal Claims Collection Act (FCCA) at 31 USC. 3711 et seq. and 42 CFR 401.613. When submitting your compromise request, you must state the reason why you believe a compromise should be granted and include any supporting notes or documentation.

Beneficiary Last Name: **Case ID:**

An asterisk(*) indicates a required field.

***Proposed/Negotiated Settlement Amount:** - (0.01 - 999,999,999.99)

Attorney Fees: - (0.00 - 999,999,999.99)

Attorney Expenses/Procurement Costs: - (0.00 - 999,999,999.99)

***Compromise Amount:** - (0.01 - 999,999,999.99)

Additional Notes:

To upload supporting documentation, please click here [Upload Documentation](#)

Below is a list of documents to be submitted for the case. If you'd like to delete a document from the list, click the **Delete** link to the right of the document name.

- [Compromise_Request_Information.pdf](#) [Delete](#)

Selecting Continue will submit the files to CMS. Selecting Cancel will return you to the Case Information page, the files will not be submitted to CMS.

[Continue](#) [Cancel](#)

7. Review the request page and click **Continue** to complete the submission and proceed to the read-only *Compromise Request Confirmation* page (Figure 16-18).
8. Click **Continue** on the confirmation page to return to the *Case Information* page.

Figure 16-18: Compromise Request Confirmation

Compromise Request Confirmation

Your compromise request was received on 6/19/2017 for Case ID #####. As a Medicare Contractor, the Benefits Coordination and Recovery Contractor (BCRC) does not have the authority under the law to make a decision regarding compromise or waiver of interest. The BCRC will forward a copy of your correspondence and a complete copy of the case file to the appropriate Centers for Medicare and Medicaid Services Regional Office for processing. A staff member from the Regional Office will contact you, if needed, as they evaluate your request.

[Continue](#)

16.3.3 Uploading Compromise Documents and Completing Submission

The MSPRP requires each uploaded file to be a PDF file, less than or equal to 40 MB, and virus free. Also, the file name cannot have any spaces. Files that do not meet these criteria will be rejected. You are also limited to uploading five files at a time. The page size must not be larger than 8.5 by 11 inches.

To upload supporting documentation from the *Compromise Request Documentation Upload* page:

1. Click **Browse** to search your computer for the desired file.

A *Choose File to Upload* dialog box will appear.

2. Enter the file name in the text box or click the file name, and then click **Open**.

When the file has been selected, the file name and location will appear on the *Compromise Request Documentation Upload* page.

Note: If you have more than five files to upload, you must repeat this entire process after returning to the *Compromise Request* page.

3. Click **Continue** to upload the documents. Click **Cancel** to return to the *Compromise Request* page without uploading any documents.

If the upload was successful, the *Compromise Request* page appears, displaying a list of the supporting documents to be submitted (Figure 16-17). Click **Delete** next to any document that you want to remove from the list.

Figure 16-19: Compromise Request Documentation Upload

Home About This Site CMS Links How To... Reference Materials Contact Us Logoff

Compromise Request Documentation Upload

Please click browse to find the document.

The document must be in .PDF format and the size limit is 40 MB (megabyte) per document for attachments.

Selecting **Continue** will upload the documents. Selecting **Cancel** will return you to the Compromise Request page and documents will not be uploaded.

	Browse...
	Browse...
	Browse...
	Browse...
	Browse...

Continue **Cancel**

Quick Help

[Help About This Page](#)

16.3.4 Viewing Compromise Request Details

After submitting a compromise request successfully on the MSPRP, you can view details about your request and all requests submitted for a case by clicking the *Waiver/Redetermination/Compromise* tab on the *Case Information* page. This tab displays a record of each compromise that has been requested for the current Case ID and includes details such as the *Received* (date), *Decision*, and the *Decision Date* (see Table 14-7 for details). Additionally, non-beneficiary users and account managers can view activity details for all successful compromises submitted for a case on the *Account Activity* page (see Figure 8-27).

16.4 Submitting Additional Documentation

If you need to provide additional supporting documentation for the redetermination, waiver, or compromise request you submitted on the MSPRP, you must mail it to one of the following addresses.

