



Medicare Secondary Payer Recovery Portal (MSPRP)

User Guide

Version 4.2

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Chapter 1: Summary of Version 4.2 Updates

The following update has been made in Version 4.2 of the Medicare Secondary Payer Recovery Portal (MSPRP) User Guide:

- To reduce the number of calls received by the BCRC regarding the status of case correspondence, a new read-only *Letter Activity* tab has been added to the *Case Information* page, which displays correspondence that has been received or letters that have been sent related to a Benefits Coordination & Recovery Center (BCRC) or Commercial Repayment Center (CRC) case (Section 13.1.1).
- To make MSPRP more consistent so that both insurers and beneficiaries (and their representatives) can request electronic letters, the MSPRP now allows insurers, recovery agents on the Tax Identification Number (TIN) reference file, and insurer representatives with a verified Recovery Agent Authorization, who also log in using multi-factor authentication, to request electronic conditional payment letters (eCPLs) for BCRC and CRC insurer-debtor cases (Sections 13.1.5 and 14.5.4).

Note: eCPLs may also be requested on cases that are in bankruptcy.

- To help Account Managers (AMs) determine which currently active designees should be deleted because of long inactivity on an account, a *Last Login Date* column has been added to the *Designee Listing* page (Section 8.3.2).
- In cases where Part A, non-inpatient, claims do not have a HCPCS or DRG code associated with them, the Primary Diagnosis Code will appear on the *Payment Summary Form* (PSF), in bold, under the *DX Codes* column, along with an explanatory footnote. When the Primary Diagnosis Code is bolded, the HCPCS/DRG column will be blank (Table 13-8).

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 2, while CRC Case IDs begin with the number 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 information.
- Initiate the Demand Letter process.
- View/submit a redetermination (first level appeal).
- Submit a waiver request.
- Submit a compromise request.

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> on the internet.

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 100 designees.
- **Representative** account type indicates that the entity does not have an EIN or TIN. Representative accounts may have up to 5 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: Account Representative, Account Manager, or Account Designee.

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

2.3.1 Account Representative (AR) Role

Your Account Representative 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 Account Representative, the assigned Account Manager 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 Account Manager to the account.
- Must approve the account setup, by physically signing the Profile Report, including the Data Use Agreement, and returning it to Medicare.

2.3.1.2 Account Representative Restrictions

Cannot be the Account Manager (Corporate accounts only) or Account Designee for any account (both Corporate and Representative).

Note: For Representative accounts, the Account Representative may be the Account Manager, but they have the option to assign the Account Manager role to another person.

2.3.2 Account Manager (AM) Role

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

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

Note: To change an Account Manager, the Account Representative for the Corporate or Representative account must contact the Electronic Data Interchange (EDI) department. (Section 2.3.6.)

2.3.2.1 Account Manager 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 Account Manager will only be granted access after the Profile Report is signed and returned by the Account Representative.

2.3.2.2 Account Manager Abilities

- Can invite other users to register on the MSPRP and function as Account Designees for a specific account.
- Can grant/add an Account Designee's access to a case.
- Can revoke/remove an Account Designee'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 Account Representative for the MSPRP account.
- Can be associated to other MSPRP accounts as an Account Manager or an Account Designee.
- Can remove a case(s) from the account (see Chapter 12).

2.3.2.3 Account Manager Restrictions

Account Managers cannot be an Account Representative for any Account ID (Corporate account only).

2.3.3 Account Designee (AD) Role

At the organization's discretion, an Account Manager for Corporate or Representative Account types may invite other individuals, known as Account Designees, to have access to the MSPRP for the Account Manager's account. Corporate accounts may have up to 100 Account Designees associated with one MSPRP account; Representative accounts may have up to 5.

2.3.3.1 Account Designee Responsibilities

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

2.3.3.2 Account Designee Abilities

- Can be associated with multiple MSPRP accounts in the role of Account Designee, but only by an Account Manager invitation.
- Can be reassigned to be the Account Manager 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 Account Manager 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 Account Manager.

2.3.3.3 Account Designee Restrictions

- Cannot be an Account Representative for any MSPRP account.
- Cannot invite other users to be an Account Designee 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

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 of 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 EDI representative for assistance.

Contact an EDI representative if the Account ID and Personal Identification Number (PIN) letter is not received within 2 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 e-mail 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 e-mail address.
- You incorrectly entered your PIN 3 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.

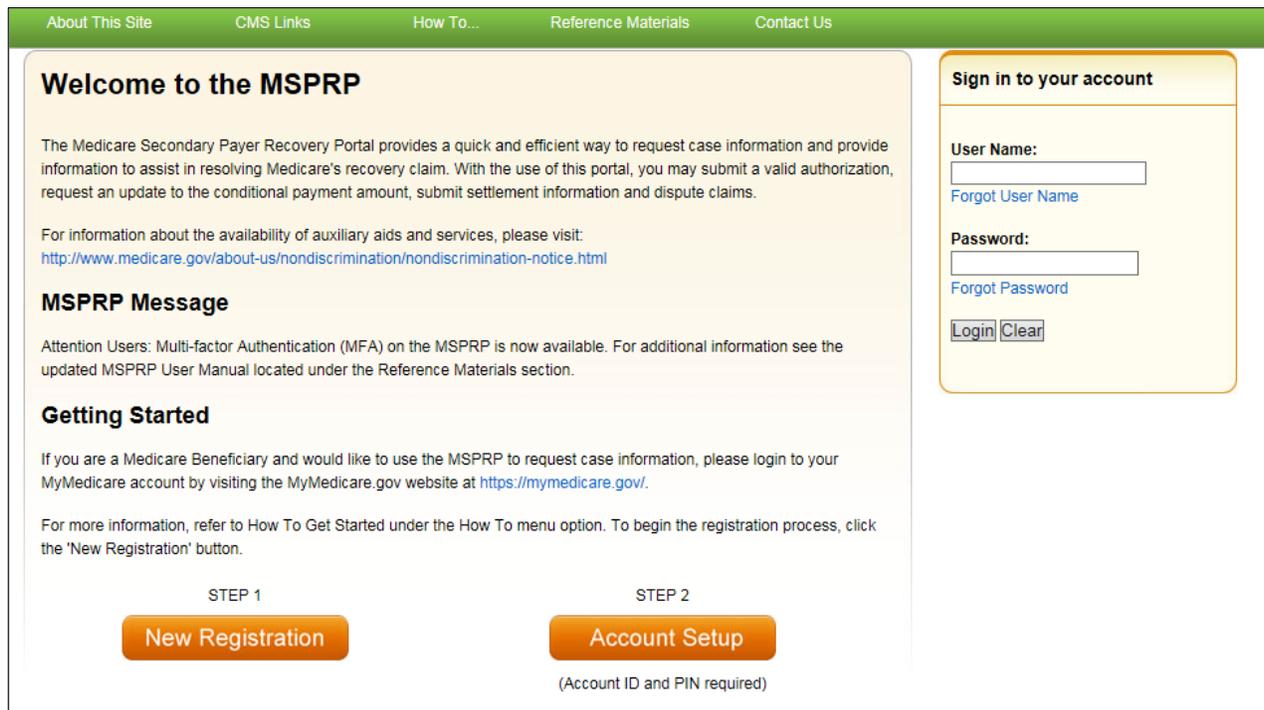
Contact the EDI Department by phone at (646) 458-6740 (TTY/TDD: 1-855-797-2627), or by e-mail at COBVA@GHIMedicare.com. EDI representatives are available to assist you Monday through Friday, excluding Federal holidays, from 9:00 a.m. to 5:00 p.m., Eastern Time.

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 *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



3.1 Navigation Menu

The navigation menu displays 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



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 and Account Designees. 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 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 must click the **Step 1 New Registration** button on the *Welcome to the MSPRP* page. It is critical that you provide the Account Representative’s information (including e-mail address) in the New Registration step and not the e-mail address for a user of the MSPRP. **(Note: Representative accounts only**—ARs of Representative accounts are 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

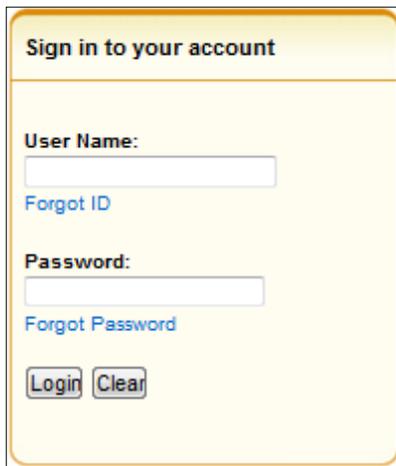
After completion of the New Registration step, Medicare will mail a confirmation letter containing the Account ID and PIN to the Account Representative, along with instructions for setting up the account. The assigned Account Manager can perform the second step to set up the account. Click the **Step 2 Account Setup** button on the *Welcome to the MSPRP* page to continue the account setup process using the Account ID and PIN. The Account Manager will also register as the Account Manager at this time. **(Note: Corporate accounts**—your Account Representative

must provide your Account Manager with the Account ID and PIN.) See Section 5.1 for details regarding account setup.

3.4 Account Login

After the Account Manager (and any Account Designees) have self-registered, and after Account Managers have completed the Account Setup process, the Account Manager and Account Designees 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 Multi-Factor Authentication, a process that allows Account Managers and Designees to verify their identities in order to view unmasked case information.

Figure 3-4: Account Login



The screenshot shows a login form titled "Sign in to your account". It contains two input fields: "User Name:" and "Password:". Below the "User Name:" field is a blue link labeled "Forgot ID". Below the "Password:" field is a blue link labeled "Forgot Password". At the bottom of the form are two buttons: "Login" and "Clear".

Note: Account Managers (AMs) and Account Designees (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 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 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 EIN/TIN. You will need the following information to complete the registration:

- The EIN/TIN for the company, company name, and mailing address.
- Account Representative contact information (name, job title, address, e-mail 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, e-mail address, phone).
- Beneficiary last name and first initial.
- Beneficiary Medicare ID (HICN or MBI) or SSN.
- Beneficiary date of birth.
- Beneficiary gender.

To begin the registration process, the Account Representative (for both Corporate and Representative accounts), 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 displays 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 displays.

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 displays (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 100 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 5 designees, and will be regularly submitting MSPRP requests.

5. Click **Continue**.

The next page that displays 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

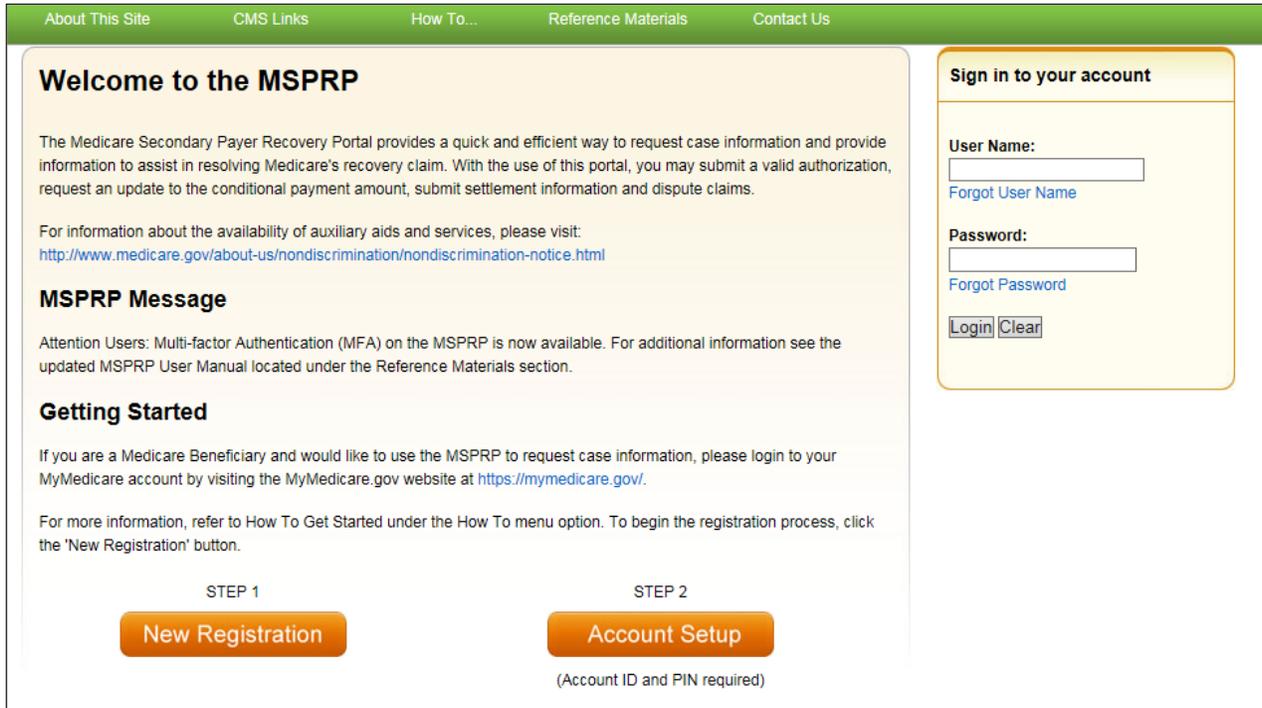
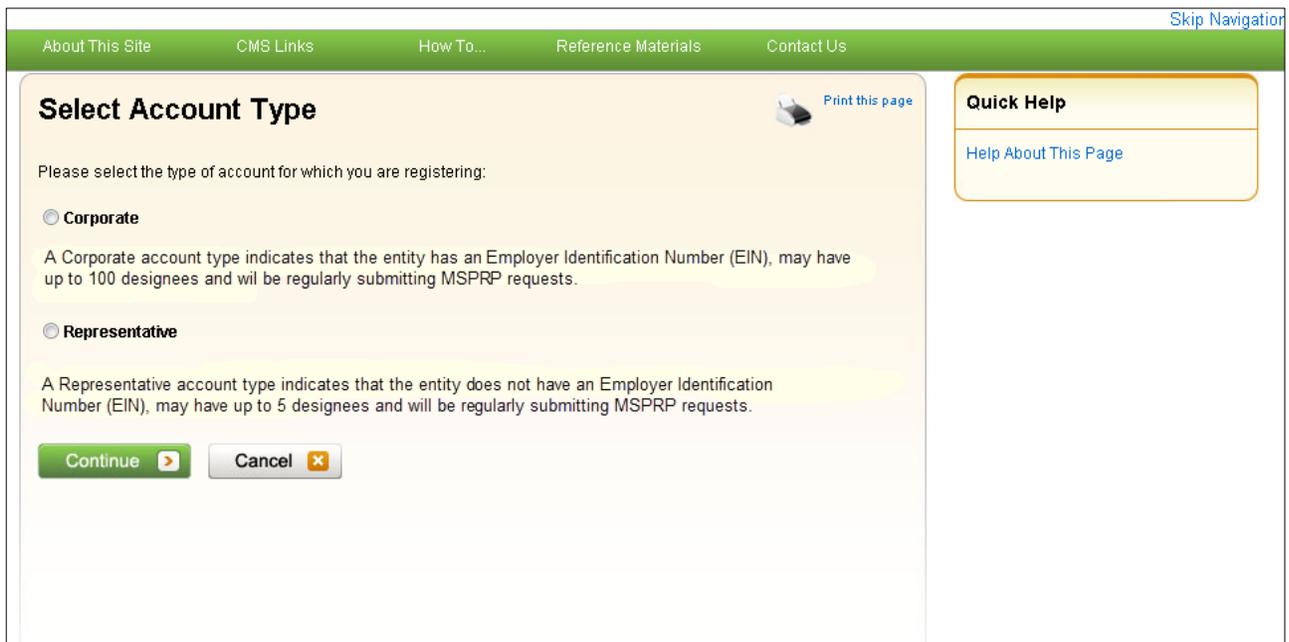


Figure 4-3: Select Account Type



4.1.1 Corporate Account Type

If you selected Corporate on the *Select Account Type* page, the *Corporate Information* page displays. 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 PIN which must be used by the Account Manager during account setup. The Profile Report, which is generated after the account setup

process, will be sent to the Account Representative’s e-mail address for authorization. The Account Manager 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 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. Below the navigation bar, the form has a header "Corporate Information" and a note: "An asterisk (*) indicates a required field." The form contains the following fields:

- * Employer Identification Number (EIN):** A text input field.
- * Corporation Name:** A text input field.
- Business Mailing Address:**
 - * Address Line 1:** A text input field.
 - Address Line 2:** A text input field.
 - * City:** A text input field.
 - * State:** A dropdown menu with "-Select-" selected.
 - * Zip Code:** Two text input fields separated by a hyphen.

 At the bottom of the form are three buttons: "Previous" (with a left arrow), "Continue" (with a right arrow), and "Cancel" (with a close icon). To the right of the form is a "Quick Help" box with a "Help About This Page" link.

Table 4-1: Corporate Information

Field	Description
Employer Identification Number (EIN)	Enter the IRS-assigned 9-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 4-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 displays. 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 displays (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 Account Manager or an Account Designee. E-mail addresses for each user role will be verified during the registration. If the entered e-mail address for the AR matches any Account Manager or any Account Designee’s e-mail address in the MSPRP, the registration process will not be allowed.

Figure 4-5: Account Representative (AR) Information

The screenshot shows a web form titled "Account Representative (AR) Information". At the top, there is a 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. Below the navigation bar, the form title "Account Representative (AR) Information" is displayed, followed by a note: "An asterisk (*) indicates a required field." The form contains the following fields:

- *AR First Name: [text input]
- MI: [text input]
- *Last Name: [text input]
- *AR Title: [text input]
- *E-Mail Address: [text input]
- *Re-enter E-Mail Address: [text input]
- *Phone: [text input] - [text input] - [text input] ext. [text input]
- Fax: [text input] - [text input] - [text input]

 At the bottom of the form are three buttons: "Previous" (with a left arrow), "Continue" (with a right arrow), and "Cancel" (with a close icon). On the right side of the form, there is a "Quick Help" box with a "Help About This Page" link.

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) e-mail address. Note: If this e-mail 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) e-mail 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.

4. 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.
5. 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 e-mail address in the *Re-enter E-mail address* field on the *Account Representative (AR) Information* page to continue.
6. Once all corrections have been made, click **Continue** at the bottom of the *Registration Summary* page.
The *Thank You* page displays (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.
7. Click the **Medicare Secondary Payer Portal Welcome Page** link to return to the *Welcome to the MSPRP* page.

Figure 4-6: Registration Summary

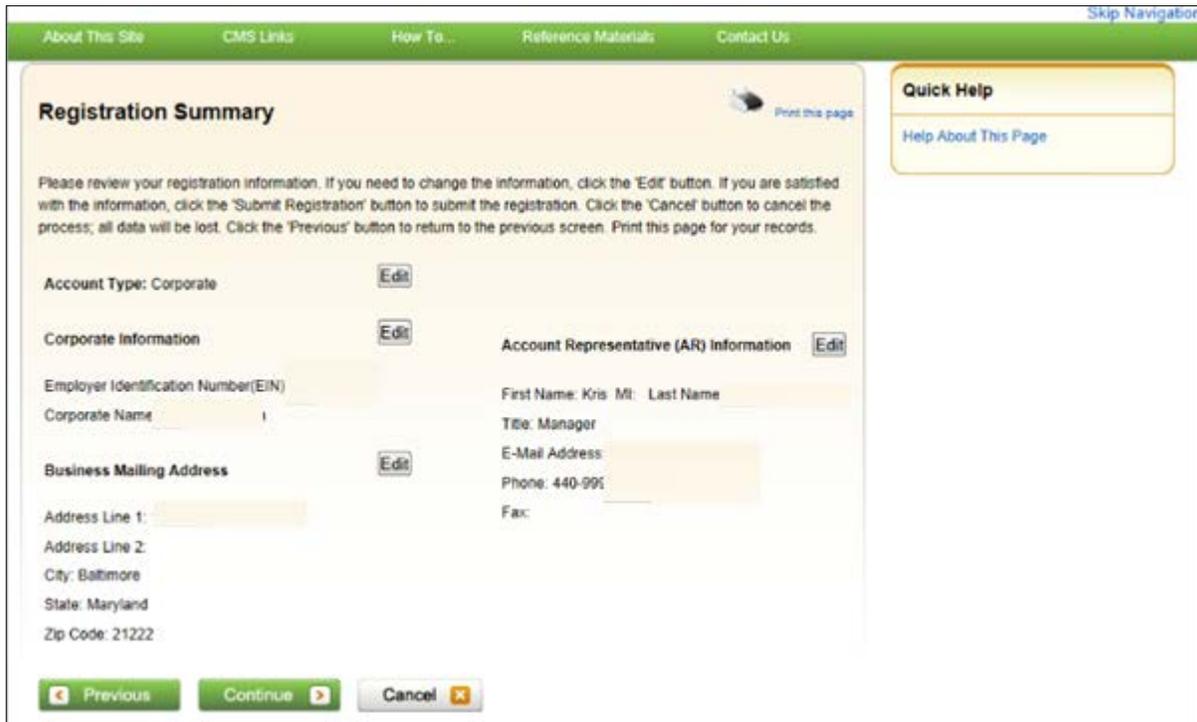
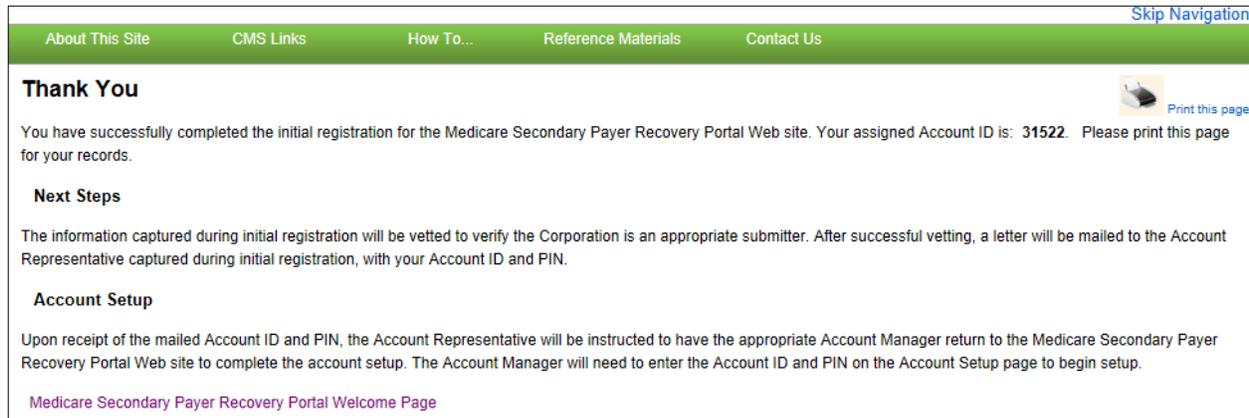


Figure 4-7: Thank You

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 Account Manager). If this letter is not received within 10 business days, contact the EDI department.

Once the Account Manager has completed the account setup, an e-mail 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 e-mail, 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 displays. 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

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) e-mail address. Note: If your e-mail 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) e-mail 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.
Zip Code	Enter your (Representative’s) ZIP code (required), plus 4-digit ZIP code suffix (optional).

Field	Description
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 displays (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 displays (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 displays (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

The screenshot shows a web form titled "Beneficiary Information" 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 form itself has a light yellow background and includes the following fields:

- *Beneficiary Last Name:** [Text input]
- *First Initial:** [Text input]
- *Medicare ID:** [Text input] OR
- *Beneficiary Social Security Number (SSN):** [Three digit inputs separated by dashes] (SSN is required if Medicare ID is not provided)
- *Beneficiary Date of Birth:** [Month/Day/Year inputs] (MM/DD/CCYY)
- *Beneficiary Gender:** [- Select - ▼]

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). On the right side, there is a "Quick Help" box with a "Help About This Page" link.

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

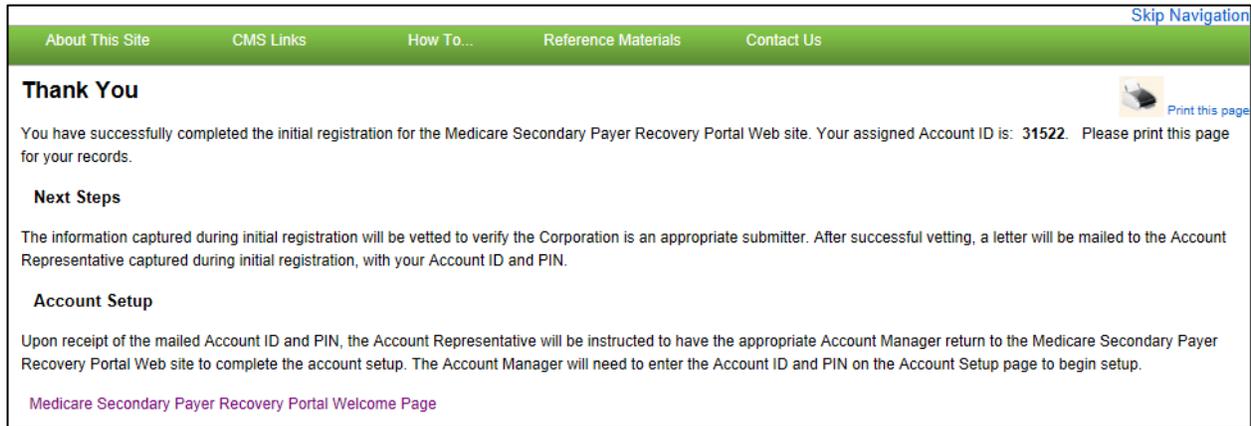
Representative Mailing Address

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 include the Account ID and PIN, along with instructions for setting up the account (to be completed by the Account Manager). 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 e-mail notification will be sent to you and the AM (as applicable for Representative accounts). The e-mail 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 e-mail, 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)





MM/DD/YYYY

****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).



82103X00000000000002

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: xxxxxxxxx
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 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 AM. The AM for the MSPRP Account will need to provide personal information including the Account ID, PIN, and their e-mail 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 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, or this person can assign themselves to the AM role. 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 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 displays, detailing the DUA. Review the DUA.
2. To proceed, click the **I Accept** link at the bottom of the page.
The *Welcome to the MSPRP* page displays (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 displays (Figure 5-2). This page describes what steps you will take in the account setup process and informs you of your duties as the Account Manager.

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

Figure 5-1: Welcome to the MSPRP

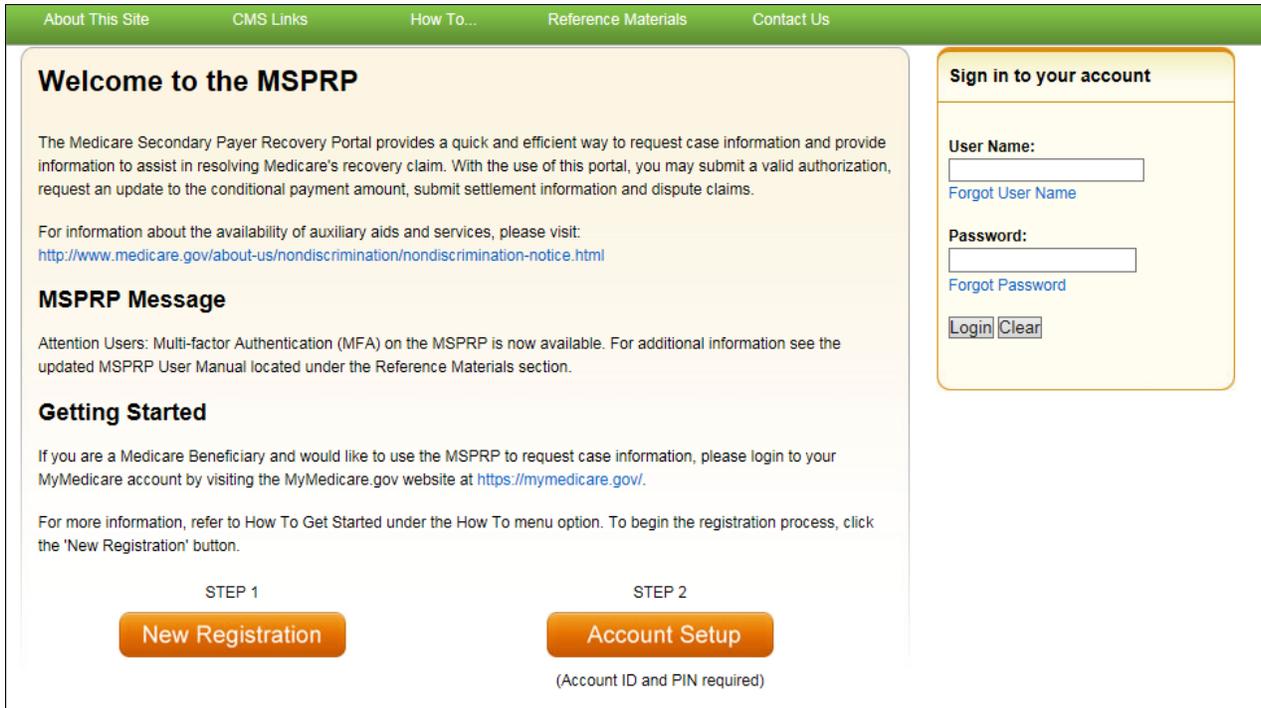
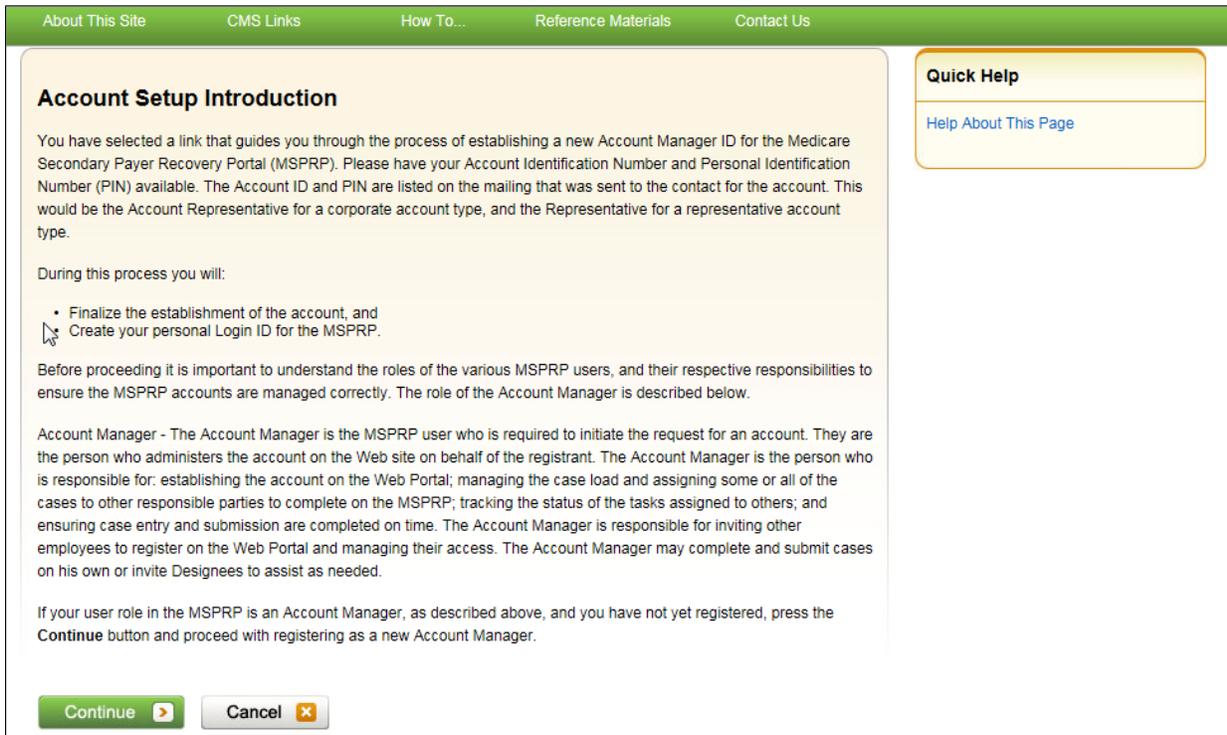


Figure 5-2: Account Setup Introduction



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

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

6. Enter the Account ID, PIN, and Account Manager’s e-mail address. Re-enter the e-mail address for verification purposes and click **Continue**.

Note: If you are registering as an AM and the e-mail 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 displays 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

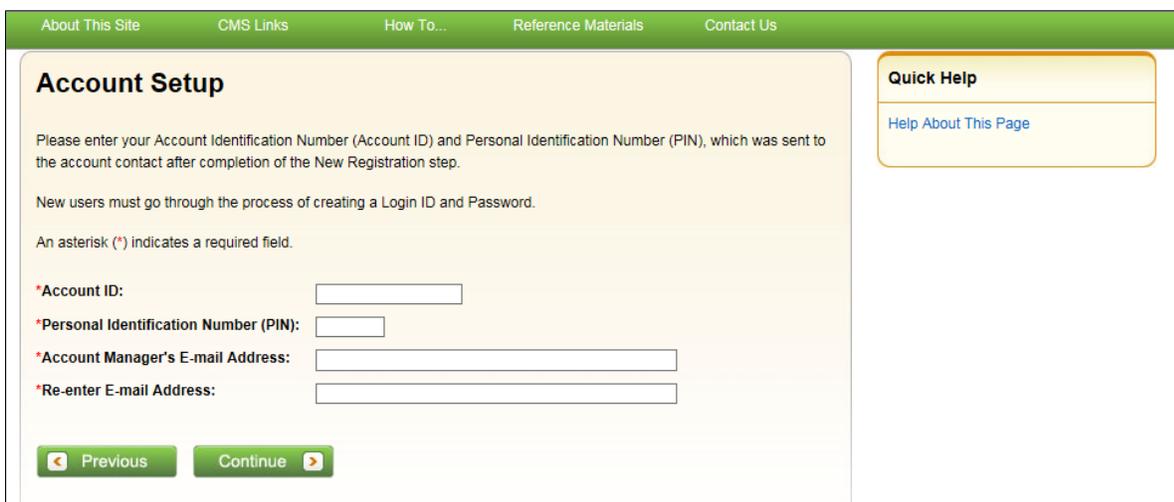


Table 5-1: Account Setup

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 e-mail address. Note: If the entered e-mail address is found in the system, you will be prohibited from continuing the account setup process.
Re-enter E-mail Address	Enter the e-mail 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

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

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 Account Manager 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 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 displays. 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 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

The screenshot shows a web form titled "Account Manager Personal Information". At the top, there are navigation links: "About This Site", "CMS Links", "How To...", "Reference Materials", and "Contact Us". A "Skip Navigation" link is in the top right. The form contains several sections:

- Account Manager Personal Information:** Includes fields for *First Name, MI, *Last Name, *E-mail Address (pre-filled with "31484am@test-team.cobqa.com"), and *Phone.
- Recovery Case Mailing Address:** Includes a red instruction: "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." Fields include *Address Line 1, Address Line 2, *City, *State (dropdown menu), and *Zip Code.
- User Agreement:** A scrollable text box containing the text: "THE FOLLOWING DESCRIBES THE TERMS AND CONDITIONS BY WHICH THE CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) GIVES YOU ACCESS TO THE MEDICARE... 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." Below this is a checkbox: "I accept the User Agreement and Privacy Policy above."
- Navigation:** "Previous" and "Continue" buttons at the bottom.

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 e-mail 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 Benefits Coordination & Recovery Center (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 4-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 displays (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 displays (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 displays, 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

Figure 5-9: Thank You

Next Steps

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

An e-mail 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 e-mail. The e-mail 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, if the AM is the same individual as the AR, then 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 e-mail, 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 E-Mail 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
 P.O. Box 660
 New York, NY 10274-0660

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: AAAAA@AAA.AAA	Phone: #####	
Representative:		
Name: AAAAA	Phone: #####	
Address: AAAAA		
Email: AAAAA@AAA.AAA	AA #####	
Account Manager:		
Name: AAAAA	Phone: #####	
Address: AAAAA		
Email: AAAAA@AAA.AAA	AA #####	
Account ID:31304	Account Type:Representative	Date: Month Date Year
EDI Contact Information:		
Email: AAAAA@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 AM (Corporate or Representative) can log in to the MSPRP. **Note:** ADs will be able to log in to the site after they self-register on the MSPRP via an invitation e-mail 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 displays, detailing the 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 displays (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 Credential ID, then the first page you will see after you log in will be the *Choose Credential ID and Enter Security Code* page (Figure 7-4). This page requires you to select whether or not you will use your Credential ID to view unmasked case information (Chapter 7) before your home page displays.

