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The following update has been made in Version 4.7 of the Medicare Secondary Payer Recovery Portal (MSPRP) User Guide:

The MSPRP Welcome Page now includes a link to the Open Debt Report page; which displays an on-demand (with data refreshed nightly) report showing the status for open debts for Non-Group Health Plans (NGHP) insurer-debtor cases. The link and report, visible and available to Account Managers (AMs) only, is created per Account ID and displays case data when the accounts receivable (AR) balance is greater than zero and the Account ID is linked to the debtor (Sections 6.1.1 and 12.3).
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.
- Make electronic payments for demanded cases

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

This user guide was written to help you understand how to use the MSPRP. It explains the registration process and how to manage your recovery case. The information in this guide should be used in unison with the reference material available on the MSPRP, including the How To and Help About This Page documentation. All reference materials can be accessed from the MSPRP link: https://www.cob.cms.hhs.gov/MSPRP/ 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 200 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/](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

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

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

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

**Note:** For Representative accounts, Account Managers 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, Account Managers have the option to assign the Account Manager role to another person).

**Note:** To change an Account Manager, the Account Representative for the Corporate 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).
• Can report a case on behalf of a beneficiary or an insurer (see Chapter 13)
• Can view the CRC NGHP Open Debt Report (Section 12.3).

2.3.2.3 Account Manager Restrictions
Account Managers cannot be an Account Representative for any Account ID.

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 200 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.
• Can report a case on behalf of a beneficiary or an insurer (see Chapter 13)

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
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

<table>
<thead>
<tr>
<th>Link</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home</td>
<td>Navigates back to your home page from any page in the MSPRP. The Account List page is the home page for Account Managers and Account Designees. The Welcome! Page is the home page for beneficiaries.</td>
</tr>
<tr>
<td>About This Site</td>
<td>Provides a link to the How to Use This Site Help page, which offers general information on how to use the MSPRP application.</td>
</tr>
<tr>
<td>CMS Links</td>
<td>Provides links to other Centers for Medicare &amp; Medicaid Services (CMS) Medicare and Medicare Secondary Payer websites.</td>
</tr>
<tr>
<td>How To</td>
<td>Provides links to Help pages that explain how to perform the following functions:</td>
</tr>
<tr>
<td></td>
<td>• Request your login ID</td>
</tr>
<tr>
<td></td>
<td>• Request your Password</td>
</tr>
<tr>
<td></td>
<td>• Change your Password</td>
</tr>
<tr>
<td></td>
<td>• Reset your PIN</td>
</tr>
<tr>
<td></td>
<td>• Change your Account Representative</td>
</tr>
<tr>
<td></td>
<td>• Change your Account Manager</td>
</tr>
<tr>
<td></td>
<td>• Invite Account Designees</td>
</tr>
<tr>
<td>Reference Materials</td>
<td>Provides a link to the MSPRP User Guide (this guide).</td>
</tr>
<tr>
<td>Contact Us</td>
<td>Provides contact information for the EDI department, including their phone number.</td>
</tr>
<tr>
<td>Logoff</td>
<td>Allows you to end the MSPRP session and exit the system.</td>
</tr>
</tbody>
</table>

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: Corporate accounts only—ARs of corporate accounts are not permitted to be users of the MSPRP.) See Section 4.1 for details regarding account registration.

Figure 3-3: New Registration and Account Setup Buttons

3.3 Account Setup

After completion of the New Registration step, Medicare will mail a confirmation letter containing the Account ID and 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**

![Account Login Form](image)

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

### 4.1 Registration Steps

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

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

2. To proceed, click the **I Accept** link at the bottom of the page.
   
   The *Welcome to the MSPRP* page appears.

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

3. Click the **Step 1 New Registration** button (Figure 4-2).
   
   The *Select Account Type* page appears (Figure 4-3).

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

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

   **Representative Account Type:** A representative account type indicates that the entity does not have an EIN, may have up to 5 designees, and will be regularly submitting MSPRP requests.

5. Click **Continue**.
   
   The next page that appears will depend upon the account type selected. Follow the steps below that are applicable for the type of account you are registering for: Corporate Account Type or Representative Account Type.
Figure 4-1: Login Warning

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/AboutCMS/AgencyInformation/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. 1395(y)(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://www.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 of other personal identifier of the individual.
If you selected Corporate on the Select Account Type page, the Corporate Information page appears. Fields marked with an asterisk (*) are required. Enter the corporation’s EIN (or TIN) and mailing address on this page. This mailing address will be used to send the post-registration letter. The post-registration letter includes your Account ID and 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**

![Corporate Information](image)

**Table 4-1: Corporate Information**

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer Identification Number (EIN)</td>
<td>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. <strong>Note:</strong> This cannot be edited after registration.</td>
</tr>
<tr>
<td>Corporation Name</td>
<td>Enter the company name.</td>
</tr>
<tr>
<td>Address Line 1</td>
<td>Enter the first line of the company’s mailing address.</td>
</tr>
<tr>
<td>Address Line 2</td>
<td>Enter the second line of the company’s mailing address (optional).</td>
</tr>
<tr>
<td>City</td>
<td>Enter the city where the company is located.</td>
</tr>
<tr>
<td>State</td>
<td>Select the state where the company is located from the drop-down list. <strong>Note:</strong> To quickly select a state, type the first letter to scroll to the desired state.</td>
</tr>
<tr>
<td>Zip Code</td>
<td>Enter the company’s ZIP code (required), plus 4-digit ZIP code suffix (optional).</td>
</tr>
<tr>
<td>Previous</td>
<td>Command button. Click to return to the <em>Select Account Type</em> page.</td>
</tr>
<tr>
<td>Continue</td>
<td>Command button. Click to save changes and continue to the next page.</td>
</tr>
<tr>
<td>Cancel</td>
<td>Command button. Click to cancel the registration process. Information entered on the current page and any previous pages is not saved.</td>
</tr>
</tbody>
</table>

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

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

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

**Note:** For Corporate account types, an AR can only have the role of AR in the MSPRP. This individual cannot function as an 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**

![Account Representative (AR) Information](image)

**Table 4-2: Account Representative (AR) Information**

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AR First Name</td>
<td>Enter your (AR’s) first name.</td>
</tr>
<tr>
<td>MI</td>
<td>Enter the first letter of your (AR’s) middle name (optional).</td>
</tr>
<tr>
<td>Last Name</td>
<td>Enter your (AR’s) last name.</td>
</tr>
<tr>
<td>AR Title</td>
<td>Enter your (AR’s) job title</td>
</tr>
<tr>
<td>E-mail Address</td>
<td>Enter your (AR’s) e-mail address.</td>
</tr>
<tr>
<td></td>
<td><strong>Note:</strong> If this e-mail address is found in the system for an existing user,</td>
</tr>
<tr>
<td></td>
<td>you will not be allowed to continue the registration process (Corporate account types only).</td>
</tr>
<tr>
<td>Re-enter E-mail</td>
<td>Enter your (AR’s) e-mail address a second time for verification purposes.</td>
</tr>
<tr>
<td>Ext.</td>
<td>Enter your (AR’s) work phone number extension (optional).</td>
</tr>
<tr>
<td>Phone</td>
<td>Enter your (AR’s) work phone number.</td>
</tr>
<tr>
<td>Fax</td>
<td>Enter your (AR’s) work fax number (optional).</td>
</tr>
<tr>
<td>Previous</td>
<td>Command button. Click to return to the Corporate Information page.</td>
</tr>
<tr>
<td>Continue</td>
<td>Command button. Click to save changes and continue to the next page.</td>
</tr>
<tr>
<td>Cancel</td>
<td>Command button. Click to cancel the registration process. Information entered on the current page and any previous pages is not saved.</td>
</tr>
</tbody>
</table>
3. Click **Previous** to return to the *Account Representative (AR) Information* page. Click **Cancel** to exit the registration process and delete all information entered during the registration process.

4. To make corrections, click **Edit** next to the applicable section to return to that page. If you click **Edit**, you will need to enter your e-mail address in the *Re-enter E-mail address* field on the *Account Representative (AR) Information* page to continue.

5. Once all corrections have been made, click **Continue** at the bottom of the *Registration Summary* page. The *Thank You* page appears (Figure 4-7).

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

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

**Figure 4-6: Registration Summary**

![Registration Summary](image)
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 appears. Fields marked with an asterisk (*) are required. The information on this page is for the representative who will be sending MSPRP requests under this MSPRP Account ID. Enter the representative’s personal information on this page. The address you enter on this page will be used for any correspondence from the EDI department regarding this Account ID including the post-registration letter. The post-registration letter includes your Account ID and PIN which must be used during Account Setup.
Figure 4-8: Representative Information

Table 4-3: Representative Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td>Enter your (Representative’s) first name.</td>
</tr>
<tr>
<td>MI</td>
<td>Enter first letter of your (Representative’s) middle name (optional).</td>
</tr>
<tr>
<td>Last Name</td>
<td>Enter your (Representative’s) last name.</td>
</tr>
<tr>
<td>Social Security Number</td>
<td>Enter your (Representative’s) Social Security Number (SSN). An SSN cannot be registered more than once. It also cannot be edited after registration.</td>
</tr>
<tr>
<td>E-mail Address</td>
<td>Enter your (Representative’s) e-mail address.</td>
</tr>
<tr>
<td></td>
<td><strong>Note</strong>: If your e-mail address is found in the system for an existing user, you will not be allowed to continue the registration process.</td>
</tr>
<tr>
<td>Re-enter E-mail Address</td>
<td>Enter your (Representative’s) e-mail address a second time for verification purposes.</td>
</tr>
<tr>
<td>Phone</td>
<td>Enter your (Representative’s) phone number.</td>
</tr>
<tr>
<td>Ext</td>
<td>Enter your (Representative’s) phone number extension. This field is optional.</td>
</tr>
<tr>
<td>Fax</td>
<td>Enter your (Representative’s) fax number (optional).</td>
</tr>
<tr>
<td>Address Line 1</td>
<td>Enter the first line of your (Representative's) mailing address.</td>
</tr>
<tr>
<td>Address Line 2</td>
<td>Enter the second line of your (Representative’s) mailing address (optional).</td>
</tr>
<tr>
<td>City</td>
<td>Enter the city where you (the Representative) are located.</td>
</tr>
<tr>
<td>State</td>
<td>Select the state where you (the Representative) are located using the drop-down list.</td>
</tr>
<tr>
<td></td>
<td><strong>Note</strong>: To quickly select a state, type the first letter to scroll to the desired state.</td>
</tr>
</tbody>
</table>
1. Enter the required information in the provided fields and click **Continue**.
   
   The *Beneficiary Information* page appears (Figure 4-9). You must submit information for a beneficiary who will have MSPRP requests submitted under this Account ID.

2. Enter the required information in the provided fields and click **Continue**.
   
   The *Registration Summary* page appears (Figure 4-10). This page lists all the information that was previously entered during the registration process. Verify that all information is correct.