For CRC Cases

Medicare
Commercial Repayment Center (CRC)
PO Box 269003
Oklahoma City, OK 73126

For BCRC Cases

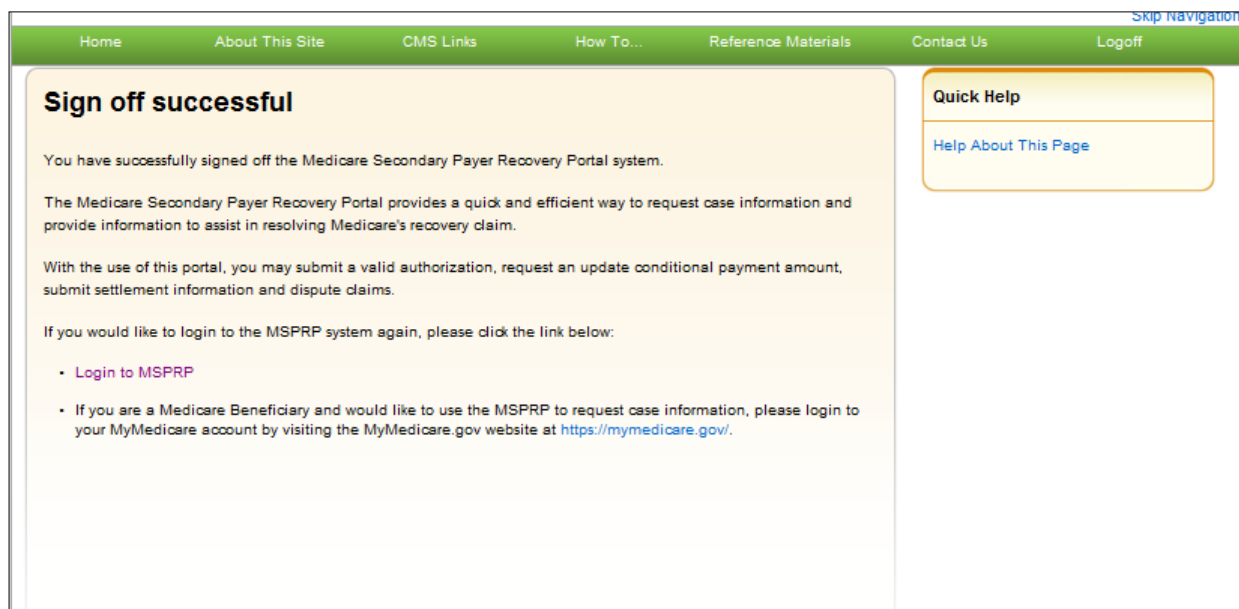
Medicare
MSPRP
PO Box 138892
Oklahoma City, OK 73113

Chapter 17: Log Off

From any page in the MSPRP, click the **Logoff** link at the top right side of the page.

The system ends your session and displays the *Sign off successful* page. Once this appears you can close your browser.

Figure 17-1: Sign Off Successful



Chapter 18: Troubleshooting

18.1 Replace Account Representative

Use the *Edit* button on the *Update Corporate Information* page. This can be accomplished from the *Account Settings* box on your home page (see Section 8.2.1).

18.2 Replace Account Manager

If an Account Manager (AM) must be replaced for Corporate accounts, the Account Representative (AR) must contact the Electronic Data Interchange (EDI) department and request replacement. AMs cannot be replaced using the MSPRP site.

18.3 Unsuccessful Account Registration

- **Previously Used EIN:** During initial registration, an error message will display on the *Corporate Information* page if you enter an Employer Identification Number (EIN) that has already been registered. Change the EIN and continue the registration process.
- **Previously Used SSN:** During initial registration, an error message will display on the *Representative Information* or *Beneficiary Information* page if you enter a Social Security Number (SSN) that has already been registered. If you incorrectly entered the SSN, correct it and continue the registration process.
- **Registration Denied:** During initial registration, an error message will display if the beneficiary entered for Representative account type is not found in the database. Registration cannot be completed for this beneficiary.