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

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 Credential ID, then the first page you will see after you log in will be the *Choose Credential ID and Enter Security Code* page (Figure 7-12). This page requires you to select whether or not you will use your Credential ID to view unmasked case information (Chapter 7) before your home page displays.

Figure 6-3: Account List

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

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 download and install one or more MFA Credential ID tokens for the devices you plan to use to access the MSPRP and then you must activate the Credential ID for your Login. To download a software Credential ID, go to the Symantec Validation and Identity Protection (VIP) Service website found at the following link: <https://idprotect.vip.symantec.com>

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

Associated Account IDs:
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:

- **Update Personal Information:** Allows you to update your name, address, e-mail, 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 ID Credentials (see Chapter 7 for details). **Request Case Access:** Not functional until the Profile Report is signed and received by the EDI department.
- **Case Listing:** Not functional until the Profile Report is signed and received by the EDI department.
- **Quick Help:** Provides access to information for the *MSPRP* page you are working on.
- **Logoff:** Allows you to log out of the MSPRP system.

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 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 (HICN or 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 13).

Figure 6-4: Case Information (Beneficiary)

Figure 6-5: Case Information (Actions: Beneficiary)

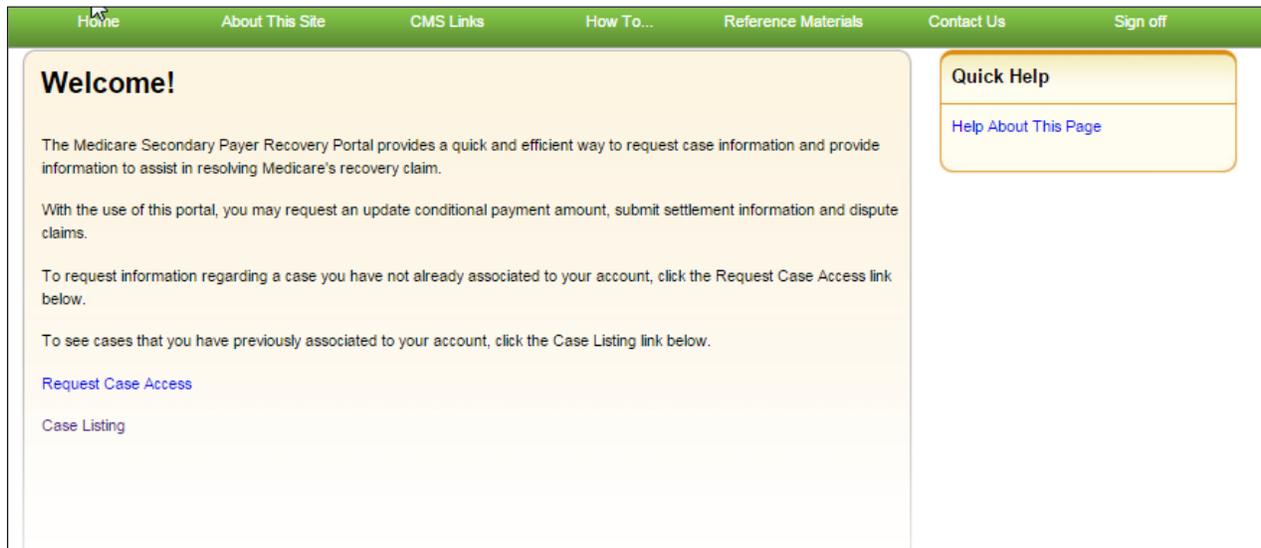
Please select an action from the following list, if the option is disabled (grayed out) it may not be available for the case at this time:

- 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?](#)

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 6-6: 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).

6.3 Forgot User Name (Login ID)

If you (Corporate or Representative Account types only) forgot your login ID (user name), follow the steps below.

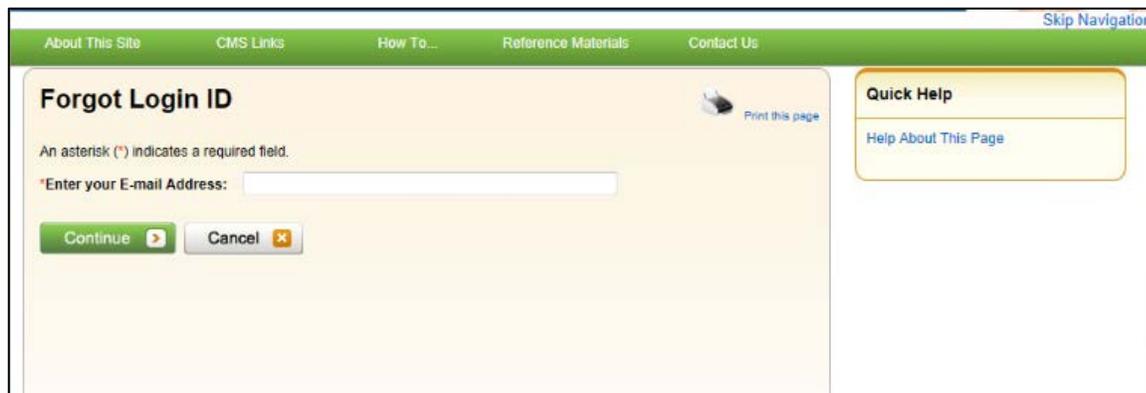
1. On the *Welcome to the MSPRP* page, click the **Forgot ID** link below the *User Name* field (Figure 6-6).

This displays the *Forgot Login ID* page (Figure 6-8).

Figure 6-7: Forgot ID Link



Figure 6-8: Forgot Login ID



2. Enter your e-mail address and click **Continue**.

The *Forgot Login ID or Password* page displays (Figure 6-9).

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 displays if your answers are correct (Figure 6-10). 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 e-mail. 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 e-mail containing your login ID. After receipt of the e-mail, return to the MSPRP site and log in using your login ID and password. If you do not receive an e-mail within 24 hours, contact an EDI representative.

Figure 6-9: Forgot Login ID or Password
Figure 6-10: Forgot Login ID Confirmation

6.4 Forgot Password

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

1. On the *Welcome to the MSPRP* page, click the **Forgot Password** link below the *Password* field (Figure 6-11).

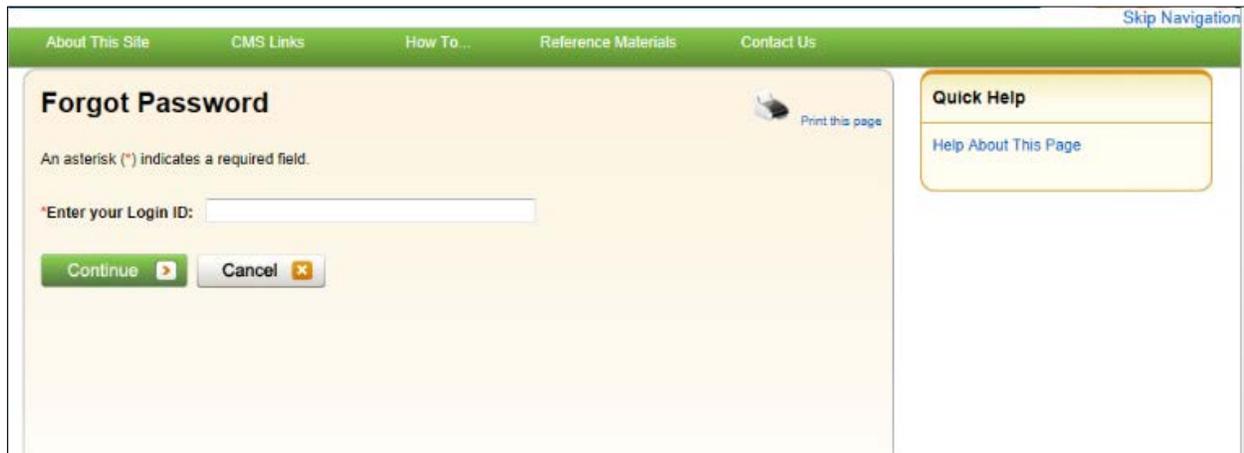
The *Forgot Password* page displays (Figure 6-12).

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

The *Forgot Login ID or Password* page displays (Figure 6-13).

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

Figure 6-11: Forgot Password Link

 A rectangular box with a light yellow background. At the top left, the text "Password:" is displayed. Below it is a white text input field. At the bottom left of the box, the text "Forgot Password" is written in blue, serving as a link.
Figure 6-12: Forgot Password

 A screenshot of a web page titled "Forgot Password". The page has a green navigation bar at the top with links: "About This Site", "CMS Links", "How To...", "Reference Materials", and "Contact Us". On the right side of the navigation bar is a "Skip Navigation" link. The main content area has a light yellow background. The title "Forgot Password" is at the top left. Below it is a sub-header "An asterisk (*) indicates a required field." followed by a text input field with the label "*Enter your Login ID:". Below the input field are two buttons: a green "Continue" button with a right-pointing arrow and a grey "Cancel" button with a close icon. On the right side of the page, there is a "Quick Help" box with a "Help About This Page" link. A "Print this page" link is located near the top right of the main content area.

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 displays if your answers are correct (Figure 6-14). 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 e-mail. 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 e-mail containing your temporary password. After receipt of the e-mail, return to the MSPRP site and log in using your login ID and temporary password. If you do not receive an e-mail 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 6-13: Forgot Login ID or Password

Figure 6-14: Forgot Password Confirmation

Chapter 7: Multi-Factor Authentication

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 or more 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 Credential ID 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,
- Download and install at least one registered Credential ID on a device that you will be using to access the MSPRP (e.g., computer or mobile device), and
- Activate at least one Credential ID 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 Credential ID. Your MFA status does not expire, so you won't ever need to repeat the process, although you can activate and deactivate Credential IDs 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.

Note: Users may also download a summary FAQ document of the *ID Proofing* process from the *Reference Materials* drop-down menu on the MSPRP.

7.1 Eligibility

Current Account Managers and Designees 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)

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 download and install one or more MFA Credential ID tokens for the devices you plan to use to access the MSPRP and then you must activate the Credential ID for your Login. To download a software Credential ID, go to the Symantec Validation and Identity Protection (VIP) Service website found at the following link: <https://idprotect.vip.symantec.com>

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

Associated Account IDs:
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 4 attempts to complete the process.</p>
ID Proofed	Credential 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 devices in Activated status. <p>OR</p> <ul style="list-style-type: none"> • An EDI representative has manually completed the <i>ID Proofing</i> process through the EDI representative application, thus setting your MSPRP Status to <i>ID Proofed</i>, and • You currently have no devices in Activated 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 4 valid submission attempts (i.e., you clicked Continue without receiving validation errors the maximum 4 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	<p>Indicates that your attempt to complete the <i>ID Proofing</i> process by phone with Experian was unsuccessful.</p>
Complete	Credential 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 Credential ID in active status. <p>Note: In this case, the Next Step is replaced with the Credential Maintenance link. Click this link to activate, reactivate, or deactivate Credential IDs.</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 7.4.1)
Contact Experian	Displays the <i>Contact Experian</i> page (to attempt to complete the <i>ID Proofing</i> process by phone). (Section 7.7.1) 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 7.7.2)
Credential Required	Displays the <i>Multi-Factor Authentication (MFA) Credential Maintenance</i> page (to add a Credential ID). (Section 7.5)
Credential Maintenance	Displays the <i>Multi-Factor Authentication (MFA) Credential Maintenance</i> page (to activate, reactivate, or deactivate Credential IDs). (Section 7.5)

7.3 Downloading and Installing Credential IDs

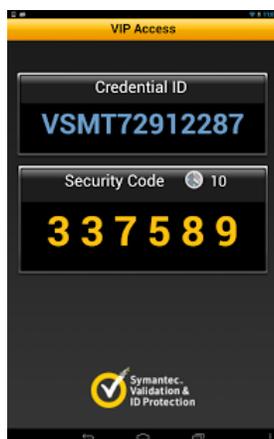
To use MFA Services, you must download and install one or more MFA Credential ID tokens for the devices you plan to use to access the MSPRP. You may do this step at any time during the *ID Proofing* process. However, you must complete the *ID Proofing* process before you can activate Credential IDs on the MSPRP. You can have up to 5 Credential IDs in Activated status.

Once you activate a Credential ID, you will be able to log in to the MSPRP and use that device to view unmasked case information.

To download a software Credential ID (Figure 7-2), go to the Symantec Validation and Identity Protection (VIP) Service website.

- For all computers and mobile devices, go to: <https://idprotect.vip.symantec.com/>.
- To see system requirements, go to: <https://www.symantec.com/products/information-protection/validation-id-protection/requirements>.

Figure 7-2: Example Symantec VIP Access Screen



7.4 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 download and activate a Credential ID from Symantec. At that point, you will be able to log in to the MSPRP using that Credential ID 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.

7.4.1 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.

7.4.2 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 **4 attempts**, your MFA Status is automatically set to *Pending Phone* and the MSPRP will display the *Contact Experian* page (Section 7.7.1). 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 displays (Figure 7-3).

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 displays (Figure 7-4).

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 7.4.3). The MSPRP will also change the MFA Status on your home page.

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

Figure 7-3: 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 MFA device (Credential ID) 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.
- Download Symantec's Validation and Identity Protection (VIP) software for the MFA device you will be using to access MSPRP protected information.
- Associate an MFA device to your MSPRP Login ID.

Next Steps

Once you have been successfully ID Proofed and have at least one MFA device associated to your Login ID, you will be able to use the device 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 select a Credential ID and enter the Security Code for that Credential ID.

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 7-4: ID Proofing Core Credentials

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

ID Proofing Core Credentials

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.

An asterisk (*) indicates a required field.

Personal Information

* First Name:

Middle Name:

* Last Name:

Generation:

*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:

*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 (SHERI AUTY) 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 8 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 9 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 e-mail format accepted. It does not need to match the one associated with your login ID. E-mail 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 (Zip+4)	5-digit ZIP is required; 4-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 7.7.1). This button will only be enabled after you click Continue and do not receive any validation errors.

7.4.3 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 7-5).

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 7-6). There is an alert to warn you when 2 minutes remain in the time period.

- If verification was successful, the MFA status on your home page will be changed to **ID Proved** the MSPRP will display the *Multi-Factor Authentication (MFA) Credential Maintenance* page, allowing you to activate one or more Credential IDs 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 7.7.1).

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 7-5: Example Identity Verification Questions

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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

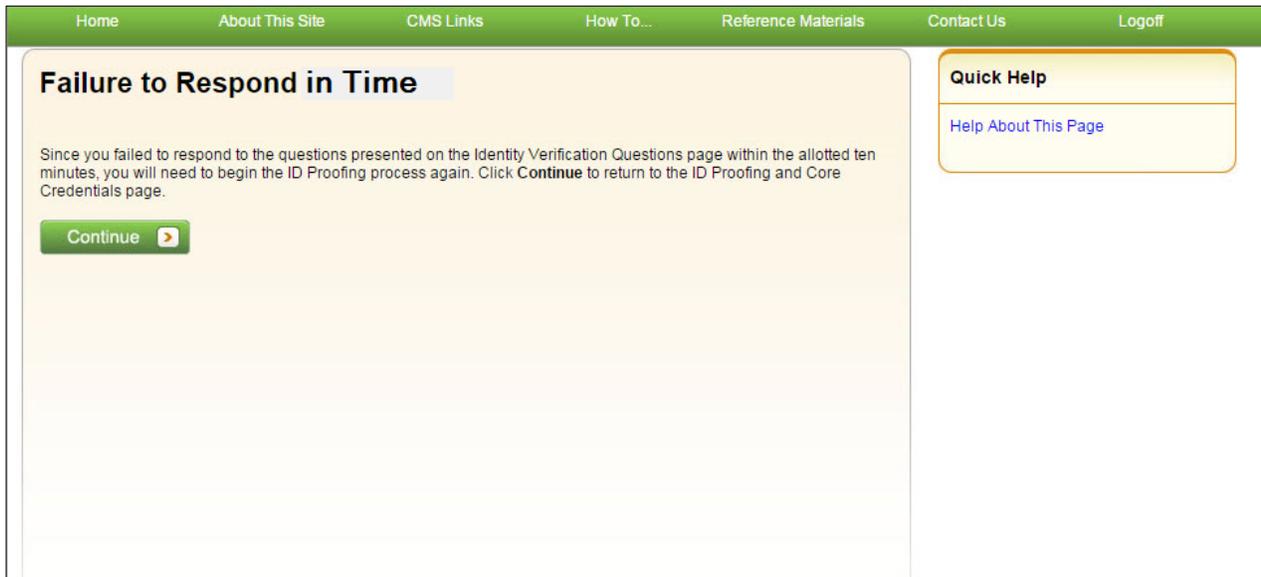
4. Which of the following professions do you currently or have previously belonged to? If there is not a matched profession, please select "NONE OF THE ABOVE".

- CHIROPRACTOR
- COUNSELER
- BARBER/COSMETOLOGIST/MANICUREST/NAIL
- ARCHITECT
- NONE OF THE ABOVE

Continue **Cancel**

Quick Help

[Help About This Page](#)

Figure 7-6: Failure to Respond in Time

7.5 Multi-Factor Authentication (MFA) Credential Maintenance

Once you have successfully completed the *ID Proofing* process, your next steps are to download the Symantec Validation & ID Protection (VIP) software on to one or more devices, and then return to the MSPRP to activate your Credential IDs. Once activated, you can log in to the MSPRP and choose a Credential ID if you want to view unmasked case information.

The *Multi-Factor Authentication (MFA) Credential Maintenance* page displays the Credential IDs associated with your login ID, along with associated credential information. From this page, you can activate a new credential (or reactivate a credential that you previously deactivated) by clicking the **Activate Credential** button, or deactivate a credential no longer in use by clicking **Deactivate Credential**. You must have at least one Credential ID in Activated status to view unmasked case information on the MSPRP.

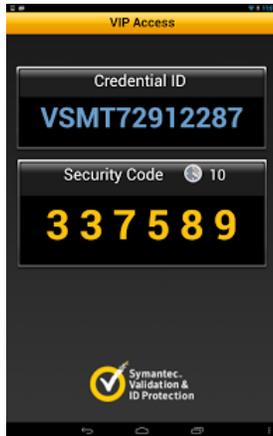
7.5.1 Downloading and Installing Credential IDs

If you wish to view unmasked case information on the MSPRP, you will need to download the Symantec VIP software to a device (i.e., computer or smartphone) that you will be using to access the MSPRP. You may download this software at any time during the *ID Proofing* process.

Once the software has been downloaded, it will assign the device a “Credential ID.” After you complete the *ID Proofing* process, you will be required to activate each device Credential ID on the MSPRP (Section 7.5.2).

To download a software Credential, go to the Symantec Validation and Identity Protection (VIP) Service website.

- For all computers and mobile devices, go to: <https://idprotect.vip.symantec.com/>.
- To see system requirements, go to: <https://www.symantec.com/products/information-protection/validation-id-protection/requirements>.

Figure 7-7: Example Symantec VIP Access Screen

7.5.2 Activate Credential IDs

The *Activate Credential* page allows you to activate, or reactivate, a Credential ID that will be associated to your MSPRP login ID.

At this point, you must have successfully completed the *ID Proofing* process, downloaded the Symantec Validation & ID Protection (VIP) software to a device (i.e., computer or smartphone), and have that device Credential ID available for activation on the MSPRP.

You can have up to 5 Credential IDs in Activated status.

To Activate or Reactivate Credential IDs

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

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

2. Click **Activate Credential**.

The *Activate Credential* page displays (Figure 7-9).

3. Enter (and re-enter) a Credential ID, as generated by the VIP software.
4. Enter the Security Code for the Credential ID, also generated by the VIP software.
5. Enter a Credential ID Nickname (optional) (up to 20 characters).

Note: If you need to change the nickname, you must first deactivate the Credential ID and then reactivate it with the new nickname.

6. Click **Continue** to validate through Symantec, or click **Cancel** to return to the *Multi-Factor Authentication (MFA) Credential Maintenance* page without activating the Credential ID.

When validated, the *Credential Activated Successfully* page displays (Figure 7-10).

Validation Criteria:

- The Credential ID must be between 4 and 100 characters, may contain both letters and numbers, and can only include the following special characters: # (number), . (period), or * (asterisk).
- The Security Code must be between 6 and 10 characters long. It can contain letters or numbers but no special characters.

7. Click **Continue** to return to the *Multi-Factor Authentication (MFA) Credential Maintenance* page.

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

7.5.3 Reactivate Credential IDs

If you are reactivating a Credential ID that you previously deactivated, the MSPRP will pre-fill the current *Credential ID* field on the *Activate Credential* page when you click **Activate Credential**. To complete reactivation, enter the Security Code (one-time password) generated by the device and then click **Continue**. You can edit the Credential Nickname during this process, if desired.

Figure 7-8: Multi-Factor Authentication (MFA) Credential Maintenance

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Multi-Factor Authentication (MFA) Credential Maintenance

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

The Credential IDs associated to your Login ID are listed on this page. You must have at least one Credential ID in Activated status in order to view unmasked claim information on the Medicare Secondary Payer Recovery Portal (MSPRP). To activate a device, you must first download the Symantec Validation and ID Protection (VIP) Software for the applicable device and then associate the device to your Login ID. The VIP software can be downloaded from the following link:<https://idprotect.vip.symantec.com>

Credential ID	Credential Nickname	Credential Status	Date Activated	Date Deactivated
<input checked="" type="radio"/> VSMT3628.XXXX	IPHONE	Activated	02/23/2015	

Deactivate Credential Activate Credential Cancel

Quick Help

[Help About This Page](#)

Figure 7-9: Activate Credential

Figure 7-10: Credential Activated Successfully

Credential ID	Credential Nickname	Credential ID Status	Date Activated
VSMT3628XXXX	iPhone	Activated	02/23/2015

7.5.4 Deactivate Credential IDs

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

To Deactivate Credential IDs

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

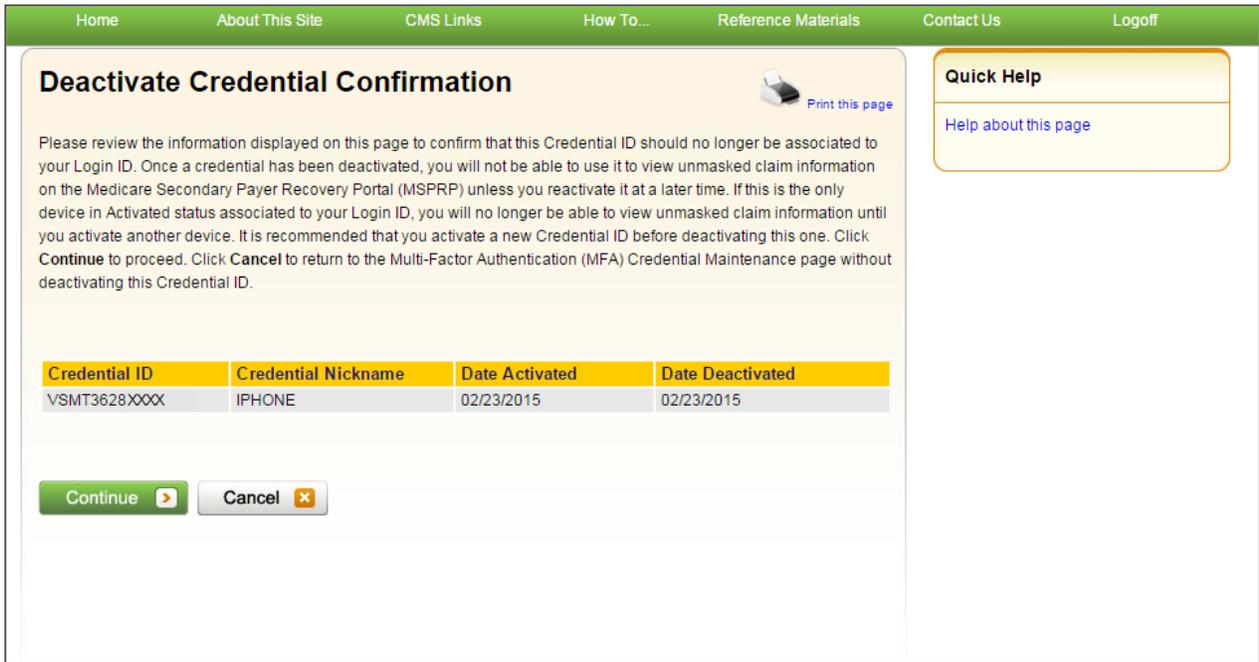
The *Multi-Factor Authentication (MFA) Credential Maintenance* page displays.

2. Click the radio button to select the Credential ID you want to deactivate.
3. Click **Deactivate Credential**.

The *Deactivate Credential Confirmation* page displays (Figure 7-11).

4. Click **Continue** to confirm the deactivation, or click **Cancel** to cancel the deactivation process. Both actions return you to the *Multi-Factor Authentication (MFA) Credential Maintenance* page when completed.

Figure 7-11: Deactivate Credential Confirmation



7.6 Logging in Using MFA Services

Once you have completed the *ID Proofing* process and have at least one Credential ID in Activated 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 *Choose Credential ID and Enter Security Code* page automatically.

If you want to use MFA Services, you have **3 attempts** to select a Credential ID and successfully enter its Security Code. 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.

To use MFA Services

1. Log in to the MSPRP.

The *Choose Credential ID and Enter Security Code* page displays (Figure 7-12).

Note: This page will not display if you have not activated any Credential IDs or devices.

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

If using MFA Services:

- a. Select a device from the drop-down menu.
- b. Enter the Security Code of the Credential ID selected.

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

Figure 7-12: Choose Credential ID and Enter Security Code

7.7 Troubleshooting

7.7.1 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 7-13). 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. 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 Prooved** and the Next Step will be the **Credential 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 7-14). Click this link to access information for contacting the BCRC so you can complete the *ID Proofing* process manually (Figure 7-15).

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

Figure 7-13: Contact Experian

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 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 be required to provide answers to some questions asked by the agent.

If the agent is able to successfully verify your identity, they will let you know that you may resubmit your request. Click Continue to return to your home page and then click the 'Contact Experian' link. After you've been successfully ID Proofed, you will need to activate a credential in order to utilize multi-factor authentication on the MSPRP.

If the agent is unable to confirm your identity, they will let you know that you have failed the Phone ID Proofing process. You will need to Contact the Benefits Coordination and Recovery Center (BCRC) Monday-Friday, from 9:00 a.m. to 5:00 p.m., Eastern Time, except holidays, at: (646) 458-6740 so you can attempt to be ID Proofed through a manual process. Click Continue to return to your home page.

Experian Verification Support Services Contact Information
Phone Number: (866) 578-5409
MSPRP Reference Number: 9876543298876876
Session ID: 9809870

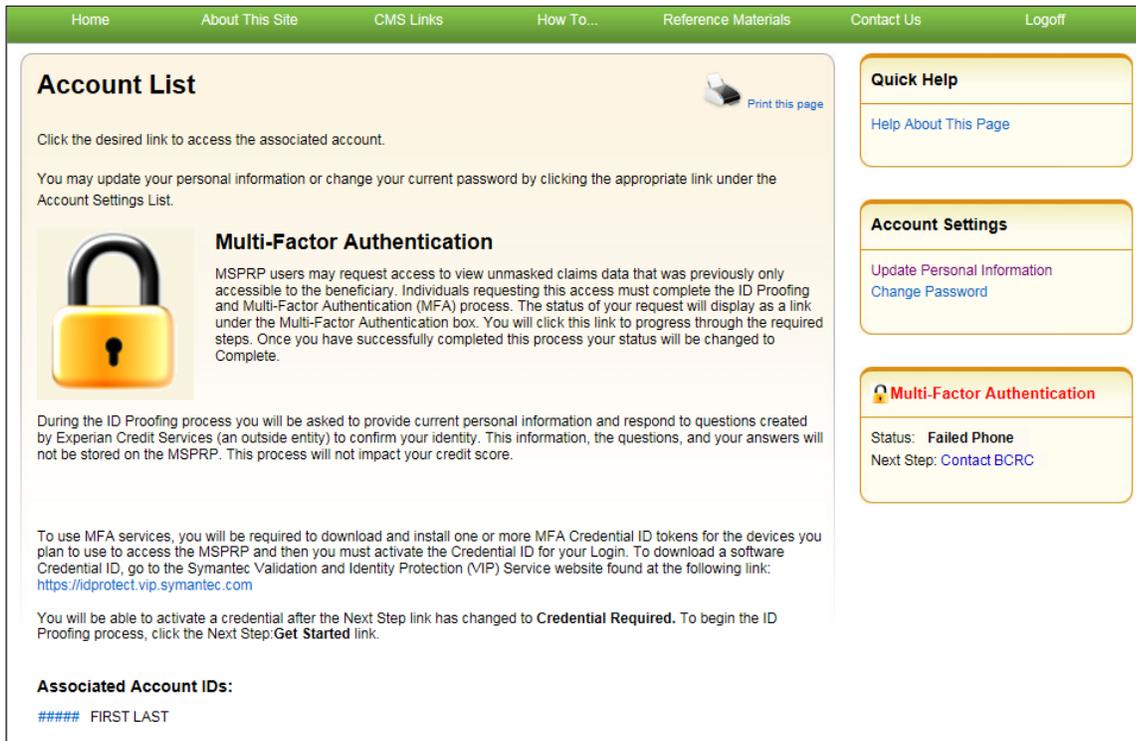
Day of the Week	Open	Close
Monday	8:30 am EST	10:00 pm EST
Tuesday	8:30 am EST	10:00 pm EST
Wednesday	8:30 am EST	10:00 pm EST
Thursday	8:30 am EST	10:00 pm EST
Friday	8:30 am EST	10:00 pm EST
Saturday	10:00 am EST	8:00 pm EST
Sunday	11:00 am EST	8:00 pm EST

[Continue](#) 

Quick Help

[Help about this page](#)

Figure 7-14: Account List (MFA Status: Failed Phone)



7.7.2 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 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 displays (Figure 7-15).

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 7-16).

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 e-mail 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 e-mail notification from the BCRC, the MFA Status on your home page will be set to **ID Prooved** and the Next Step will be the **Credential Required** link.

Figure 7-15: Contact the BCRC

The screenshot shows a web page with a green navigation bar at the top containing links for Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, and Logoff. The main content area has a light beige background and is titled "Contact the Benefits Coordination & Recovery Center (BCRC)". To the right of the title is a printer icon and a "Print this page" link. The text explains that Experian cannot verify the user's identity and provides instructions on how to proceed by bringing documentation to a Notary Public. It includes links for a "Notary Statement Template" and a "Notarized Statement Sample". The contact information for the BCRC EDI Department is listed as Medicare MSPRP, PO Box 660, New York, NY 10274-0660. A "Next Steps" section describes the 45-day verification process and the need to log in to the MSPRP portal. A green "Continue" button with a right-pointing arrow is located at the bottom left of the content area. On the right side of the page, there is a "Quick Help" box with a "Help About This Page" link.

Figure 7-16: 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 AMs and 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, e-mail 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, e-mail 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 displays (Figure 8-2).

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

The *Personal Information Update Confirmation* page displays 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 e-mail confirming that your personal information has been changed (Figure 8-4).

Note: If you updated your e-mail address, the e-mail will be sent to your previous e-mail address.

Figure 8-1: Account Settings



Figure 8-2: Update Personal Information

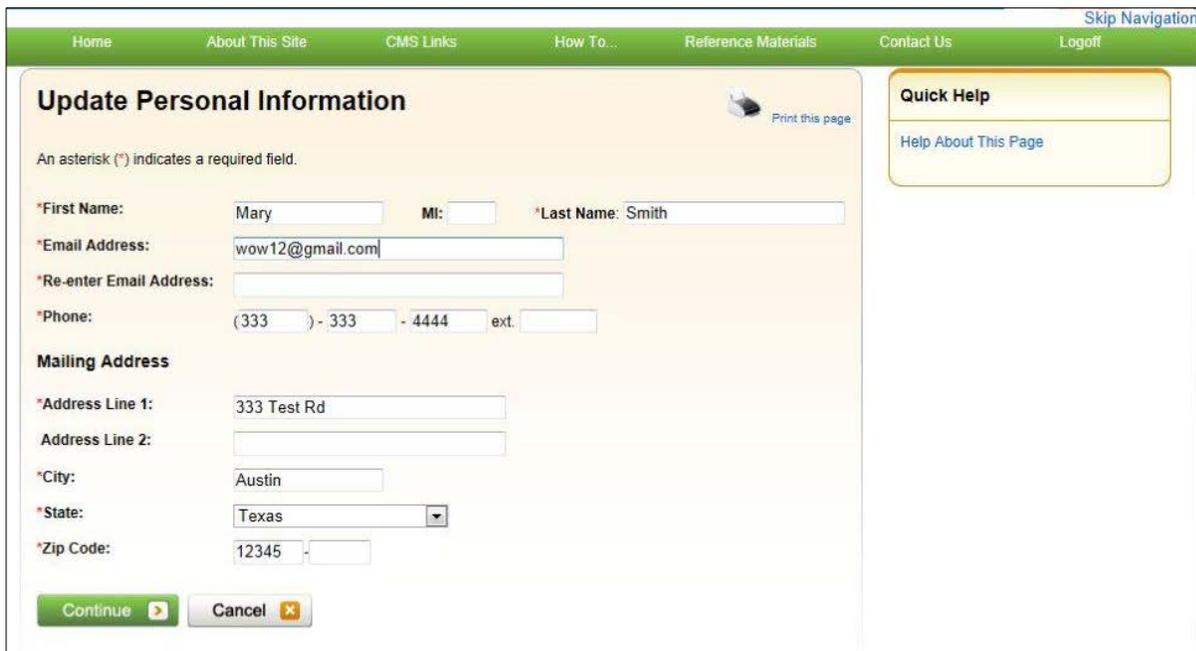
A screenshot of a web application interface. At the top is a green navigation bar with links: Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, and Logoff. A "Skip Navigation" link is in the top right. The main content area has a title "Update Personal Information" and a "Print 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). At the bottom are "Continue" and "Cancel" buttons. A "Quick Help" box 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 e-mail address.
Re-enter Email Address	Enter your e-mail 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 4-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

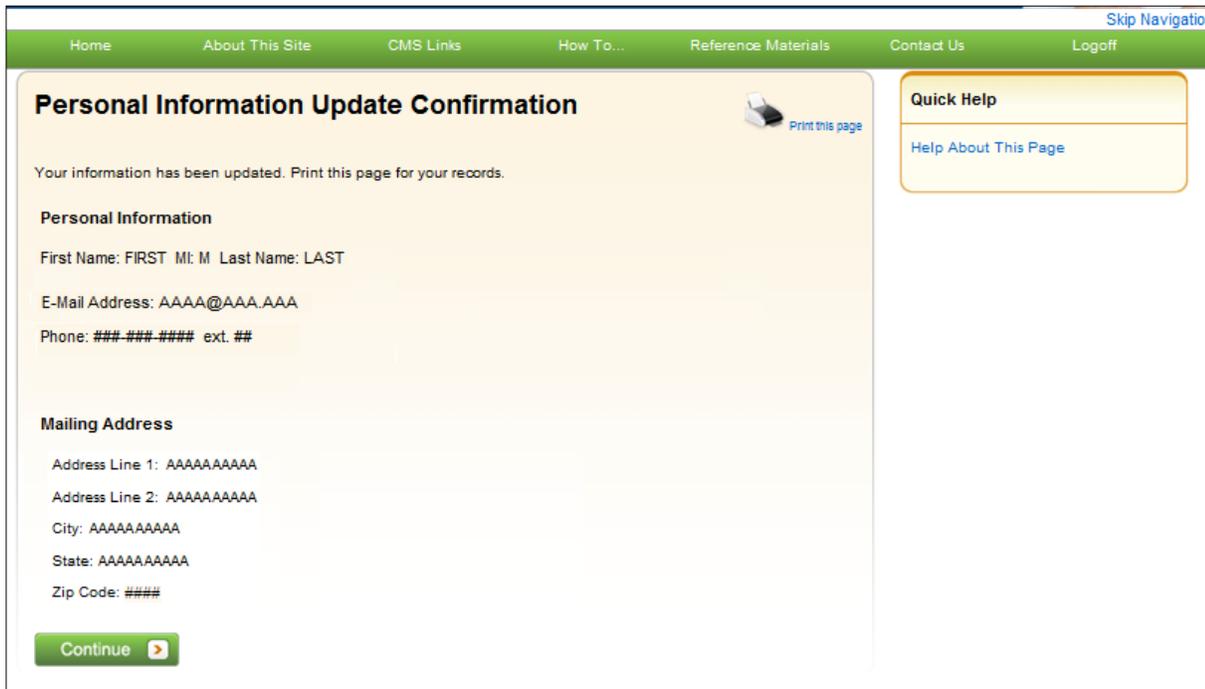
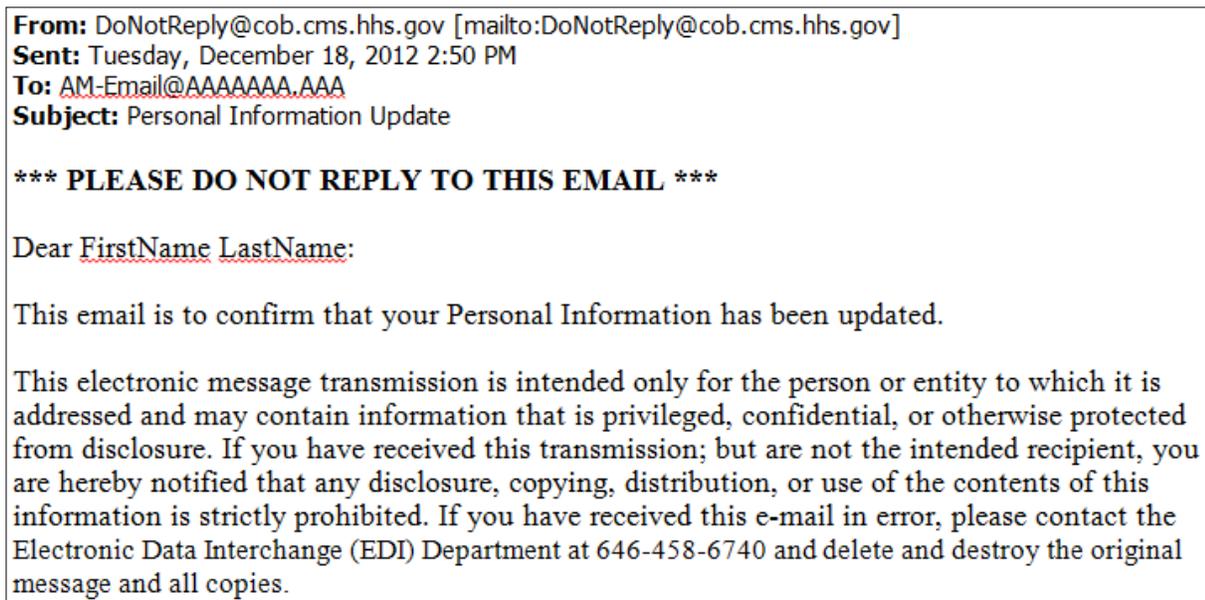


Figure 8-4: Sample Personal Information Update E-Mail



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 displays (Figure 8-6). You can update your Corporate information or your 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 displays (Figure 8-7). The Corporate Information fields are open for editing.