3. Click **Previous** to return to the *Beneficiary Information* page. Click **Cancel** to exit the registration process and delete all information entered during the registration process.

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

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

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

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

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

---

### Table: Field Description

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zip Code</td>
<td>Enter your (Representative’s) ZIP code (required), plus 4-digit ZIP code suffix (optional).</td>
</tr>
<tr>
<td>Previous</td>
<td>Command button. Click to return to the Select Account Type page.</td>
</tr>
<tr>
<td>Continue</td>
<td>Command button. Click to save changes and continue to the next page.</td>
</tr>
<tr>
<td>Cancel</td>
<td>Command button. Click to cancel the registration process. Information entered on the current page and any previous pages is not saved.</td>
</tr>
</tbody>
</table>
Table 4-4: Beneficiary Information

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

Figure 4-10: Registration Summary
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)

***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 a 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/cobra 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).
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: xxxxxxxxxx
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
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/](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. 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:

   
   The *Login Warning* page appears, 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 appears (Figure 5-1).

3. You will be denied access to the MSPRP site if you click the **I Decline** link. The *Login Warning* page may be printed by clicking the **Print this page** link in the upper right side of the page.
4. Click the **Step 2 – Account Setup** button.

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

**Figure 5-1: Welcome to the MSPRP**

**Figure 5-2: Account Setup Introduction**
5. Read the introduction and click **Continue** to proceed with the account setup process. The *Account Setup* page appears (Figure 5-3).

6. Enter the Account ID, PIN, and 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 appears depends on the type of account you are setting up. Follow the steps as applicable in the sections for your account type (see Sections 5.1.1 or 5.1.2).

**Figure 5-3: Account Setup**

![Image of Account Setup page](image)

**Table 5-1: Account Setup**

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Account ID</td>
<td>Enter the Account ID listed on the letter received from the EDI department.</td>
</tr>
<tr>
<td>Personal Identification Number (PIN)</td>
<td>Enter the PIN listed on the letter received from the EDI department.</td>
</tr>
<tr>
<td>Account Manager’s E-mail Address</td>
<td>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.</td>
</tr>
<tr>
<td>Re-enter E-mail Address</td>
<td>Enter the e-mail address a second time for verification purposes.</td>
</tr>
<tr>
<td>Previous</td>
<td>Command button. Click to return to the <em>Account Setup Introduction</em> page.</td>
</tr>
<tr>
<td>Continue</td>
<td>Command button. Click to save changes and continue to the next page.</td>
</tr>
</tbody>
</table>

**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.
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 5-4: Account Setup—Corporate Information**

**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 appears. The information entered here is required for subsequent communications.

The AM’s personal information must be entered to register as the AM. The recovery case mailing address entered should be the mailing address at which you have previously received correspondence from the BCRC related to the recovery case or the address at which you want correspondence directed related to this Account ID.
Table 5-2: Account Manager Personal Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td>Enter the AM’s first name.</td>
</tr>
<tr>
<td>MI</td>
<td>Enter the first letter of the AM’s middle name (optional)</td>
</tr>
<tr>
<td>Last Name</td>
<td>Enter the AM’s last name.</td>
</tr>
<tr>
<td>E-mail Address</td>
<td>Enter the AM’s personal e-mail address. This field cannot be updated.</td>
</tr>
<tr>
<td>Phone</td>
<td>Enter the AM’s personal phone number.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address Line 1</td>
<td>Enter the first line of the company’s mailing address.</td>
</tr>
<tr>
<td>Address Line 2</td>
<td>Enter the second line of the company’s mailing address (optional).</td>
</tr>
<tr>
<td>City</td>
<td>Enter the city where the company is located.</td>
</tr>
<tr>
<td>State</td>
<td>Select the state where the company is located from the drop-down list.</td>
</tr>
<tr>
<td></td>
<td><strong>Note:</strong> To quick select a state, type the first letter to scroll to the desired state.</td>
</tr>
<tr>
<td>Zip Code</td>
<td>Enter the company’s ZIP code (required) plus the 4-digit ZIP code suffix (optional).</td>
</tr>
<tr>
<td>User Agreement Checkbox</td>
<td>Select this box to confirm that you agree with the User Agreement (required).</td>
</tr>
<tr>
<td>Previous</td>
<td>Command button. Click to return to the Account Setup Introduction page.</td>
</tr>
</tbody>
</table>

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

1. Enter the required information, review the DUA, and click **I accept the User Agreement and Privacy Policy** checkbox and click **Continue**.
   
   The **Account Manager Login Information** page appears (Figure 5-7).

2. Using the posted guidelines, create your login ID and password.
   
   For details regarding login ID and password guidelines and a list of reserved words you cannot use, see Section 8.5.

3. Select and provide answers to the two security questions.
   
   These answers will allow you to access your login ID and reset your password in the event you forget either one.
Figure 5-7: Account Manager Login Information

Table 5-4: Account Manager Login Information

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

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

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

6. Verify that all information is correct. To make any corrections, click the **Edit** button next to the applicable heading to return to that section. Once all corrections have been made, click **Continue** to navigate back to the *Account Manager Summary* page.

7. Click **Continue**.

   The *Thank You* page appears, outlining the next steps in the account setup process (Figure 5-9).

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

---

**Figure 5-8: Account Manager Summary**

![Account Manager Summary](image)

**Figure 5-9: Thank You**

![Thank You](image)
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, 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: AAAAAA AAA; AR Email: AAAAAA 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) 456-6761
via Email: COBVA@GHIMedicare.com
via mail: MEDICARE
MSPRP Profile Report
PO Box 138892
Oklahoma City, OK 73113

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

Phone: (646) 456-6740
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) 456-6740 and delete and destroy the original message and all copies.

*****

Figure 5-11: Sample Profile Report

MSPRP Profile Report
Account ID: 51734
Procedure:
Profile Report
Account Type: Representative
Date: Month Date Year

Representative:
Name: AAAAA
Address: AAAAA
Email: AAAAAA AAA

Account Manager:
Name: AAAAA
Address: AAAAA
Email: AAAAAA AAA

Note: 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. I authorize the Department to establish and implement an appropriate safeguarding and disclosure of the data for the purposes of MSPRP: payment, review and recovery. Proper safeguards shall include the adoption of devices and procedures to assure that the data shall be used solely in accordance with Sections 1902, 1903, 1904 and 1904 of the Social Security Act (42 U.S.C. 1395f) and the Privacy Act of 1974, as amended (5 U.S.C. 552a), Federal Rules and Regulations of the U.S. Department of Health and Human Services and the terms and conditions of the MSPRP. The data shall be released only to authorized individuals under the provisions described above.

By signature of Account Manager: __________________

Date: __________________

Signatures of Authorized Users:

Note: [No signature]
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 appears, 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 appears (Figure 6-2). You will be denied access to the MSPRP site if you click the I Decline link.

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

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

   Your home page will display. See Section 6.1.1.

**Note:** If you have already completed the ID Proofing process and have activated a factor, then the first page you will see after you log in will be the Select Login Option page (Figure 7-13). This page requires you to select whether or not you will use your MFA factor to view unmasked case information (see Chapter 7) before your home page appears.
**Figure 6-1: Login Warning**

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.


**Privacy Act Statement**

The collection of this information is authorized by Section 1902(b) of the Social Security Act (codified at 42 U.S.C. 1396(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/authority, 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://www.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.
6.1.1 Account Manager and Account Designee Home Page

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

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

- **Quick Help**: Provides access to information for the MSPRP page you are working on.
- **Update Personal Information**: Allows you to update your name, address, 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 factors (see Chapter 7 for details).
Click the **Associated Account ID** to access the Welcome Page

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

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

- **Request Case Access**: Displays the *New Case Request* page where you can search for and add a case to your Account ID that is not currently included on your *Case Listing* page. You will not be able to access or manage a recovery case until you have successfully located the case using the *Request Case Access* page. See Chapter 11 for details.

- **Case Listing**: Displays the *Case Listing* page where you can view and manage recovery cases that were successfully added to your Account ID using the *Request Case Access* page. It includes cases for both AMs and ADs. See Chapter 12 for details.

- **Report a Case**: Allows beneficiaries and non-beneficiaries to report a case on behalf of a beneficiary or an insurer and to answer questions to determine if the case is eligible for submission. See Chapter 13 for details.

- **Open Debt Report**: This report shows the status for open debts on-demand (with data updated nightly) for NGHP insurer-debtor cases. It is visible and available to AMs only and is created per Account ID on cases that carry an accounts receivable (AR) balance of greater than zero. See Section 12.3 for details.
6.2 Log in to the MSPRP Site (Beneficiary)

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

After you successfully log in to the MyMedicare.gov site and enter the 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 14).

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

![Case Information Screen](image-url)
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.

From this page, you can access the following functions:

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

If you (Corporate or Representative Account types only) 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 6-8).

   This displays the Forgot Login ID page (Figure 6-9).

![Figure 6-8: Forgot ID Link](image)

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

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

   If the information you entered is correct, your login ID will be sent via 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.
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 6-12).
   
   The Forgot Password page appears (Figure 6-13).

2. Enter your Login ID and click Continue.
   
   The Forgot Login ID or Password page appears (Figure 6-14).

   Note: Click Cancel to stop and return to the Welcome to the MSPRP page without requesting a temporary password.
3. Answer the two security questions with information you provided during the registration process. Correctly answer each of your pre-selected security questions.

4. Click Continue.

The Forgot Password Confirmation page appears if your answers are correct (Figure 6-14). 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 6-14: Forgot Login ID or Password

![Forgot Login ID or Password](image)

Figure 6-15: Forgot Password Confirmation

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

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

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

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

MFA access is granted when you:

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

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

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

### 7.1 Eligibility

Current Account Managers 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)

---

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

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

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

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

**Associated Account IDs:**

- #### FIRST LAST
- #### FIRST LAST

---
# MSPRP User Guide

## Chapter 7: Multi-Factor Authentication

### Table 7-1: MFA Statuses and Next Step Actions

<table>
<thead>
<tr>
<th>Status</th>
<th>Next Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Process</td>
<td>Get Started</td>
<td>This is the default status. Indicates either you have not yet started the ID Proofing process, or you have attempted ID Proofing (i.e., clicked Continue on the ID Proofing and Core Credentials page), but have not exceeded the total limit of 4 attempts to complete the process.</td>
</tr>
<tr>
<td>ID Proofed</td>
<td>Factor Required</td>
<td>Indicates:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• You have successfully submitted your personal information to Experian through the ID Proofing Core Credential page, and</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• You have answered Experian’s Identity Verification Questions successfully, and</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Experian has accepted your submissions, and</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• You currently have no factors in active status or you have a factor in pending activation status.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OR</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• An EDI representative has manually completed the ID Proofing process through the EDI representative application, thus setting your MSPRP Status to ID Proofed, and</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• You currently have no factors in active status or you have a factor in pending activation status.</td>
</tr>
<tr>
<td>Pending Phone</td>
<td>Contact Experian</td>
<td>Indicates:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>You were unsuccessful with completing the ID Proofing 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 ID Proofing and Core Credentials page).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OR</td>
</tr>
<tr>
<td></td>
<td></td>
<td>You clicked the Contact Experian button on the ID Proofing Core Credentials page.</td>
</tr>
<tr>
<td>Failed Phone</td>
<td>Contact the BCRC</td>
<td>Indicates that your attempt to complete the ID Proofing process by phone with Experian was unsuccessful.</td>
</tr>
<tr>
<td>Complete</td>
<td>Factor Maintenance</td>
<td>Indicates:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• You have successfully completed the ID Proofing process, and</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• You have at least one factor in active status.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Note:</strong> In this case, the Next Step is replaced with the Factor Maintenance link. Click this link to activate or deactivate factors.</td>
</tr>
</tbody>
</table>
Table 7-2: Next Step Action Details

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

7.3 ID Proofing Process

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

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

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

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

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

Address information entered on this page should match your current residential address so Experian can verify your identity. Successful ID proofing hinges upon Experian be 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 7.6.1). At this stage, you **must** contact Experian for assistance in completing the **ID Proofing** process.