18.4 Unsuccessful Account Setup

Account PIN Error

The Personal Identification Number (PIN) for the account ID will be sent to you (for Representative accounts) or the AAR (for Corporate accounts), after the New Registration step has been completed. If, during account setup, the AM receives an Invalid Account ID/PIN Combination error message, check the numbers on the mailing received.

An Account ID should always contain five digits and a PIN should have four digits. If your numbers are shorter, add leading zeroes to make them the proper length. You have three tries to enter the PIN correctly before the account is locked. Contact an EDI representative to confirm the Account ID/PIN combination or to unlock the PIN.

Account ID Already Registered

During account setup, an error message will display on the *Account Setup* page if you enter an Account ID and PIN that has already been registered. The message will indicate that the account is already set up. Because the account is already set up, you cannot self-register as the AM for the account ID or repeat the account setup process. There can be only one AM for each account ID.

If you had previously completed account setup for the Account ID and registered as the AM, go back to the *Welcome!* Page and enter your login ID and password to sign in to the MSPRP site. If you are not the AM, contact the existing AM to add you as an AD if you need access to the system.

Account Manager and Account Representative E-mail Addresses Match

An error message will display during account setup if the AM's email matches the email address of any Account Representative (AR) recorded in the system. ARs cannot be users of the MSPRP site for any Account ID. Click **Continue** on the error message to be returned to your home page. If the wrong individual was named as the AR in the New Registration step, contact an EDI representative to make the necessary correction.

18.5 Unsuccessful Account Designee Invitation

Account Designee E-mail Address Matches Account Representative or Account Manager E-mail Address

An error message will display if, while an AM is adding an Account Designee (AD) to an Account ID, it is found that the designee's email address matches the email address of any AR or AM recorded in the system. ARs cannot be users of the MSPRP site for any Account ID, and AMs cannot also be designees. Click **Continue** on the error message to be returned to your home page.

Account Designee E-mail Address Matches Account Designee Already Associated with Account

An error message will display if, while an AM is adding an AD to an Account ID, it is found that the designee's email address matches the email address of an AD already assigned to the same account ID. Return to the *Designee Listing* page to manage the AD's case access.

18.6 Unsuccessful Account Designee Registration

Incorrect Passphrase

The passphrase must be provided to the AD by the AM, outside the system. It will not be included in the invitation email. The AM's name is contained in the invitation email and can also be found on the registration page where the error is received. Contact your AM to obtain the passphrase.

If your AM does not remember the passphrase, they can log in to the MSPRP site and create another passphrase by accessing the *Designee Maintenance* page and selecting the details associated with your last name. They can then provide the correct passphrase to you. The passphrase is case-sensitive.

18.7 Unsuccessful Login

Invalid Login ID

Refer to Chapter 6.

Inactive Login ID

If you receive this error message at login, your access to the MSPRP site has been deactivated due to inactivity in the last 180 days. Contact an EDI representative to reactivate your login ID

and create a new password. **Note:** You may also use steps in Section 6.4 to reactivate your account yourself.

Revoked Login ID

If you receive this error message at login, you can no longer access the MSPRP site.

Invalid Password

Refer to Section 6.4.

Expired Password Account

Refer to Section 6.4.

Deleted Account

If you receive this error message at login, your account's Account ID has been deleted. It has been deleted because a signed Profile Report has not yet been received by Medicare and 61 business days have elapsed from the date the Profile Report was sent. Your account must go through the Registration and Setup processes again to gain access to the MSPRP site.