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

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

Note: You cannot change the EIN.

Figure 8-5: Account Settings

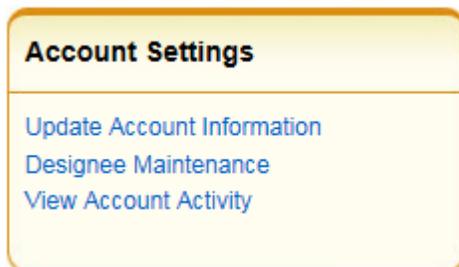


Figure 8-6: Update Corporate Information

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 [Edit](#)

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 8-7: 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 EIN/TIN. This 9-digit number cannot be changed or edited.
Corporation Name	Displays the corporation's name. Make any necessary changes.

Recovery Case Mailing Address

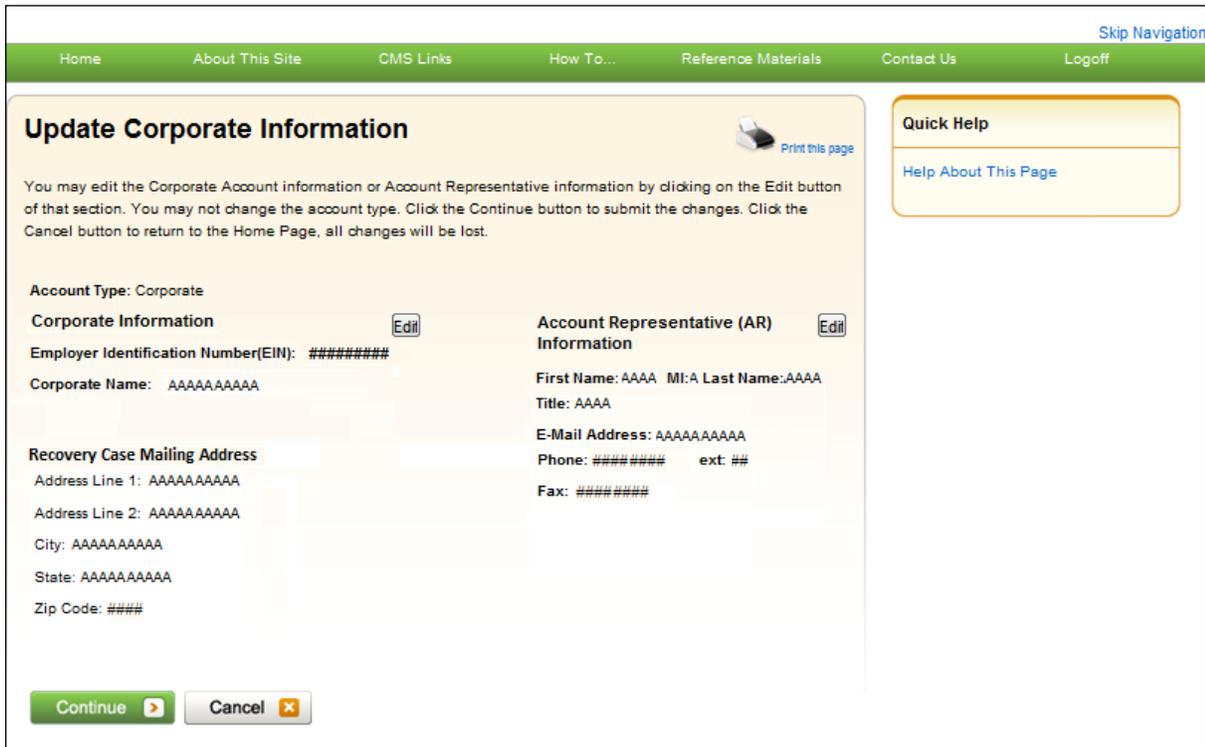
The information entered in this section of the *Corporate Information* page should be for the mailing address at which you have previously received correspondence from the BCRC related to the recovery case or the address at which you want correspondence directed. This address will be used to link the 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 4-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 displays 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, e-mail 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 e-mail address in the *Re-enter E-mail Address* field.
8. Verify your updates and click **Continue**.
 The *Corporate Information Update Confirmation* page displays 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

The screenshot shows a web form titled "Update Account Representative (AR) 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. Below the navigation bar, the form title is "Update Account Representative (AR) Information" with a "Print this page" icon. A note states: "An asterisk (*) indicates a required field." The form contains the following fields:

- *AR First Name: Text box containing "John"
- MI: Text box
- *Last Name: Text box containing "Doe"
- *AR Title: Text box containing "President and CEO"
- *E-mail Address: Text box containing "JDoe@YourCompany.Com"
- *Re-enter E-mail Address: Text box
- *Phone: Three text boxes for area code (999), exchange (999), and number (9999), followed by an "ext." label and a text box.
- Fax: Three text boxes for area code, exchange, and number.

 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). On the right side, there is a "Quick Help" sidebar with a "Help About This Page" link.

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 e-mail address used by the AR. Make any necessary changes.
Re-enter E-mail Address	Re-enter the e-mail 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

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 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

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

Skip Navigation

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 displays.

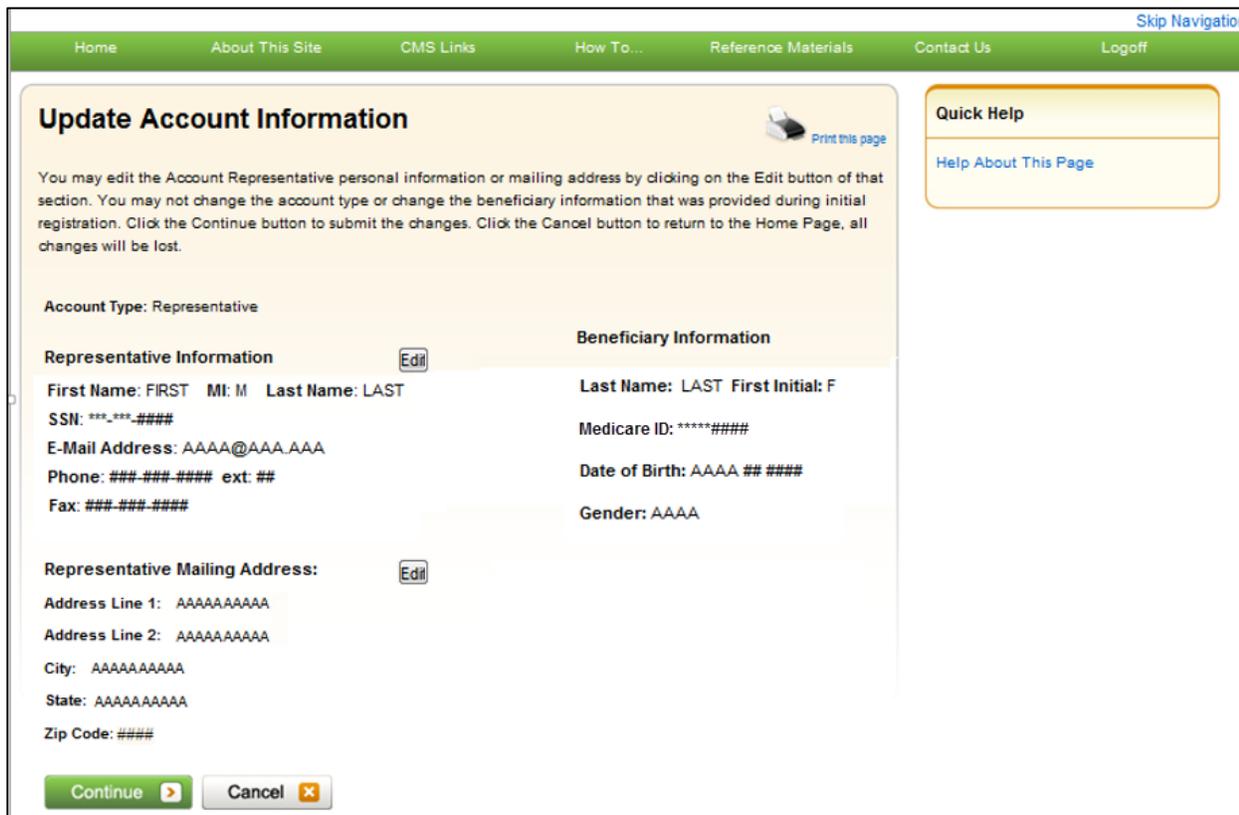
2. Click the **Edit** button next to the *Representative Information* or the *Representative Mailing Address* section to make changes.

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

Figure 8-12: Account Settings



Figure 8-13: Update Account Information



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 e-mail 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 MSPRP *Welcome!* page displays. 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. Below the navigation bar, the form has a heading "Update Representative Information" and a "Print this page" icon. A note states: "An asterisk (*) indicates a required field." The form contains the following fields:

- *First Name: Text input with "John" entered.
- MI: Text input.
- *Last Name: Text input with "Doe" entered.
- *E-mail Address: Text input with "JDoe@YourCompany.Com" entered.
- *Re-enter E-mail Address: Text input.
- *Phone: Text input with "999 - 999 - 9999" entered.
- *Fax: Text input.
- Mailing Address section:
 - *Address Line 1: Text input with "111 Any Lane" entered.
 - Address Line 2: Text input.
 - *City: Text input with "Anytown" entered.
 - *State: Dropdown menu with "NY" selected.
 - *Zip Code: Text input with "99999" entered.

 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 e-mail address. Make any necessary changes.
Re-enter Email Address	Re-enter the Representative’s e-mail address a second time for verification purposes.
Phone	Displays the Representative’s personal phone number. Make any necessary changes.

Field	Description
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 4-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

Figure 8-16: Update Account Information Confirmation

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

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: AAAAAAAAAA
 Address Line 2: AAAAAAAAAA
 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 100 ADs. Representative accounts may have up to 5.

If you want to change the role of an Account Designee on an existing account to an Account Manager, you can do so by contacting an 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 e-mail 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 (see 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 displays. This page lists all designees that have been invited or assigned to the account.

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

The *Designee Information* page displays (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

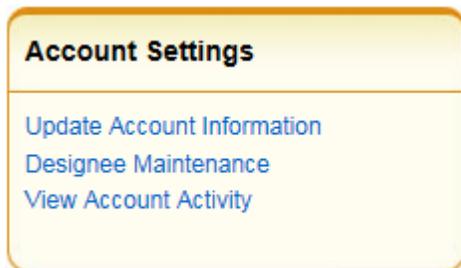


Figure 8-18: Designee Listing

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

Designee Listing

[Print this page](#)

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.

Delete	Last Name	First Name	Email Address	Passphrase	Status	Last Login Date
✕	Last	First	email@email.com		Active	04/08/2017
✕	Last	First	email@email.com	Pass####	Pending	
✕	Last	First	email@email.com		Active	02/08/2018

Add Designee
Cancel

Quick Help

[Help About This Page](#)

Figure 8-19: Designee Information

4. Enter and re-enter the e-mail 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 e-mail address entered. If the entered e-mail address is not matched to a registered user, the *Designee Invitation* page displays (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 e-mail 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 e-mail from the MSPRP notifying them that they have been designated as an AD for your account. Once they receive this e-mail, they can log in to the MSPRP using their existing login ID and password and complete tasks related to your account. If the entered e-mail address is matched to a registered AM or AR, the system will not allow you to proceed with the invitation.

5. When the *Designee Invitation* page displays, 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 e-mail to register for the MSPRP. Do not share the passphrase with anyone else. It will not be sent to the designee in the invitation e-mail. You must give it to them outside the system.

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

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

7. Click **Continue** to proceed.

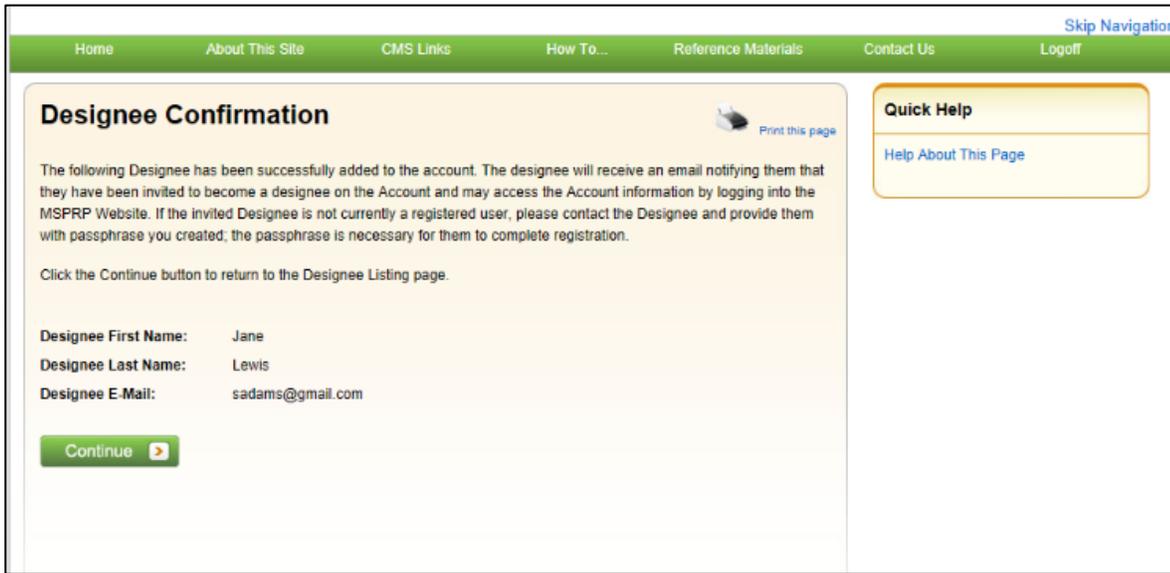
The *Designee Listing* page displays (Figure 8-18). The new designee is listed, with a status of Pending.

8. 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 8-6: 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.
Cancel	Command button. Click to cancel changes and return to the prior page.

Figure 8-21: Designee Confirmation

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 displays (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, check the *Last Login Date* on this page.

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

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

3. If you do not want to delete the selected designee, click **Cancel** to return to the *Designee Listing* page. The Account Designee 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 displays 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 they are currently associated with.

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

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 displays (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 displays and is open for editing (Figure 8-23).

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

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

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

The *Designee Listing* page displays 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.

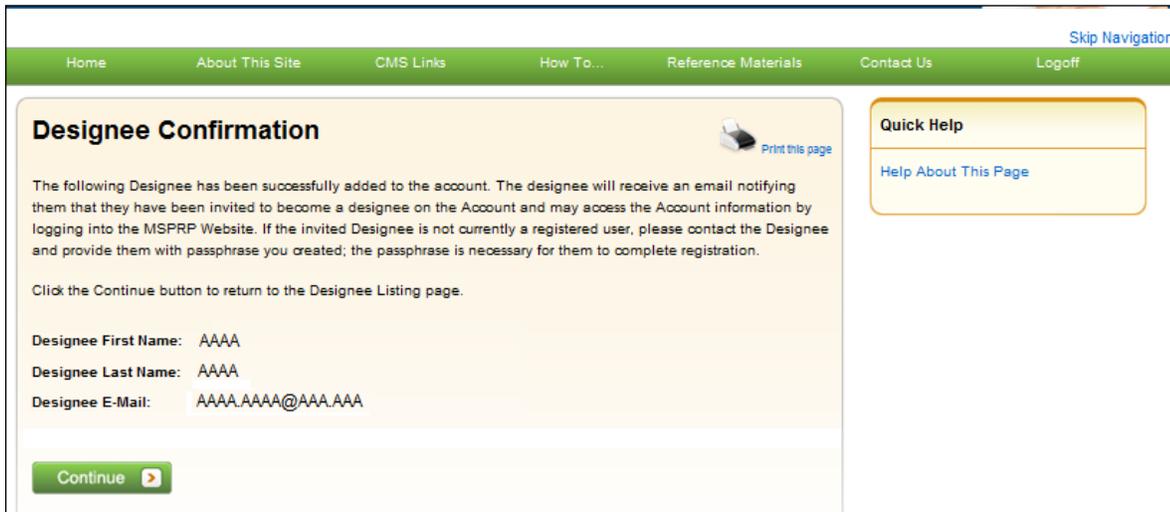
Figure 8-23: Update Designee Information

The screenshot shows a web form titled "Update Designee 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. Below the navigation bar, the form contains the following elements:

- Update Designee Information** (Title)
- [Print this page](#) (Link)
- Instructions: "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 "An asterisk (*) indicates a required field."
- Form fields:
 - *Designee First Name: Jennifer
 - *Designee Last Name: [Empty]
 - *Designee E-mail Address: l.com
 - *Re-enter Designee E-mail Address: [Empty]
 - *Passphrase: test
 - *Re-enter Passphrase: [Empty]
- Checkbox: Regenerate token. Check this box if another invitation e-mail must be sent to the Designee.
- Buttons: Continue (with right arrow) and Cancel (with close icon).
- Quick Help sidebar on the right with a "Help About This Page" link.

Table 8-7: 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 e-mail address. Make changes as necessary.
Re-enter Designee E-mail Address	Does not display the designee’s e-mail address. You will need to re-enter the designee’s e-mail address for verification purposes. Make sure that this e-mail address is the same as the e-mail address entered in the Designee E-mail Address 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 e-mail. 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

8.3.4 Regenerate Invitation E-Mail

When the AM invites a person to be an AD, an e-mail is generated and sent to the intended designee informing them of the invitation. The e-mail 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 e-mail, or if the designee has not registered within 30 days, the AM can regenerate the invitation e-mail, allowing the intended AD to self-register.

Note: The previously generated token link will not work once a new e-mail is generated. Invitation e-mails can only be regenerated for designees in Pending status. The e-mail will come from DoNotReply@cob.hhs.gov. Inform your designee to allow e-mail 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 displays (Figure 8-18).

2. Click the last name of the designee who needs the e-mail regenerated.

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

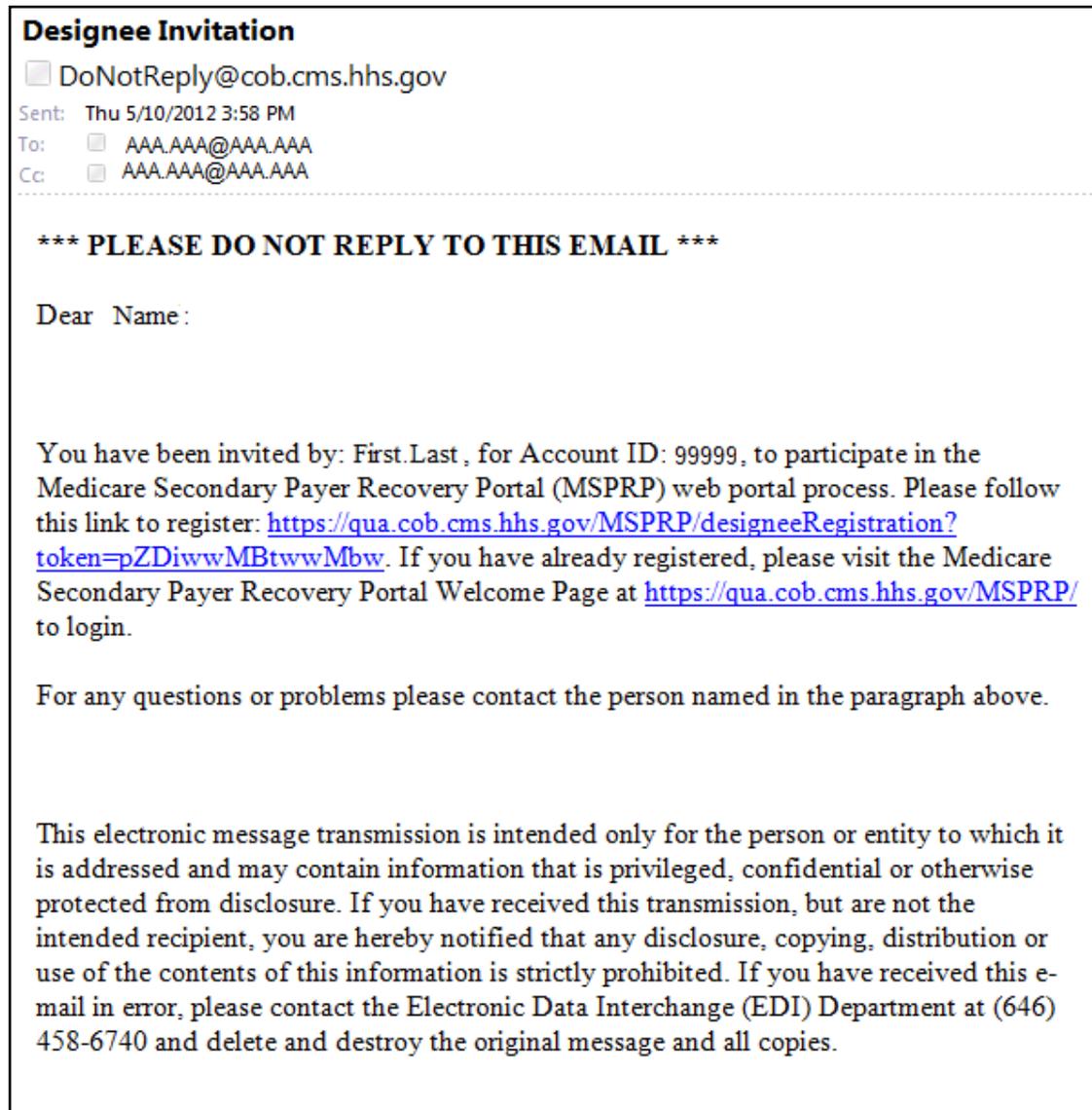
Figure 8-25: Update Designee Information

The screenshot shows a web application interface for updating designee information. At the top, 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 main content area is titled 'Update Designee Information' and includes a 'Print this page' icon. Below the title, there 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 input fields: 'Designee First Name' (filled with 'Jennifer'), 'Designee Last Name' (empty), 'Designee E-mail Address' (filled with '.l.com'), 'Re-enter Designee E-mail Address' (empty), 'Passphrase' (filled with 'test'), 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 of the form are two buttons: 'Continue' (green) and 'Cancel' (grey). To the right of the main form is a 'Quick Help' sidebar with a 'Help About This Page' link.

3. Enter the designee’s e-mail address and passphrase, select the *Regenerate token* checkbox, and click **Continue**.

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

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

Figure 8-26: Sample of Re-Generated E-Mail 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” (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 displays (Figure 8-27).

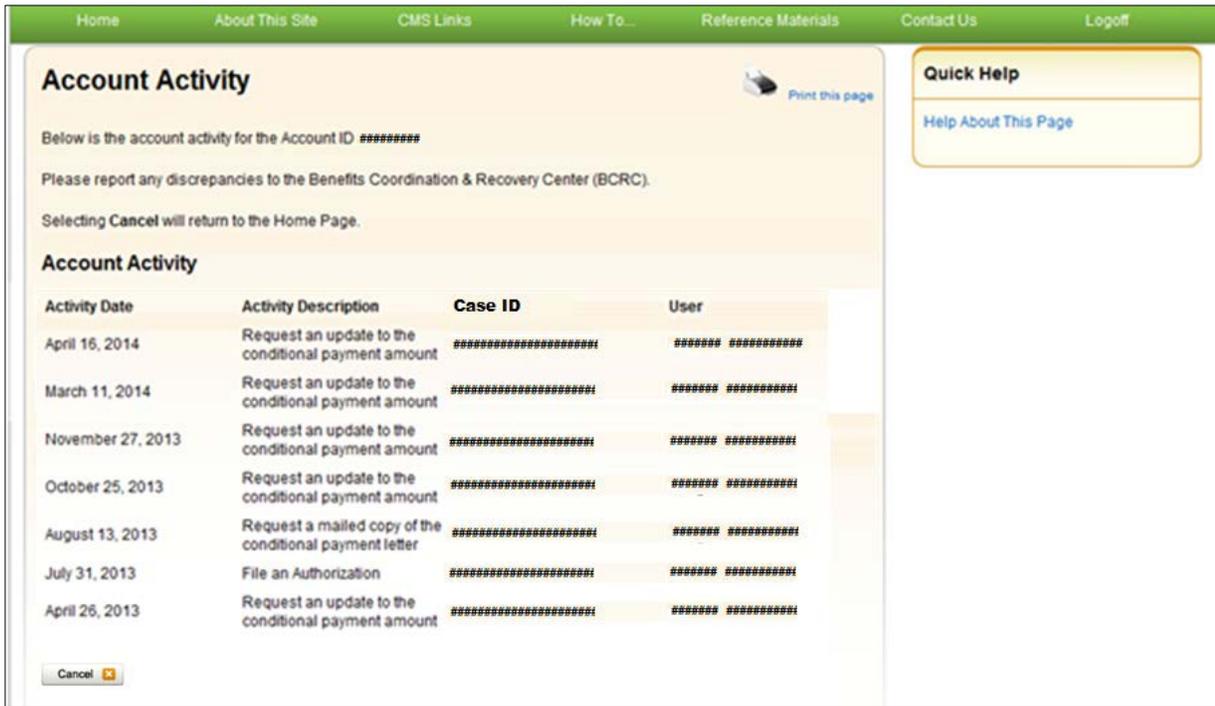
If you are the AM, all activity performed for the account will display.

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.

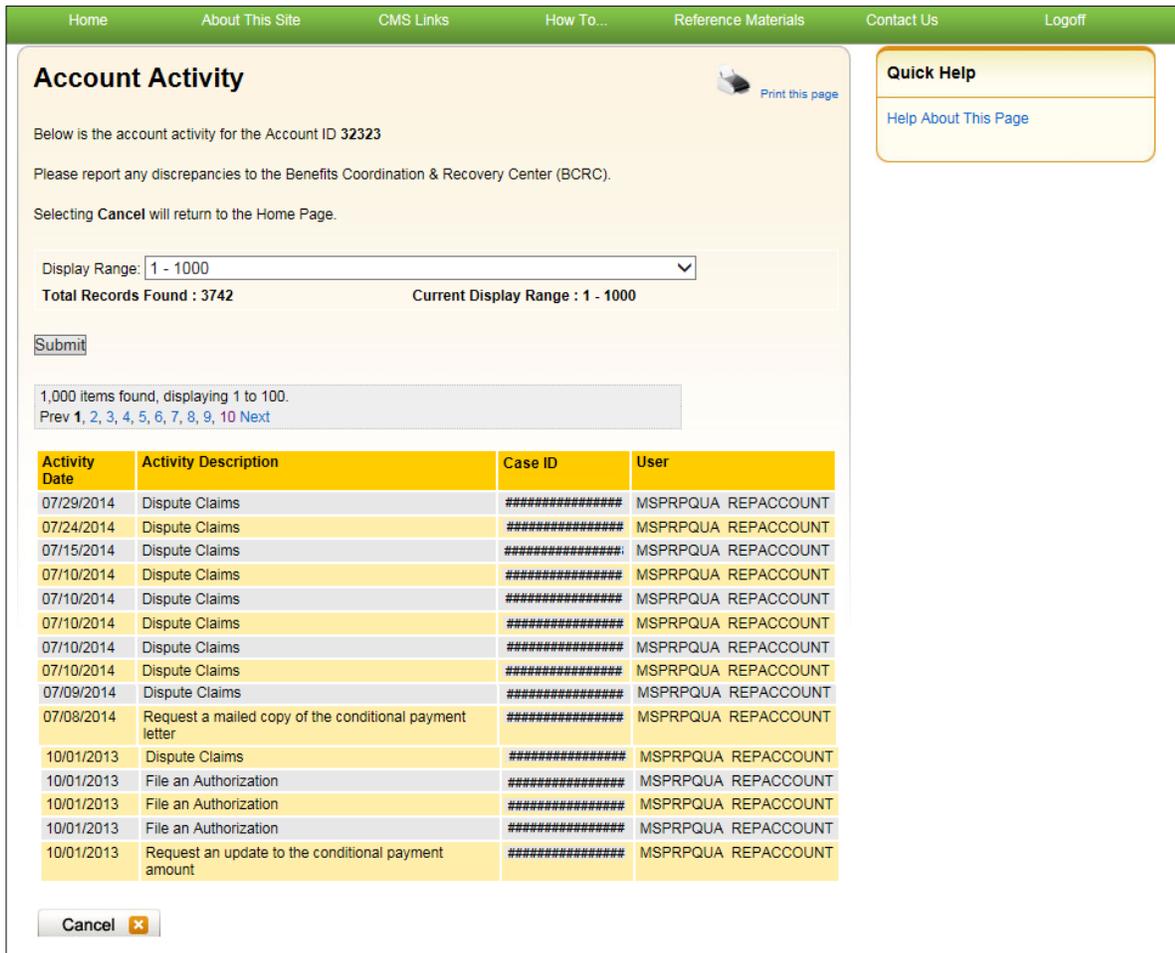
Figure 8-27: Account Activity Page



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



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:

- 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 displays (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. In this case, a temporary password is assigned. 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 displays (Figure 8-30).

2. Enter your current 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 7 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 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:

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

3. Click **Continue** to proceed.

The *Change Password Confirmation* page displays 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.

4. 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

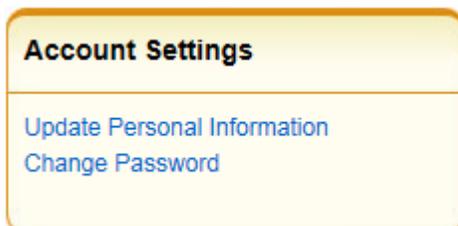
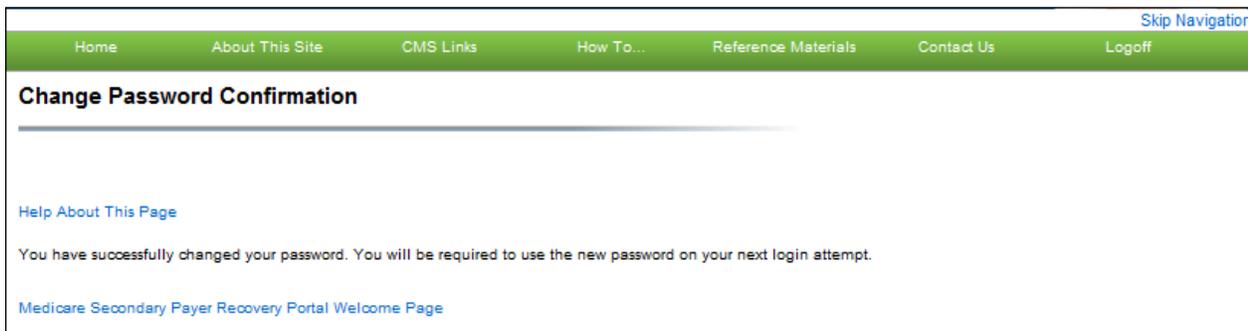


Figure 8-30: Change Password

Table 8-8: Change Password

Field	Description
Enter your current password	Enter your password.
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

ADs are optional users associated with an Account ID who assist the 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 e-mail 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 e-mail.

As an AD, you register yourself on the MSPRP using the information contained in the system-generated e-mail 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 e-mail sent by Medicare (Figure 9-1).

The *Login Warning* page displays, detailing the DUA (Figure 9-2).

The e-mail will come from DoNotReply@cob.hhs.gov. You must allow e-mail 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 displays, 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 Account Manager.

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

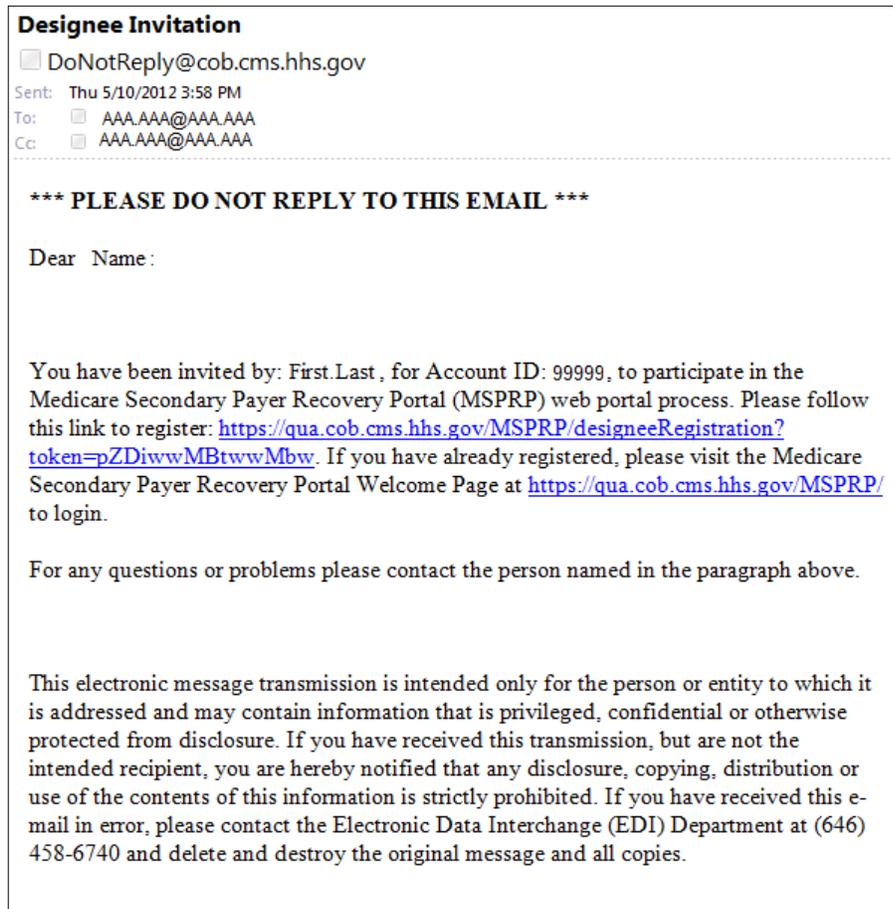
Figure 9-1: Sample Designee Invitation E-Mail

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 pass-phrase:

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 (MPSRP) 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

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 displays (Figure 9-4).