**To Complete ID Proofing Core Credentials**

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

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

   **Note:** This page also displays your current MFA status.

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

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

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

3. Check that your **First** and **Last Names** are correct; then complete the remaining fields on the page (see Table 7-3).

4. Click **Continue** to create and submit an **ID Proofing Core Credentials** record to Experian.

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

**Note:** The status set depends on the response sent by Experian.
Figure 7-2: ID Proofing and Multi-Factor Authentication Overview

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). MSPPR users requesting electronic access to MSPPR protected information must be successfully ID Proofed and have at least one Factor associated to their MSPPR account.

During this process you will be requested to:

- Enter certain personal information on the MSPPR 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 shared on the MSPPR. 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 MSPPR if you were unsuccessful at ID Proofing in the MSPPR.
- Associate an MFA Factor to your MSPPR Login ID.

Next Steps

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

Users who choose not to be ID Proofed will still be able to view data on the MSPPR 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 ▼
Figure 7-3: 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 Expieran button for assistance. Expieran Verification Support Services may be able to assist you over the phone. Please note, the Contact Expieran button will be disabled until you enter valid data in all required fields and click the Continue button.

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

An asterisk (*) indicates a required field.

**Personal Information**

- **First Name:**
- **Middle Name:**
- **Last Name:**
- **Date of Birth:**
- **Social Security Number (SSN):**
- **Re-enter Social Security Number (SSN):**
- **Personal Email 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 permissive use 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 Expieran have been met. I certify that I (First Last) have initiated a transaction with CMS and that the service being requested will be used solely to confirm my identity to avoid fraudulent transactions in my name.

[Continue] [Contact Expieran] [Cancel]
### Table 7-3: ID Proofing Core Credentials

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Information</td>
<td>-</td>
</tr>
<tr>
<td><strong>First Name</strong></td>
<td>Required. Pre-filled by MSPRP. This is the first name associated with your login ID (required). 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). <strong>Note:</strong> If the MSPRP returns an error while validating, click the <strong>Manage Personal Information</strong> link in the <strong>Account Settings</strong> box on your home page to correct any errors.</td>
</tr>
<tr>
<td><strong>Middle Name</strong></td>
<td>Optional. 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).</td>
</tr>
<tr>
<td><strong>Last Name</strong></td>
<td>Required. Pre-filled by MSPRP. This is the last name associated with your login ID. 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.”</td>
</tr>
<tr>
<td><strong>Generation</strong></td>
<td>Optional.</td>
</tr>
<tr>
<td><strong>Date of Birth</strong></td>
<td>Required. This field must be numeric and have exactly 8 characters. Do not use hyphens, dashes, or special characters (Example: 12102014).</td>
</tr>
<tr>
<td><strong>Social Security Number (SSN)</strong></td>
<td>Required. 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. <strong>Note:</strong> The SSN will not be stored on the MSPRP database.</td>
</tr>
<tr>
<td>Re-enter Social Security Number (SSN)</td>
<td>Required.</td>
</tr>
<tr>
<td><strong>Personal E-Mail Address</strong></td>
<td>Required. 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.</td>
</tr>
<tr>
<td><strong>Home Phone</strong></td>
<td>Required. This field must be numeric. Do not use hyphens, parenthesis, dashes, or special characters (Example: 4105556666).</td>
</tr>
<tr>
<td><strong>Current Residential Address</strong></td>
<td>Note: To assist Experian in verifying your identity, this should be your current residential address.</td>
</tr>
<tr>
<td><strong>Address Line 1</strong></td>
<td>Required. 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.</td>
</tr>
<tr>
<td><strong>Address Line 2</strong></td>
<td>Optional. The same restrictions apply as Address Line 1 except the maximum field length is 29 characters.</td>
</tr>
</tbody>
</table>
### Field | Description
---|---
**City** | Required. The maximum field length is 38 characters. APO addresses use “APO” in this field.

**State** | Required.

**Zip Code (Zip+4)** | 5-digit ZIP is required; 4-digit extension is optional. APO addresses use the ZIP code for that address; the City 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 ID Proofing Core Credentials 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 Contact Experian page (see Section 7.6.1). This button will only be enabled after you click Continue and do not receive any validation errors.

### 7.3.3 Identity Verification Questions

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

You have **10 minutes** to complete the questions and submit. Otherwise, your ID Proofing session is terminated, and you will need to begin the process again from the beginning (Figure 7-5). There is an alert to warn you when 2 minutes remain in the time period.

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

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

- If your session timed out before you could click **Continue**, and the MSPRP displayed the Failure to Respond in Time page, click **Continue** on that page to return to the ID Proofing Core Credentials page to start the ID Proofing process again.
Figure 7-4: Example Identity Verification Questions

Identity Verification Questions

Examiner 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 Printing process over from the beginning.

1. According to your credit profile, you may have opened a mortgage loan in 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
   - [ ] COUNSELOR
   - [ ] BARBER/COSMETOLOGIST/MAINE/ESTHETICAL
   - [ ] ARCHITECT
   - [ ] NONE OF THE ABOVE

[Continue] [Cancel]
7.4 Multi-Factor Authentication (MFA) Maintenance

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

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

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

### 7.4.1 Register Multi-Factor Authentication (MFA)

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

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

**To register an MFA Factor**

1. Click the [Factor Required] or [Factor Maintenance] link on your home page.
   
   The Multi-Factor Authentication (MFA) Maintenance page appears (Figure 7-6).

2. Click [Activate Factor].
   
   The Register Multi-Factor Authentication (MFA) page appears (Figure 7-7).

3. Select a factor type from the drop-down menu.
4. Enter the phone number for the selected factor type.

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

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

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

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

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

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

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

To Activate a Factor

1. Enter the MFA security token on the Activate Factor page (Figure 7-8).
   
   Note: See Section 7.4.1 for steps on getting to the Activate Factor page.

2. Click Continue to complete the activation.

3. The Factor Activated Successfully page appears (Figure 7-9).

4. Click Continue to return to the Multi-Factor Authentication (MFA) Maintenance page.

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

Figure 7-8: Activate Factor
7.4.3 Deactivate Factor

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

**Notes:**

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

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

1. Click the Factor Maintenance link on your home page. The Multi-Factor Authentication (MFA) Maintenance page appears.
2. Click the radio button to select the factor you want to deactivate.
3. Click Deactivate Factor.
   The Deactivate Factor Confirmation page appears (Figure 7-11).
4. Click Continue to confirm the deactivation or click Cancel to cancel the deactivation process.
   The Factor Deactivated Successfully page appears (Figure 7-12).
5. Click Continue to return to the Multi-Factor Authentication (MFA) Maintenance page when completed.

Figure 7-11: Deactivate Factor Confirmation

![Deactivate Factor Confirmation](Figure 7-11)

Figure 7-12: Factor Deactivated Successfully

![Factor Deactivated Successfully](Figure 7-12)

7.5 Logging in Using MFA Services

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

If you want to use MFA Services, select the Login using Multi-Factor Authentication option and select a factor. You will be redirected to the Multi-Factor Authentication (MFA) Verification page where you will have 3 attempts to successfully enter the MFA security token. If you fail to do so, the MSPRP will lock your account after the third attempt, and you will be prevented from viewing any MSPRP data. Contact an EDI representative to unlock your account.

To use MFA Services

1. Log in to the MSPRP.
   
The Select Login Option page appears (Figure 7-13).
   
   Note: This page will not appear if you have not activated any MFA factors.

2. Click to select either the Login using Multi-Factor Authentication or Login without my Multi-Factor Authentication radio button.
   
   If using MFA Services, select an MFA factor from the drop-down menu.

3. Click Continue to continue the login, or Cancel to sign off from the application.
   
   If you click Continue, the Multi-Factor Authentication (MFA) Verification page appears (Figure 7-14)

4. Enter the MFA Security Token and click Continue to continue the login, or Cancel to return to the Select Login Option page.
   
   If you click Continue, the Account List page appears (Figure 7-16).

Figure 7-13: Select Login Option
Figure 7-14: Multi-Factor Authentication (MFA) Verification

7.6 Troubleshooting

7.6.1 Contact Experian

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

To Contact Experian

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

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

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

Phone Verification Unsuccessful?

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

From the Contact Experian page, click Continue to return to your home page.
Figure 7-15: Contact Experian

Contact Experian

Experian was unable to validate the information you submitted for ID Proofing. Please contact Experian Verification Support Services by phone at (866) 872-3499 during the times listed on this page in an attempt to become ID Proofed over the phone. When you speak with the Experian call center agent, you will need to provide the MSPRP Reference Number displayed on this page along with your Name, Address, Phone Number, Date of Birth and Social Security Number. You may also be required to provide answers to some questions asked by the agent.

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

Experian Verification Support Services Contact Information
Phone Number: (866) 872-3499
MSPRP Reference Number: MRP0351

<table>
<thead>
<tr>
<th>Day of the Week</th>
<th>Open</th>
<th>Close</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>8:30 am EST</td>
<td>10:00 pm EST</td>
</tr>
<tr>
<td>Tuesday</td>
<td>8:30 am EST</td>
<td>10:00 pm EST</td>
</tr>
<tr>
<td>Wednesday</td>
<td>8:30 am EST</td>
<td>10:00 pm EST</td>
</tr>
<tr>
<td>Thursday</td>
<td>9:30 am EST</td>
<td>10:00 pm EST</td>
</tr>
<tr>
<td>Friday</td>
<td>8:30 am EST</td>
<td>10:00 pm EST</td>
</tr>
<tr>
<td>Saturday</td>
<td>10:00 am EST</td>
<td>6:00 pm EST</td>
</tr>
<tr>
<td>Sunday</td>
<td>11:00 am EST</td>
<td>8:00 pm EST</td>
</tr>
</tbody>
</table>

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

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 the process your status will be changed to Complete.