18.8 Case Request Errors

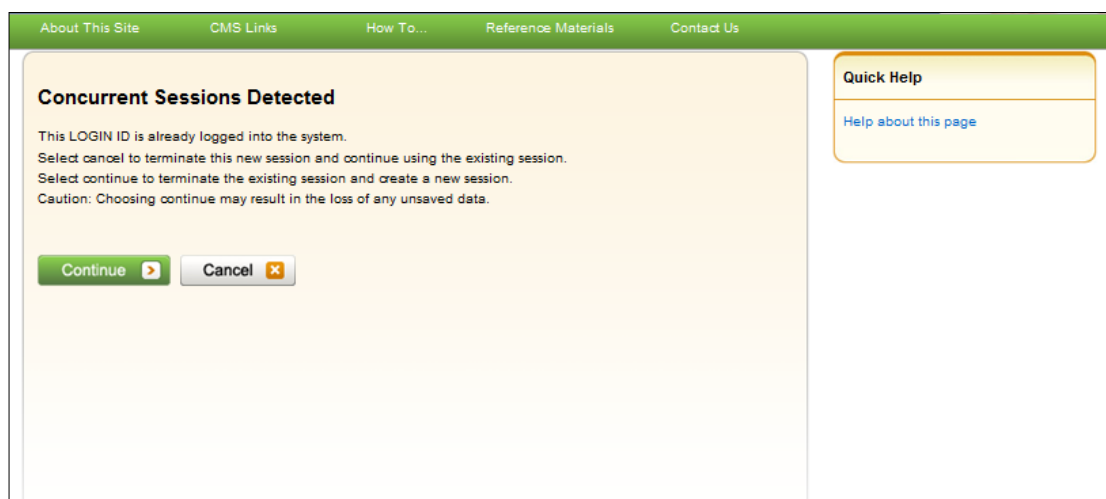
If you have a case specific question, please contact the BCRC or CRC at (855) 798-2627. If you have general MSP recovery-related questions, tools, and resources can be found on <https://go.cms.gov/NGHPR>.

For any additional problems, contact the EDI department at (646) 458-6740 or by email at COBVA@GHIMedicare.com. EDI representatives are available to assist you Monday through Friday, excluding Federal holidays, from 9:00 a.m. to 5:00 p.m., Eastern Time.

18.9 Concurrent Sessions

If you login two times, you will have concurrent sessions running. You will receive an error message (Figure 18-1). Click **Continue** to close the original session and continue with your process.

Figure 18-1: Concurrent Sessions Detected



Appendix A: Acronyms

Table A-1: Acronyms

Term	Definition
AD	Account Designee
ACH	Automated Clearing House
AM	Account Manager
AR	Account Representative
BCRC	Benefits Coordination & Recovery Center
CMS	Centers for Medicare & Medicaid
COBSW	Coordination of Benefits Secure Website
CRC	Commercial Repayment Center
CPL	Conditional Payment Letter
CPN	Conditional Payment Notice
CTR	Consent to Release
DFARS	Defense Federal Acquisition Regulation Supplement
DRG	Diagnosis Related Group
DUA	Data Use Agreement
EDI	Electronic Data Interchange
EIN	Employer Identification Number
ERIP	Enterprise Remote Identity Proofing
FAR	Federal Acquisition Regulation
GEM	General Equivalence Mapping
HCPCS	Healthcare Common Procedure Coding System
HICN	Health Insurance Claim Number
IDR	Integrated Data Repository
MBI	Medicare Beneficiary Identifier
MFA	Multi-Factor Authentication
MSP	Medicare Secondary Payer
NOS	Notice of Settlement
NPI	National Provider Identifier
ORM	Ongoing Responsibility for Medicals
PIN	Personal Identification Number
POR	Proof of Representation
RIDP	Remote Identity Proofing

Term	Definition
RO	Regional Office
RRE	Responsible Reporting Entity
SSN	Social Security Number
TIN	Tax Identification Number
TOS	Type of Service
TPA	Third Party Administrator
VIP	Validation and Identity Protection

Appendix B: Disabling Internet Explorer Add-Ons

If you are using Internet Explorer®, you need to disable two add-ons (i.e., extensions or programs) for the button tooltips to work correctly on the *Case Information* page. The two add-ons are “Lync Browser Helper” and “Lync add-on.” (**Problem:** On the second and subsequent times you hover over a disabled button on this page, only a partial tooltip or text message is displayed, rather than the entire message.)

The following steps (for Internet Explorer) describe how to access and disable these add-ons. (These steps may differ slightly depending on which version of the browser you are running.)

1. Select **Manage add-ons** from the Tools drop-down menu located on the browser’s toolbar (Figure B-1).

The *Manage Add-ons* dialog appears with both add-ons enabled (Figure B-2).

2. From the program list, click to select one or both the “Lync add-on” and “Lync Browser Helper” add-ons.
3. Click either the **Disable** (or **Disable All**) button (depending on whether you selected one or both programs, respectively).