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

The *Designee Login Information* page displays (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 displays (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 displays (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 for "About This Site", "CMS Links", "How To...", "Reference Materials", and "Contact Us". The form includes a "Quick Help" box with a "Help About This Page" link. The form fields are as follows:

- First Name:** Text input field with an asterisk (*) indicating it is required.
- MI:** Text input field.
- Last Name:** Text input field with an asterisk (*) indicating it is required.
- E-mail Address:** Text input field containing "AAAAAAA".
- Phone:** Text input field with a format of "____ - ____ - ____ - ext. ____".
- Mailing Address:** Section containing:
 - Address Line 1:** Text input field with an asterisk (*) indicating it is required.
 - Address Line 2:** Text input field.
 - City:** Text input field with an asterisk (*) indicating it is required.
 - State:** Dropdown menu with "Please Select" and a downward arrow.
 - Zip Code:** Text input field with a format of "____ - ____".

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 e-mail 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 4-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 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 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 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.

Quick Help
[Help About This Page](#)

Personal Information  **Login ID** 

First Name: FIRST MI: M Last Name: LAST Login ID: AA####
 E-Mail: AAA@AAA.AAA
 Phone: ### ### ### ext. ##

Mailing Address

Address Line 1: AAAAAAAAAA
 Address Line 2: AAAAAAAAAA
 City: AAAAAAAAAA
 State: AAAAAAAAAA
 Zip Code: ####

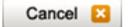
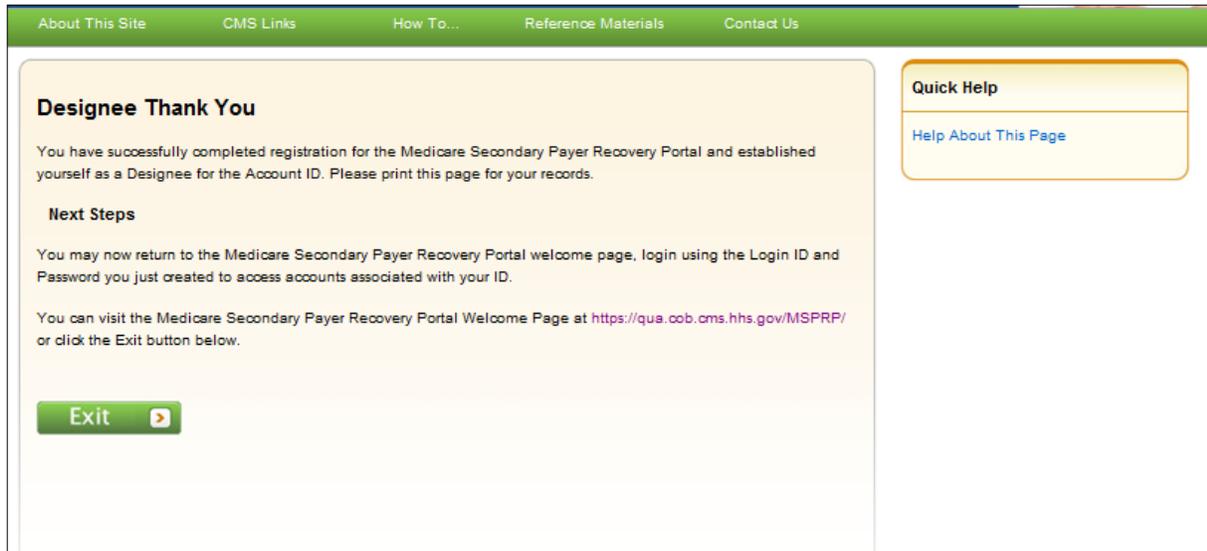
  

Figure 9-7: Designee Thank You



Chapter 10: Case Authorization

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 BCRC (insurer and all beneficiary) and 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 13.1.1 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.
- **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.).
- **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.

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>

Table 10-1: Authorization Types and Actions

Authorization Types	Actions
Available to All Users – No Authorization Required	BCRC Cases <ul style="list-style-type: none"> • Request an update to the conditional payment amount (see Note in Section 13.1.4) • Request a copy of the conditional payment letter (letter goes to the beneficiary and authorized parties)
Verified Beneficiary Proof of Representation	BCRC Cases <ul style="list-style-type: none"> • View and request authorizations • View and dispute claims listing • View/Provide the Notice of Settlement information (beneficiary debtor cases only) • Request an electronic copy of the Conditional Payment Letter (eCPL) (For beneficiaries and beneficiary representatives who log in using multi-factor authentication,) • Initiate Demand Letter • Submit redetermination request (beneficiary debtor cases only) • View redetermination request • Submit Waiver Request (beneficiary debtor cases only) • Submit Compromise Request (beneficiary debtor cases only) CRC Cases <ul style="list-style-type: none"> • View case data (once a Conditional Payment Notice (CPN) has been issued) • View claims listing • View and request authorizations • Request an electronic copy of the Conditional Payment Letter (eCPL) (For beneficiaries and beneficiary representatives who log in using multi-factor authentication) (insurer-debtor cases) • Initiate Demand Letter • View redetermination request
Verified Beneficiary Consent to Release	BCRC Cases <ul style="list-style-type: none"> • View and request authorizations • View claims listing • View redetermination request CRC Cases <ul style="list-style-type: none"> • View case data (once a CPN has been issued) • View claims listing • View and request authorizations • View redetermination request

Authorization Types	Actions
Verified Insurer Recovery Agent Authorization	<p>BCRC Cases</p> <ul style="list-style-type: none"> • View and request authorizations • View case data • View and dispute claims listing • Initiate Demand Letter • View/Submit redetermination request • Request an electronic copy of the Conditional Payment Letter (eCPL) (For beneficiaries and insurer representatives who log in using multi-factor authorization) (insurer-debtor cases) <p>CRC Cases</p> <ul style="list-style-type: none"> • View case data (once a CPL has been issued) • View and dispute claims listing (once a CPN has been issued and if no claim dispute has been made on the case) • View and request authorizations • Initiate Demand Letter • View/Submit redetermination request • Request an electronic copy of the Conditional Payment Letter (eCPL) (For beneficiaries and insurer representatives who log in using multi-factor authorization) (insurer-debtor cases)

10.3 Authorization Status

When an authorization request is received, Medicare will attempt to verify the information in the request 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 the MSPRP deems the request to be valid and puts it in 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 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 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. 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 Consent to Release 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 (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;
- 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 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 AD or 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 BCRC and from the 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 2, while CRC Case IDs begin with the number 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 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 displays (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 displays (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)

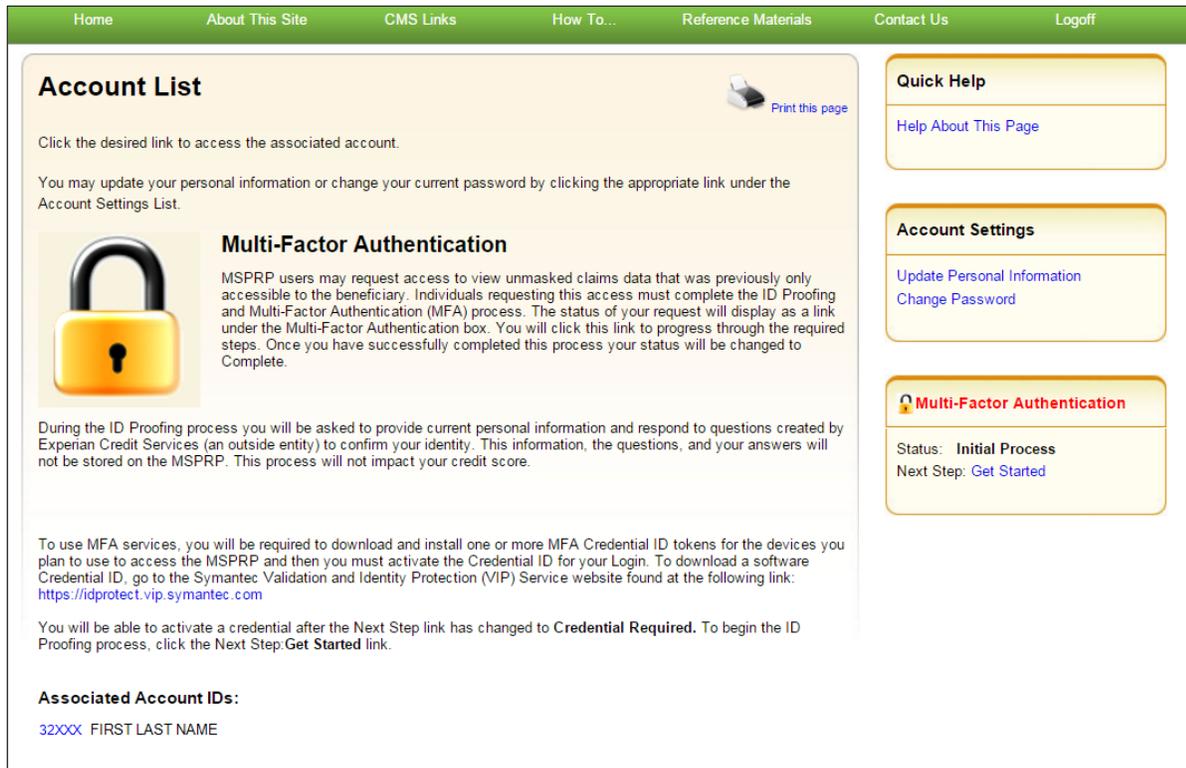
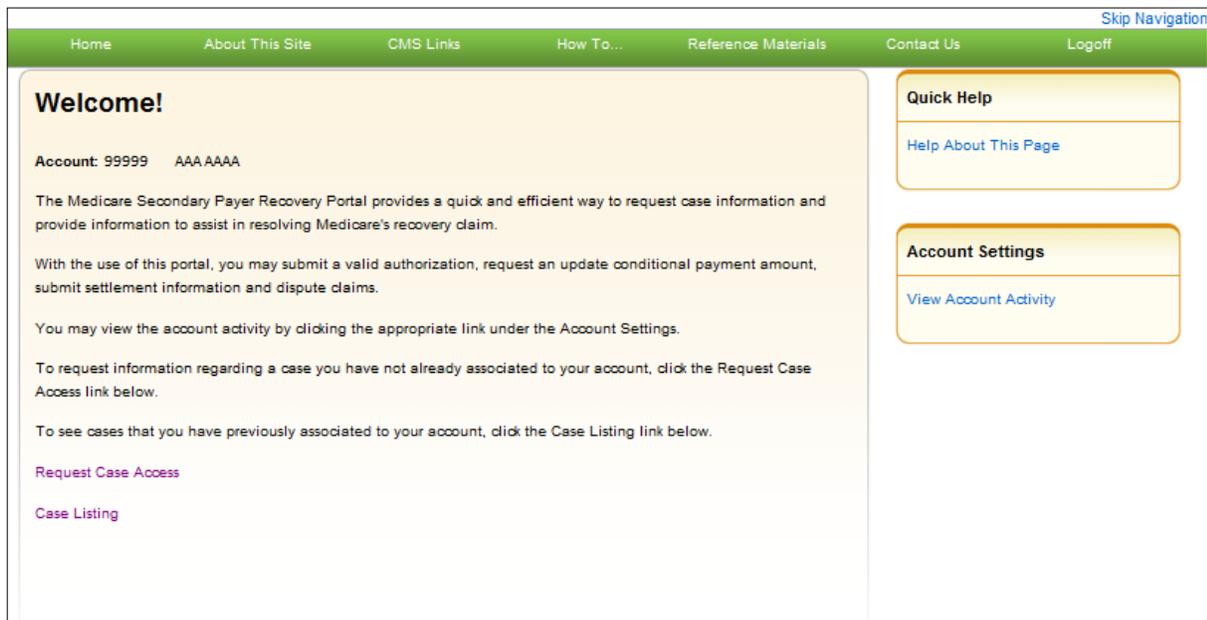


Figure 11-2: Welcome! Page (Account Designee)



4. Click the **Request Case Access** link.

The *New Case Request* page displays (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

The screenshot shows a web interface for a 'New Case Request'. 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. Below the navigation bar, the main content area is titled 'New Case Request'. It contains a paragraph explaining that the information will be validated and that users can perform actions like uploading PDFs or requesting payment letters. Below this, instructions state to enter required data and click 'Continue' or 'Cancel'. The form fields are:

- *Case ID: [text input] OR *Date of Incident: [MM/DD/CCYY input]
- *Medicare ID: [text input] OR *SSN: [text input]
- *Last Name: [text input] (at least first five letters)
- *Beneficiary's Date of Birth: [MM/DD/CCYY input]
- Insurance Type: [dropdown menu with options: -Select-, Liability, No-Fault, Workers' Compensation]

 A green 'Continue' button is at the bottom left, and a 'Cancel' button is partially visible. On the right side, there is a 'Quick Help' box with a 'Help About This Page' link.

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 2, and CRC Case IDs begin with the number 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 3 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 5 characters must be entered).

Field	Description
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.

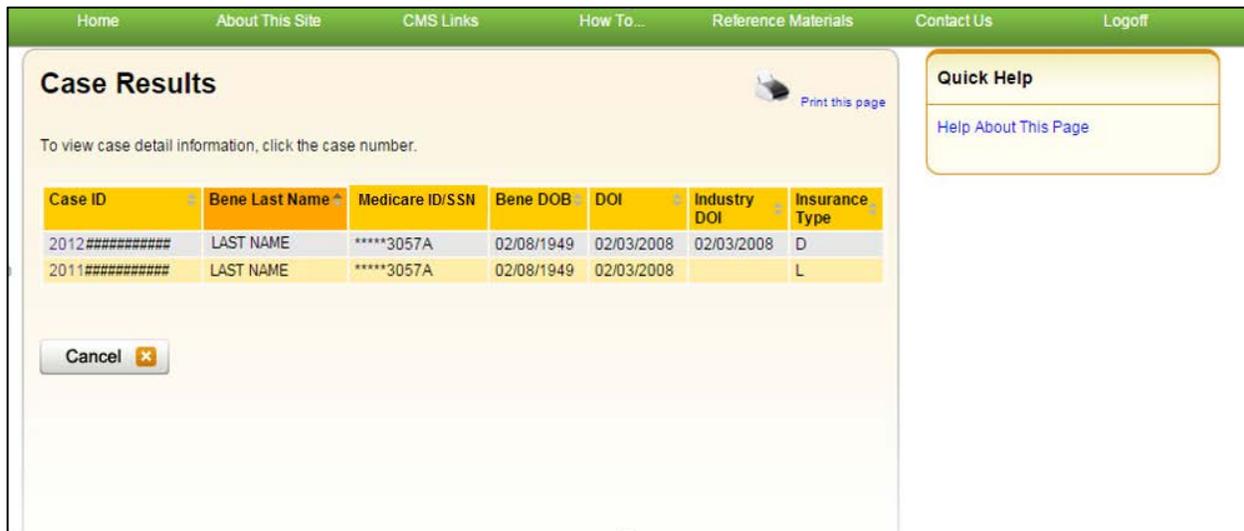
6. Click the **Case ID** of the case you wish to see; the MSPRP will display the *Case Information* page for that case and will add it to your *Case Listing* page (see Chapter 13).

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 13-1 for details.

7. 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 13).

Figure 11-4: Case Results Page



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 displays, click the **Request Case Access** link (Figure 11-5).

The *New Case Request* page displays (Figure 11-6). This page is used to verify that you have the authority to access a specific recovery case.

Figure 11-5: Account List Page (Account Manager)

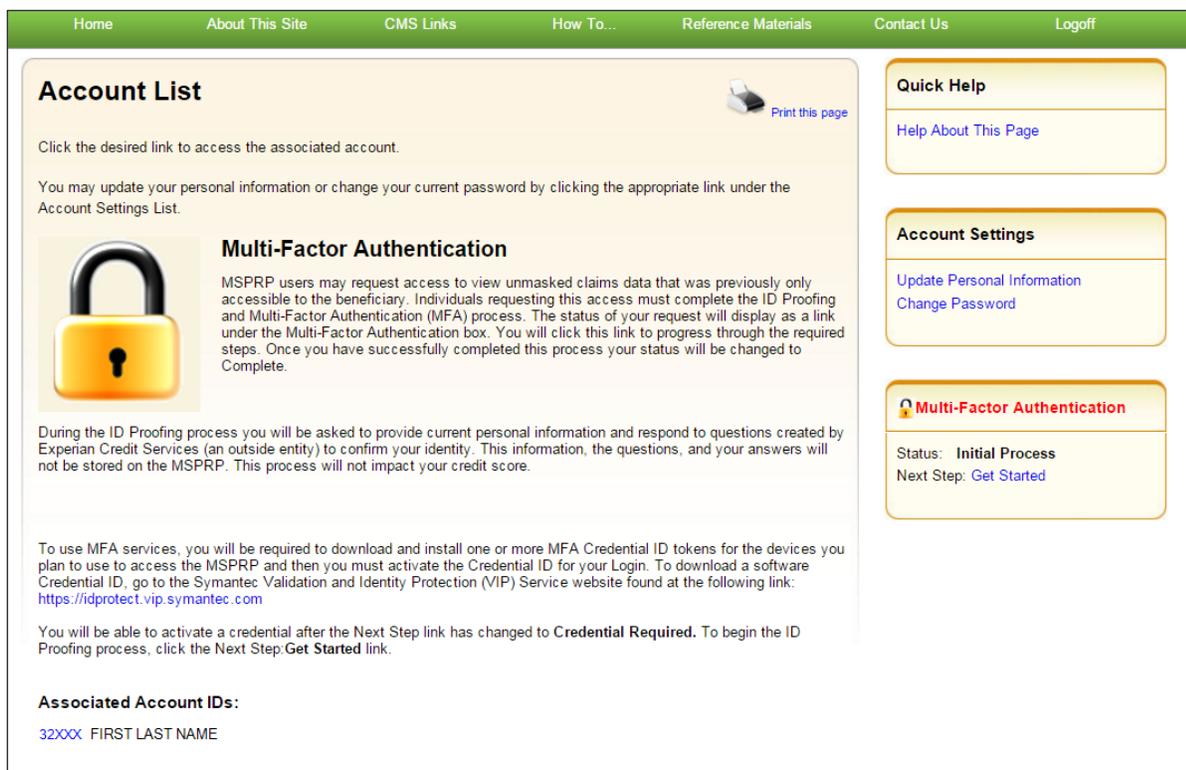


Figure 11-6: New Case Request

The screenshot shows a web form titled "New Case Request". At the top, there is a navigation bar with links: Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, and Logoff. Below the navigation bar, the form has a header "New Case Request" and a paragraph explaining that the information will be validated. Below this, there is another paragraph: "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." The form fields are:

- *Case ID: [text input] OR *Date of Incident: [MM/DD/YYYY]
- *Medicare ID: [text input] OR *SSN: [text input]
- *Last Name: [text input] (at least first five letters)
- *Beneficiary's Date of Birth: [MM/DD/YYYY] (MM/DD/CCYY)
- Insurance Type: [dropdown menu] with options: -Select-, Select, Liability, No-Fault, Workers' Compensation.

 At the bottom left, there are two buttons: "Continue" (green) and "Cancel" (grey). On the right side, there is a "Quick Help" box with a link "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 2, and CRC Case IDs begin with the number 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 3 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 5 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.”

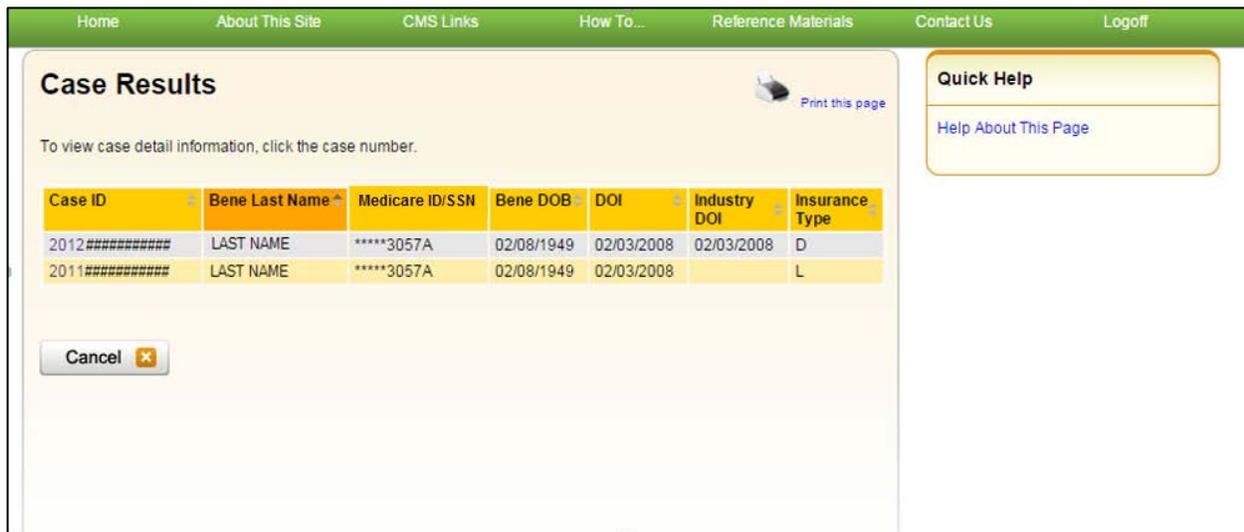
4. If the MSPRP locates more than one case matching the information you submitted, it will display the *Case Results* page (Figure 11-7).

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 13-1 for details.

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 13 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 13 for more information.

Figure 11-7: Case Results Page



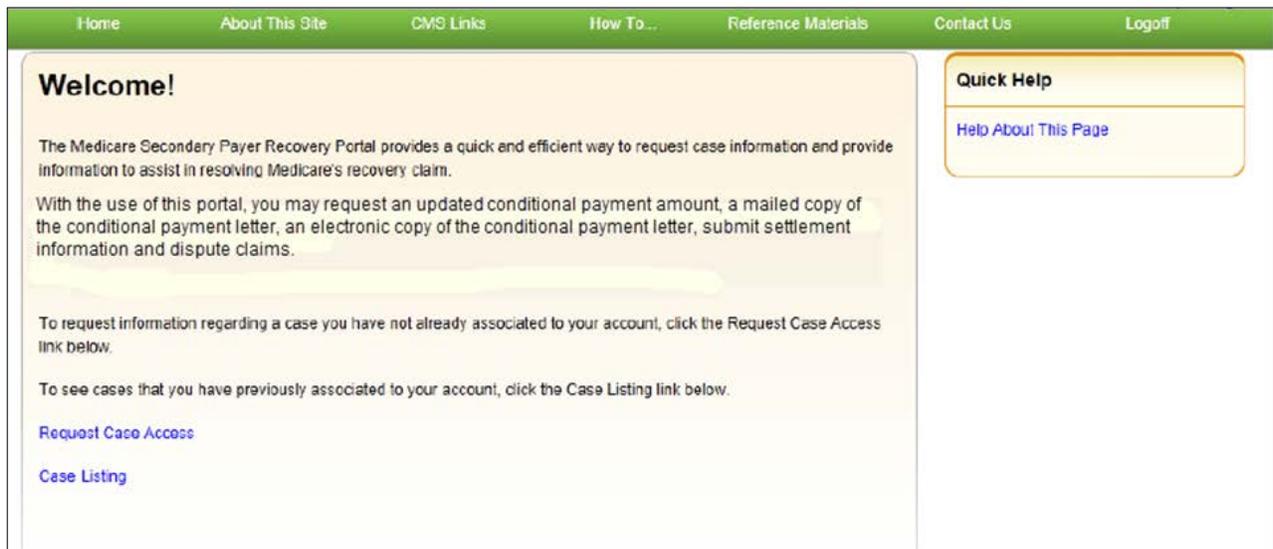
11.3 Beneficiary

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 displays, click the **Request Case Access** link. The *New Case Request* page displays (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 13).

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

< Previous
Continue >
Cancel ✕

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.
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” (BCRC insurer cases and all beneficiary cases) or the “CRC Recovery ID” (CRC insurer cases). The list includes cases that you successfully requested access to (on the *New Case Request* page) as well as cases that your AM has granted you access to.

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, contact the BCRC by phone at (855) 798-2627, or by mail at: NGHP, P.O. Box 138832, Oklahoma City, OK 73113. See Chapter 14 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 displays (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 displays (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)

Figure 12-2: Welcome! Page (Account Designee)

Figure 12-3: Case Listing

Case Listing

The following are the case inquiries 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, contact the Benefits Coordination & Recovery Center (BCRC):

By phone : (855) 798-2627
 By mail : NGHP
 PO Box 138832
 Oklahoma City, OK 73113

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.

Cases

Select	Case ID	Bene Last Name	Medicare ID/SSN	Bene Date of Birth	Case Access
<input type="checkbox"/>	2004#####	NAME	****1217A	06/30/1952	Manage Access
<input type="checkbox"/>	2011#####	NAME	****9627A	01/17/1953	Manage Access
<input type="checkbox"/>	2013#####	NAME	****5822A	02/13/1943	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 (HICN or MBI)*, *Beneficiary 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 13).

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 2, and CRC Case IDs begin with the number 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 5 characters must be entered (4 numbers plus the percent sign).</p> <p>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 2 characters must be entered (one character plus the percent sign).</p> <p>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	<p>Click to search for the Case ID that matches the search criteria entered.</p>

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: 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 13).

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 displays 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

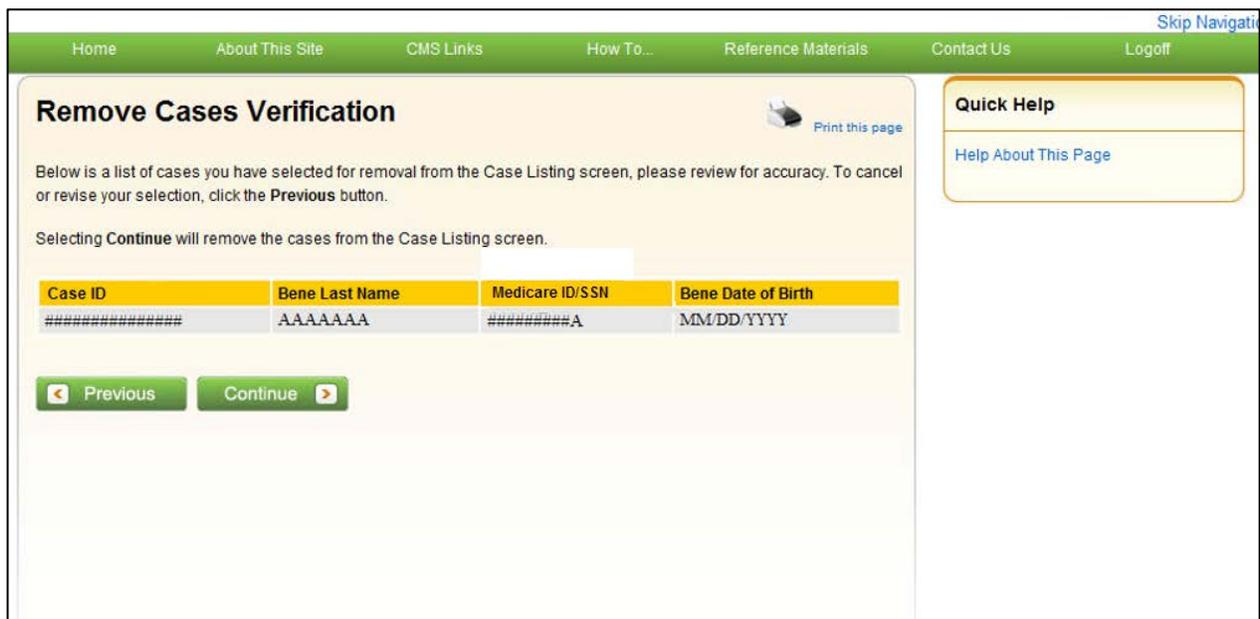
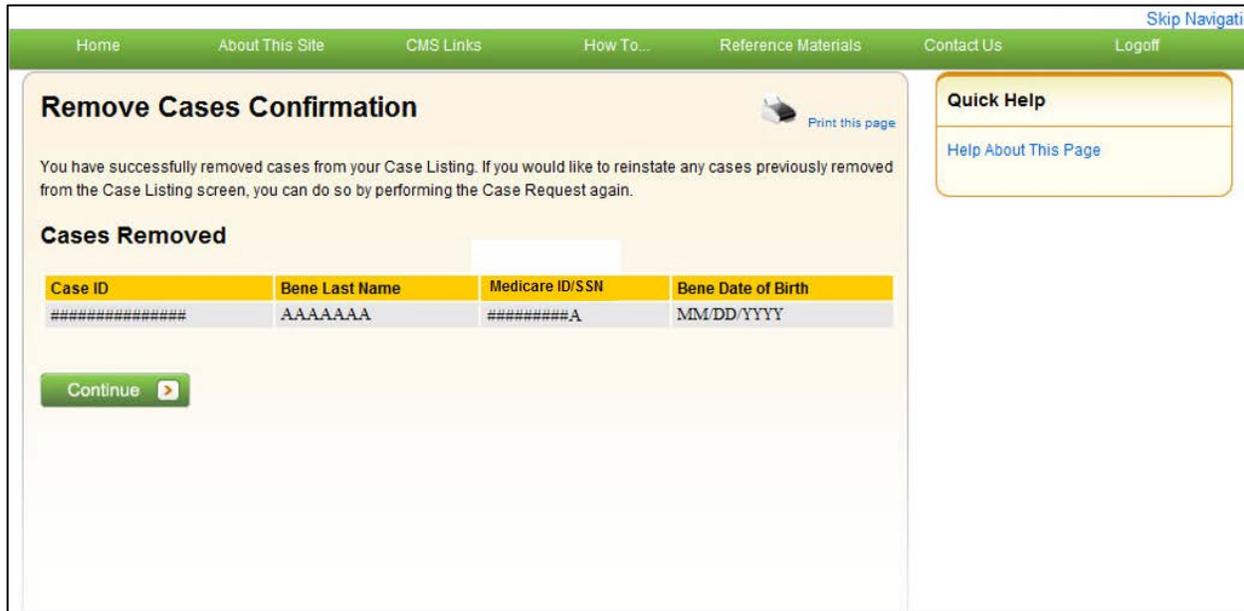


Figure 12-5: Remove Cases Confirmation



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 Account Designees successfully requested access to (on the *New Case Request* page) while working under your Account ID.

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, contact the BCRC by phone at (855) 798-2627, or by mail at: NGHP, P.O. Box 138832, Oklahoma City, OK 73113. See Chapter 14 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 displays (Figure 12-6).

2. Click the **Case Listing** link.

The *Case Listing* page displays (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)

The screenshot shows the 'Welcome!' page for an account manager. 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 light yellow background. On the left, there's a 'Welcome!' section with account details (Account: ##### FIRST LAST) and instructions on how to use the portal. On the right, there are two yellow boxes: 'Quick Help' with a 'Help About This Page' link, and 'Account Settings' with links for 'Update Account Information', 'Designee Maintenance', and 'View Account Activity'. At the bottom left, there are links for 'Request Case Access' and 'Case Listing'. A note at the bottom states: 'Note: You will not be able to use the links below until your Profile Report has been returned.'

Figure 12-7: Case Listing

The screenshot shows the 'Case Listing' page. It features the same green navigation bar as Figure 12-6. The main content area has a light yellow background. At the top left is the title 'Case Listing' and a 'Print this page' icon. Below the title, there's text explaining that the following are case inquiries associated to Account ID: #####. It provides instructions on how to view case details, manage designee access, and perform searches. A contact information block for the Benefits Coordination & Recovery Center (BCRC) is provided, including phone, mail, and address. Below this is a search form with fields for Case ID, Medicare ID, Beneficiary SSN, and Beneficiary Last Name, each with a 'Search Hint' link. A 'Search' button is located below the form. Below the search form, there are instructions: 'Selecting Cancel will return to the Home Page.' and 'Selecting Remove Cases will remove all cases checked in the Select column.' The 'Cases' section contains a table with columns: Select, Case ID, Bene Last Name, Medicare ID/SSN, Bene Date of Birth, and Case Access. The table lists three cases. At the bottom, there are 'Cancel' and 'Remove Cases' buttons.

Select	Case ID	Bene Last Name	Medicare ID/SSN	Bene Date of Birth	Case Access
<input type="checkbox"/>	2004#####	NAME	****1217A	06/30/1952	Manage Access
<input type="checkbox"/>	2011#####	NAME	****9627A	01/17/1953	Manage Access
<input type="checkbox"/>	2013#####	NAME	****5822A	02/13/1943	Manage Access

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 2, and CRC Case IDs begin with the number 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 5 characters must be entered (4 numbers plus the percent sign).</p> <p>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 2 characters must be entered (1 character plus the percent sign).</p> <p>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 <i>Case ID</i> 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	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: 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 to 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 to the case.
Case Access (Manage Access Link)	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.
Remove Cases	Command button. Click to remove selected cases from your <i>Case Listing</i> page. Note: This button is disabled if there are no cases displayed.
Cancel	Command button. Click to return to the <i>Welcome!</i> page.

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 13).

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 13).

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**.

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

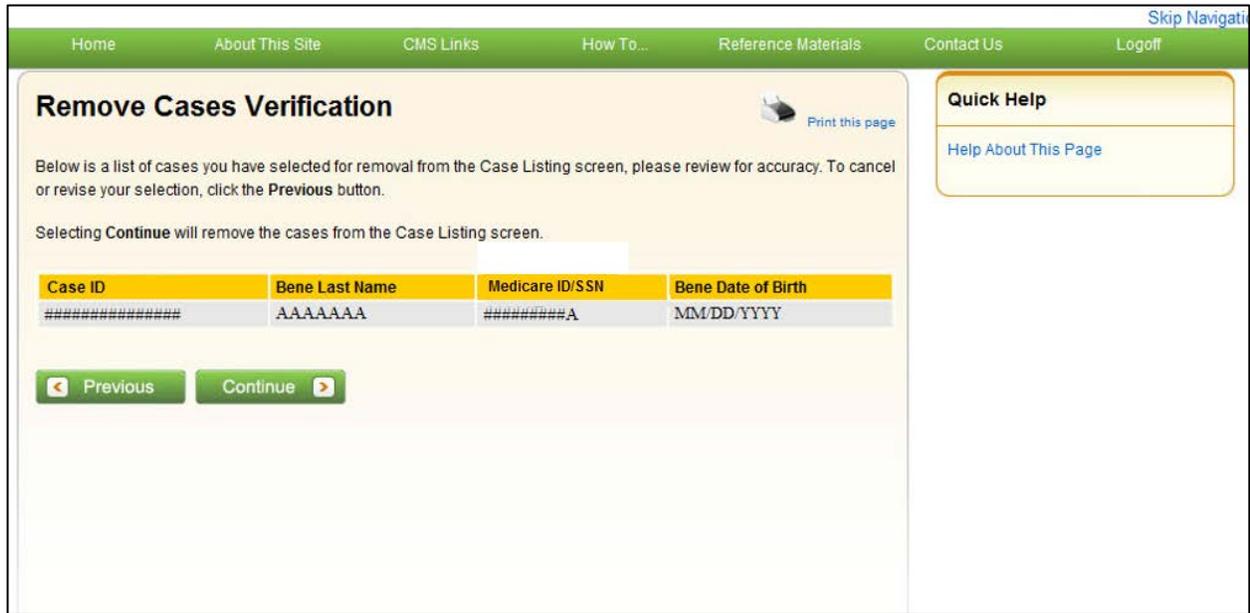
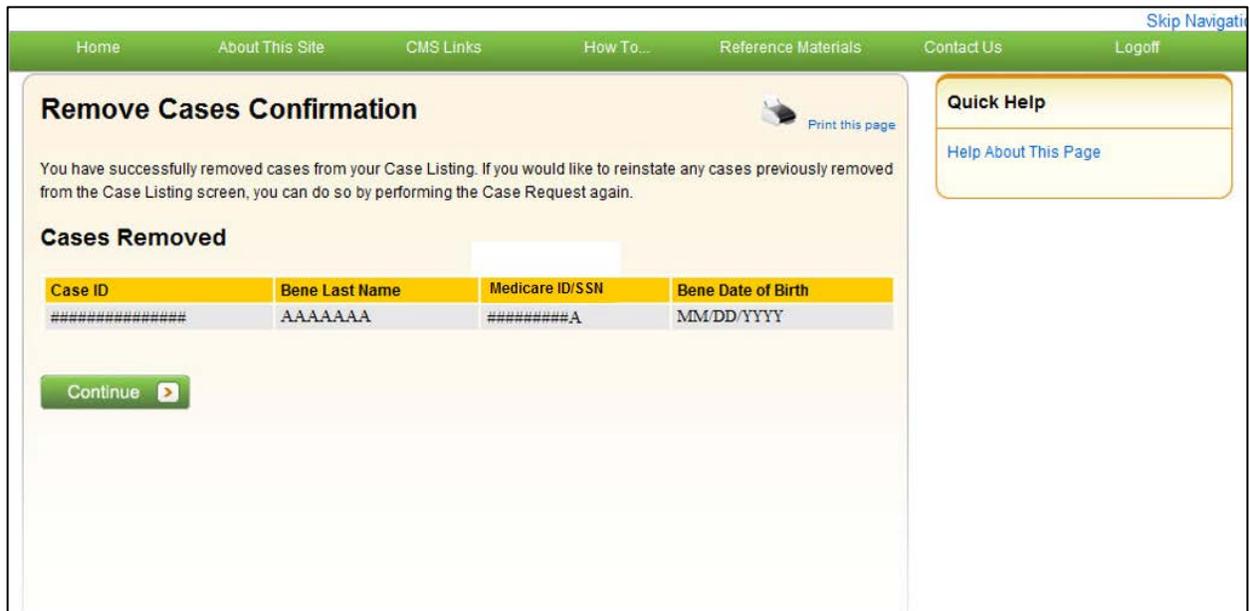


Figure 12-9: Remove Cases Confirmation



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 and click the **Case Listing** link.