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

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

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

Associated Account IDs:

#1234 FIRST LAST
#5678 FIRST LAST
7.6.2 Contact the BCRC

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

To contact the BCRC

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

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

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

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

2. Complete and mail the notarized statement to the BCRC EDI department at the address indicated on the page.

3. Click Continue to return to your home page.

   If the BCRC is able to verify your identity, you will receive an 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 Proofed and the Next Step will be the Factor Required link.
Contact the Benefits Coordination & Recovery Center (BCRC)

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

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

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

Medicare
MSPRP
PO Box 138892
Oklahoma City, OK 73113

Next Steps

If the BCRC is able to successfully verify your identity, you will receive an e-mail notification within 45 days of receipt of your notarized document. Upon receipt of this e-mail, you will need to login to the Medicare Secondary Payer Recovery Portal (MSPRP) and click the ‘Factor Required’ link on your home page. This will allow you to activate a factor for your Login ID which is needed to view unmasked claim information on the MSRP. If you haven’t received the e-mail notification from the BCRC after 45 days, contact the EDI Department Monday-Friday, from 9:00 a.m. to 5:00 p.m., Eastern Time, except holidays; at: (646) 458-6740.
Figure 7-18: Example Notary Statement

NOTARY STATEMENT - VERIFICATION OF IDENTIFICATION (SAMPLE)

Name of Applicant: John Doe
Address of Applicant: 99 Any Street
                      New York, NY 00000-0000
MSRP E-mail Address: J Doe@hotmail.com

Signature: [signature]

State of: New York
County of: Madison

On this, the ___ 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:

<table>
<thead>
<tr>
<th>Tier One Document</th>
<th>Tier Two Document</th>
</tr>
</thead>
<tbody>
<tr>
<td>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</td>
<td>US Public Birth Certificate; Social Security Card; Marriage Certificate Divorce Decree; Employer Identification Card; High School or College Diploma; Property Deed or Title</td>
</tr>
</tbody>
</table>
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 appears (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 appears with the updated information (Figure 8-3).

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

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

   The system then sends you an 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

![Account Settings](image)

Figure 8-2: Update Personal Information

![Update Personal Information](image)
### Table 8-1: Update Personal Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td>Enter your first name. This is the first name associated with your login ID (required).&lt;br&gt;&lt;br&gt;Note: If you are undergoing the ID Proofing 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).</td>
</tr>
<tr>
<td>MI</td>
<td>Enter the first letter of your middle name (optional).</td>
</tr>
<tr>
<td>Last Name</td>
<td>Enter your last name. This is the last name associated with your login ID (required).&lt;br&gt;&lt;br&gt;Note: If you are undergoing the ID Proofing process, this field may contain a hyphen or apostrophe. The first three characters cannot be “C/O.”</td>
</tr>
<tr>
<td>Email Address</td>
<td>Enter your personal e-mail address.</td>
</tr>
<tr>
<td>Re-enter Email Address</td>
<td>Enter your e-mail address a second time for verification purposes.</td>
</tr>
<tr>
<td>Phone</td>
<td>Enter your personal phone number.</td>
</tr>
<tr>
<td>Ext.</td>
<td>Enter the extension for your phone number (optional).</td>
</tr>
<tr>
<td>Address Line 1</td>
<td>Enter your personal mailing address.</td>
</tr>
</tbody>
</table>

**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

![Personal Information Update Confirmation](image)

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

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

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

Dear FirstName LastName:

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

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

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

8.2.1 Corporate Account—Update Account Information

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

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

2. To update the corporate information, click the **Edit** button next to the **Corporate Information** heading.

3. To update the AR’s information, click **Edit** next to the **Account Representative (AR) Information** heading.

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

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

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

   **Note:** You cannot change the EIN.

---

**Figure 8-5: Account Settings**

<table>
<thead>
<tr>
<th><strong>Account Settings</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Update Account Information</td>
</tr>
<tr>
<td>Designee Maintenance</td>
</tr>
<tr>
<td>View Account Activity</td>
</tr>
</tbody>
</table>
Figure 8-6: Update Corporate Information

Figure 8-7: Corporate Information
Table 8-2: Corporate Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer Identification</td>
<td>Displays the corporate EIN/TIN. This 9-digit number cannot be changed or</td>
</tr>
<tr>
<td>Number (EIN)</td>
<td>edited.</td>
</tr>
<tr>
<td>Corporation Name</td>
<td>Displays the corporation’s name. Make any necessary changes.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address Line 1</td>
<td>Displays the first line of the corporation’s business mailing address. Make any necessary changes.</td>
</tr>
<tr>
<td>Address Line 2</td>
<td>Displays the second line of the corporation’s business mailing address. Make any necessary changes.</td>
</tr>
<tr>
<td>City</td>
<td>Displays the city where the corporation is located. Make any necessary changes.</td>
</tr>
</tbody>
</table>
| 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 |
5. If you also need to update the AR Information, click the **Edit** button next to the *Account Representative (AR) Information* heading. If you have completed your updates click **Continue**.

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

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

   You can update/replace the AR’s name, title, 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 appears confirming that your updates have been made (Figure 8-11).

9. Click **Continue** to return to your home page to perform another action, or click **Logoff** to exit the MSPRP.
Figure 8-9: Update Account Representative (AR) Information

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

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AR First Name</td>
<td>Displays the first name of the AR. Make any necessary changes.</td>
</tr>
<tr>
<td>MI</td>
<td>Displays the first letter of the AR’s middle name. Make any necessary changes.</td>
</tr>
<tr>
<td>Last Name</td>
<td>Displays the surname of the AR. Make any necessary changes.</td>
</tr>
<tr>
<td>AR Title</td>
<td>Displays the AR’s title. Make any necessary changes.</td>
</tr>
<tr>
<td>E-mail Address</td>
<td>Displays the personal e-mail address used by the AR. Make any necessary changes.</td>
</tr>
<tr>
<td>Re-enter E-mail Address</td>
<td>Re-enter the e-mail address for verification purposes.</td>
</tr>
<tr>
<td>Phone</td>
<td>Displays the AR’s personal phone number. Make any necessary changes.</td>
</tr>
<tr>
<td>Ext.</td>
<td>Displays the extension for the AR’s phone number. Make any necessary changes.</td>
</tr>
<tr>
<td>Fax</td>
<td>Displays the AR’s fax number. Make any necessary changes.</td>
</tr>
<tr>
<td>Previous</td>
<td>Command button. Click to return to the prior page.</td>
</tr>
<tr>
<td>Continue</td>
<td>Command button. Click to save changes and continue to the next page.</td>
</tr>
<tr>
<td>Cancel</td>
<td>Command button. Click to return to your home page.</td>
</tr>
</tbody>
</table>
Figure 8-10: Update Corporate Information

Figure 8-11: Corporate Information Update Confirmation
8.2.2 Representative Account—Update Account Information

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

2. Click the **Edit** button next to the **Representative Information** or the **Representative Mailing Address** section to make changes.
   
The *Update Representative Information* page appears with all fields open for editing (Figure 8-14).

**Figure 8-12: Account Settings**

![Account Settings](image)

**Figure 8-13: Update Account Information**

![Update Account Information](image)
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 appears. You have now completed this process.

**Figure 8-14: Update Representative Information**

![Update Representative Information](Image)

**Table 8-5: Update Representative Information**

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td>Displays the Representative’s first name. Make any necessary changes.</td>
</tr>
<tr>
<td>MI</td>
<td>Displays the first initial of the Representative’s middle name. Make any</td>
</tr>
<tr>
<td></td>
<td>necessary changes.</td>
</tr>
<tr>
<td>Last Name</td>
<td>Displays the Representative’s last name. Make any necessary changes.</td>
</tr>
<tr>
<td>E-mail Address</td>
<td>Displays the Representative’s personal e-mail address. Make any necessary</td>
</tr>
<tr>
<td></td>
<td>changes.</td>
</tr>
<tr>
<td>Re-enter Email Address</td>
<td>Re-enter the Representative’s e-mail address a second time for verification</td>
</tr>
<tr>
<td></td>
<td>purposes.</td>
</tr>
<tr>
<td>Phone</td>
<td>Displays the Representative’s personal phone number. Make any necessary</td>
</tr>
<tr>
<td></td>
<td>changes.</td>
</tr>
</tbody>
</table>

8-12
### 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**

![Update Account Information](image-url)
8.3 Designee Maintenance

ADs assist the AM with the case recovery process. An AM may, but is not required to, invite individuals to register as an AD and become users of the MSPRP associated with their account. Each MSPRP account may have multiple ADs. The number of ADs associated with one MSPRP account is dependent on the account type. Corporate accounts may have up to 200 ADs. Representative accounts may have up to 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 (Section 12.2.4).
8.3.1 Add a Designee to an Account

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

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

1. Log in to the MSPRP.
2. On your home page, click the Designee Maintenance link in the Account Settings box your Account ID page.
   - The Designee Listing page appears (Figure 8-18). This page lists all designees that have been invited or assigned to the account.
   - The Designee Listing page also lists the total number of ADs for the account. By default, the list is sorted by last login date, and then last name. You can click the Last Name, Status, and Last Login Date column headers to search (by last name), sort, and filter the designees.
3. Click Add Designee to add a new designee to the account.
   - The Designee Information page appears (Figure 8-19).
   - Note: You can print a list of the designees by clicking the Print this page link in the upper right corner. To return to your home page without making any changes, click Cancel.

Figure 8-17: Account Settings

<table>
<thead>
<tr>
<th>Account Settings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Update Account Information</td>
</tr>
<tr>
<td>Designee Maintenance</td>
</tr>
<tr>
<td>View Account Activity</td>
</tr>
</tbody>
</table>
**Figure 8-18: Designee Listing**

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

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

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

Selecting Cancel will return you to the Home Page.

**Total Number of Account Designees:** 6

<table>
<thead>
<tr>
<th>Delete</th>
<th>Last Name</th>
<th>First Name</th>
<th>Email Address</th>
<th>Passphrase</th>
<th>Status</th>
<th>Last Login Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delete</td>
<td>Last</td>
<td>First</td>
<td><a href="mailto:johns@company.com">johns@company.com</a></td>
<td>Pending</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delete</td>
<td>Last</td>
<td>First</td>
<td><a href="mailto:johns@company.com">johns@company.com</a></td>
<td>Pending</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delete</td>
<td>Last</td>
<td>First</td>
<td><a href="mailto:first@company.com">first@company.com</a></td>
<td>Active</td>
<td>03/15/2019</td>
<td></td>
</tr>
<tr>
<td>Delete</td>
<td>Last</td>
<td>First</td>
<td><a href="mailto:first@company.com">first@company.com</a></td>
<td>Active</td>
<td>04/01/2019</td>
<td></td>
</tr>
<tr>
<td>Delete</td>
<td>Last</td>
<td>First</td>
<td><a href="mailto:first@company.com">first@company.com</a></td>
<td>Active</td>
<td>04/28/2019</td>
<td></td>
</tr>
<tr>
<td>Delete</td>
<td>Last</td>
<td>First</td>
<td><a href="mailto:jane@company.com">jane@company.com</a></td>
<td>Active</td>
<td>05/05/2019</td>
<td></td>
</tr>
</tbody>
</table>

**Clear Filters**

This button removes sorted and filtered values and redispays the original default values.