The programs are displayed in Disabled status (Figure B-3). **Note:** Disabling one program automatically disables the other one.

4. Click **Close** to close the dialog.

Figure B-1: Tools Menu Manage Add-Ons

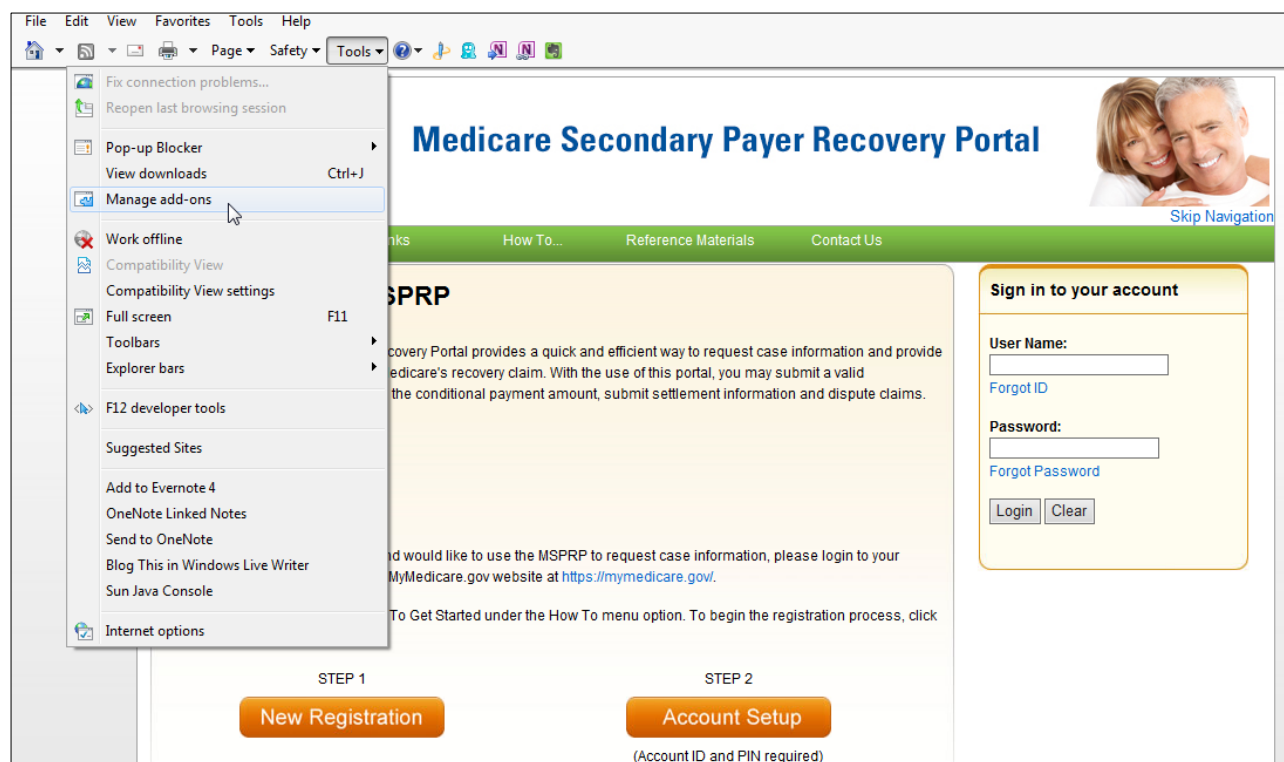
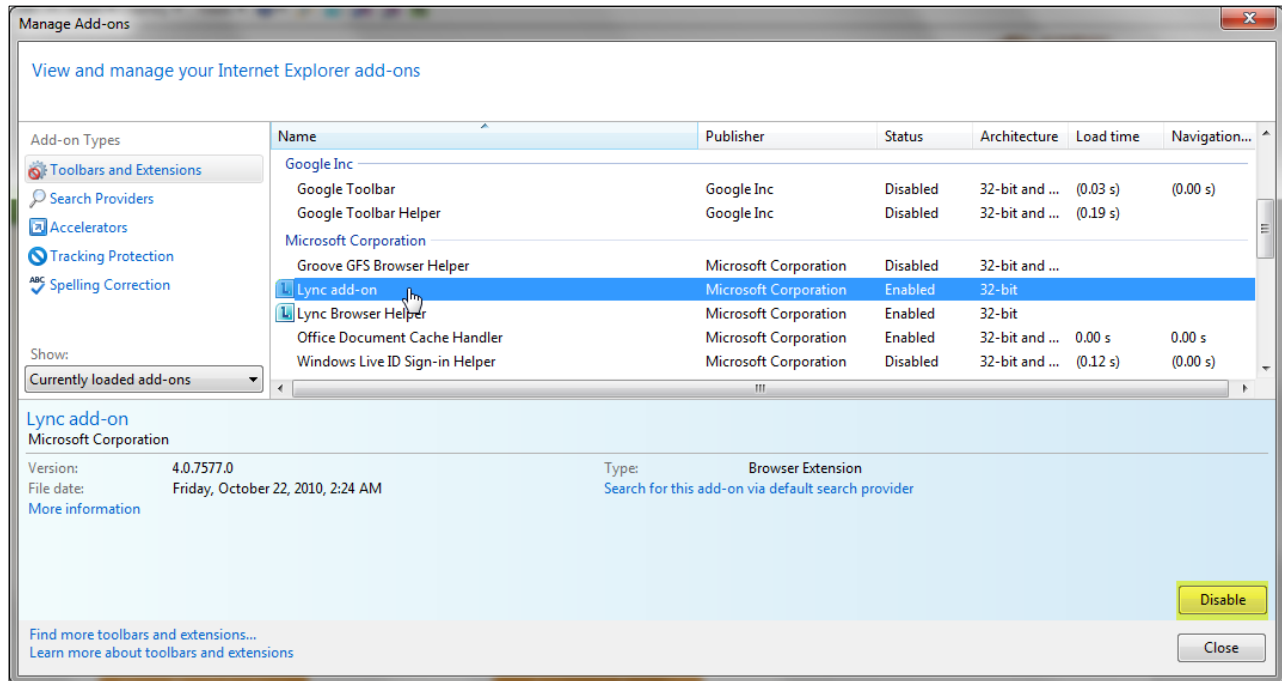
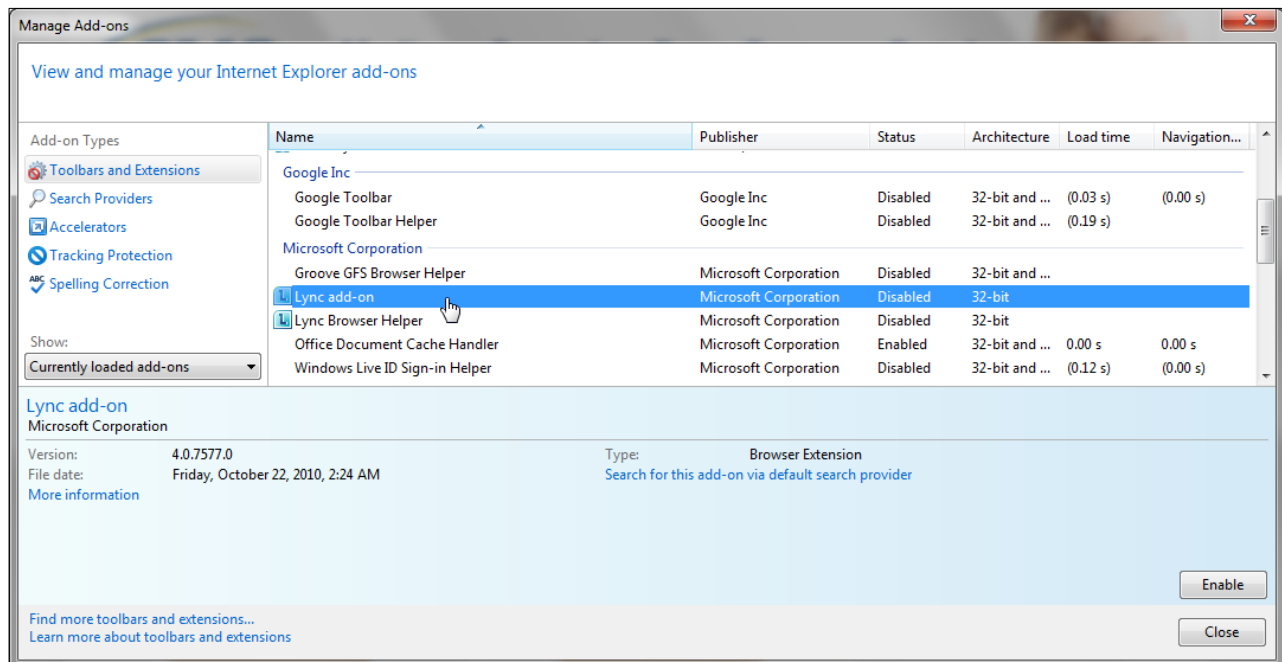