The *Welcome!* page displays (Figure 12-10).

The *Case Listing* page displays information for all cases that you previously have requested access to on the *New Case Request* page and includes any cases that your ADs have requested access to while working under your Account ID (Figure 12-11).

- 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 displays for the selected Case ID (Figure 12-12).

- 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.
- 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.

- Click **Continue** to proceed.

The *Case Listing* page displays again. You can search for another case or click **Cancel** to exit.

Figure 12-10: Welcome! Page (Account Manager)

The screenshot shows the 'Welcome!' page of the Account Manager. 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 is divided into two columns. The left column contains the following text:

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.

Note: You will not be able to use the links below until your Profile Report has been returned.

[Request Case Access](#)

[Case Listing](#)

The right column contains two sections:

Quick Help

[Help About This Page](#)

Account Settings

[Update Account Information](#)

[Designee Maintenance](#)

[View Account Activity](#)

Figure 12-11: Case Listing

Case Listing  [Print this page](#)

The following are the case inquiries 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, contact the Benefits Coordination & Recovery Center (BCRC):

By phone : (855) 798-2627
 By mail : NGHP
 PO Box 138832
 Oklahoma City, OK 73113

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.

Cases

Select	Case ID	Bene Last Name	Medicare ID/SSN	Bene Date of Birth	Case Access
<input type="checkbox"/>	2004#####	NAME	****1217A	06/30/1952	Manage Access
<input type="checkbox"/>	2011#####	NAME	****9627A	01/17/1953	Manage Access
<input type="checkbox"/>	2013#####	NAME	****5822A	02/13/1943	Manage Access

Figure 12-12: Manage Case Access

Manage Case Access  [Print this page](#)

Case ID: ##### Beneficiary Last Name: AAAA

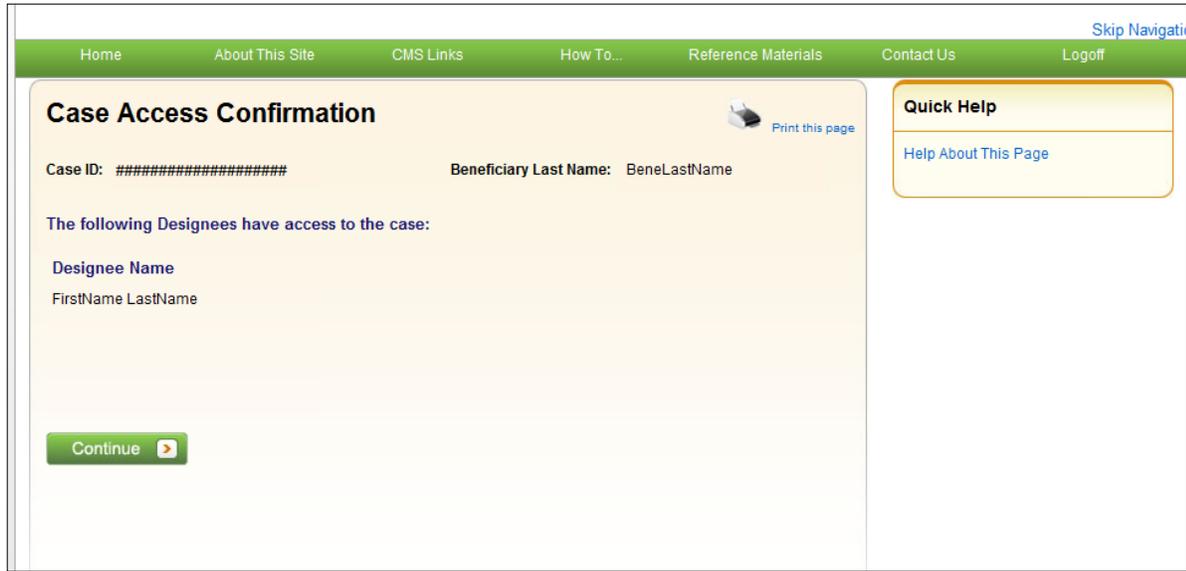
You may select a designee by checking the checkbox next to their name. To select all Designees, click the Select All checkbox. To remove all previously selected designees, click on the Select All checkbox twice.

Designee associations for the case:

Designee Name	Grant/Revoke Access
AAAA AAAAAA	<input type="checkbox"/>

Select All

Figure 12-13: Case Access Confirmation



12.3 Beneficiary

The *Case Listing* page displays information for all cases that you previously requested access to on the *New Case Request* page, 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, contact the BCRC by phone at (855) 798-2627, or by mail at: NGHP, P.O. Box 138832, Oklahoma City, OK 73113. See Chapter 14 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 displays.

4. Click the **Case Listing** link.

The *Case Listing* page displays (Figure 12-15). This page allows you to:

- Locate a specific case by providing the Case ID
- View detailed case information for a selected case

Figure 12-14: Welcome! Page (Beneficiary)

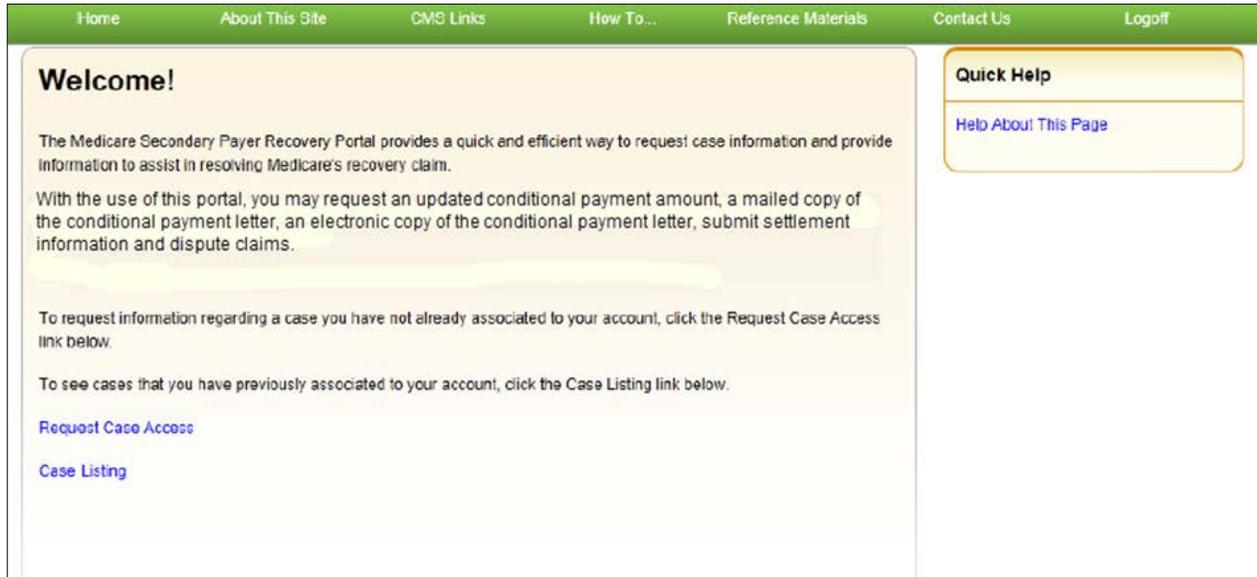


Figure 12-15: Case Listing (Beneficiary)

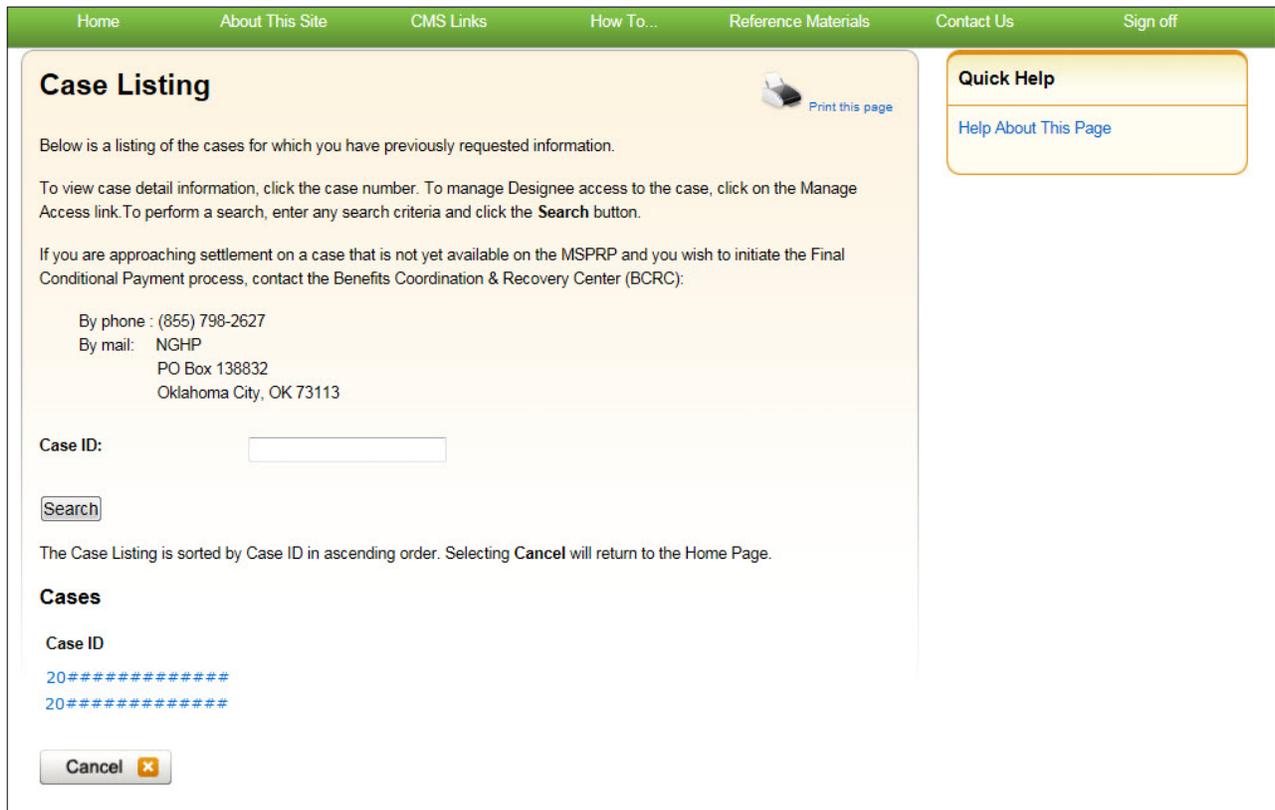


Table 12-5: Case Listing

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 2, and CRC Case IDs begin with the number 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.
Cancel	Command button. Click to return to the <i>Welcome!</i> page.

12.3.1 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 13).

12.3.2 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 13).

Chapter 13: Retrieve a Recovery Case

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 (see Chapter 11). The Case ID 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 2, while CRC Case IDs begin with the number 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 13-1).

Note: If you are a beneficiary, the *Case Information* page will also display if you click the applicable **Case ID** on the MyMedicare.gov web site. 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.

13.1 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 13-1: Case Information: Header Fields



Table 13-1: 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 2, and CRC case IDs begin with the number 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.
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 Issued or Demand in Progress • 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 Issued or Demand in Progress • Closed <p>For a complete description of all statuses, please see Table 13-7.</p>
Date of Incident	<p>The Date of Incident (DOI) (or Date of Injury) is the date defined by the Centers for Medicare & Medicaid Services (CMS).</p>
Industry Date of Incident	<p>The Industry DOI is a self-reported date used by the insurance/workers' compensation industry.</p>
Medicare ID	<p>The Medicare ID (HICN or 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	<p>The date of birth of the Medicare beneficiary associated to the case.</p>
Beneficiary Last Name	<p>The beneficiary's last name as it appears on the Medicare card.</p>

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.</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. 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, select the View/Request Authorizations (i.e., Beneficiary POR, Beneficiary CTR, or Recovery Agent Authorization action and then click Continue.</p>

13.1.1 Case Tabs

The *Case Information* page tabs organize the case data (Table 13-2 to Table 13-6). 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 displays when you access the *Case Information* page.
- **Refund Information**
This tab displays 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 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*.

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 displays only when a waiver, redetermination, or a compromise has been submitted for a case. The tab label that displays 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 displays as “Waiver/Redetermination/Compromise.” When viewing a case, all information for each submitted waiver and compromise (either submitted in the mail or received on the portal) are displayed; however, only information for the **first** redetermination submission received is displayed.

Sub-tables will display information for waiver, redetermination and/or compromise submissions, but will only display when there is data to display in a table.

- Final Conditional Payment Process

This tab displays only for cases in the *Final Conditional Payment* process.

Figure 13-2: Payment Information Tab

The screenshot shows the 'Case Information' page 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 heading is 'Case Information'. To the right of the heading are a printer icon with 'Print this page' and a 'Quick Help : Help About This Page' button. Below the heading is a table of case details:

Case ID: #####	Medicare ID: #####A
Case Type: Liability Insurance	Beneficiary DOB: mm/dd/yyyy
Case Status: Demand Issued What is this?	Beneficiary Last Name: Last Name
Date of Incident: 09/15/2009	Authorization Level: Proof of Representation
Industry Date of Incident: 09/15/2009 What is this?	Authorization Status: Verified

Below this table is a horizontal menu with five tabs: 'Payment Information' (selected and highlighted with a dashed border), 'Refund Information', 'Letter Activity', 'Waiver/Redetermination/Compromise', and 'Final Conditional Payment Process'. The main content area below the tabs displays the following information:

Rights and Responsibilities Letter Mail Date: 06/10/2010	
Conditional Payment Letter Mail Date: 06/01/2011	Conditional Payment Notice Amount: \$500.00
Current Conditional Payment Amount: \$2800.00	Conditional Payment Notice Mail Date: 06/18/2011
Conditional Payment Amount was updated on: 06/01/2011	Conditional Payment Notice Response Due Date: 07/31/2011
Demand Letter Mail Date: 06/01/2011	Balance Amount: \$1234.56
Demand Amount: \$3754.00	Balance as of Date: 06/30/2011

Table 13-2: Payment Information Tab Fields

Field	Description
Rights and Responsibilities Letter Mail Date	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. Note: This letter is sent only to BCRC cases; not CRC cases.
Conditional Payment Letter Mail Date	The date the Conditional Payment Letter (CPL) or the date the No Claims Paid by Medicare Letter (NCP) was mailed to the addressee. If no CPL or NCP date is available, then "N/A" appears in the field. Note: The CPL is automatically sent within 65 days of the Rights and Responsibilities letter. It may be sent subsequently upon request. It will also be sent automatically after CMS completes its dispute review process if it agrees (fully or partially) with the dispute.
Current Conditional Payment Amount	This is the total conditional payment amount that was calculated as of the date reflected in the <i>Conditional Payment Amount Updated on</i> field. Notes: 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 reached. As new claims are received and processed, the current conditional payment amount and associated date on this page will be updated as of the previous day.
Conditional Payment Amount was updated on	This date reflects the last date the current conditional payment amount was re-calculated.
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.
Conditional Payment Notice Amount	The Final Conditional Payment Amount listed on the CPN letter.
Conditional Payment Notice Mail Date	The date the CPN letter was mailed. If multiple CPN letters were mailed, this field displays the most recent date.
Conditional Payment Notice Response Due Date	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.
Balance Amount	The total Accounts Receivable (AR) balance amount for the case. Note: If no data is available, this field will not be shown.
Balance as of Date	The latest date the AR balance was processed. Note: If no data is available, this field will not be shown.

Figure 13-3: Refund Information Tab

The screenshot shows a web interface for 'Case Information'. 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 area with 'Case Information' on the left and 'Print this page' and 'Quick Help : Help About This Page' on the right. The main content area is divided into two sections. The top section contains case details: Case ID: #####, Medicare ID: #####A, Case Type: Liability Insurance, Beneficiary DOB: mm/dd/yyyy, Case Status: Demand Issued (with a 'What is this?' link), Beneficiary Last Name: Last Name, Date of Incident: 09/15/2009, Authorization Level: Proof of Representation, and Industry Date of Incident: 09/15/2009 (with a 'What is this?' link), Authorization Status: Verified. The bottom section has five tabs: Payment Information, Refund Information (which is selected and highlighted with a dotted border), Letter Activity, Waiver/Redetermination/Compromise, and Final Conditional Payment Process. Below the tabs, there are four fields: Demand Letter Mail Date: 06/01/2011, Demand Amount: \$3754.00, Balance Amount: \$1234.56, and Balance as of Date: 06/30/2011. At the bottom of this section is a table with the following data:

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 13-3: Refund Information Tab Fields

Field	Description
Demand Letter Mail Date	The date the Demand Letter was sent by CMS.
Balance Amount	The total Accounts Receivable (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).

Figure 13-4: Letter Activity Tab

Case Information

Case ID: ##### Medicare ID: #####A
 Case Type: Liability Insurance Beneficiary DOB: mm/dd/yyyy
 Case Status: Demand Issued [What is this?](#) Beneficiary Last Name: Last Name
 Date of Incident: 09/15/2009 Authorization Level: Proof of Representation
 Industry Date of Incident: 09/15/2009 [What is this?](#) Authorization Status: Verified

Payment Information 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 13-4: 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.
Date Received	The date the correspondence was received (MM/DD/CCYY).
Date Sent	The date the correspondence was sent (MM/DD/CCYY).
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>.

Figure 13-5: Waiver/Redetermination/Compromise Tab

The screenshot shows a web interface for Case Information. 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 area with 'Case Information' on the left, a printer icon and 'Print this page' in the middle, and 'Quick Help : Help About This Page' on the right. The main content area is divided into two sections. The top section contains case details in two columns: 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 (redacted), Beneficiary DOB: mm/dd/yyyy, Beneficiary Last Name: Last Name, Authorization Level: Proof of Representation, and Authorization Status: Verified. The bottom section has five tabs: Payment Information, Refund Information, Letter Activity, Waiver/Redetermination/Compromise (which is selected and highlighted with a dashed border), and Final Conditional Payment Process. Below these tabs are three tables: 'Waiver information', 'Redetermination Information', and 'Compromise Information'. Each table has columns for Received, Decision, and Decision Date. The Waiver and Redetermination tables show two entries each, with the first entry having a 'Pending Review' decision and the second having a 'Dismissal' decision. The Compromise table shows one entry with a 'Pending Review' decision.

Table 13-5: 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>

Field	Description
Decision Date	The date a decision was made regarding the waiver request (MM/DD/YYYY).
Redetermination Information	-
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.
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 the decision is made 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 the compromise is referred to the RO, 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 • Complete. Contact the BCRC for more information. <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).

Figure 13-6: Final Conditional Payment Process Tab

Table 13-6: 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 - 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.

Field	Description
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 <i>Voided</i> , 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.

13.1.2 Case Actions

The bottom half of the *Case Information* page (Figure 13-7) 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 Issued*).

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 Issued* 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 Issued*)

- Initiate Demand Letter
- View/Submit Redetermination (First Level Appeal) (available post demand where Case Status is *Demand Issued* 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 Issued* or *Demand in Process*)
- Submit Waiver Request (available post demand where Case Status is *Demand Issued*)

When one or more actions are not available for any of the above reasons, the action is grayed out and disabled.

Figure 13-7: 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 a mailed copy of the conditional payment letter [What is this?](#)
- Request an electronic conditional payment letter with Current Conditional Payment Amount [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?](#)
- 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?](#)

Continue Cancel

Table 13-7: 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.

Status	Description
Demand Issued (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.
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>

13.1.3 View/Request Authorizations

This action allows you to view the list of authorizations currently on file that are associated with this case, submit a new authorization, and upload supporting documentation.

Who Can Access?

Available to all users except beneficiaries or insurer debtors.

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 displays (Figure 13-8).

2. Select the authorization type: *Beneficiary Consent to Release*, *Beneficiary Proof of Representation*, or *Recovery Agent Authorization*.

Note: If the MSPRP is able to determine the type of representation from its files, this field may not display.

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.

Figure 13-8: Authorization Documentation

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

Authorization Documentation [Print this page](#)

This page displays a list of authorizations currently on file that are associated with the case. This page will also allow the submission of new authorizations.

Authorizations

Authorization Type	Status What is this?	Start Date	End Date
Consent to Release	Verified	01/01/2011	12/31/2012
Proof of Respresentation	Verified	01/01/2011	Ongoing

Submit New Authorization:

An asterisk (*) indicates a required field.

*Select the authorization type:

Beneficiary Consent to Release [What is Consent to Release?](#)

Beneficiary Proof of Representation [What is Proof of Representation?](#)

Recovery Agent Authorization [What is Recovery Agent Authorization?](#)

Please click the Help About This Page link to view the descriptions of these authorization types.

* Please select one of the following which best describes the representation type:

* Start Date of Authorization: / / (MM/DD/CCYY)

End Date of Authorization: / / (MM/DD/CCYY) Optional

*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.

Quick Help

[Help About This Page](#)

Figure 13-9: Authorization Documentation Upload

6. Upload any additional supporting documentation. To attach supporting documentation to this case, click the **Upload Documentation** link.

The *Authorization Documentation Upload* page displays.

7. 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 Adobe Acrobat (.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 uploaded document will be displayed on the bottom the *Authorization Documentation* page (Figure 13-8).

8. Click **Continue**.

The *Authorization Documentation Confirmation* page displays (Figure 13-11). The first 5 characters of a beneficiary HICN will be masked (hidden from view), unless you have logged in using multi-factor authentication.

9. Click **Continue**. You are returned to the *Case Information* page.

Figure 13-10: Sample of Uploaded Document

Submit New Authorization:

An asterisk (*) indicates a required field.

***Select the authorization type:**

Consent to Release [What is Consent to Release?](#)

Proof of Representation [What is Proof of Representation?](#)

Please click the Help about this page link to view the descriptions of these authorization types.

*** Please select from one of the following which best describes the representation type:**

Attorney

*** Start Date of Authorization:** / / (MM/DD/CCYY)

End Date of Authorization: / / (MM/DD/CCYY) **Optional**

***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.

* AAAA.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.

Figure 13-11: Authorization Documentation Confirmation

13.1.4 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 and will be up to date as of the previous day. The MSPRP displays claims information for your case on the *Case Information* page. The current conditional payment amount is displayed in the *Conditional Payment Amount Updated* field, and the date the payment was last updated is displayed in the *Conditional Payment Calculation Date* 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.

13.1.5 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 13-12) 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 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 13-14). 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.

Table 13-8: Payment Summary Form Fields

Field	Description
TOS	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: 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. 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.
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	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: https://www.cms.gov/ICD9ProviderDiagnosticCodes/06_codes.asp for a list of valid ICD-9 diagnosis codes. https://www.cms.gov/Medicare/Coding/ICD10/2018-ICD-10-CM-and-GEMs.html for more information on diagnosis codes. Note: This column will also show the Primary Diagnosis Code, when used.
HCPCS/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 13-13: Electronic Conditional Payment Letter Confirmation

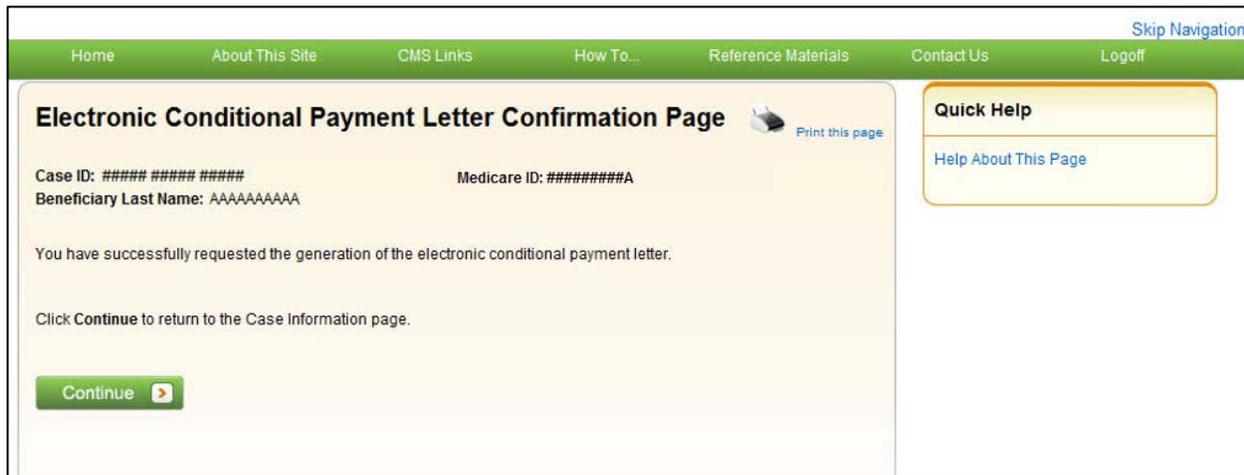


Figure 13-14: Electronic No Claims Paid by Medicare Letter Confirmation



13.1.6 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 13-12) 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 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 13-16).

- A Conditional Payment Notice (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 3-5 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 displays, or the *No Claims Paid by Medicare Letter Confirmation* page displays 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 14.

Figure 13-15: Conditional Payment Letter Confirmation

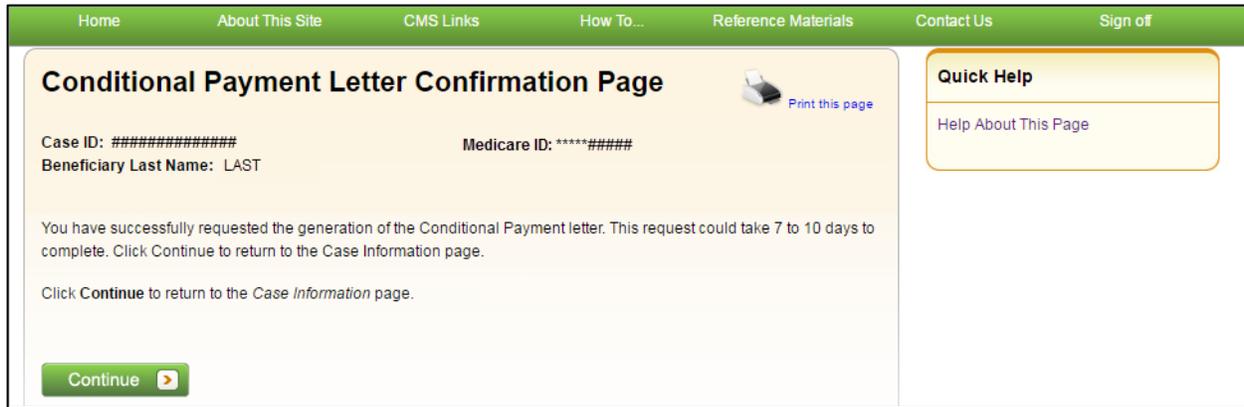
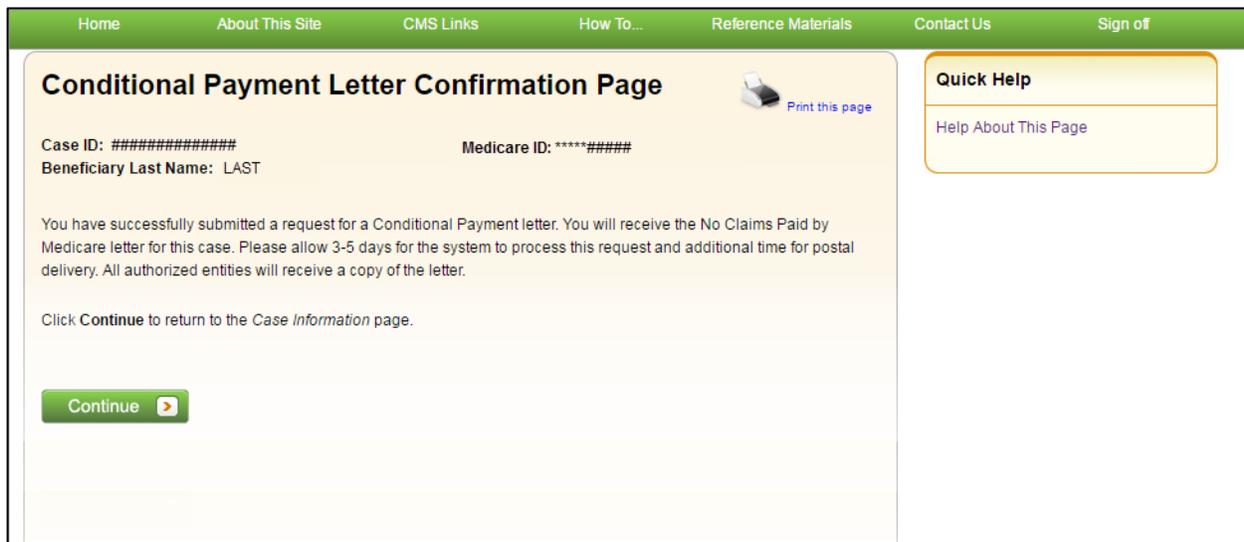


Figure 13-16: No Claims Paid by Medicare Letter Confirmation



13.1.7 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 13-12) 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 Conditional Payment Notice (CPN) or Conditional Payment Letter (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 displays, 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 13-19) 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 Conditional Payment (Final CP) cases are addressed within 11 business days. See Chapter 14.

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 verified Beneficiary Proof of Representation (POR), Beneficiary Consent to Release (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 13-17 and Figure 13-18).

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 13-19) 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 displays showing the list of claims in dispute (Figure 13-20).

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 displays (Figure 13-21).

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 Adobe Acrobat (.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 *Claims Dispute Verification* page displays 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 displays (Figure 13-22).

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 13-17: Example Claims Listing for a Non-Beneficiary or Viewed without MFA

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 requests for updated conditional payment amounts.

Note: If a claim is disputed and we agree with the dispute, the claim will automatically be removed from the claims listing.

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 **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="checkbox"/>	*****78901234	8	\$1,456.78	\$567.98	\$178.76		
<input type="checkbox"/>	*****78901234	8	\$1,456.78	\$567.98	\$178.76		
<input type="checkbox"/>	*****78901234	8	\$1,456.78	\$567.98	\$178.76		
<input type="checkbox"/>	*****78901234	8	\$1,456.78	\$567.98	\$178.76		
<input type="checkbox"/>	*****78901234	8	\$1,456.78	\$567.98	\$178.76		
<input type="checkbox"/>	*****78901234	8	\$1,456.78	\$567.98	\$178.76		
<input type="checkbox"/>	*****78901234	8	\$1,456.78	\$567.98	\$178.76		
<input type="checkbox"/>	*****78901234	8	\$1,456.78	\$567.98	\$178.76		
<input type="checkbox"/>	*****78901234	8	\$1,456.78	\$567.98	\$178.76		
<input type="checkbox"/>	*****78901234	8	\$1,456.78	\$567.98	\$178.76		

Select All | Deselect All

Figure 13-18: Example Claims Listing for a Beneficiary or Viewed with MFA

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Claims Listing

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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 requests for updated conditional payment amounts.

Note: If a claim is disputed and we agree with the dispute, the claim will automatically be removed from the claims listing.

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 **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

Dis- pute	TOS	Claim Control ID (ICN)	Line #	Processing Contractor	Provider Name	Diagnosis Codes	DRG Cd	CPT/ HCPCS	From Date	To Date	Total Charges	Reimbursed Amount	Conditional Payment	Dispute Submitte Date
<input type="checkbox"/>	30	012345678901234	8	000123489			123		12/07/2017	12/07/2017	\$1,456.78	\$567.98	\$178.76	
<input type="checkbox"/>	30	012345678901234	8	000123489			123		12/07/2017	12/07/2017	\$1,456.78	\$567.98	\$178.76	
<input type="checkbox"/>	30	012345678901234	8	000123489			123		12/07/2017	12/07/2017	\$1,456.78	\$567.98	\$178.76	
<input type="checkbox"/>	30	012345678901234	8	000123489			123		12/07/2017	12/07/2017	\$1,456.78	\$567.98	\$178.76	
<input type="checkbox"/>	30	012345678901234	8	000123489			123		12/07/2017	12/07/2017	\$1,456.78	\$567.98	\$178.76	
<input type="checkbox"/>	75	012345678901234	8	000123489				12345	12/07/2017	12/07/2017	\$1,456.78	\$567.98	\$178.76	
<input type="checkbox"/>	75	012345678901234	8	000123489				12345	12/07/2017	12/07/2017	\$1,456.78	\$567.98	\$178.76	
<input type="checkbox"/>	75	012345678901234	8	000123489				12345	12/07/2017	12/07/2017	\$1,456.78	\$567.98	\$178.76	
<input type="checkbox"/>	75	012345678901234	8	000123489				12345	12/07/2017	12/07/2017	\$1,456.78	\$567.98	\$178.76	
<input type="checkbox"/>	75	012345678901234	8	000123489				12345	12/07/2017	12/07/2017	\$1,456.78	\$567.98	\$178.76	

Select All | Deselect All

Figure 13-19: Demand Claims Listing

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Demand Claims Listing

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The following are the claims associated to Case ID: 2011 XXXXXXXXXXXX

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 13-9: Claims Listing (All Fields)

Field	Description
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 13.1.7 for authorization details.</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
Claim Control ID (ICN)	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.
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.
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/ICD9ProviderDiagnosticCodes/06_codes.asp for a list of valid ICD-9 diagnosis codes.</p> <p>https://www.cms.gov/Medicare/Coding/ICD10/2018-ICD-10-CM-and-GEMs.html for more information regarding ICD-10 diagnosis codes.</p>
DRG Cd	The three-digit Diagnosis Related Group codes for the Part-A Claims.