**Delete (Icon)**

Click the Delete icon (X) to delete the AD.

**Last Name**

Displays the last name of the AD.

*Note:* Searchable and filterable column: click the arrows in the header to sort or reverse the sort order; type a search term into the box at the top of the column to filter for names beginning with that value.

**First Name**

Displays the first name of the AD.

**Email Address**

Displays the email address of the AD.

**Passphrase**

Displays the passphrase created by the AM that will be used by the AD to register for an account.

**Status**

Displays the status of the AD registration. Possible values:

- Pending
- Active
- Locked
- Expired
- Revoked

*Note:* Sortable and filterable column: click the arrows in the header to sort or reverse sort order; click the drop-down menu at the top of the column to show only designees with that status.
### Field Description

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

**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 appears (Figure 8-20).

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

**Note:** If the entered 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 appears, enter the required information in the fields provided.
   The passphrase should be a short case-sensitive phrase of your creation, up to 30 characters.
   After you complete the invitation process, contact your designee and provide them with the
   passphrase. They will need to enter it exactly as you did when they follow the token link in
   their invitation 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 appears (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 appears (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>
<thead>
<tr>
<th>Table 8-7: Designee Invitation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Field</strong></td>
</tr>
<tr>
<td>Designee First Name</td>
</tr>
<tr>
<td>Designee Last Name</td>
</tr>
<tr>
<td>Passphrase</td>
</tr>
<tr>
<td>Re-enter Passphrase</td>
</tr>
<tr>
<td>Previous</td>
</tr>
<tr>
<td>Continue</td>
</tr>
<tr>
<td>Cancel</td>
</tr>
</tbody>
</table>
8.3.2 Delete a Designee from an Account

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

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

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

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

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

3. If you do not want to delete the selected designee, click **Cancel** to return to the **Designee Listing** page. The 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 appears again without the AD who was just deleted. This removes the AD from this Account ID only, but they will retain access to any other Account ID with which they are currently associated.
8.3.3 Edit Designee Information

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

1. On your home page, click the **Designee Maintenance** link in the **Account Settings** box on your Account ID page (Figure 8-17).
   
   The **Designee Listing** page appears (Figure 8-18).

2. Click the last name of the designee in pending status whose information you wish to update.
   
   The **Update Designee Information** page appears and is open for editing (Figure 8-23).

3. Revise information as necessary and click **Continue**. You will need to re-enter the designee E-mail Address and passphrase.
   
   The **Designee Confirmation** page appears with the updated designee information (Figure 8-24).

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

5. Click **Cancel** to return to your home page.
   
   To edit information for another designee registered to this Account ID, click the designee’s last name, and follow these previous steps.
**Figure 8-23: Update Designee Information**

![Figure 8-23: Update Designee Information](image)

**Table 8-8: Update Designee Information**

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Designee First Name</td>
<td>Displays the designee’s first name. Make changes as necessary.</td>
</tr>
<tr>
<td>Designee Last Name</td>
<td>Displays the designee’s last name. Make changes as necessary.</td>
</tr>
<tr>
<td>Designee E-mail Address</td>
<td>Displays the designee’s e-mail address. Make changes as necessary.</td>
</tr>
<tr>
<td>Re-enter Designee E-mail Address</td>
<td>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.</td>
</tr>
<tr>
<td>Passphrase</td>
<td>Displays the designee’s passphrase. Make changes as necessary.</td>
</tr>
<tr>
<td>Note: If you change this passphrase, you will need to notify the designee of the new passphrase so they can register.</td>
<td></td>
</tr>
<tr>
<td>Re-enter Passphrase</td>
<td>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.</td>
</tr>
<tr>
<td>Regenerate token. Check this box if another invitation e-mail must be sent to the Designee.</td>
<td>Select this checkbox to regenerate the token and invitation e-mail. This information will be sent to the designee for registration to the MSPRP.</td>
</tr>
<tr>
<td>Continue</td>
<td>Command button. Click to save changes and continue to the next page.</td>
</tr>
<tr>
<td>Cancel</td>
<td>Command button. Click to cancel changes and return to the Designee Listing page.</td>
</tr>
</tbody>
</table>
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 appears (Figure 8-18).

2. Click the last name of the designee who needs the e-mail regenerated.
   
   The **Update Designee Information** page appears, with the designee’s personal information open for editing (Figure 8-25).
3. Enter the designee’s e-mail address and passphrase, select the *Regenerate token* checkbox, and click **Continue**.

   The *Desigee Confirmation* page appears. 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 *Desigee Listing* page.
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 appears (Figure 8-27).
   - If you are the AM, all activity performed for the account will display.
   - If you are the AD, you will only see those activities you performed.
   - Users can print the history by clicking the Print this page link in the upper right side of the page.
3. Click **Cancel** to return to your home page.

**Figure 8-27: Account Activity Page**

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.
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 appears (Figure 8-27 and Figure 8-28).
3. Click the **down arrow** to the right of the *Display Range* drop-down menu.

4. Select the range of account activity records (For example: 3001 – 4000).

5. Click **Submit**.

   MSPRP displays account activity records for the range selected.

### 8.5 Change Password

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

To change your password, perform the following steps.

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

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

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

   - Login IDs must be 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,
2. Click **Continue** to proceed.

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

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

*Figure 8-29: Account Settings Box*
Table 8-9: Change Password

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter your Current or Temporary</td>
<td>Enter your current or temporary password, as applicable.</td>
</tr>
<tr>
<td>password</td>
<td><strong>Note:</strong> Temporary passwords are provided during password resets.</td>
</tr>
<tr>
<td>Enter your new password</td>
<td>Enter your new password using the password guidelines listed.</td>
</tr>
<tr>
<td>Re-enter your new password</td>
<td>Re-enter your new password a second time for verification purposes.</td>
</tr>
<tr>
<td><strong>Temporary Passwords</strong></td>
<td></td>
</tr>
<tr>
<td>Security Question 1</td>
<td>To change Security Question #1, select a question from the drop-down menu,</td>
</tr>
<tr>
<td>Answer 1</td>
<td>then enter the answer in the text field provided.</td>
</tr>
<tr>
<td></td>
<td><strong>Optional</strong></td>
</tr>
<tr>
<td>Security Question 2</td>
<td>To change Security Question #2, select a question from the drop-down menu,</td>
</tr>
<tr>
<td>Answer 2</td>
<td>then enter the answer in the text field provided.</td>
</tr>
<tr>
<td></td>
<td><strong>Optional</strong></td>
</tr>
<tr>
<td>Continue</td>
<td>Command button. Click to save changes and continue to the next page.</td>
</tr>
<tr>
<td>Cancel</td>
<td>Command button. Click to return to the <em>Account Setup Introduction</em> page.</td>
</tr>
</tbody>
</table>
Figure 8-31: Change Password Confirmation

Help About This Page

You have successfully changed your password. You will be required to use the new password on your next login attempt.

Medicare Secondary Payer Recovery Portal Welcome Page
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 appears, 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 appears, confirming that you have been invited as an AD for the listed Account ID (Figure 9-3).
   You will be denied access to the MSPRP registration process if you click I Decline.

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

**Designee Invitation**

- DoNotReply@cob.cms.hhs.gov
- Sent: Thu 5/10/2012 3:58 PM
- To: AAA.AAA@AAA.AAA
- Cc: AAA.AAA@AAA.AAA

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

Dear Name:

You have been invited by: First Last, for Account ID: 99999, to participate in the Medicare Secondary Payer Recovery Portal (MSPRP) web portal process. Please follow this link to register: https://qua.cob.cms.hhs.gov/MSPRP/designeeRegistration?token=pZDiwwMBtwwMbww. 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.

For any questions or problems please contact the person named in the paragraph above.

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 9-2: Login Warning

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.


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. 1395(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://www.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.
4. Review the User Agreement. To proceed with the registration process, click the I Accept the User Agreement and Privacy Policy above checkbox at the bottom of the page, otherwise you will be denied access to the MSPRP registration process. The Designee Personal Information page appears (Figure 9-4).

5. Enter the required information and click Continue.

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

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

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

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

The Designee Summary page appears (Figure 9-6). This page provides a summary of all the information you have entered.
8. To make any corrections, click **Edit** next to the applicable heading to return to that section.

9. Once all corrections have been made, click **Continue** at the bottom of that page.

   The *Designee Login Information* page will display again.

10. Re-enter the designee’s assigned password and click **Continue** to navigate back to the *Designee Summary* page.

11. After you have returned to the *Designee Summary* page, click **Continue**.

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

12. Click **Exit**.

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

**Figure 9-4: Designee Personal Information**
Table 9-1: Designee Personal Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td>Enter your first name.</td>
</tr>
<tr>
<td>MI</td>
<td>Enter the first initial of your middle name (optional).</td>
</tr>
<tr>
<td>Last Name</td>
<td>Enter your last name.</td>
</tr>
<tr>
<td>E-mail Address</td>
<td>Enter your personal e-mail address.</td>
</tr>
<tr>
<td>Phone</td>
<td>Enter your personal phone number.</td>
</tr>
<tr>
<td>Ext.</td>
<td>Enter the extension for your phone number (optional).</td>
</tr>
<tr>
<td>Address Line 1</td>
<td>Enter the first line of your company mailing address.</td>
</tr>
<tr>
<td>Address Line 2</td>
<td>Enter the second line of your company mailing address (optional).</td>
</tr>
<tr>
<td>City</td>
<td>Enter the city where your company is located.</td>
</tr>
<tr>
<td>State</td>
<td>Select the state where the company is located from the drop-down list.</td>
</tr>
<tr>
<td>Zip Code</td>
<td>Enter the company’s zip code (required), plus 4-digit zip code suffix (optional).</td>
</tr>
</tbody>
</table>

Note: To quickly select a state, type the first letter to scroll to the desired state.

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

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 AAAAAA
- (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 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 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: What is your favorite beverage? 
Answer 1: 

Security Question 2: Who is your favorite entertainer? 
Answer 2: 

Quick Help
Help About This Page
Table 9-2: Designee Login Information

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

Figure 9-6: Designee Summary
Figure 9-7: Designee Thank You

**Designee Thank You**

You have successfully completed registration for the Medicare Secondary Payer Recovery Portal and established yourself as a Designee for the Account ID. Please print this page for your records.

**Next Steps**

You may now return to the Medicare Secondary Payer Recovery Portal welcome page, login using the Login ID and Password you just created to access accounts associated with your ID.

You can visit the Medicare Secondary Payer Recovery Portal Welcome Page at [https://qsa.doc.cms.hhs.gov/MSPRP](https://qsa.doc.cms.hhs.gov/MSPRP) or click the Exit button below.
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 14.1.2.1 for more information on how to submit an authorization.