Figure B-2: Manage Add-Ons Dialog (Add-Ons Enabled)**Figure B-3: Manage Add-Ons Dialog (Add-Ons Disabled)**

Appendix C: Previous Version Changes

Version 4.9

To improve the dispute resolution process, beneficiaries and authorized users logged in using multi-factor authentication (MFA) can now use tooltips when hovering over codes listed on the *Claims Listing* and *Redetermination (First Level Appeal) Submission* pages to view descriptions of diagnosis codes, Current Procedural Terminology/Healthcare Common Procedure Coding System (CPT/HCPCS) codes, and Diagnosis Related Group (DRG) codes. These pages also now show a list of reported diagnosis codes with the version indicator (Sections 14.1.2.5 and 16.1.3).

To prevent beneficiary-debtor cases being created in error, insurers or insurer representatives reporting an MSP no-fault or workers' compensation beneficiary-debtor lead will be required to acknowledge this action before continuing through case creation (Section 13.1.1).

Users should not upload documents with formats larger than 8.5 x 11 inches (Sections 14.1.2, 16.1.4, 16.2.3, and 16.3.3).

To improve customer service, the Forgot Password feature on the *Welcome to the MSPRP* page now allows users to unlock their account, if locked after three unsuccessful login attempts, or to reactivate an inactive account (Sections 6.3, 6.4, 7.5, and 18.7).

The *Letter Activity* tab of the *Case Information* page has been updated to allow users to view and print outgoing correspondence on the MSPRP. This page now allows beneficiaries or authorized representatives logged in using MFA to click the *Correspondence Type* to open a PDF of outgoing correspondence using a new *Images for Correspondence Type* page (Section 14.1.1.4).

To better communicate the precise status of debts, the *Case Information* page header and *Payment Information* tab have been updated. The header has new fields when ongoing responsibilities for medicals (ORM) is present and when a case is referred to Treasury. In addition, the *Payment Information* tab has an updated status note value, rearranged fields, and a new *Conditional Payment Letter Amount* field. The case status of Extended Repayment has also been added (Sections 14.1, 14.1.1.1, and Table 14-11).

To address a requirement to show the American Medical Association (AMA) copyright notice wherever CPT codes are viewable, a copyright statement has been added to the electronic Payment Summary Form (Figure 14-18) and to the *Claims Listing* page for beneficiaries and users who log in using MFA (Figure 14-24).

While it is clear that account managers (AMs) and account designees (ADs) can submit or request authorizations for someone else through the MSPRP, the guide has been updated to clarify that beneficiaries can do the same when accessing MSPRP through the MyMedicare.gov website (Section 14.1.2.1).

Version 4.8

To assist users with requesting cases, a *Previous* button has been added to the *Case Results* and *Case Information* pages. When searching for cases, users can now return from the *Case Results* page to the *Request Case Access* page without losing their search criteria. If a case is selected from

the *Case Results* page, the *Previous* button allows users to return from the *Case information* page to the *Case Results* page (Sections 11.1 and 11.2).

The *Select Account Type* page has been updated to display 200 corporate designees.