Field	Description
CPT/HCPCS	The Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) code for the Part-B Claims (up to 5 characters).
From Date	The start date of service for the claim.
To Date	The end date of service for the claim.
Total Charges	Amount billed by the provider.
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. 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. 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 13-10: 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 13-20: Claims Dispute Verification (BCRC)

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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

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Table 13-11: 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 13-21: Dispute Claims Documentation Upload

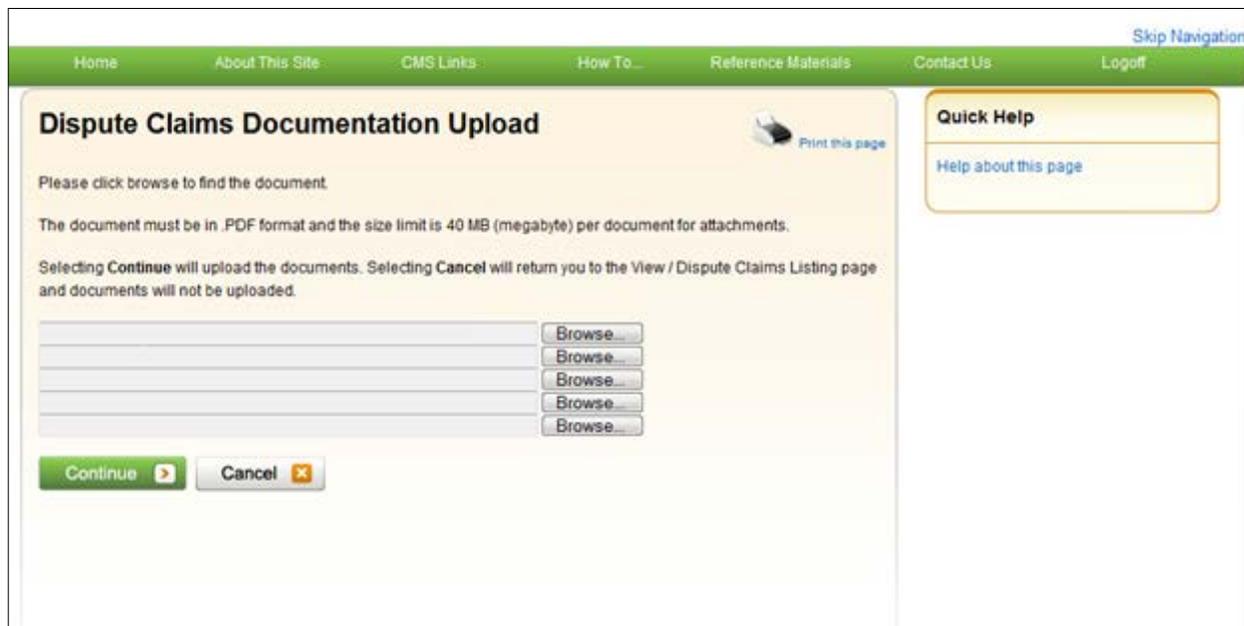
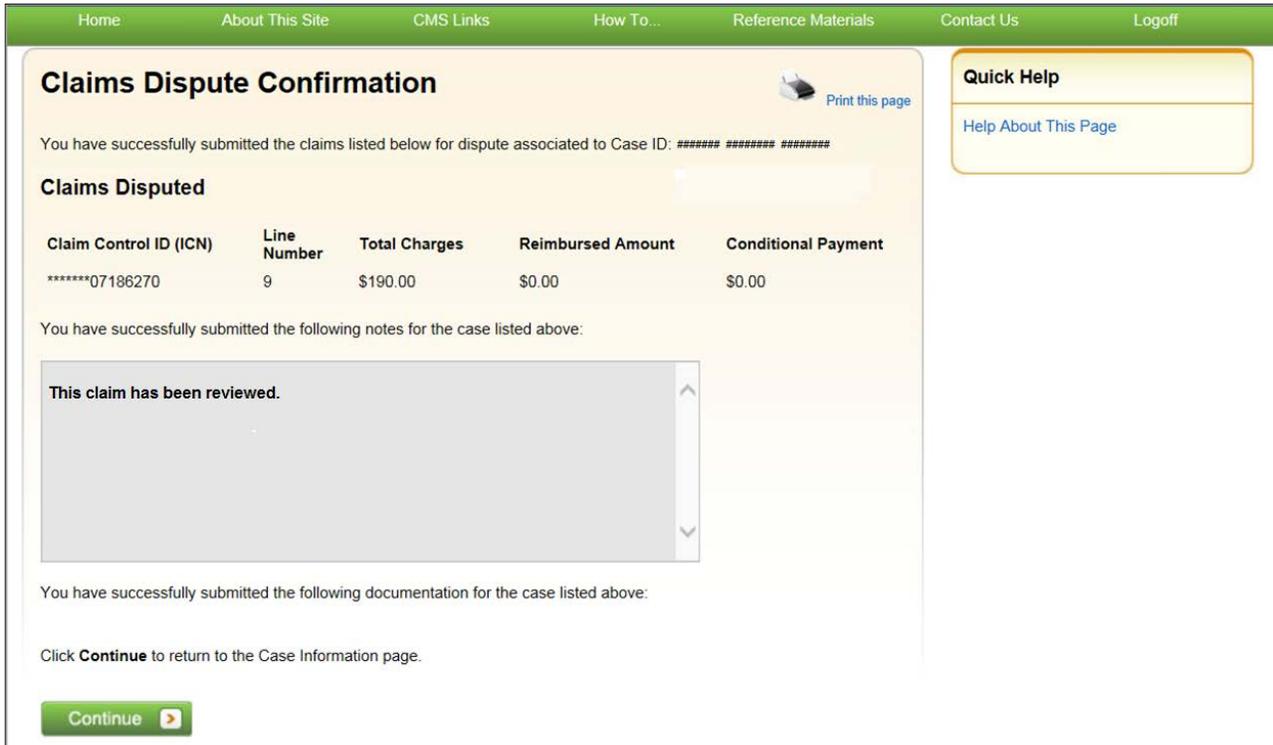


Figure 13-22: Claims Dispute Confirmation (BCRC)



13.1.8 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 Conditional Payment* (Final CP) process. This option can only be selected **once**. See Chapter 14.

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.

13.1.9 Calculate Final Conditional Payment Amount

This action allows a user to request a Final Conditional Payment (Final CP) amount for a case in the Final CP process, and is enabled for a Final Conditional Payment 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 14.

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.

13.1.10 Request an Electronic Dispute Denial for Final Conditional Payment Case Letter with Current Conditional Payment Amount

This action is available on Final Conditional Payment (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 14.

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**.

13.1.11 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 notice of settlement (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 brought to a conclusion.

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 14.

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 13-24), a read-only version of the *Settlement Information* page, which displays the notice of settlement information previously submitted. This page displays 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 displays (Figure 13-23).

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 displays (Figure 13-25).

Note: Before uploading your document, ensure that the following requirements are met, otherwise your file will fail to upload:

- The file format must be Adobe Acrobat (.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.
5. Click **Browse** to locate the documents you want to upload.

Figure 13-23: Settlement Information

Home About This Site 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

MEDI/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.

Table 13-12: 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 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 3 business days of the Final Conditional Payment Requested Date, the case will be voided from the <i>Final Conditional Payment</i> process.</p>
None	Settlement Detail Option. Indicates that the beneficiary did not incur any attorney fees.

Field	Description
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. • When entered, it must contain a numeric value (decimals and commas are allowed).
Attestation	<p>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.</p>
Upload Documentation	<p>Hyperlink. Click to upload settlement related documentation.</p>
Continue	<p>Command button. Click to save changes and continue to the next page.</p>
Cancel	<p>Command button. Click to return to the <i>Case Information</i> page.</p>

Figure 13-24: View Settlement Information

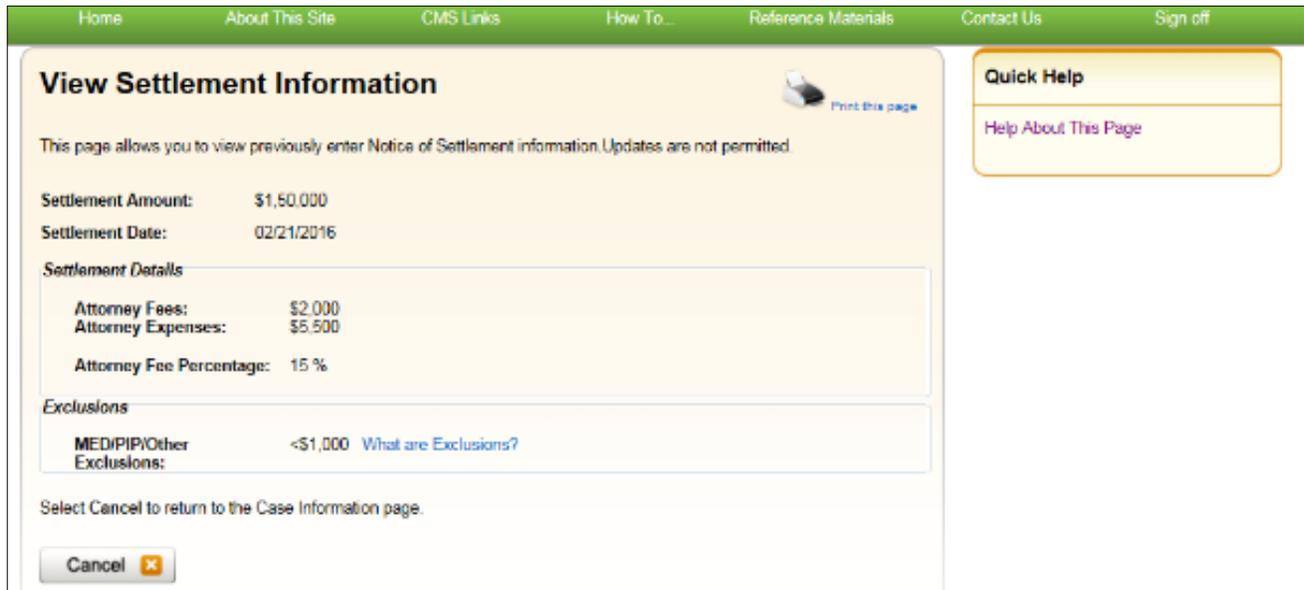
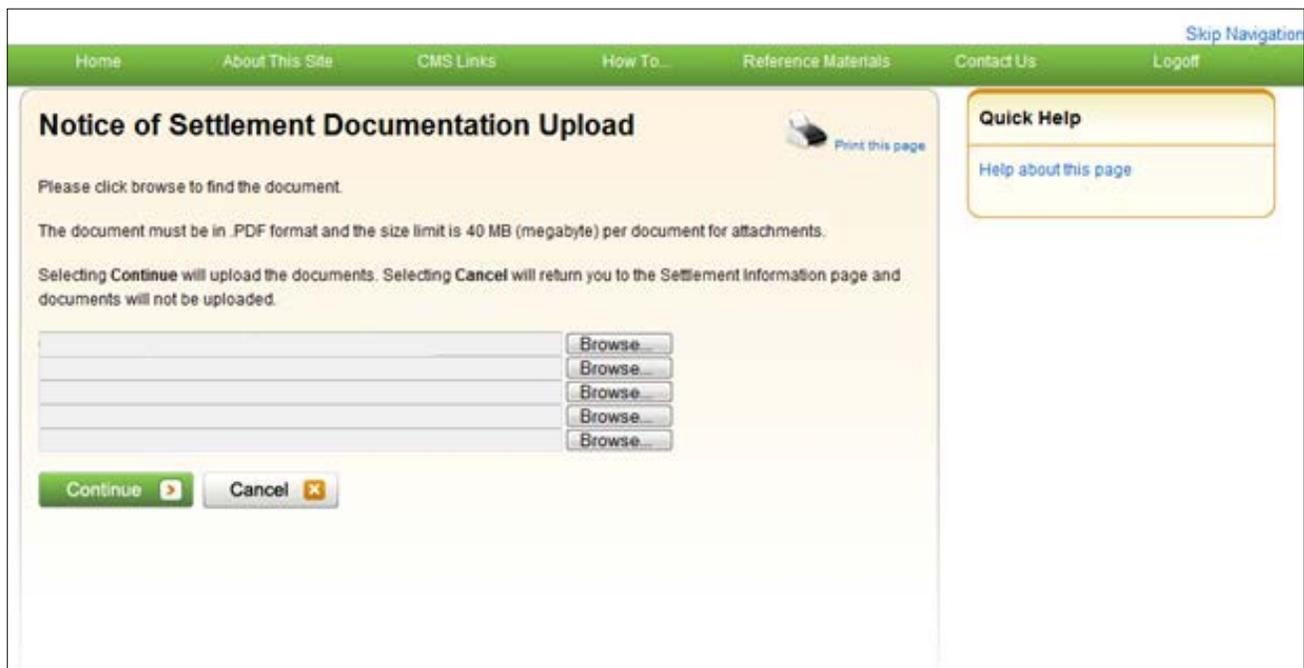
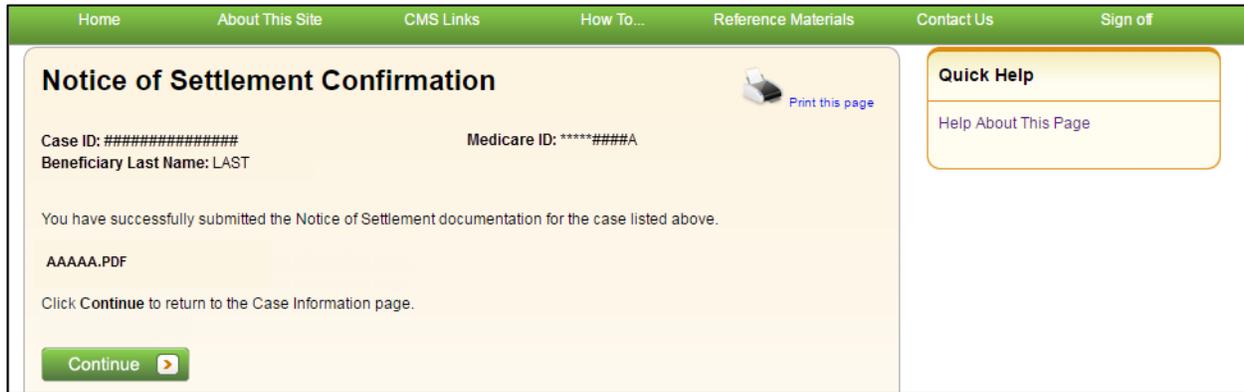


Figure 13-25: Notice of Settlement Documentation Upload



7. When your supporting documentation has been located and added to the *Notice of Settlement Documentation Upload* page, click **Continue**.
The *Settlement Information* page displays again. The document(s) you added will be listed.
8. Click **Continue** to confirm the submission. The *Notice of Settlement Confirmation* page displays. You can print this page by clicking the **Print this page** link.
9. Click **Continue** to return to the *Case Information* page.

Figure 13-26: Notice of Settlement Confirmation



13.1.12 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 13-28) 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 13-29).

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, 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 displays.

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 13-27: Initiate Demand Letter Confirmation (BCRC Case)

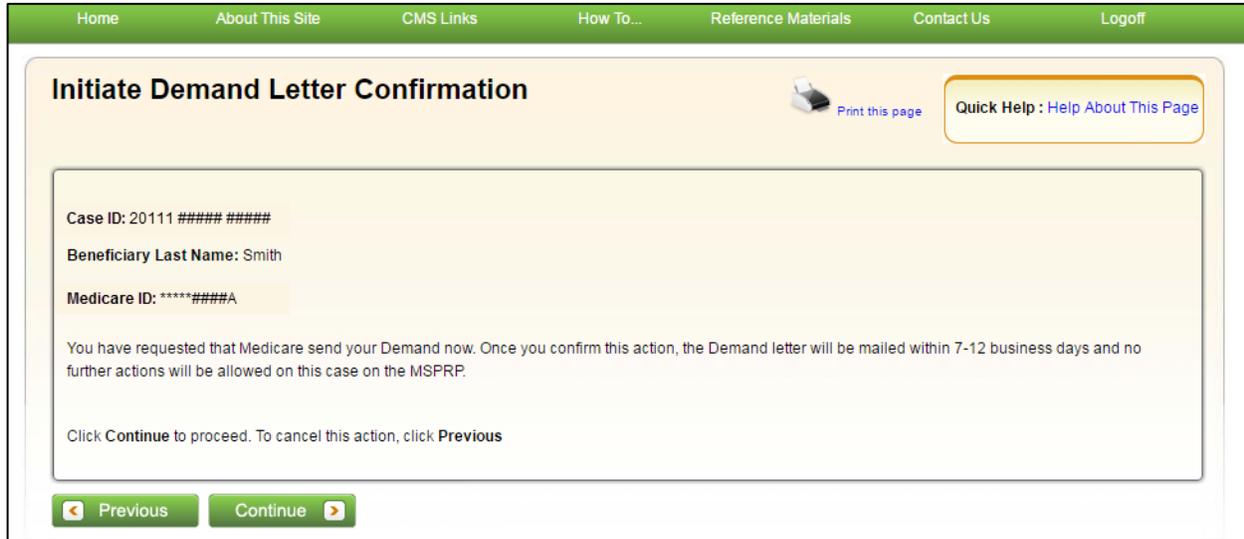


Figure 13-28: Initiate Demand Letter Confirmation (Bene-Debtor)

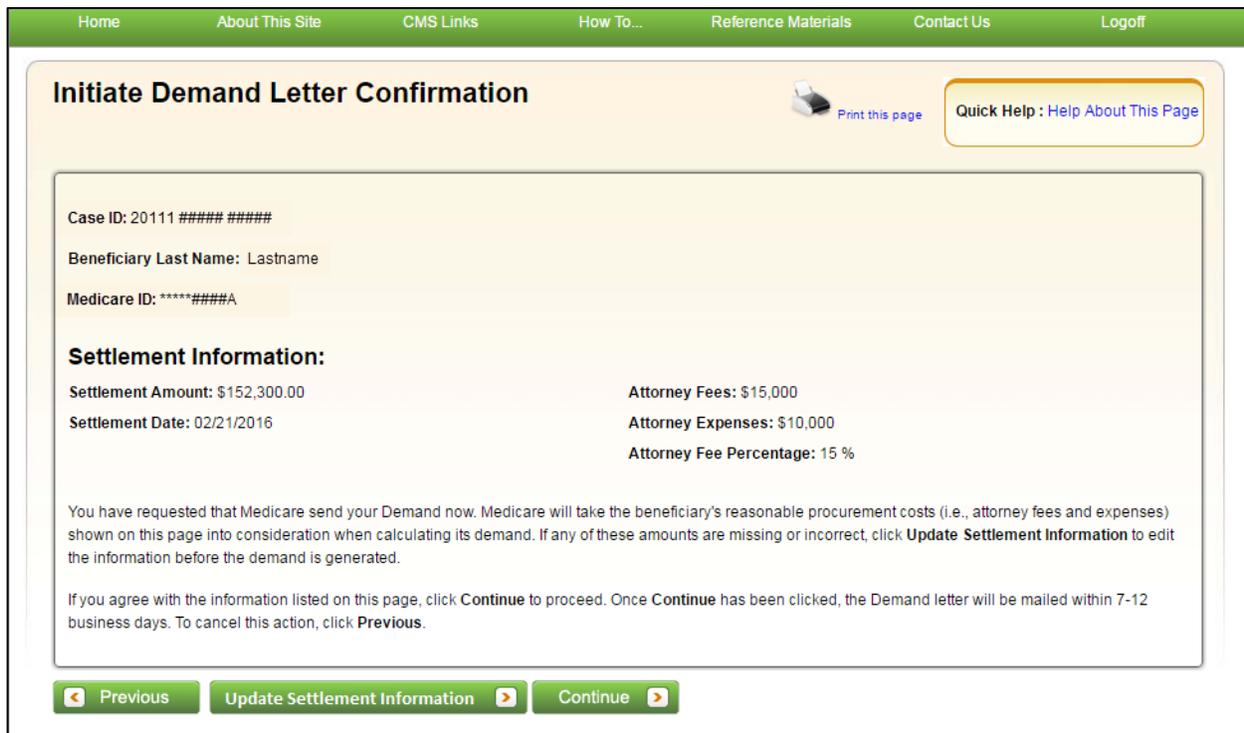


Figure 13-29: Update Settlement Information

13.1.13 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, you can 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 15.1 for details.

Who Can Submit a Redetermination?

- BCRC Cases: User must be the case beneficiary, the case debtor, or have a verified beneficiary POR (for a beneficiary-debtor case) or be an insurer representative with a verified Recovery Agent Authorization (for an insurer-debtor case).
- CRC Cases: User must be the case debtor or an authorized insurer representative with a verified Recovery Agent Authorization.

Who Can View a Redetermination?

- BCRC Cases: User must be the case beneficiary, the case debtor, or have a verified beneficiary POR or CTR (for a beneficiary-debtor or insurer-debtor case) or be an insurer representative with a verified Recovery Agent Authorization (for an insurer-debtor case).
- CRC Cases: User must be the case beneficiary, the case debtor, or have a verified beneficiary POR or CTR, or be an insurer representative with a verified Recovery Agent Authorization.

Other Requirements to Submit a Redetermination Request?

- The case must be in a *Demand Issued* status and a Demand letter has been sent for the case (as determined by the Demand Letter Mail Date).
- A redetermination request can only be submitted once either in the mail or on the MSPRP.
- A redetermination must be submitted within 120 days from the date of receipt of the demand letter.

Other Requirements to View a Redetermination Request?

- Redetermination request must have been previously submitted on the MSPRP.

13.1.14 Submit Waiver Request

The *Submit Waiver Request* action allows you to submit a request for a waiver. A waiver is when all or part of the demand amount owed to Medicare is 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. The **SSA 632 Request for Waiver** form is required 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 cms.gov website. You can also submit additional documents to support your request. See Section 15.2 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.

13.1.15 Submit Compromise Request

The *Submit Compromise Request* action allows you to submit an offer for Medicare to accept less than the amount Medicare is owed. 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 also provide supporting information or documentation by entering a text explanation or uploading documentation (evidence) to support your compromise request. See Section 15.3 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 Issued, or Demand in Process status. Compromise requests cannot be submitted when the case status is Claim Retrieval, Closed, In Development, or Transitioned.

Chapter 14: 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 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, contact the BCRC at: (855) 798-2627.

This chapter discusses the details and the steps for the *Final CP* process.

14.1 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.

14.2 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).

14.3 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.

14.4 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.

14.5 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.

14.5.1 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 13.1.8.

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 displays (Figure 14-1).

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 displays (Figure 14-2).

4. Click **Continue** to return to the *Case Information* page.

When you click **Continue**, the case is put into the *Final CP* process.

Figure 14-1: Warning - 120 Day Notification Action Can Only Be Selected Once

The screenshot shows a web page 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 yellow background and is titled "WARNING-120 Day Notification Action Can Only Be Selected Once". Below the title is a printer icon and a "Print this page" link. The text reads: "You have chosen to notify the Benefits Coordination & Recovery Center (BCRC) that you are within 120 calendar days of your anticipated settlement date and wish to begin the Final Conditional Payment process. This action can only be selected once per case. If you continue, you will be required to complete the following steps:" followed by a numbered list:

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.

Below the list, it says "Click **Continue** to proceed or **Cancel** to return to the *Case Information* page." At the bottom left are two buttons: "Continue" with a right-pointing arrow and "Cancel" with a red 'x' icon. On the right side of the page, there is a yellow box titled "Quick Help" with a link "Help About This Page".

Figure 14-2: 120 Days' Notice of Anticipated Settlement

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

120 Days' Notice of Anticipated Settlement Confirmation

[Print this page](#)

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](#)

14.5.2 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 13.1.7 regarding how to view and dispute claims.

14.5.2.1 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.

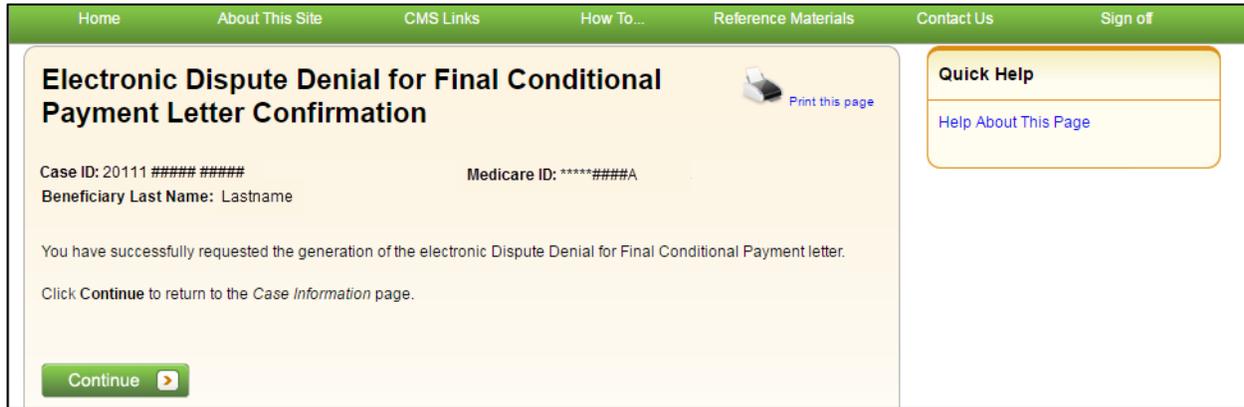
To request an *Electronic Dispute Denial for Final Conditional Payment Case Letter*:

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 displays, 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 14-3: Electronic Dispute Denial for Final CP Letter Confirmation



14.5.3 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 displays (Figure 14-4).

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 displays (Figure 14-5).

3. Click **Continue** to return to the *Case Information* page.

Figure 14-4: Warning - Calculate Final CP Amount Can Only Be Selected Once

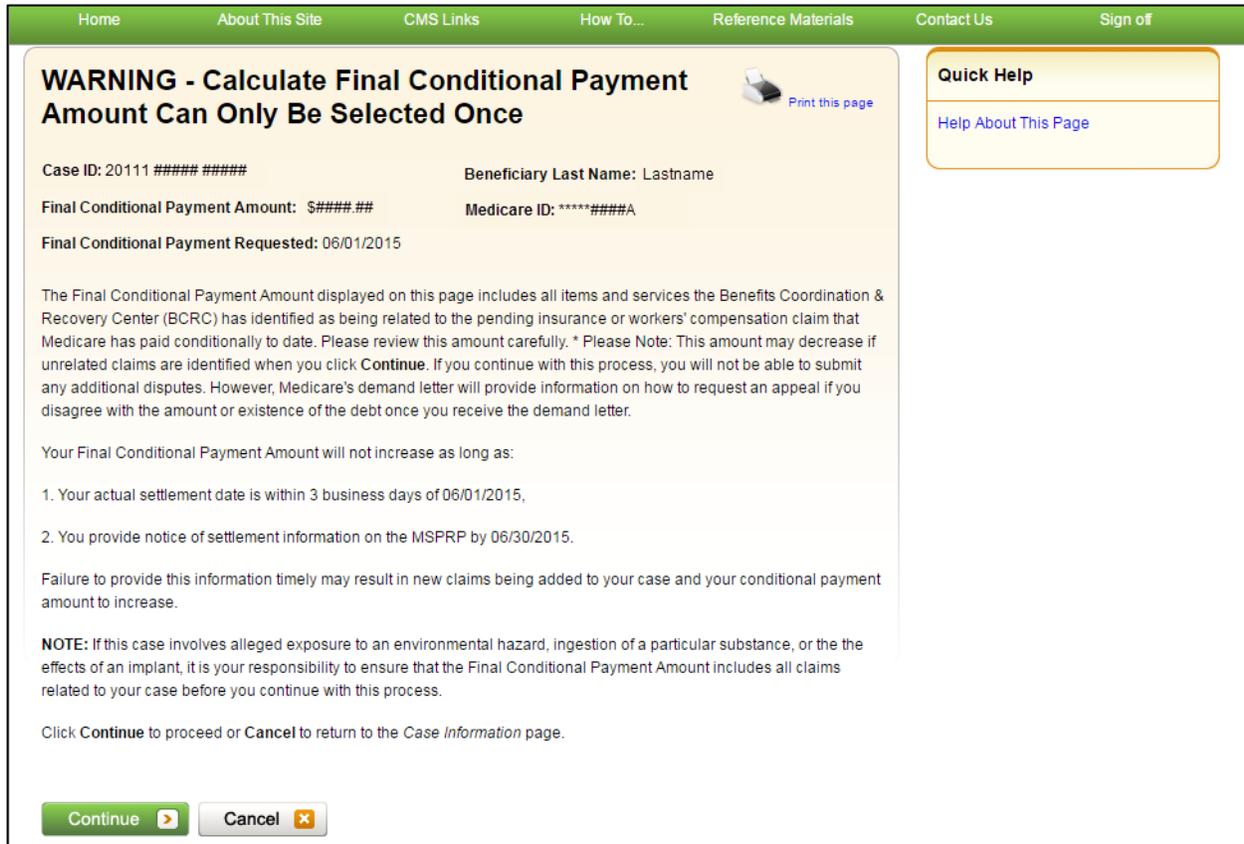
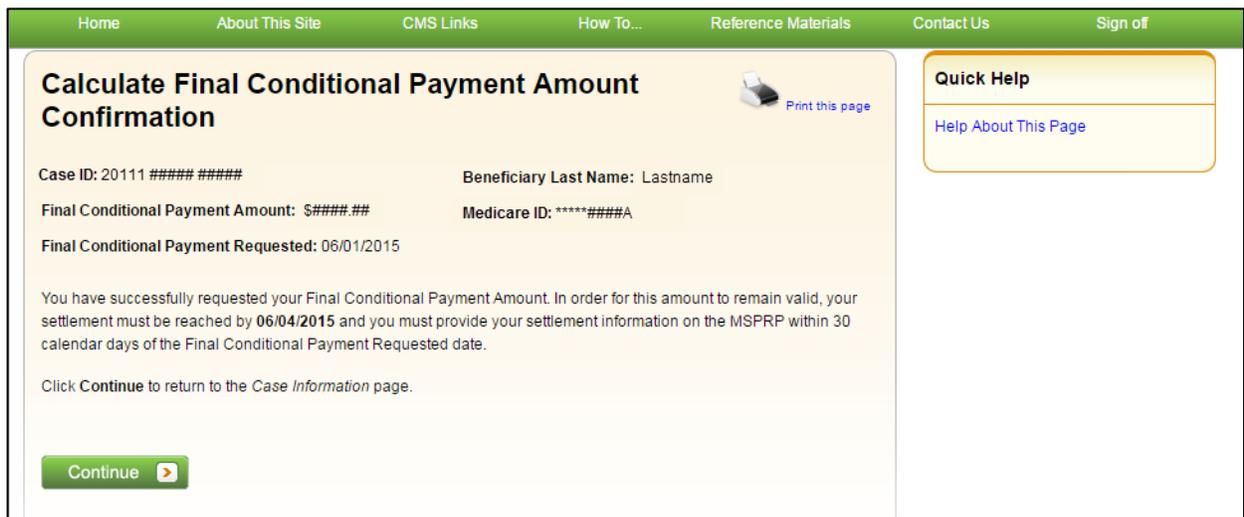


Figure 14-5: Calculate Final Conditional Payment Amount Confirmation



14.5.4 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 13.1.5 and 13.1.6.

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.

14.5.4.1 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 displays, 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 14-6: Notice of Anticipated Settlement Letter Confirmation

14.5.4.2 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 displays, 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 14-7: Electronic Notice of Anticipated Settlement Letter Confirmation

14.5.4.3 Electronic Final Conditional Payment Letter

If the status of your Final CP case is **Pending NOS** 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 14-8).

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 14-8: Electronic Final Conditional Payment Letter Confirmation

14.5.5 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 13.1.9 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 14-9) displays 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 displays.

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 displays as a warning to you to check that the Settlement Date entered is correct (Figure 14-10).
- If you click **Continue**, the Final Conditional Payment Amount will be voided and the case will be removed from the *Final CP* process.

Figure 14-9: Final Conditional Payment Amount Voided Confirmation

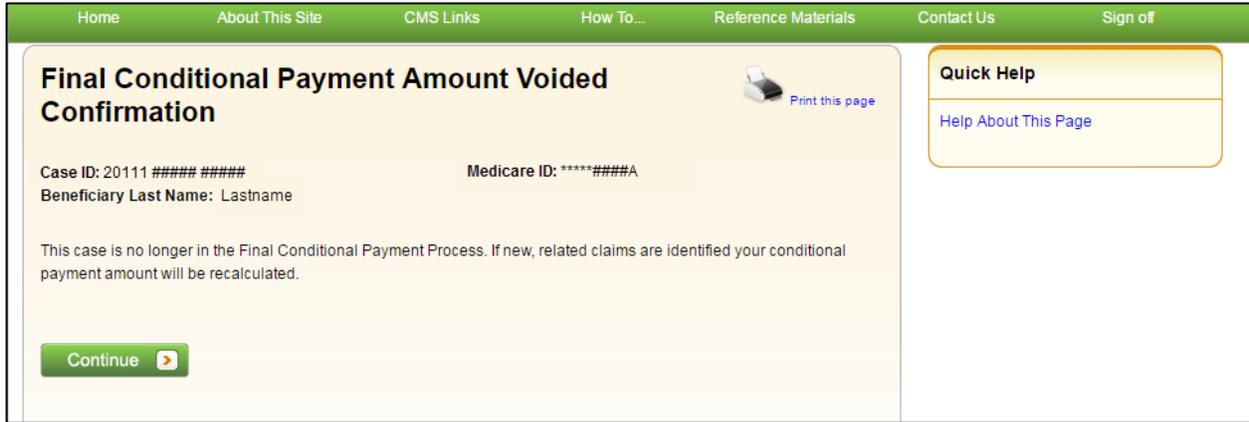
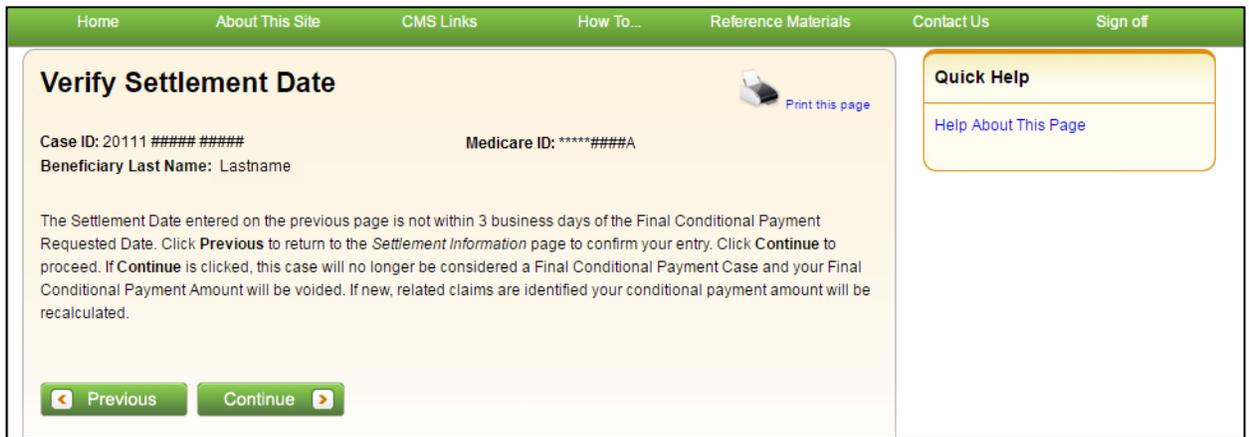


Figure 14-10: Verify Settlement Date



14.6 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.

14.6.1 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 displays (Figure 14-11).

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 displays (Figure 14-12).

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 14.2.

Figure 14-11: 120-Day Notification Action Can Only Be Selected Once (Insurer)

The screenshot shows a web page 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 yellow background and a title: **WARNING-120 Day Notification Action Can Only Be Selected Once**. To the right of the title is a printer icon and a link: [Print this page](#). Below the title is a paragraph: "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:" followed by a numbered list:

1. A settlement is pending for this case, and
2. You do not have ongoing responsibility for medicals (ORM).

Below this is another paragraph: "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.

At the bottom of the page 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 page, there is a yellow box titled **Quick Help** with a link: [Help About This Page](#).

Figure 14-12: 120-Day Notice of Settlement Confirmation (Insurer)

The screenshot shows a web page with a green navigation bar at the top containing links for Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, and Sign of. The main content area has a light yellow background and is titled "120 Days' Notice of Anticipated Settlement Confirmation". To the right of the title is a printer icon and a "Print this page" link. Below the title, there are two columns of information: "Case ID: 20111 ##### #####" and "Beneficiary Last Name: Lastname" in the first row; "Medicare ID: *****A" and "Final Conditional Payment Process Initiated: 06/01/2015" in the second row. A paragraph of text follows, explaining that the debt has been transferred to the beneficiary and that a Conditional Payment Letter will be mailed within 7-12 business days. At the bottom of the text, it says "Click **Continue** to return to the *Case Information* page." Below this is a green button with the text "Continue" and a right-pointing arrow. On the right side of the page, there is a "Quick Help" box with a "Help About This Page" link.

Chapter 15: 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 15.1).
- **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 15.2). (**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 15.3).

Each request option is described in more detail in the following sections.

15.1 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 then submit a redetermination request through the *Redetermination (First Level Appeal) Submission* page. This page allows you to identify 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 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.