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

10.1 Authorization Request Types

The three types of authorization for case management are:

- **Beneficiary Proof of Representation (POR)** is the authorization request that is submitted to inform Medicare that the Medicare beneficiary has given another individual or entity (including an attorney) the authority to represent them and act on their behalf with respect to their case. An individual/entity with a verified POR will be able to submit information/requests, receive copies of all mail related to the case (e.g., the Rights and Responsibilities letter, the Conditional Payment Letter, the Demand letter, etc.), receive identifiable health information, respond to requests from the MSPRP, or resolve any potential recovery claim that Medicare may have if there is a settlement, judgment, award, or other payment. See also the [What is Beneficiary Proof of Representation?](#) Help page for available case actions.

- **Beneficiary Consent to Release (CTR)** is the authorization request that is submitted to inform Medicare that the Medicare beneficiary has given another individual or entity the authority to receive claims and other information related to the injury and/or illness but does not give this individual the authority to represent the Medicare beneficiary and act on their behalf. An individual or entity with a verified CTR will be able to receive copies of all mail sent related to the case (e.g., the Rights and Responsibilities letter, the Conditional Payment Letter, the Demand letter, etc.). See also the [What is Beneficiary Consent to Release?](#) Help page for available case actions.

- **Recovery Agent Authorization** is the authorization request that is submitted to inform Medicare that a liability insurer (including self-insured entities), no-fault insurer, or workers’ compensation entity wishes to be represented by another party. The identified representative can act on behalf of the insurer regarding an MSP recovery case and is authorized to take any actions or make any decisions needed to resolve Medicare’s recovery claim. See also the [What is Recovery Agent Authorization?](#) Help page for available case actions.
10.2 Authorizations: Example Letters, Templates, and Model Language

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

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

10.3 Authorization Status

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

- **Verified**: Authorization request has been reviewed and approved.
- **Invalid**: Authorization request has been reviewed and rejected.

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

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

- **Authorization signed by Deceased Beneficiary** – An authorization for a beneficiary who is deceased has been requested without providing a copy of the legal documentation to confirm that the individual can sign on the beneficiary’s behalf. To rectify this, upload legal documentation that confirms which individual is authorized to sign on behalf of the beneficiary such as:
  - Executor/Executrix papers;
  - Next of kin attested by court documents with a court stamp and a judge’s signature;
  - Letter of Testamentary or Administration with a court stamp and judge’s signature;
  - Personal representative papers with a court stamp and judge’s signature;
  - Will;
  - Birth certificate, marriage license, or death certificate;
  - Signed/notarized statement.

- **Medicare ID Does Not Match** – The beneficiary’s Medicare ID submitted on the authorization request does not match the Medicare ID on the MSPRP case. To rectify this, resubmit the authorization request with the corrected Medicare ID.

- **Beneficiary Name Does Not Match** – The beneficiary’s name submitted on the authorization request does not match the beneficiary’s name on the MSPRP case. To rectify this, resubmit the authorization request with the corrected beneficiary name.

- **Date(s) of Authorization conflict with Supporting Documentation** – The authorization start/end date(s) submitted on the Authorization Documentation page are different than the corresponding date(s) submitted on the uploaded supporting documentation. To rectify this,
verify the start and end dates on the supporting documentation are correct. Submit a new authorization request and ensure that the dates provided on the supporting documentation exactly match the authorization start date and end date (if applicable) you entered on the Authorization Documentation page.

- **DOI Not Provided** – The Date of Incident submitted on the authorization request was not provided. To rectify this, re-submit the authorization request that includes the correct DOI.

- **Missing or Insufficient Supporting Documentation** – Information is missing from the supporting documentation. To rectify this, identify what is missing, make the necessary correction(s), submit a new authorization request, and upload the applicable supporting documentation.

- **Missing Required Signature(s)** – One or more signatures are missing from the supporting documentation (e.g., the beneficiary or attorney’s signature). To rectify this, obtain the missing signatures, submit a new authorization request, and upload the appropriate supporting documentation.

- **Name on Document Does Not Match the Name Entered** – The name on the supporting document does not match the name entered by an individual submitting an authorization on behalf of another person. To rectify this, resubmit the document with the appropriate name.

- **Name on Document Does Not Match the Portal Submitter** – The supporting document that was submitted identifies an individual to whom the information can be released but that name does not match the company name listed on the portal account by an individual submitting their own authorization. To rectify this, resubmit the document with the appropriate name.

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

- **No Authorizing Statement on Document** – The 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.
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 appears (Figure 11-1).

3. Click the Associated Account ID for the account you want to work with. Verify the Account ID before selecting it.

   The Welcome! Page appears (Figure 11-2). The Account ID and corresponding Corporate name/Representative name are displayed at the top of the page.
Figure 11-1: Account List (Account Designee)

To access the account list, users are directed to provide their personal information and respond to questions regarding their identity. Once these are verified, they can view the list of accounts they are associated with.

**Multi-Factor Authentication**

MSRP users may request access to view masked claims data that was previously only accessible to the beneficiary. Individuals requesting 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 change to Complete.

**Associated Account IDs:**

---

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

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.

**Welcome!**

The Welcome page allows users to view account activity by clicking the appropriate link under the Account Settings. To request information regarding a case you have not already associated with your account, click the Request Case Access link below.

To see cases that you have previously associated with your account, click the Case Listing link below.

To submit a case, click the Report A Case link below.

To request a CRC NGHP Open Debt Report, click the CRC NGHP Open Debt Report link below.

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

- Request Case Access
- Case Listing
- Report A Case
4. Click the **Request Case Access** link.

   The *New Case Request* page appears (Figure 11-3). This page is used to verify that you have the authority to access a specific recovery case.

5. Enter the required information and optionally select the insurance type from the drop-down menu. Then click **Continue**.

   If the MSPRP cannot locate the case based on the submitted information, it will display the following message: “No Matching Case Records Found based on the information provided.”

   If you do not enter either a Case ID or a DOI, the MSPRP will display the following message: “Please enter Case ID or Date of Incident.” If the MSPRP detects an invalid DOI, it will display the following message: “Date of Incident is invalid. Date of Incident must be prior to the current date and MM/DD/CCYY format.”

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

**Table 11-1: New Case Request**

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case ID</td>
<td>Enter the recovery case identification number. <strong>Note:</strong> 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.</td>
</tr>
<tr>
<td>Date of Incident</td>
<td>Enter the date of the incident (DOI) for the case you would like associated to your Account. <strong>Notes:</strong></td>
</tr>
<tr>
<td></td>
<td>- The DOI is only required if the Case ID is not entered.</td>
</tr>
<tr>
<td></td>
<td>- 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.</td>
</tr>
<tr>
<td>Field</td>
<td>Description</td>
</tr>
<tr>
<td>-----------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Medicare ID</td>
<td>Enter the HICN or MBI for the beneficiary associated to the case.</td>
</tr>
<tr>
<td>SSN</td>
<td>Enter the Social Security Number for the beneficiary associated to the case. Note: This field is required if the Medicare ID is not entered.</td>
</tr>
<tr>
<td>Last Name</td>
<td>Enter the beneficiary’s last name. (A minimum of 5 characters must be entered).</td>
</tr>
<tr>
<td>Beneficiary’s Date of Birth</td>
<td>Enter the beneficiary’s date of birth in MM/DD/CCYY format.</td>
</tr>
<tr>
<td>Insurance Type</td>
<td>Select the insurance type (no-fault, workers’ compensation, or liability) from the drop-down menu (optional).</td>
</tr>
<tr>
<td>Continue</td>
<td>Command button. Click to save changes and continue to the next page.</td>
</tr>
<tr>
<td>Cancel</td>
<td>Command button. Click to exit this page and return to the Welcome! Page without making any requests.</td>
</tr>
</tbody>
</table>

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 14).

   Note: The Industry DOI displayed in the Case Results page is the self-reported DOI provided by the RREs to the BCRC or CRC. See Table 14-1 for details.

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 14).

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

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

---

**Figure 11-5: Welcome! Page (Account Manager)**

![Welcome Page](image)
Table 11-2: New Case Request

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case ID</td>
<td>Enter the recovery case identification number. <strong>Note:</strong> 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.</td>
</tr>
</tbody>
</table>
| Date of Incident    | Enter the date of the incident (DOI) for the case you would like associated to your Account. **Notes:**  
  - 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 14-1 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 14 for more information.

6. Verify that the data was entered correctly. If any of the fields were incorrectly entered, correct the error and click **Continue**.

   If the MSPRP locates the case based on the information submitted, the *Case Information* page will display. See Chapter 14 for more information.

---

**Figure 11-7: Case Results Page**

![Case Results Page](image-url)
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).

2. Enter your established login ID and password for that application in the Secure Sign In section of the web page.
3. Go to the MSP section and click the Go to MSPRP button on the MyMedicare web page. See Section 6.2 for more information.
4. When the Welcome! Page appears, click the Request Case Access link.
   The New Case Request page appears (Figure 11-9).

**Figure 11-8: Welcome! Page (Beneficiary)**

5. To request case access, enter the Case ID and click **Continue**.
   If the MSPRP cannot locate the case based on the submitted information, it will display the following message: “No Matching Case Records Found based on the information provided.”
6. Verify that the data was entered correctly.
7. If the Case ID was entered incorrectly, correct the error and click **Continue**.
   If the MSPRP locates the case based on the information submitted, the Case Information page will display (see Chapter 14).
Figure 11-9: New Case Request

![New Case Request](image)

Table 11-3: New Case Request

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case ID</td>
<td>Enter the case identification number.</td>
</tr>
<tr>
<td>Medicare ID</td>
<td>Displays the beneficiary’s HICN or MBI, which can be found on their Medicare card.</td>
</tr>
<tr>
<td>Last Name</td>
<td>Displays the beneficiary’s last name.</td>
</tr>
<tr>
<td>Beneficiary’s Date of Birth</td>
<td>Displays the beneficiary’s date of birth.</td>
</tr>
<tr>
<td>Continue</td>
<td>Command button. Click to save changes and continue to the next page.</td>
</tr>
<tr>
<td>Cancel</td>
<td>Command button. Click to exit this page and return to the Welcome! Page without making any requests.</td>
</tr>
</tbody>
</table>
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), any cases that you have reported using the Report a Case action, and cases that your AM has granted you access to.

Notes:

If you are approaching settlement on a case that is not yet available on the MSPRP and you wish to initiate the Final Conditional Payment process, you can add this case using the Report a Case link found on the MSPRP Welcome! page or contact the BCRC by phone at (855) 798-2627, or by mail at: NGHP, P.O. Box 138832, Oklahoma City, OK 73113. See Chapter 15 for details regarding the Final Conditional Payment process.

To get to the Case Listing page, perform the following steps:

1. On the Account List page (Figure 12-1), click the Associated Account ID link.
   The Welcome! Page appears (Figure 12-2). The Account ID and corresponding Corporate name/Representative name are displayed at the top of the page.
   Note: Verify the Account ID before selecting it.