Version 4.7

The *MSPRP Welcome Page* now includes a link to the *Open Debt Report* page; which displays an on-demand (with data refreshed nightly) report showing the status for open debts for Non-Group Health Plans (NGHP) insurer-debtor cases. The link and report, visible and available to Account Managers (AMs) only, is created per Account ID and displays case data when the accounts receivable (AR) balance is greater than zero and the Account ID is linked to the debtor (Sections 6.1.1 and 12.3).

Revision History

Date	Version	Reason for Change
October 7, 2019	4.7	CR 30794: The <i>MSPRP Welcome Page</i> now includes a link to the <i>Open Debt Report</i> page; which displays an on-demand (with data refreshed nightly) report showing the status for open debts for NGHP insurer-debtor cases. The report, which is available to AMs only, is created per Account ID and displays case data when the AR balance is greater than zero and the Account ID is linked to the debtor.
March 30, 2020	4.8	Change Request (CR) 35517: To assist users in viewing cases using the <i>Request Case Access</i> process, a <i>Previous</i> button has been added to the <i>Case Results</i> and <i>Case Information</i> pages. Users will no longer need to return to the <i>Account List</i> page and restart their search to view a different case. They can click the Previous button and return to the case list to view other cases CR 38158: The <i>Select Account Type</i> page has been updated to display 200 corporate designees.
July 13, 2020	4.9	Change Request (CR) 35516: To improve the dispute resolution process, beneficiaries and authorized users logged in using MFA can now use tooltips when hovering over codes listed on the <i>Claims Listing</i> and <i>Redetermination (First Level Appeal) Submission</i> pages to view descriptions of diagnosis codes, CPT/HCPCS codes, and DRG codes. These pages also now show a list of reported diagnosis codes with the version indicator. CR 35265: To prevent beneficiary-debtor cases being created in error, insurers or insurer representatives reporting an MSP no-fault or workers' compensation beneficiary-debtor lead will be required to acknowledge this action before continuing through case creation. CR 38541: Users should not upload documents with formats larger than 8.5 x 11 inches. CR 32734: To improve customer service, the Forgot Password feature on the <i>Welcome to the MSPRP</i> page now allows users to unlock their account, if locked after three unsuccessful login attempts, or to reactivate an inactive account. CR 30808: The <i>Letter Activity</i> tab of the <i>Case Information</i> page has been updated to allow users to view and print outgoing correspondence on the MSPRP. This page now allows beneficiaries or authorized representatives logged in using MFA to click the <i>Correspondence Type</i> to open a PDF of outgoing correspondence using a new <i>Images for Correspondence Type</i> page. CR 35518: To better communicate the precise status of debts, the <i>Case Information</i> page header and <i>Payment Information</i> tab have been updated. The header has an added case status value of Extended Repayment, as well as new fields when ongoing responsibilities for medicals (ORM) is present and when a case is referred to Treasury. In addition, the <i>Payment Information</i> tab has an updated status note value, rearranged fields, and a new <i>Conditional Payment Letter Amount</i> field.

Date	Version	Reason for Change
July 13, 2020 (continued)	4.9	<p>Change Request (CR)38567: To address a requirement to show the American Medical Association (AMA) copyright notice wherever CPT codes are viewable, a copyright statement has been added to the electronic Payment Summary Form and to the <i>Claims Listing</i> page for beneficiaries and users who log in using MFA.</p> <p>CR 38673: While it is clear that account managers (AMs) and account designees (Ads) can submit or request authorizations for someone else through the MSPRP, the guide has been updated to clarify that beneficiaries can do the same when accessing MSPRP through the MyMedicare.gov website.</p>
October 5, 2020	5.0	<p>Change Request (CR) 35519: Sorting and filtering options have been added to several columns on the <i>Claims Listing</i> and <i>Redetermination (First Level Appeal) Submission</i> pages. In addition, the ability to export listed claims to a spreadsheet has been added to both those pages.</p> <p>CR 35697: The status “Unverified” has been added for POR and CTR authorizations. Next to the <i>Case Information</i> page header’s Authorization Status field, there is also a new “What is this?” link, which opens the status definitions.</p> <p>CR 38984: The <i>New Case Request</i> page screenshot has been updated to match the current implementation.</p>