Note: After submitting a redetermination request successfully, you can view a read-only version of that request by clicking the **View/Submit Redetermination (First Level Appeal)** action on the *Case Information* page or clicking the *Waiver/Redetermination/Compromise* tab on the *Case Information* page to see the following details for the first redetermination that has been requested for the current Case ID: *Received* (date), *Decision*, and the *Decision Date* (see Table 13-4 for details). Additionally, non-beneficiary users and account managers can view activity details for a successful redetermination submitted for a case on the *Account Activity* page (Figure 8-37).

15.1.1 Redetermination Timeline

The following information provides a timeline for each phase of the redetermination process:

- You have 120 calendar days from the date the demand letter is sent 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.

15.1.2 Before Requesting a Redetermination

When submitting a redetermination request (first level appeal), please note the following:

- The case must be in a *Demand Issued* status and a Demand letter has been sent for the case (as determined by the Demand Letter Mail Date).
- A redetermination request can only be submitted once either in the mail or on the MSPRP.
- The request must be submitted within 120 days from the date of receipt of the demand letter.

15.1.3 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.

The *Redetermination (First Level Appeal) Submission* page appears.

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).

If a redetermination has already been submitted on the MSPRP when you click this action, you will be directed to the read-only *View Redetermination (First Level Appeal) Submission* page.

2. Click the Redetermination check boxes to select one or more claims from the list to include with the redetermination request. Clicking **Select All** selects all the claims.
3. Click **Continue** to proceed.

You will be directed to the *Redetermination (First Level Appeal) Verification* page (Figure 15-2) where you will verify your selected claims and submit your supporting documentation. Click **Cancel** to return to the *Case Information* page without saving any data.

Figure 15-1: Redetermination (First Level Appeal) Submission (Example: Beneficiary/MFA)

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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 associated to **Case ID: #####**
Demand Amount: \$10,523.86 **Demand Letter Date: 10/01/2015**

If you are dissatisfied with the initial determination identified in your demand letter, you may request a redetermination. A redetermination is the first level of appeal after the initial determination on Part A and Part B claims. It is a second look at the claim and supporting documentation and is made by an employee that did not take part in the initial determination.

To request a redetermination, click the checkbox to the left of the claim number for each claim included in the request or click **Select All** to submit a redetermination that is not claim specific. 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.

*** Claims:**

Redetermination	TOS	Claim Control ID (ICN)	Line Number	Processing Contractor	Provider Name	Diagnosis Codes	From Date	To Date	Total Charges	Reimbursement Amount	Conditional Payment Amount
Select All Deselect All											
<input type="checkbox"/>	10	99999999999921	1	885	Sample Provider 1	ICD10:436,9233,526	2/19/2009	2/19/2009	\$5,296.23	\$5,296.23	\$5,296.23
<input type="checkbox"/>	20	99999999999922	2	885	Sample Provider 2	ICD10:436,9233,526	2/19/2009	2/19/2009	\$105.20	\$105.20	\$105.20
<input type="checkbox"/>	20	99999999999922	2	885	Sample Provider 3	ICD9:436	2/19/2010	2/19/2010	\$51.98	\$51.98	\$51.98
<input type="checkbox"/>	10	99999999999992	1	999	Sample Provider 1	ICD10:9233,555	3/20/2009	3/20/2009	\$9.27	\$9.27	\$9.27
<input type="checkbox"/>	10	99999999999992	2	999	Sample Provider 4	ICD9:9233	3/20/2009	3/20/2009	\$131.50	\$131.50	\$131.50
<input type="checkbox"/>	10	99999999999993	1	660	Sample Provider 1	ICD10:4019,256	4/20/2010	4/20/2010	\$36.14	\$36.14	\$36.14
<input type="checkbox"/>	10	99999999999993	1	660	Sample Provider 11	ICD9:4019	5/2/2010	5/2/2010	\$798.00	\$798.00	\$798.00

Continue
Cancel

Figure 15-2: Redetermination (First Level Appeal) Verification (Example: Beneficiary/MFA)

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Redetermination (First Level Appeal) Verification

Print this page

Below is the list of claims associated to Case ID: 123456124324 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](#)

4. Review the list of selected claims for accuracy.

Before you can proceed, you are 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.

5. 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 15.4 for information on mailing additional documentation.

6. If you are providing an explanation for your request, enter up to 500 characters of free-form text in the text area provided.

7. 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 15-3).

Figure 15-3: Redetermination (First Level Appeal) Verification (Uploaded Documents)

The screenshot shows a web page titled "Redetermination (First Level Appeal) Verification". At the top, there is a navigation bar with links: Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, and Sign off. On the right side, there is a "Quick Help" box with a link "Help About This Page".

The main content area has a heading "Redetermination (First Level Appeal) Verification" and a sub-heading "Claims included in the redetermination request:". Below this is a table with the following data:

TOS	Claim Control ID (ICN)	Line Number	Total Charges	Reimbursement Amount	Conditional Payment Amount
1	99999999999991	1	\$5,296.23	\$5,296.23	\$5,296.23
2	99999999999991	2	\$105.20	\$105.20	\$105.20
3	99999999999991	3	\$51.98	\$51.98	\$51.98
4	99999999999992	1	\$9.27	\$9.27	\$9.27
5	99999999999992	2	\$131.50	\$131.50	\$131.50

Below the table, there is a section titled "Supporting Information & Documentation: What is this?". It contains a paragraph explaining the requirement to enter an explanation or upload a document. Below this is a large empty text box for input.

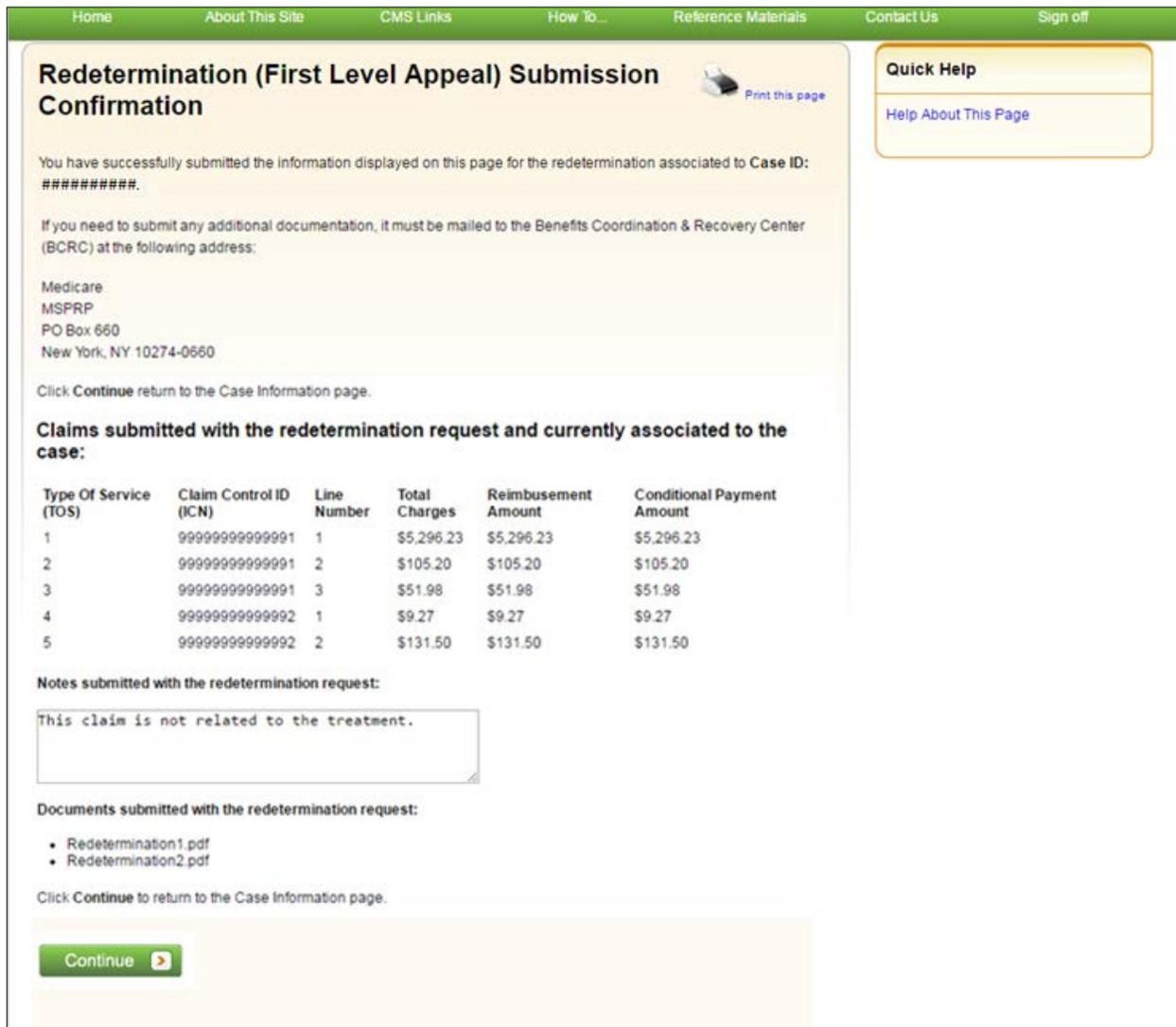
Further down, there is a link "Upload Documentation" with a paperclip icon. Below that, there is a list of uploaded files:

- Redetermination1.pdf [Delete](#)
- Redetermination2.pdf [Delete](#)

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

8. Click **Continue** to complete the submission and proceed to the read-only *Redetermination (First Level Appeal) Submission Confirmation* page (Figure 15-4).
9. Click **Continue** on the confirmation page to return to the *Case Information* page.

Figure 15-4: Redetermination (First Level Appeal) Submission Confirmation (Example: BCRC)



15.1.4 Uploading Redetermination Documents and Completing Submission

The MSPRP requires each uploaded file to be: a Portable Document Format (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 5 files at a time.

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**.

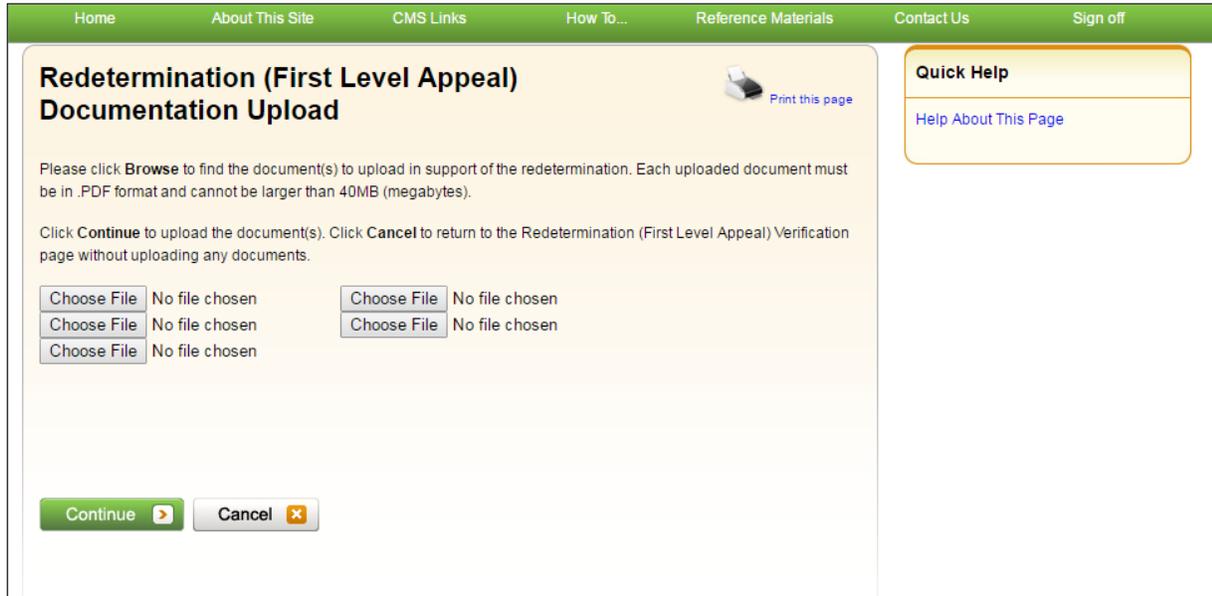
When the file has been selected, the file name and location will appear on the *Documentation Upload* page.

Note: If you have more than 5 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 15-3). Click **Delete** next to any document that you want to remove from the list.

Figure 15-5: Redetermination (First Level Appeal) Documentation Upload



15.1.5 Viewing Redetermination Requests

After submitting a redetermination request successfully, you can view a read-only version of that request by clicking the **View/Submit Redetermination (First Level Appeal)** action on the *Case Information* page, which displays the *View Redetermination (First Level Appeal) Submission* page. This page displays redetermination status information including the *Redetermination Received Date*, *Redetermination Decision*, and the *Redetermination Decision Date*. Additionally, you can click the **Waiver/Redetermination/Compromise** tab on the *Case Information* page to see the following details for the first redetermination that has been requested for the current Case ID: *Received* (date), *Decision*, and the *Decision Date* (see Table 13-4 for details). Additionally, non-beneficiary users and account managers can view activity details for a successful redetermination submitted for a case on the *Account Activity* page (Figure 8-37).

Note: If you do not see a document name listed on this page that you previously submitted, try back at a later time. Document names will not display immediately upon submission.

If this redetermination was resolved in your favor, some or all of the claims submitted with your request will be removed from your case and the rest will continue to be included with the amount owed to Medicare.

Figure 15-6: View Redetermination (First Level Appeal) Submission (Example: BCRC)

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View Redetermination (First Level Appeal) Submission Print this page

The following information has been submitted for redetermination consideration for Case ID: #####

Redetermination Received: 10/20/2016 **Redetermination Decision:** **Redetermination Decision Date:**

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:

Medicare
MSPRP
PO Box 660
New York, NY 10274-0660

Click [Continue](#) return to the Case Information page.

Claims submitted with the redetermination request and currently associated to the case:

Type Of Service (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

Notes submitted with the redetermination request:

This claim is not related to the treatment.

Documents submitted with the redetermination request (if you do not see the name of a previously submitted document, please try back later. Document names will not display immediately upon submission.)

- Redetermination1.pdf
- Redetermination2.pdf

[Continue](#)

Quick Help

[Help About This Page](#)

15.2 Waiver Requests

To begin the waiver request submission process, go to the *Case Information* page, click the **Submit Waiver Request** action, and 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.

15.2.1 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.

15.2.2 Submitting a Waiver Request

To submit a waiver request:

1. Go to the *Case Information* page and click the **Submit Waiver Request** action.

The *Waiver Submission* page appears (Figure 15-7).

2. Review details about the waiver submission process and conditions for a waiver.

If you are claiming financial hardship, you must 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 cms.gov website.

3. Download and complete the *SSA 632 Request for Waiver* form, if you are claiming financial hardship. 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 15-8). Click **Cancel** to return to the *Case Information* page.

Figure 15-7: Waiver Submission

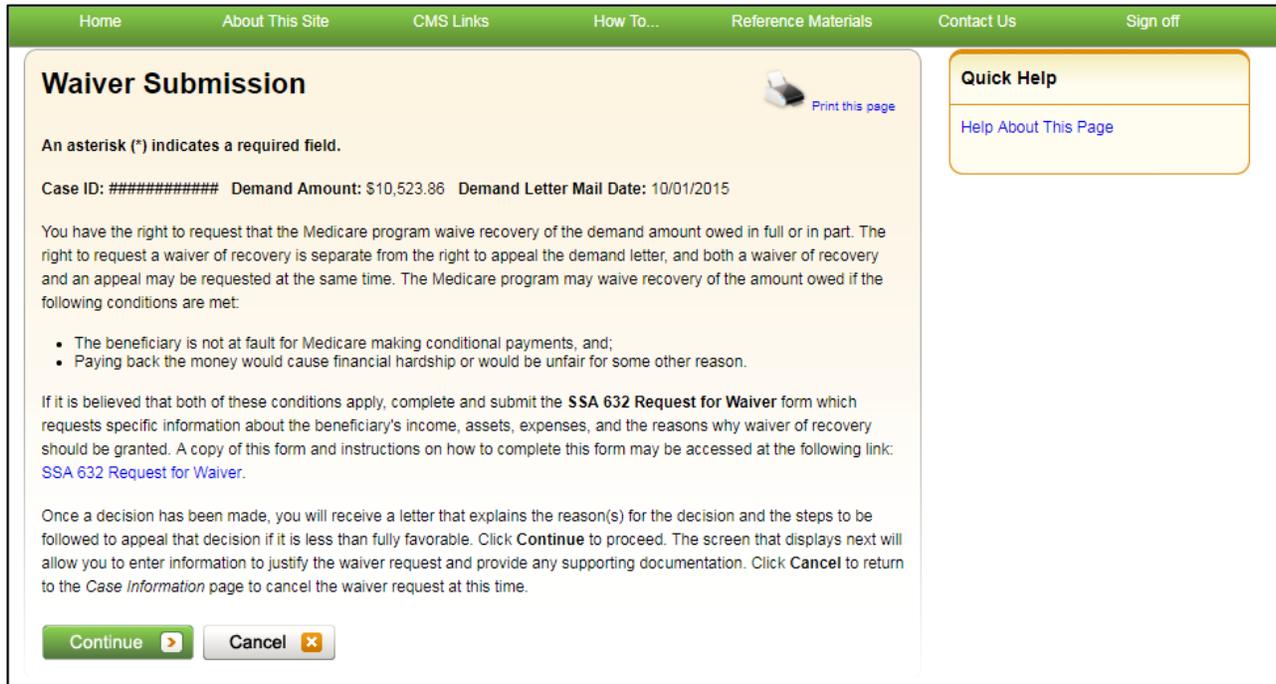
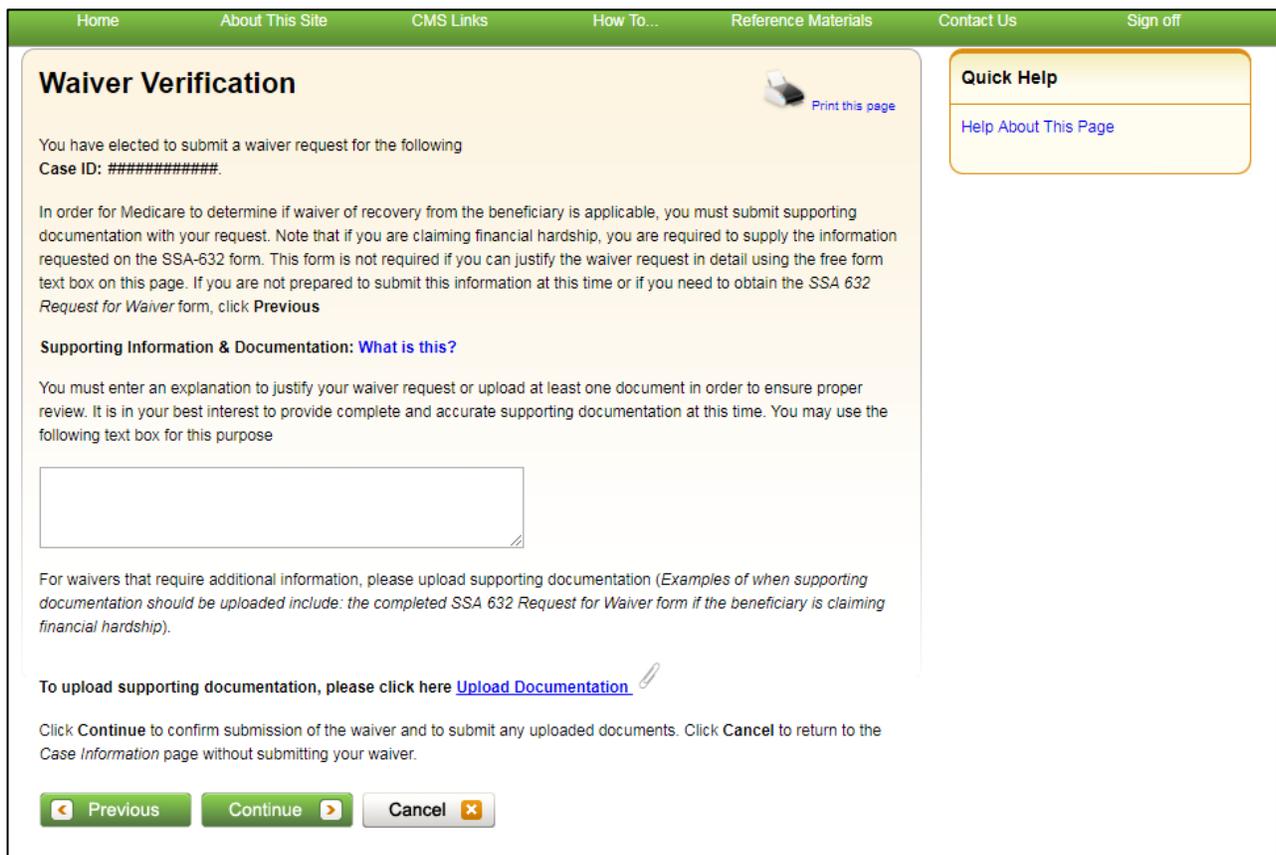


Figure 15-8: Waiver Verification



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 15.2.3 for information on uploading waiver documents and completing submission.

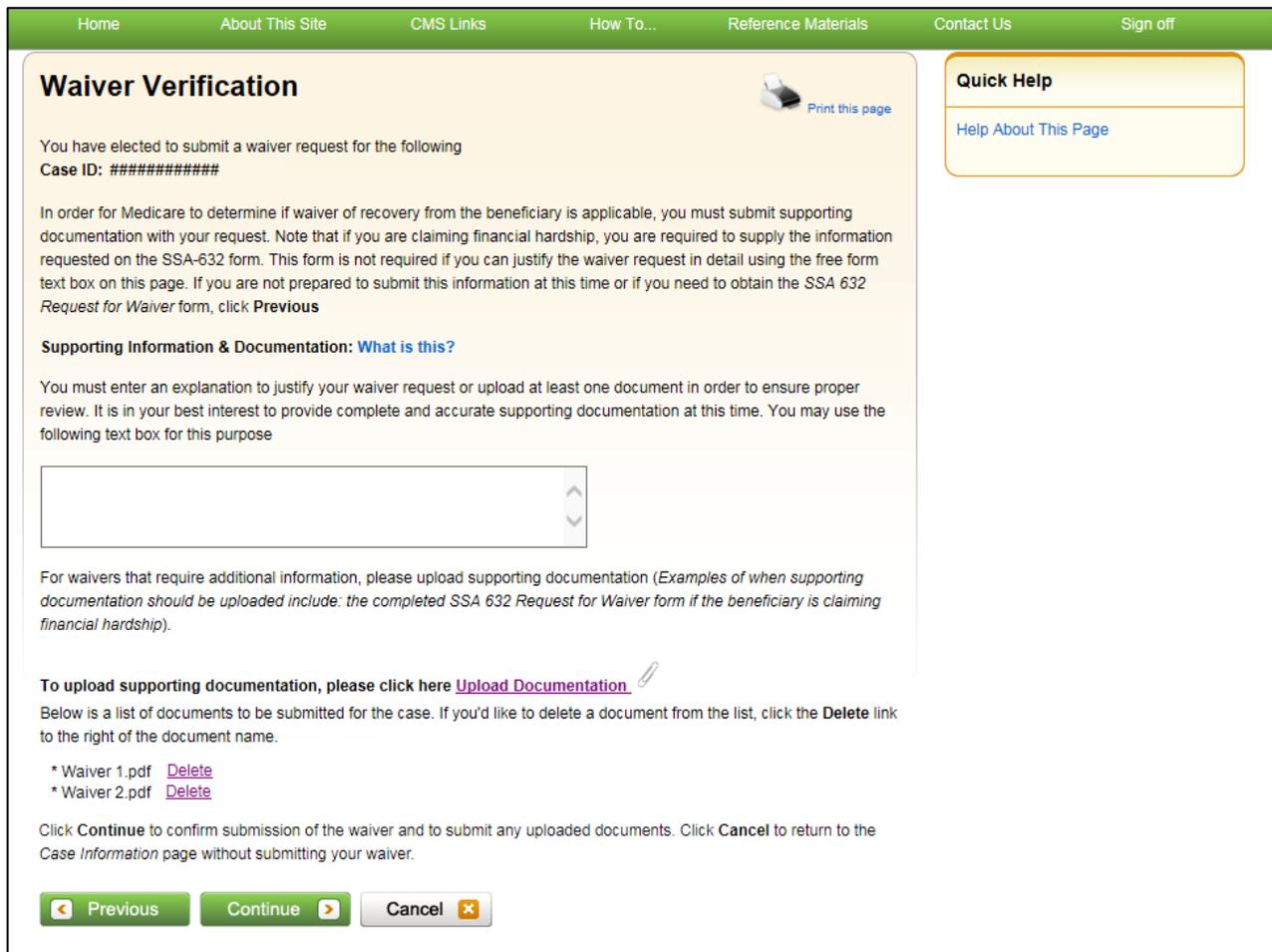
Notes: For a list of documents and other information that would assist in processing your waiver request, click the **What Is This?** link.

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 15.4 for information on mailing additional documentation.

7. Click **Continue** to proceed or **Cancel** to cancel the waiver submission.

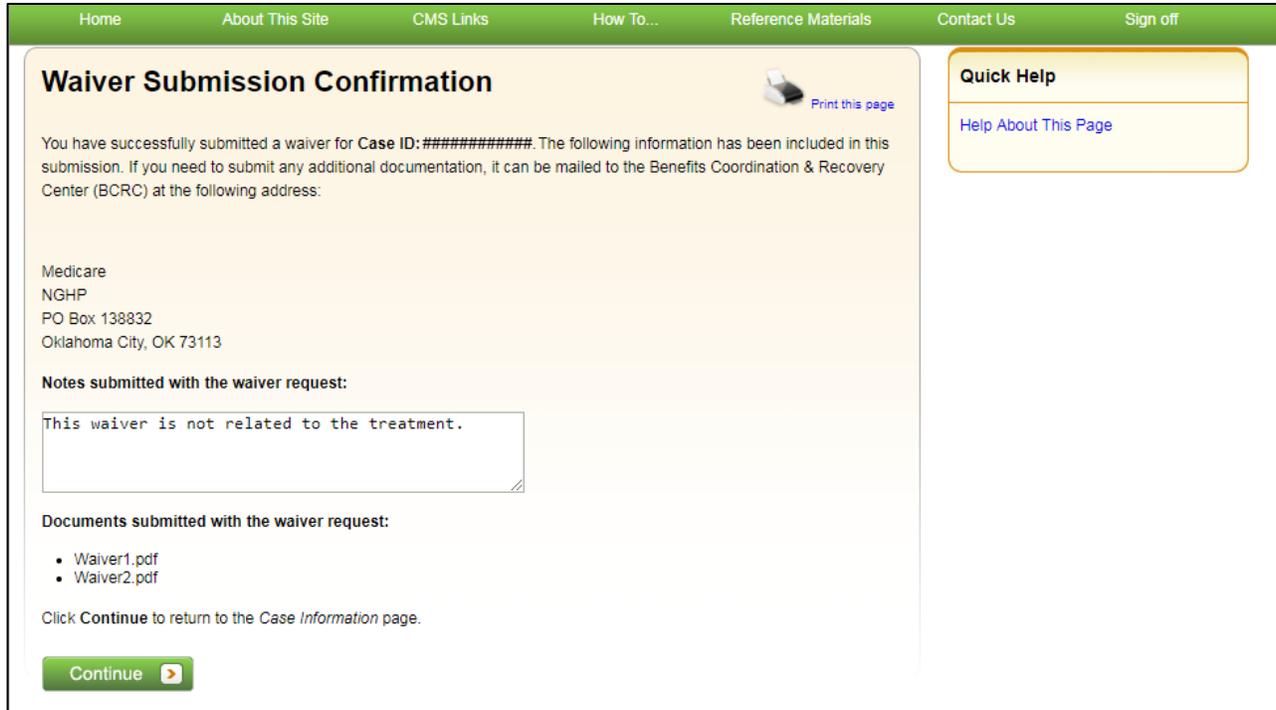
If the upload was successful, the *Waiver Verification* page appears, displaying any text you entered and a list of the supporting documents to be submitted.

Figure 15-9: Waiver Verification (Uploaded Documents)



8. Review the verification page and click **Continue** to complete the submission and proceed to the read-only *Waiver Submission Confirmation* page.
9. Click **Continue** on the confirmation page to return to the *Case Information* page.

Figure 15-10: Waiver Submission Confirmation



15.2.3 Uploading Waiver Documents and Completing Submission

The MSPRP requires each uploaded file to be: a Portable Document Format (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 5 files at a time.

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**.

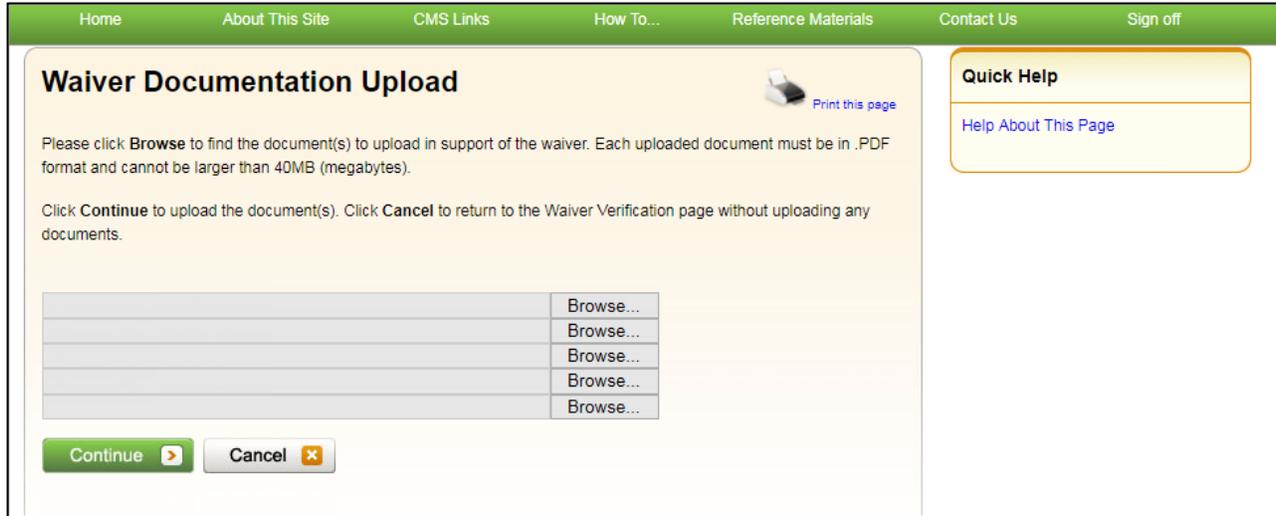
When the file has been selected, the file name and location will appear on the *Waiver Documentation Upload* page.

Note: If you have more than 5 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 15-9). Click **Delete** next to any document that you want to remove from the list.

Figure 15-11: Waiver Documentation Upload



15.2.4 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 13-4 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 8-37).

15.3 Compromise Requests

To begin the compromise request submission process, go to the *Case Information* page, click the **Submit Compromise Request** action, and 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.

15.3.1 Before Requesting a Compromise

When submitting a compromise request, please note the following:

- The case must be in an Open, Bill Issued, Demand Issued, or Demand in Process status.
- Compromise requests cannot be submitted when the case status is Claim Retrieval, Closed, In Development, or Transitioned.

15.3.2 Submitting a Compromise Request

To submit a compromise request:

1. Go to the *Case Information* page and click the **Submit Compromise Request** action.

The *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.

2. 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 15-12). If you are requesting a compromise after settlement (post-demand), you will only need to enter the compromise amount (Figure 15-13).

Figure 15-12: Compromise Request (Pre-Demand)

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

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. Compromise requests must be submitted in writing. A compromise decision made by CMS is final and is not subject to appeal. A compromise can be requested before or after settlement. When submitting your compromise request, you must state the reason why you believe a compromise should be granted and include any supporting notes and documentation.

Beneficiary Last Name: LAST Case ID: #####

An asterisk (*) indicates a required field.

*Proposed/Negotiated Settlement Amount: . (0.00 - 999,999,999.99)

Attorney Fees [What are Attorney Fees?](#)

Attorney Fees: . (0.00 - 999,999,999.99)
 Attorney Expenses/Procurement Costs: . (0.00 - 999,999,999.99)

*Compromise Amount: . (0.00 - 999,999,999.99)

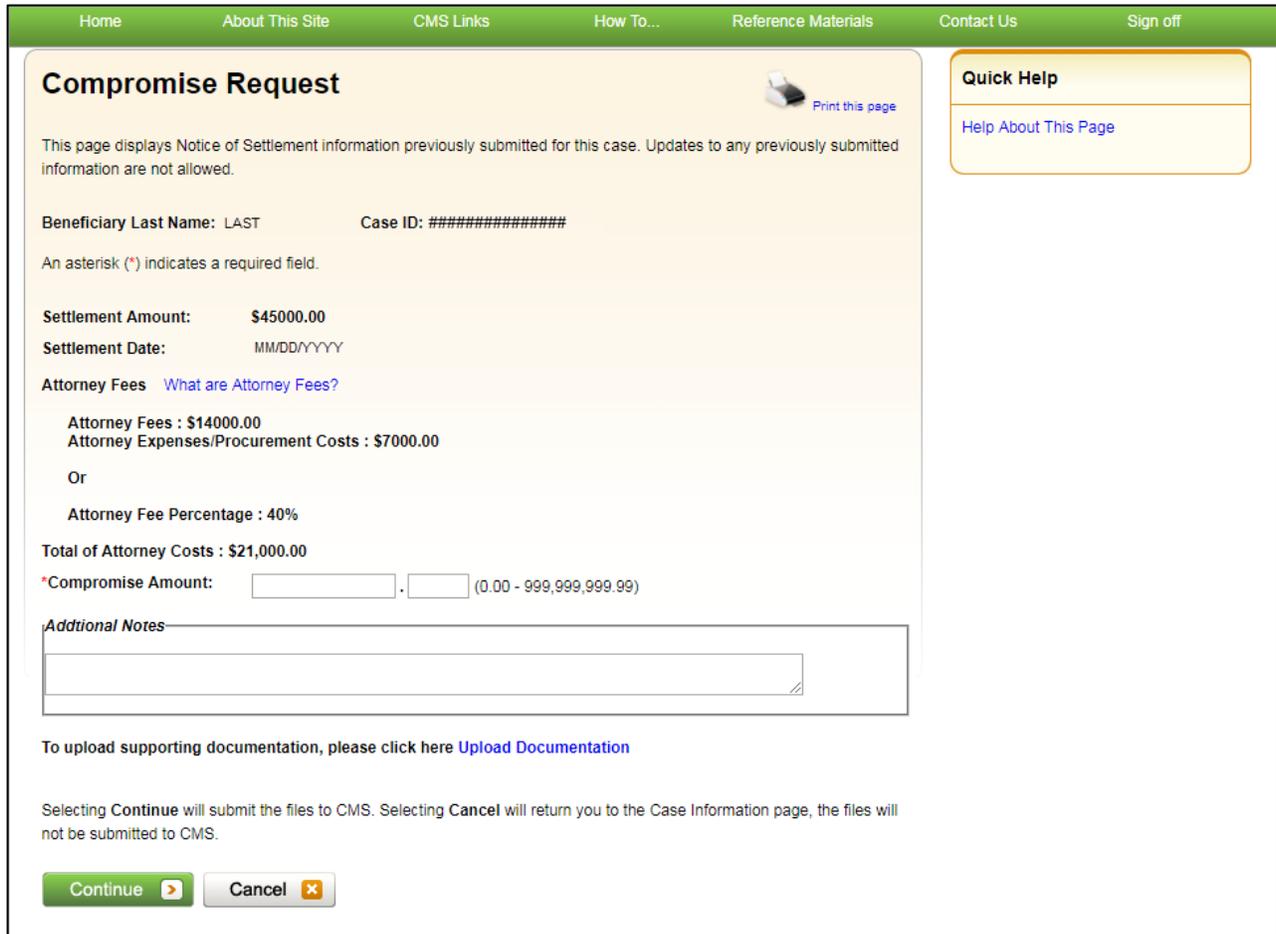
Additional Notes

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](#)

Figure 15-13: Compromise Request (Post-Demand)



3. 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.