2. Click the Case Listing link.
   The Case Listing page appears (Figure 12-3). This page allows you to:
   - Locate a specific case(s) by providing search criteria.
   - View detailed case information for a selected case.
   - Remove a case(s) from the Case Listing page.
Figure 12-1: Account List (Account Designee)

- **Account List**: Click the desired link to access the associated account.
- **Multi-Factor Authentication**: MSPRP users may request access to view uninsured 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.
- **Associated Account IDs**: #### FIRST LAST

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

- **Welcome!**: 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.
- **Account**: Your name.
- **Settlement Information and Dispute Claims**: You may view the account activity by clicking the appropriate link under the Account Settings.
- **Case Listing**: To request information regarding a case you have not already associated to your account, click the Request Case Access link below.
- **Case Listing**: To see cases that you have previously associated to your account, click the Case Listing link below.
- **Report A Case**: To submit a case, click the Report A Case link below.
- **CRC NGHP Open Debt Report**: To request a CRC NGHP Open Debt Report, click the CRC NGHP Open Debt Report link below.
- **Note**: You will not be able to use the links below until your Profile Report has been returned:

  - Request Case Access
  - Case Listing
  - Report A Case
Figure 12-3: Case Listing

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, Beneficiary Last Name, Medicare ID/SSN, and Beneficiary Date of Birth for the case(s) will be listed on the bottom half of the page under the Cases heading. Click the Case ID for the desired case. The MSPRP will display the Case Information page for the selected case (see Chapter 14).
Table 12-1: Case Listing (Top)

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case ID</td>
<td>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. 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). 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 Case ID and the Beneficiary Last Name fields. The wildcard symbol can only be used in these two fields.</td>
</tr>
<tr>
<td>Medicare ID</td>
<td>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 Case Listing page).</td>
</tr>
<tr>
<td>Beneficiary SSN</td>
<td>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 Case Listing page).</td>
</tr>
<tr>
<td>Beneficiary Last Name</td>
<td>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 Case Listing page). 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). 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 Case ID and the Beneficiary Last Name fields. The wildcard symbol can only be used in these two fields.</td>
</tr>
<tr>
<td>Search</td>
<td>Click to search for the Case ID that matches the search criteria entered.</td>
</tr>
</tbody>
</table>
Table 12-2: Case Listing (Bottom)

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
</table>
| Checkbox         | Indicates whether the case will/will not be removed from the Case Listing 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 unmarked for removal by clicking the box again.  
Note: When an AD removes a case, it will be removed from their Case Listing page but will still be visible and available on the AM’s Case Listing page. When an AM removes a case, it will be removed from the Case Listing 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 Case Information page. Once the Case ID is clicked, the MSPRP will look up the current authorization level of the Account ID. Appropriate MSPRP functionality for the case will be enabled based on the Authorization Level and Authorization Status.  
Note: An asterisk indicates that the case was reported using the Report a Case action on the MSPRP. The data in this column will be displayed in ascending order by default. The sort order can be changed by clicking the arrow in the column heading. Click the arrow once to change the sort order to descending. Click the arrow again to sort in ascending order. |
| Bene Last Name   | The surname of the beneficiary associated with the case.  
Note: The sort order can be changed by clicking the arrow in the column heading. Click the arrow once to change the sort order to descending. Click the arrow again to sort in ascending order. |
| Medicare ID/SSN  | The Medicare ID (HICN or MBI) or SSN of the beneficiary associated to the case. The number that will appear is the one that was entered on the Request Case Access 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 Case Listing page. |
| Cancel           | Command button. Click to return to the Welcome! Page. |

12.1.1 View Detailed Case Information

Scroll through the list of cases under the Cases heading. Click the Case ID of the desired case. The MSPRP will display the Case Information page for the selected case (see Chapter 14).

Note: The data in the Case ID and Beneficiary Last Name columns can be sorted in ascending or descending order. Click the down arrow in the column heading once to sort in ascending order. Click the down arrow again to sort in descending order.

12.1.2 Remove a Case

The MSPRP allows you to remove a case(s) from your Case Listing page through the use of the Remove Cases button. When you (the AD) perform the Remove Cases action, the case will be removed from your Case Listing page, but it will still be visible and available on your AM’s Case Listing page.
Note: You may choose to remove a case when there are no more actions you can take on it and you no longer wish to see it on the Case Listing page. A case that has been removed is not deleted. However, it will not display again unless you choose to re-associate it with your account by requesting access to it again (see Chapter 11). Some reasons for removing a case are:

- Case has been closed
- Case had the Demand Letter issued
- Case has been approved for the Fixed Percentage Option
- Case has been approved for the Self-Calculated Conditional Payment Amount

1. To remove a case, click the checkbox next to each Case ID that you want to remove, and click **Remove Cases**.

   The *Remove Cases Verification* page displays the list of cases selected for removal (Figure 12-4).

2. Verify the list of cases to ensure that it only includes cases you wish to remove from your Case Listing page. To revise the list, click **Previous** to return to the Case Listing page.

3. After you have verified that the cases listed on this page are those cases you wish to remove, click **Continue**.

   The *Remove Cases Confirmation* page appears confirming that the cases have been removed (Figure 12-5).

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

**Figure 12-4: Remove Cases Verification**
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 and any cases that you have reported using the Report a Case action.

Note: If you are approaching settlement on a case that is not yet available on the MSPRP and you wish to initiate the Final Conditional Payment process, you can add this case using the Report a Case link found on the MSPRP Welcome! page or contact the BCRC by phone at (855) 798-2627, or by mail at: NGHP, P.O. Box 138832, Oklahoma City, OK 73113. See Chapter 15 for details regarding the Final Conditional Payment process.

To get to the Case Listing page, perform the following steps:

1. Log in to the MSPRP site.
   The Welcome! Page appears (Figure 12-6).
2. Click the Case Listing link.
   The Case Listing page appears (Figure 12-7). This page allows you to:
   - Locate a specific case(s) by providing search criteria.
   - View detailed case information for a selected case.
   - Remove a case(s) from the Case Listing page.
   - Grant/revoke AD access to a specific case.
Figure 12-6: Welcome! Page (Account Manager)

Welcome!

Account: First Last

The Medicare Secondary Payer Recovery Portal provides a quick and efficient way to request case information and provide information to assist in resolving Medicare's recovery claim.

With the use of this portal, you may submit a valid authorization, request an update conditional payment amount, submit settlement information and dispute claims.

You may view the account activity by clicking the appropriate link under the Account Settings.

To request information regarding a case you have not already associated to your account, click the Request Case Access link below.

To see cases that you have previously associated to your account, click the Case Listing link below.

To submit a case, click the Report A Case link below.

To request a CRG NGHP Open Debt Report, click the CRG NGHP Open Debt Report link below.

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

Request Case Access
Case Listing
Report A Case
CRG NGHP Open Debt Report

Figure 12-7: Case Listing

Case Listing

The following are the case reports associated to Account ID: ####

To view case detail information, click the case number. To manage Designee access to the case, click on the Manage Access link. To perform a search, enter any search criteria and click the Search button.

If you are approaching settlement on a case that is not yet available on the MSPRP and you wish to initiate the Final Conditional Payment process, you can add this case using the Report A Case link found on the MSPRP Welcome page.

Case ID:
Medicare ID:
Beneficiary SSN:
Beneficiary Last Name:

Search

Selecting Cancel will return to the Home Page.
Selecting Remove Cases will remove all cases checked in the Select column.

* Case IDs denoted with an asterisk were reported via the Report A Case process on the MSPRP.

<table>
<thead>
<tr>
<th>Select</th>
<th>Case ID</th>
<th>Benefit Last Name</th>
<th>Medicare ID</th>
<th>Date of Birth</th>
<th>Case Access</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td># # # # # # # # #</td>
<td>LAST</td>
<td># # # # # # #</td>
<td># # # # #</td>
<td>Manage Access</td>
</tr>
<tr>
<td>☐</td>
<td># # # # # # # # #</td>
<td>LAST</td>
<td># # # # # # #</td>
<td># # # # #</td>
<td>Manage Access</td>
</tr>
<tr>
<td>☐</td>
<td># # # # # # # # #</td>
<td>LAST</td>
<td># # # # # # #</td>
<td># # # # #</td>
<td>Manage Access</td>
</tr>
</tbody>
</table>
Table 12-3: Case Listing (Top)

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
</table>
| 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.  
  **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). 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 **Case ID** and the **Beneficiary Last Name** fields. The wildcard symbol can only be used in these two fields. |
| Medicare ID         | 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 **Case Listing** page). |
| Beneficiary SSN     | 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 **Case Listing** page). |
| Beneficiary Last Name | 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 **Case Listing** page).  
  **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).  
  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 with your Account ID with a beneficiary last name that begins with SM. You can further limit the number of cases returned by using the wildcard in both the **Case ID** and the **Beneficiary Last Name** fields. The wildcard symbol can only be used in these two fields. |
Table 12-4: Case Listing (Bottom)

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Checkbox</td>
<td>Indicates whether the case will/will not be removed from the Case Listing page. <strong>Blank</strong>: indicates the case has not been selected for removal. It can be marked for removal by clicking the box. <strong>Checkmark</strong>: indicates the case has been selected for removal. It can be un-marked for removal by clicking the box again. <strong>Note</strong>: When an AD removes a case, it will be removed from their Case Listing page but will still be visible and available on the AM’s Case Listing page. When an AM removes a case, it will be removed from the Case Listing page of both the AM and the AD(s).</td>
</tr>
<tr>
<td>Case ID</td>
<td>The Case ID for the recovery case. Click to view case details on the Case Information 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. <strong>Note</strong>: An asterisk indicates that the case was reported using the Report a Case action on the MSPRP. The data in this column will be displayed in ascending order by default. The sort order can be changed by clicking the arrow in the column heading. Click the arrow once to change the sort order to descending. Click the arrow again to sort in ascending order.</td>
</tr>
<tr>
<td>Bene Last Name</td>
<td>The surname of the beneficiary associated to the case. <strong>Note</strong>: 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.</td>
</tr>
<tr>
<td>Medicare ID/SSN</td>
<td>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 Request Case Access 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.</td>
</tr>
<tr>
<td>Bene Date of Birth</td>
<td>The date of birth of the beneficiary associated to the case.</td>
</tr>
<tr>
<td>Case Access (Manage Access Link)</td>
<td>A link that, when clicked, will display the Manage Case Access page. The Manage Case Access page allows the AM to grant or revoke an AD’s access to the specific case.</td>
</tr>
<tr>
<td>Remove Cases</td>
<td>Command button. Click to remove selected cases from your Case Listing page. <strong>Note</strong>: This button is disabled if there are no cases displayed.</td>
</tr>
<tr>
<td>Cancel</td>
<td>Command button. Click to return to the Welcome! Page.</td>
</tr>
</tbody>
</table>

12.2.1 Locate One or More Cases

The MSPRP allows you to perform a case search so you can limit the number of cases that display on your Case Listing page. To complete a search, enter information in at least one of the search fields: **Case ID, Medicare ID (HICN or MBI), Beneficiary SSN, or Beneficiary Last Name**, and click **Search**. **Note**: To make your search more effective, you can search for variations of Case ID and Beneficiary Last Name using the wildcard percent sign (%) (Table 12-3).
If the MSPRP locates more than 1,000 active (not removed) recovery cases matching the search criteria entered, the following message will display “Results have exceeded the 1,000 row maximum. Refine the search criteria to limit the results.”