4. To upload supporting documentation, click **Upload Documentation** to open the *Compromise Request Documentation Upload* page. See Section 15.3.3 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 15.4 for information on mailing additional documentation.

5. 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 15-14).

Figure 15-14: Compromise Request (Pre-Demand Uploaded Documents)

6. Review the request page and click **Continue** to complete the submission and proceed to the read-only *Compromise Request Confirmation* page (Figure 15-15).
7. Click **Continue** on the confirmation page to return to the *Case Information* page.

Figure 15-15: Compromise Request Confirmation

15.3.3 Uploading Compromise Documents and Completing Submission

The MSPRP requires each uploaded file to be: a Portable Document Format (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 5 files at a time.

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 5 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 15-14). Click **Delete** next to any document that you want to remove from the list.

Figure 15-16: Compromise Request Documentation Upload

15.3.4 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 13-4 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 8-37).

15.4 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

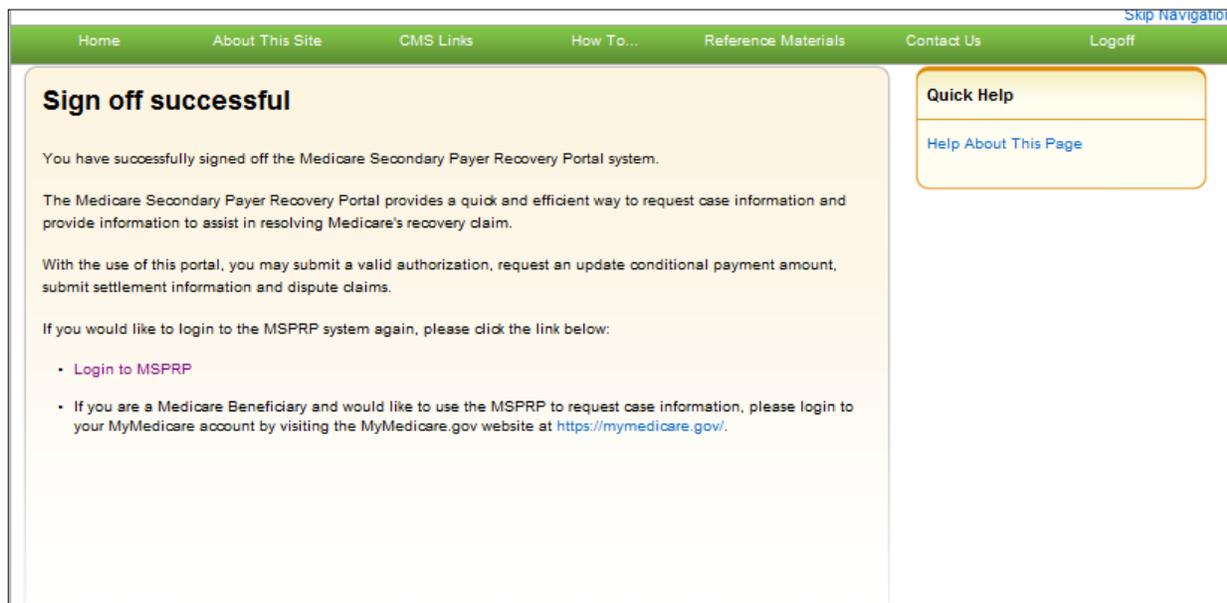
Medicare
MSPRP
PO Box 660
New York, NY 10274-0660

Chapter 16: 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 displays you can close your browser.

Figure 16-1: Sign Off Successful



Chapter 17: Troubleshooting

17.1 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).

17.2 Replace Account Manager

If an Account Manager must be replaced for Corporate accounts, the Account Representative must contact the EDI department and request replacement. AMs cannot be replaced using the MSPRP site.

17.3 Unsuccessful Account Registration

- **Previously Used EIN:** During initial registration, an error message will display on the *Corporate Information* page if you enter an 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 an 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.

17.4 Unsuccessful Account Setup

Account PIN Error

The 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 e-mail matches the e-mail address of any 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.

17.5 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 AD to an Account ID, it is found that the designee's e-mail address matches the e-mail 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 e-mail address matches the e-mail address of an AD already assigned to the same Account ID. Return to the *Designee Listing* page to manage the AD's case access.

17.6 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 e-mail. The AM's name is contained in the invitation e-mail 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.

17.7 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.

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.

17.8 Case Request Errors

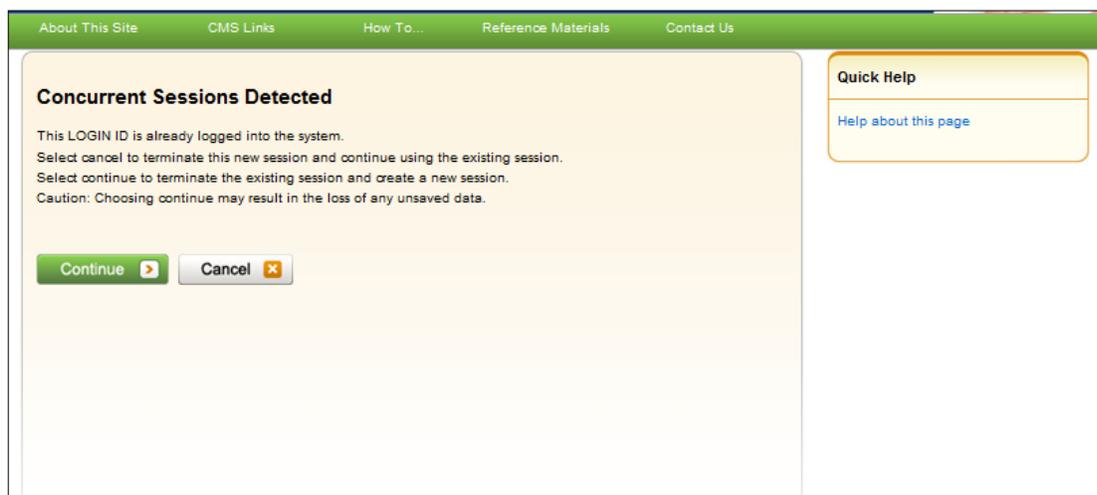
If you have a case specific question, please contact the BCRC at (855) 798-2627. If you have general MSP recovery-related questions, tools, and resources can be found on <https://go.cms.gov/NGHPR>.

For any additional problems, contact the EDI department at (646) 458-6740 or by e-mail 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.

17.9 Concurrent Sessions

If you login two times, you will have concurrent sessions running. You will receive an error message (Figure 17-1). Click **Continue** to close the original session and continue with your process.

Figure 17-1: Concurrent Sessions Detected



Appendix A: Acronyms

Table A-1: Acronyms

Term	Definition
AD	Account Designee
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
CTR	Consent to Release
DRG	Diagnosis Related Group
DUA	Data Use Agreement
EDI	Electronic Data Interchange
EIN	Employer Identification Number
ERIP	Enterprise Remote Identity Proofing
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
NPI	National Provider Identifier
PIN	Personal Identification Number
POR	Proof of Representation
RIDP	Remote Identity Proofing
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 10) 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 displays 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

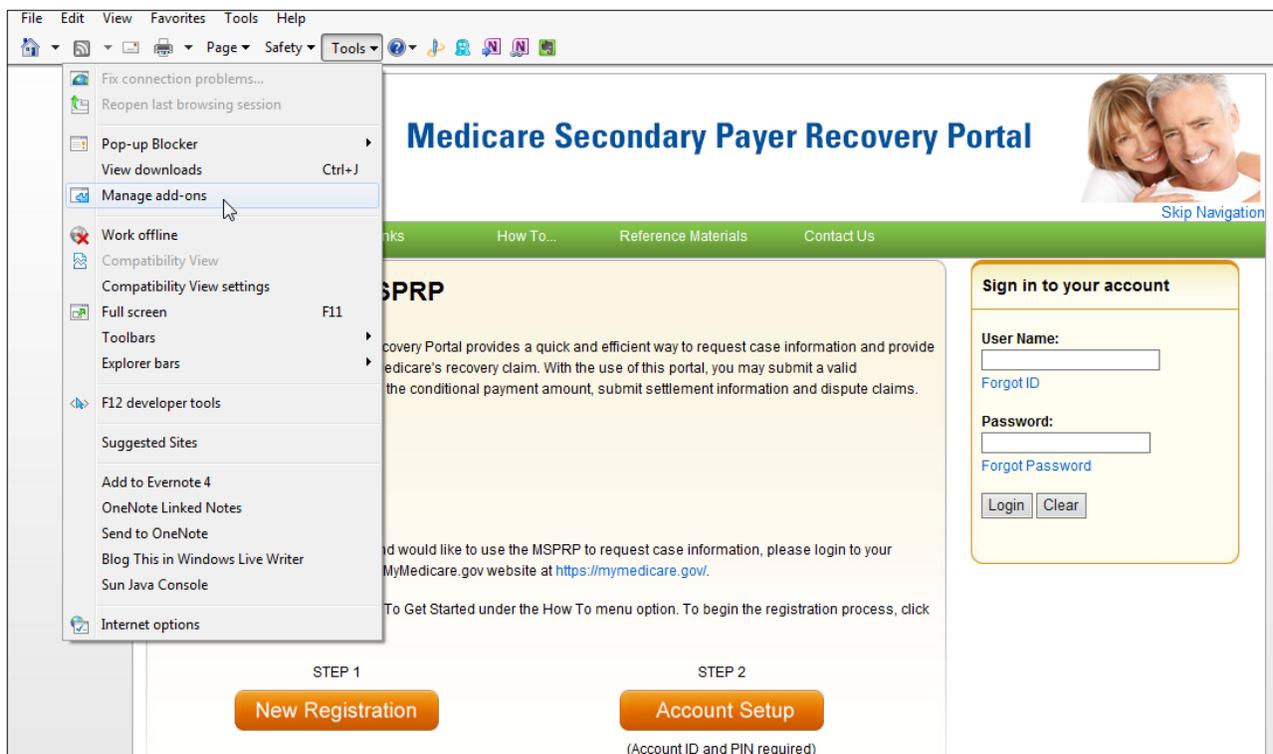


Figure B-2: Manage Add-Ons Dialog (Add-Ons Enabled)

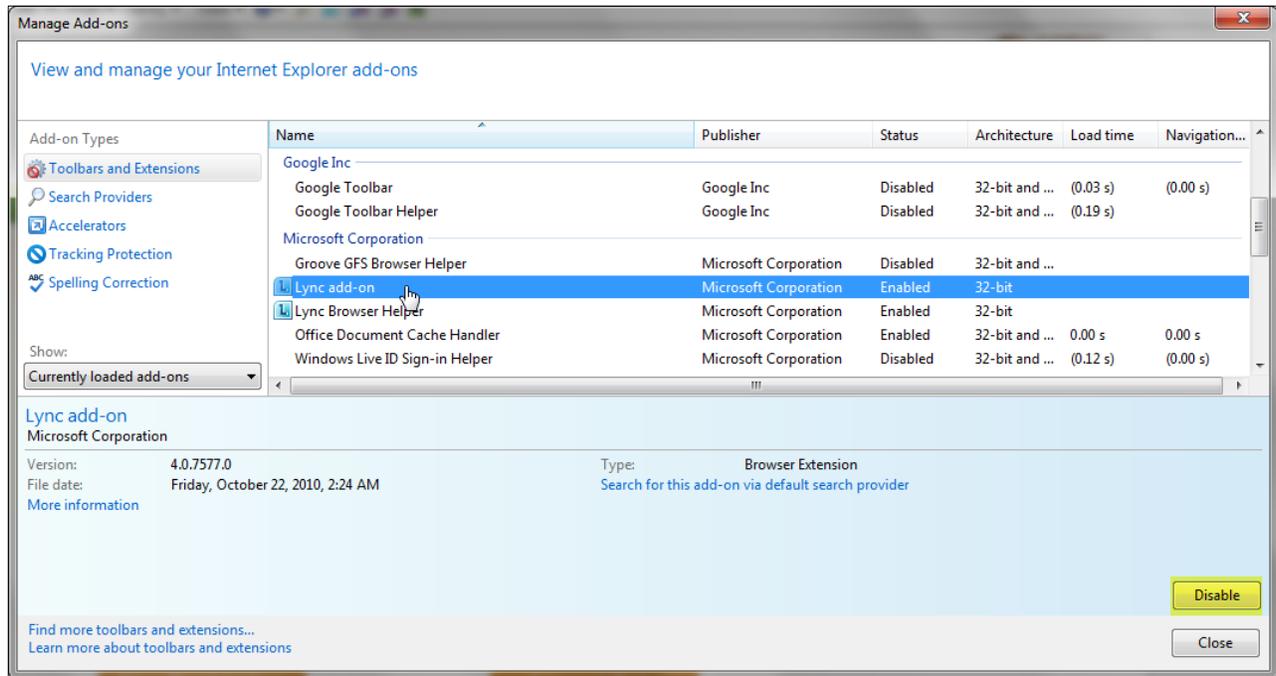
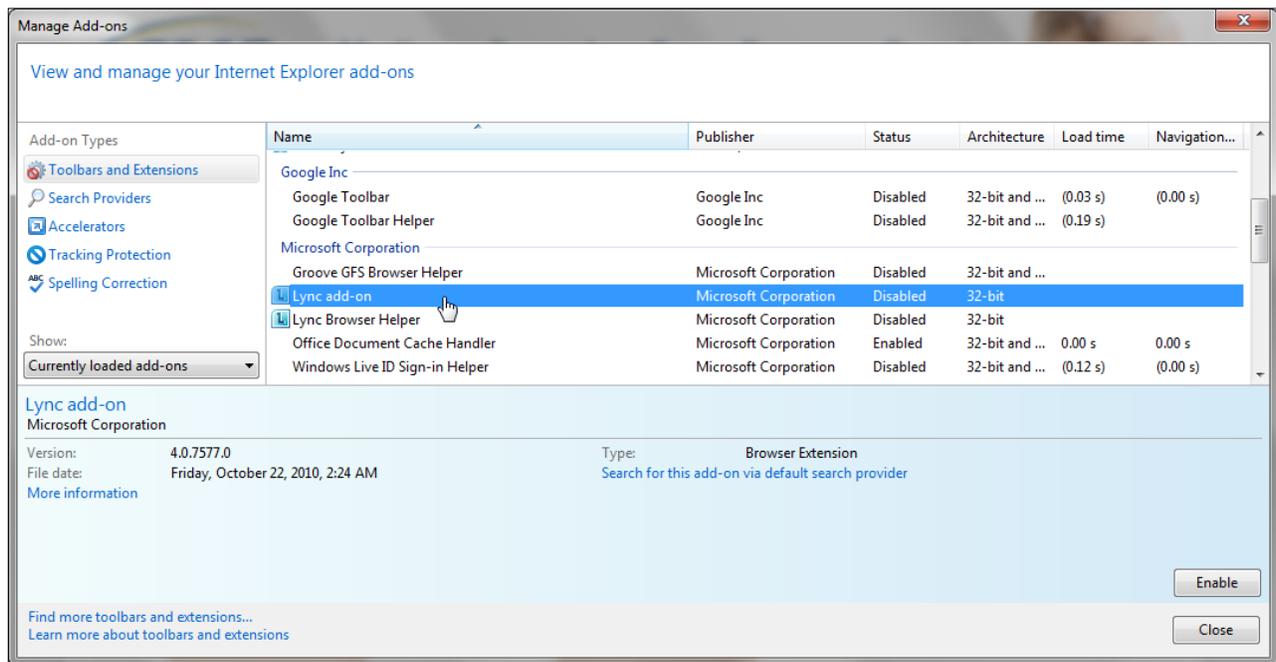


Figure B-3: Manage Add-Ons Dialog (Add-Ons Disabled)



Appendix C: Previous Version Changes

Version 4.1

- To comply with the requirements of Section 501 of the Medicare Access and CHIP (Children’s Health Insurance Program) Reauthorization Act (MACRA) of 2015, the Medicare ID field has been updated to accept either the Health Insurance Claim Number (HICN) or the Medicare Beneficiary Identifier (MBI) (changes throughout).
- At the request of the Centers for Medicare & Medicaid Services (CMS), the Payment Summary Form has been updated to include the Part-A Diagnosis Related Group (DRG) codes and the Part-B Current Procedural Terminology/Healthcare Common Procedure Coding System (CPT/HCPCS) codes (Section 13.1.5). The *Claims Listing* page has also been updated to display the DRG Cd and CPT/HCPCS columns (Section 13.1.7).
- To prevent users from requesting a redetermination for a case before the Demand has been issued, the criteria for submitting case redeterminations has been clarified. Users may only submit a redetermination if a Demand letter has been sent, as determined by the Demand Letter Mail Date (Section 15.1.2).

Version 4.0

- To make the *Case Information* page more user friendly, the page has been redesigned using tabs to display case information. Additionally, some information that used to be displayed in the header has been moved to a tab that displays similar data. Case actions still remain dependent on the user authorization level and status of the case (Section 13.1).
- The *Case Information* page *Waiver/Redetermination/Compromise* tab only displays when a waiver, redetermination, or compromise has been submitted for a case. The label displayed on the tab is dependent on the type of case being viewed. If viewing an ongoing responsibility for medicals (ORM) case, where waivers and compromise submissions don’t apply, the tab label will display as “Redetermination.” If viewing a non-ORM case, the tab label will display as “Waiver/Redetermination/ Compromise” (Section 13.1).
- To provide consistent information, the original BCRC *Payment Summary Form* (PSF) has been updated to include information currently shown in the *CRC Statement of Reimbursement* (SOR), such as reported diagnosis codes, total reimbursed amount and National Provider Identifiers (NPIs). This new PSF format is now the standard for both organizations (Figure 13-10).

If you need to provide additional supporting documentation for a submitted redetermination, waiver, or compromise request, the address for the Commercial Repayment Center (CRC) has been updated for CRC cases. (Section 15.4).

Version 3.9

To streamline and automate the waiver request process, beneficiary-debtors and their verified authorized representatives now have the ability to request waivers of the Medicare demand amount (in part or in full) on beneficiary-debtor cases through the portal (Sections 13.1.12 and 15.2).

To streamline and automate the compromise request process, beneficiary-debtors and their verified authorized representatives can now submit pre- or post-demand compromise requests through the portal on the amount owed to Medicare for beneficiary-debtor cases (Sections 13.1.13 and 15.3).

To ensure the case ID format is accurately described for BCRC and CRC cases, all references to the case ID format have been updated throughout this guide to reflect the following:

- The Case ID is a 15-digit number in ##### ##### ##### format.
- BCRC Case IDs begin with the number 2, and CRC Case IDs begin with the number 3.

Version 3.8

To comply with security and privacy federal controls regarding the use of social media and networking sites, the login warning banner has been updated (Figure 4-1).

Version 3.7

As part of the Medicare Access and CHIP (Children's Health Insurance Program) Reauthorization Act (MACRA) of 2015, field names have been changed from "HICN" to "Medicare ID" throughout this application.

To clarify for users, case status definitions have been updated (Table 13-2).

Version 3.6

To automate the redetermination process, the debtor and their authorized representatives can now submit a redetermination request (first level appeal) on the MSPRP (Chapter 15).

To make post demand refund data available to users, and to reduce calls to the Benefits Coordination & Recovery Center (BCRC), the MSPRP now displays accounts receivable (AR) balance and refund information on the *Case Information* screen (Section 13.1).

To help users distinguish between ICD-9 or ICD-10 diagnosis codes on their claims, an ICD indicator field has been added to the *Claims Listing* screen for each claim line (Section 13.1.5).

The information for the *Update Settlement Information* screen has been clarified. When making updates, the radio buttons (None, Attorney Fees, and Attorney Fee Percentage) will not display as originally selected. You will be required to select one before continuing (Section 13.1.10).

Version 3.5

To help distinguish between a recovery agent submitted on a Responsible Reporting Entity's (RRE's) Section 111 (S111) TIN Reference File and a recovery agent that submitted recovery agent authorization, which have slightly different authority levels, Recovery Agents who are associated to an insurer-debtor case as the insurer's S111 Recovery Agent may now submit a Recovery Agent authorization. An S111 Recovery Agent has authorization on an insurer-debtor case pre-demand. An entity with an active Recovery Agent Authorization in verified status has authority on an insurer-debtor case both pre- and post-demand (Section 10.3.3).

To allow authorized users to edit settlement information prior to initiating a demand and allow them to view settlement information after submission, authorized users can now:

- Add or update settlement information after clicking the **Initiate Demand Letter** action on the *Case Information* page. (Section 13.1.10).
- View read-only settlement information after it's been provided (Section 13.1.9).

Additionally, the *Provide the Notice of Settlement Information* action on the *Case Information* page has been renamed to *View/Provide the Notice of Settlement Information*.

To ensure consistency, the case statuses displayed for Commercial Repayment Center (CRC) cases have been revised to better match the case statuses displayed for Benefits Coordination & Recovery Center (BCRC) cases (Table 13-2).

To provide similar BCRC functionality for CRC cases:

- Users may now request an update to the conditional payment amount (Section 13.1.2).
- Beneficiaries and beneficiary representatives with verified Proof of Representation (POR) who log in using multi-factor authentication may now request an electronic Conditional Payment Letter (eCPL), or a mailed copy of the Conditional Payment Letter (CPL). Additionally, if requested, these users will also receive an electronic or mailed version of the “no claims paid by Medicare” letter where the overpayment amount = \$0 (Section 13.1.3).
- Authorized users may now submit unlimited disputes any time prior to the case being demanded, after a conditional payment notice (CPN) or a CPL has been issued (Section 13.1.5).

To let users know that the final conditional payment (CP) amount displayed on the *WARNING - Calculate Final Conditional Payment Amount Can Only Be Selected Once* page may be different than the final amount shown on the *Confirmation* page, the text shown on the *Warning* page has been modified to indicate that the final CP amount may decrease if unrelated claims are identified and removed from the conditional payment amount (Figure 14-3).

The word “New” was removed from *Final Conditional Payment Process* section of the *Case Information* page (Figure 13-3).

Version 3.4

To help explain to beneficiary or insurer debtors that Medicare has not paid any claims related to an incident, and to automate the process of requesting an electronic or mailed conditional payment letter (eCPL or CPL) in cases where the overpayment (Current Conditional Payment Amount) is equal to zero (\$0.00), then either an *Electronic No Claims Paid by Medicare* letter or a *No Claims Paid by Medicare* letter is sent to users. To receive these letters, cases must not in the *Final Conditional Payment* process (that is, Status is not *Active*, *Pending NOS*, or *Complete*) (Sections 13.1.3 and 13.1.4).

To reduce password reset phone calls to the Electronic Data Interchange (EDI) Representatives, the *Change Password* page now asks users to select to change or keep their pre-filled security questions when logging in using a temporary password (Section 8.5).

To help users select all claims displayed on the *Claims Listing* pages (beneficiary and non-beneficiary) a *Select All/Deselect All* hyperlink is now available. Users may use this link to submit a dispute for all of the selected claims. **Note:** This option only selects claims that are available for dispute (Section 13.1.5).

The "Transitioned" Case Status, which is currently used by the *Final Conditional Payment* process, is now included in this user guide. This status indicates that 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 (Table 13-2).

The *Current Conditional Amount* field that displays on the *Case Information* page will now display the Ongoing Responsibility for Medicals (ORM) overpayment amount for Commercial Repayment Center (CRC) cases (Table 13-1).

The Beneficiary *Case Information* figure has been updated to reflect what the beneficiary will see when they access the MSPRP from the MyMedicare.gov web page (Figure 6-4).

Version 3.3

User Roles Expanded

The *Account Listing* page has been updated to display all AM and AD accounts associated with your login ID.

You can now have multiple roles across different accounts. Examples:

- If you are an Account Manager (AM), you can be invited as an Account Designee (AD) on a different account.
- If you would like an AD for an existing account to become the AM for the same account, you can request that change by contacting an EDI representative.
- An Account Representative (AR) for an account can now register as an AR for multiple accounts.

See Section 2.3 and Chapter 6.

Requesting Electronic or Mailed Conditional Payment Letters (CPLs) after Demand Sent

Normally, once a Conditional Payment Notice (CPN) or demand has been issued on a case, you cannot request an electronic or mailed CPL. However, if the CPN was sent in error, the case will be adjusted so you can continue to request the CPLs, until a CPN or demand is issued. (Sections 13.1.3 and 13.1.4)

Claims Listing: Display of Dispute Submitted and Decision Dates

To help users check the status or verify if a dispute has been processed, two additional fields have been added to the *Claims Listing* pages for non-beneficiaries and beneficiaries: *Dispute Submitted Date* and *Dispute Decision Date*. Also, a general statement has been added to indicate that if a claim was disputed and the dispute was approved, the claim will automatically be removed from the *Claims Listing* page.” (Table 13-4)

Case Information: Display of Additional CPN Information

To assist users with determining the correct status of their case, CPN information has been added to the *Case Information* page. This page now displays the CPN Amount, CPN Mail Date, (original) Date of Incident (DOI), and the Section 111 Industry DOI. Additionally, the Industry DOI has been added to the *Case Results* page, along with the original DOI. (Table 13-1)

Initiate Demand Letters Early

If you agree with the amount in the CPN on your case and want to initiate the Demand process early, you can now do so by clicking the **Initiate Demand Letter** action through the *Case Information* page. The MSPRP will create and send the demand letter to all authorized users on the case. (Section 13.1.10)

View/Dispute Claims Listing: Display Demand Details on Demand Claims Listing Page

To make it easier for authorized users to view details regarding conditional payments made for a case that is already in *Demand* status, you can now view final demand information by clicking the

View/Dispute Claims Listing action on the *Case Information* page. Instead of going to the *Claims Listing* page, you will be redirected to the *Demand Claims Listing* page. This read-only page displays demand details such as the Total Charges, Reimbursed Amounts, and Conditional Payments. (Section 13.1.5)

ID Proofing: Residential Address

Based on feedback regarding users failing remote ID proofing because they did not use their current residential address, additional information has been added to the *ID Proofing Core Credentials* page to alert users to enter their residential address. (Section 7.4.2)

Version 3.2

The Final Conditional Payment (Final CP) Settlement Date must be within 3 business days of the date the user requested their Final CP, instead of 3 calendar days. See Chapter 14.

Version 3.1

As part of the Strengthening Medicare and Repaying Taxpayers (SMART) Act of 2012, the MSPRP has been modified to permit authorized users to notify the Benefits Coordination & Recovery Center (BCRC) that a specific case is approaching settlement, and to request that the case be a part of the *Final Conditional Payment* (Final CP) process. See Chapter 14.

References to the Insurer Letter of Authorization (LOA) have been changed to Recovery Agent Authorization. Changes are throughout document.

Links to model language, examples, and templates for the Recovery Agent Authorization (previously referred to as the Letter of Authorization), Beneficiary POR, and Beneficiary CTR authorization documents have been removed from the *Authorization Documentation* page. You can now view and download these documents on the CMS.gov website. See Section 10.2.

The Multi-Factor Authentication (MFA) Home, ID Proofing, and MFA Overview pages have been updated to remove the word “new” and now include additional language regarding the use of Experian (an outside company) in verification of current personal information. See Chapter 7.

A new MFA FAQ document was added to the MSPRP *Reference Materials* drop-down menu.

Updates have been made to the reserved words list for password changes. See Section 8.5.

When the MSPRP was updated to remove the “Enter NOS” action/radio button from the *Case Information* page for when the case is an insurer debtor case (BCRC or CRC), several now obsolete notes on the *Settlement Information* page were removed. See Section 13.1.9.

Version 3.0

ORM Cases

With the addition of Non-Group Health Plan (NGHP) Ongoing Responsibility for Medicals (ORM) Commercial Repayment Center (CRC) recovery case processing, functionality to support NGHP recovery activities for ORM and non-ORM cases has been implemented in MSPRP.

With proper authorization, users can now view and perform specific actions on all cases (non-ORM and ORM) to which they are associated. Users requesting to serve as representatives for CRC insurer cases can submit a new authorization document called an Insurer Recovery Agent Authorization to perform their actions. See Chapter 13.

When viewing cases online, users can distinguish between BCRC and CRC cases in two ways: by the format of the case ID and from the correspondence receives about the case. See Section 2.1.

Password Requirements

Password requirements have been updated to ensure that the rules for creating and resetting passwords are consistent across all Coordination of Benefits Secure Website (COBSW) applications. See Section 8.5.

Payment Summary Form

An International Classification of Diseases (ICD) indicator has been added to the system-generated Payment Summary Form (PSF), with each claim line specifying whether the code is ICD-9 or ICD-10. See Section 13.1.3.

ICD-10

With the implementation of ICD-10 in October 2015, all references to ICD-10 implementation dates have been removed, while other ICD references have been updated. See Table 13-4.

POR & CTR Templates

Updated versions of the POR and CTR templates were added. See Section 1.1.

Version 2.9

As part of the Strengthening Medicare and Repaying Taxpayers (SMART) Act, CMS has identified the need for Enterprise Remote Identity Proofing (ERIP) and Multi-Factor Authentication (MFA) Services. Identity proofing is the process of providing sufficient information (e.g., identity history, credentials, and documents) to Experian (an external Remote Identity Proofing (RIDP) service provider) to prove a user's identity. MFA is the use of two or more different authentication factors to verify the identity of a user.

Existing users who are not Medicare beneficiaries and who choose not to complete the *ID Proofing* process may continue to use the MSPRP as they do now. However, users now have the option to be vetted so as to view previously masked case data. See Chapter 7.

Version 2.8 (Pilot)

Note: This user guide is a preliminary version for MFA pilot users only.

As part of the Strengthening Medicare and Repaying Taxpayers (SMART) Act, CMS has identified the need for Enterprise Remote Identity Proofing (ERIP) and Multi-Factor Authentication (MFA) Services. Identity proofing is the process of providing sufficient information (e.g., identity history, credentials, and documents) to Experian (an external Remote Identity Proofing (RIDP) service provider) to prove a user's identity. MFA is the use of two or more different authentication factors to verify the identity of a user.

Existing users who are not Medicare beneficiaries and who choose not to complete the *ID Proofing* process may continue to use the MSPRP as they do now. However, users now have the option to be vetted so as to view previously masked case data. You must have Proof of Representation (POR) to view unmasked case information. See Chapter 7.

Version 2.7

This release coincides with the implementation of the Integrated Data Repository (IDR) special project. The purpose of the IDR is to provide more timely updates to claims data related to cases. Once the full implementation is complete, instead of needing to send a request to determine if new

claims or adjustments are available, the MSPRP will automatically reflect up-to-date claims information as of the previous day.

A new process for gathering the paid claims is being implemented. Your ability to request an update to the Conditional Payment Amount will not be affected from what you currently see within the *Case Information* page except in once instance. If all claims are up-to-date when you select the **Request an update to the conditional payment amount** checkbox, you will receive the following message: “The claims and conditional payment amount are up-to-date as of (today’s date)” (Section12.1.2).

Version 2.6

When tooltips (text messages) were implemented in October 2015 for disabled buttons on the *Case Information* page (Section12.1), a problem was discovered where the tooltip would display the full text message only when you hovered over a button the very first time. For the second and subsequent times, only part of the text would display.

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.” Access both programs by selecting the **Manage add-ons** option from the *Tools* drop-down menu, located on the browser’s toolbar. See Appendix B for step details.

Version 2.5

Users can now view all of their account activity and can page through and sort through more than 1000 records of activity changes on the *Account Activity* page (See Section 7.4.1).

Users with Verified Consent to Release (CTR) may now view claims listings for a case when all other conditions for viewing have been met. (See Section 12.1).

Tooltip Text messages now display why an action on the *Case Information* page is greyed out and disabled. Users are able to display the reason(s) the action is not available by placing the mouse over the action and pausing (hovering). (See Section12.1).

The *Claims Dispute Confirmation* page now displays the notes users enter in the *Supporting Information Notes* text box on the *Claims Dispute Verification* page. Users can review the notes they have entered before the notes are submitted to CMS, receive confirmation that the notes have been submitted to CMS, and print the notes they entered on the *Claims Dispute Verification* page (See Section12.1.5).

To comply with federal language changes related to the Defense of Marriage Act (DOMA), the guide has been reviewed to ensure that spouse references are gender neutral in accordance with the following CMS Policy:

“The Department of Health & Human Services has adopted a policy treating same-sex marriages on the same terms as opposite-sex marriages to the greatest extent reasonably possible. Any same-sex marriage legally entered into in a U.S. jurisdiction that recognizes the marriage—including one of the 50 states, the District of Columbia, or a U.S. territory—or a foreign country, so long as that marriage would also be recognized by a U.S. jurisdiction, will be recognized. Consistent with this policy and the purpose of the MSP provisions, effective January 1, 2015, the rules below apply with respect to the term “spouse” under the MSP Working Aged provisions. This is true for both opposite-sex and same-sex marriages as described herein.

- If an individual is entitled to Medicare as a spouse based upon the Social Security Administration's rules, that individual is a "spouse" for purposes of the MSP Working Aged provisions.
- If a marriage is valid in the jurisdiction in which it was performed as described herein, both parties to the marriage are "spouses" for purposes of the MSP Working Aged provisions.
- Where an employer, insurer, third party administrator, GHP, or other plan sponsor has a broader or more inclusive definition of spouse for purposes of its GHP arrangement, it may (but is not required to) assume primary payment responsibility for the "spouse" in question. If such an individual is reported as a "spouse" pursuant to MMSEA Section 111, Medicare will pay accordingly and pursue recovery, as applicable."

Version 2.4

To prevent portal users needing to contact the BCRC for ReMAS Case IDs, users have the option of entering the date of incident (DOI) instead of the Case ID on the *New Case Request* page. The page now contains an optional field for Insurance Type (No-Fault, Workers' Compensation, or Liability). A *Case Results* screen was added in the event that multiple cases match the criteria provided; on this page, the user sorts and selects cases to view and add to the user's *Case Listing* page. New warnings alert users to missing or invalid DOIs on the *New Case Request* page. See Sections 10.1 and 10.2.

To prevent erroneous reductions in demand amounts, MSPRP no longer allows entry of procurement costs (attorney fees and expenses) on the *Settlement Information* page when the debtor in the case is not the beneficiary. See Section 12.1.7.

Since Conditional Payment Letters (CPLs) are never issued when a Conditional Payment Notice (CPN) has already been issued on a case, the option to request CPLs in that situation has been removed from the MSPRP. A note of this condition has been added to the CPL and electronic CPL (eCPL) sections of this guide. See Sections 12.1.3 and 12.1.4.

Version 2.3

- The *Beneficiary Welcome* page has been updated to remove incorrect language. Previously, the page stated that beneficiaries could submit valid authorizations, which was incorrect. Only the representatives (attorney, insurer, or TPA) can submit authorizations. It also did not mention that beneficiaries could request Conditional Payment Letter (CPL), and the page referred to account settings that beneficiaries did not have.
- The language used on the *Select Account Type* page has been clarified to create a clearer distinction between selecting corporate or representative account types. Corporate accounts may have up to 100 designees, while representative accounts may have up to 5 designees. The previous language could hinder use of the portal by certain users. For example, an attorney that only had a few cases may not sign up because they may think the portal is only for users with many cases.

Version 2.2

The MSPRP provides new case functionality: the ability of beneficiaries to generate an electronic Conditional Payment Letter (CPL) and to print or save it in .PDF format with the current Conditional Payment Amount and the associated case and claims information. (See 12.1.3.)

Version 2.1

The number of Account Designees allowed for corporate accounts has been increased from 20 to 100. If the Account Manager attempts to add a designee after the limit of 100 has been reached, they will receive a message informing them that they have reached their limit.

Chapter 9 has been revised as follows:

- Added information regarding the following four new Authorization Documentation page hyperlinks:
 - Proof of Representation **Example** link (opens a POR document example).
 - Proof of Representation **Blank Template** link (opens a blank POR template).
 - Consent to Release **Example** link (opens a CTR document example).
 - Consent to Release **Blank Template** link (opens a blank CTR template).
- Added the following new reasons that may cause an authorization request to be considered invalid. **Note:** If an authorization request is deemed to be invalid, the reason will display on the *Case Information* page:
 - Authorization signed by Deceased Beneficiary;
 - Beneficiary Medicare Number Value Does Not Match;
 - Beneficiary Name Does Not Match;
 - Date of Incident (DOI) Not Provided;
 - Name on Document Does Not Match the Portal Submitter;
 - No Authorizing Statement on Document; and
 - ReMAS Case ID Does Not Match.