If the MSPRP is unable to locate the case based on the data entered, it will display the following message: “No Matching Case Records Found based on the information provided.” Check your search criteria and try again.

If the MSPRP is able to locate the case(s) based on the search criteria entered, the Case ID, bene last name, Medicare ID/SSN, and bene date of birth for the matching case(s) will be listed on the bottom half of the page under the *Cases* heading. Click the **Case ID** for the desired case. The MSPRP will display the *Case Information* page for the selected case (see Chapter 14).

### 12.2.2 View Detailed Case Information

Scroll through (if applicable) the list of cases under the *Cases* heading until you see the desired case. Click the desired **Case ID**. The MSPRP will display the *Case Information* page for the selected case (see Chapter 14).

**Note:** The data in the *Case ID* and *Beneficiary Last Name* columns can be sorted in ascending or descending order. Click the down arrow in the column heading once to sort in ascending order. Click the down arrow again to sort in descending order.

### 12.2.3 Remove a Case

The MSPRP allows you to remove a case(s) from your *Case Listing* page through the use of the **Remove Cases** button. When you (the AM) perform the **Remove Cases** action, the case will be removed from your *Case Listing* page and the *Case Listing* page for your ADs.

**Note:** You may choose to remove a case when there are no more actions you can take on it and you no longer wish to see it on the *Case Listing* page. A case that has been removed is not deleted. However, it will not display again unless you choose to re-associate it with your account by requesting access to it again (see Chapter 11). Some reasons for removing a case are:

- Case has been closed
- Case had the Demand Letter issued
- Case has been approved for the Fixed Percentage Option
- Case has been approved for the Self-Calculated Conditional Payment Amount

1. To remove a case, click the checkbox next to each Case ID that you want to remove, and click **Remove Cases**.
   
   The *Remove Cases Verification* page displays the list of cases selected for removal.

2. Verify this list to ensure that it only includes cases you wish to remove from your *Case Listing* page. To revise the list, click **Previous** to return to the *Case Listing* page. After you have verified that the only cases listed are those cases you wish to remove, click **Continue**.

   *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.
12.2.4 Grant/Revoke Case Access

The ability to grant/revoke access to a specific recovery case (Case ID) is only available to AMs. AMs must perform the following steps in order to grant/revoke access:

1. Log in to the MSPRP.
   
   The Welcome! Page appears (Figure 12-10).

2. Click the Case Listing link.
   
   The Case Listing page displays information for all cases that you previously have requested access to on the New Case Request page, any cases that you have reported using the Report a
Case action, and includes any cases that your ADs have requested access to while working under your Account ID (Figure 12-11).

3. To grant/revoke access to a specific Case ID, click the Manage Access link (in the Case Access column) for the desired Case ID.

The Manage Case Access page appears for the selected Case ID (Figure 12-12).

4. To grant case access to a designee, select the Grant/Revoke Access checkbox next to the designee’s name. To revoke case access to a Designee, de-select the checkbox next to the designee’s name.

5. Click Continue to proceed.

The Case Access Confirmation page displays the list of designees that have access to this case (Figure 12-13). You can print this page using the Print this page link.

6. Click Continue to proceed.

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

Figure 12-10: Welcome! Page (Account Manager)
Figure 12-11: Case Listing

The following are the case reports associated to Account ID: ######.

To view case detail information, click the case number. To manage Designee access to the case, click on the Manage Access link. To perform a search, enter any search criteria and click the Search button.

If you are approaching settlement on a case that is not yet available on the MSPRP and you wish to initiate the Final Conditional Payment process, you can add this case using the Report A Case link found on the MSPRP Welcome page.

Case ID: 
Medicare ID: 
Beneficiary SSN: 
Beneficiary Last Name: 

Search

Selecting Cancel will return to the Home Page.

Selecting Remove Cases will remove all cases checked in the Select column.

* Case IDs denoted with an asterisk were reported via the Report A Case process on the MSPRP.

Cases

<table>
<thead>
<tr>
<th>Select</th>
<th>Case ID</th>
<th>Beneficiary Last Name</th>
<th>Medicare ID</th>
<th>Beneficiary Date of Birth</th>
<th>Case Access</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>LAST</td>
<td></td>
<td></td>
<td>Manage Access</td>
</tr>
<tr>
<td></td>
<td></td>
<td>LAST</td>
<td></td>
<td></td>
<td>Manage Access</td>
</tr>
<tr>
<td></td>
<td></td>
<td>LAST</td>
<td></td>
<td></td>
<td>Manage Access</td>
</tr>
</tbody>
</table>

Figure 12-12: Manage Case Access

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:

<table>
<thead>
<tr>
<th>Designee Name</th>
<th>Grant/Revoke Access</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAAA AAAAAA</td>
<td></td>
</tr>
</tbody>
</table>

Continue | Cancel
12.3 View Open Debt Report

The Open Debt Report page shows the status for open debts on-demand (with data refreshed nightly), for Non-Group Health Plans (NGHP) insurer-debtor cases. The report is created per Account ID and is visible and available to AMs only. For details, review the case information on the MSPRP.

For cases to appear on the report, the accounts receivable (AR) balance must be greater than zero and your Account ID must be linked to the debtor on the case. Otherwise, the report will be blank when displayed. All information is read-only. The report will display a maximum of 1000 cases.

To view the Open Debt Report:

1. Log into MSPRP, the Account List (Figure 12-1) page appears.
2. From the Account List page, click on an Associated Account ID. The Welcome (Figure 12-10) page appears.
3. Click on the Open Debt Report link.

   The Open Debt Report appears (Figure 12-14). It will display up to 1000 cases. To narrow down the results, enter a demand date range and click Search.
4. To export the list to Excel, click Export to Excel.
5. Click Cancel to return to the MSPRP Welcome page.
Table 12-5: Open Debt Report

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case ID</td>
<td>The unique case identifier assigned by the Centers for Medicare &amp; Medicaid Services (CMS).</td>
</tr>
<tr>
<td>Insurer Name</td>
<td>The name of the insurer associated with a case.</td>
</tr>
<tr>
<td>Insurer TIN</td>
<td>The insurer Tax Identification Number (TIN).</td>
</tr>
<tr>
<td>RRE ID</td>
<td>The Responsible Reporting Entity (RRE) ID number.</td>
</tr>
<tr>
<td>Recovery Agent/TPA Name</td>
<td>The name of the Recovery Agent or the Third-Party Administrator (TPA).</td>
</tr>
<tr>
<td></td>
<td>Note: This field may be blank.</td>
</tr>
<tr>
<td>Bene First Name</td>
<td>The first name of the beneficiary listed on the case.</td>
</tr>
<tr>
<td>Bene Last Name</td>
<td>The last name of the beneficiary listed on the case.</td>
</tr>
<tr>
<td>Demand Letter ID</td>
<td>The Demand letter or correspondence ID.</td>
</tr>
<tr>
<td>Demand Letter Date</td>
<td>The date on the Demand letter (mm/dd/yyyy)</td>
</tr>
<tr>
<td>Insurance Claim Number</td>
<td>The insurance claim number provided by the case lead, if available. Otherwise, the field will be blank.</td>
</tr>
<tr>
<td>Original Demand Amount</td>
<td>The original Demand amount sent by CMS.</td>
</tr>
<tr>
<td>Current HIGLAS Amount</td>
<td>The current debt amount as reported by the Healthcare Integrated General Ledger Accounting System (HIGLAS).</td>
</tr>
<tr>
<td>Current Status of Debt</td>
<td>The current status of the debt as reported by HIGLAS.</td>
</tr>
</tbody>
</table>
12.4 Beneficiary

The Case Listing page displays information for all cases that you previously requested access to on the New Case Request page, any cases that you have reported using the Report a Case action, and includes any cases that you accessed directly from the MyMedicare.gov website (by clicking the Case ID on the Payment Details tab on the MyMedicare web page).

Note: If you are approaching settlement on a case that is not yet available on the MSPRP and you wish to initiate the Final Conditional Payment process, you can add this case using the Report a Case link found on the MSPRP Welcome! page or contact the BCRC by phone at (855) 798-2627, or by mail at: NGHP, P.O. Box 138832, Oklahoma City, OK 73113. See Chapter 15 for details regarding the Final Conditional Payment process.

To get to the Case Listing page, perform the following steps:


2. Enter your established login ID and password for that application in the Secure Sign In section of the web page.

3. Once logged in, enter the MSP section and click the Go to MSPRP button on the MyMedicare web page (see Section 6.2).

   The Welcome! Page appears.

4. Click the Case Listing link.

   The Case Listing page appears (Figure 12-15). This page allows you to:
   - Locate a specific case by providing the Case ID
   - View detailed case information for a selected case

Figure 12-15: Welcome! Page (Beneficiary)
Figure 12-16: Case Listing (Beneficiary)

Table 12-6: Case Listing

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case ID</td>
<td>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.</td>
</tr>
<tr>
<td>Search</td>
<td>Command button. Click to search for the Case ID that was entered.</td>
</tr>
<tr>
<td>Case ID</td>
<td>The Case ID for the recovery case. Click to view case details on the Case Information page. <strong>Note:</strong> An asterisk indicates that the case was reported using the Report a Case action on the MSPRP.</td>
</tr>
<tr>
<td>Cancel</td>
<td>Command button. Click to return to the Welcome! Page.</td>
</tr>
</tbody>
</table>

12.4.1 Locate a Case

The MSPRP allows you to perform a case search so you can quickly find your case. To start a case search, enter information in the **Case ID** field at the top of the page and click **Search**.

If the MSPRP is unable to locate the case based on the data entered, it will display the following message: “No Matching Case Records Found based on the information provided.” Check your search criteria and try again.

If the MSPRP is able to locate the case based on the search criteria entered, the Case ID for the case will be listed on the bottom half of the page under the **Cases** heading. Click the **Case ID** for
the desired case. The MSPRP will display the Case Information page for the selected case (see Chapter 14).

12.4.2 View Detailed Case Information

Scroll through (if applicable) the list of cases under the Cases heading until you see the desired case. Click the desired Case ID. The MSPRP will display the Case Information page for the selected case (see Chapter 14).

Note: An asterisk indicates that the case was reported using the Report a Case action on the MSPRP.
Chapter 13: Report a Case

The MSPRP allows beneficiaries and non-beneficiaries to report a case on behalf of a beneficiary or an insurer. Users may begin the case reporting process using the Report a Case action on the MSPRP Welcome! page.

The following information is required to report a case: Beneficiary’s Medicare ID (Health Insurance Claim Number [HICN] or Medicare Beneficiary Identifier [MBI]) or Social Security Number (SSN); Beneficiary’s Last Name, Beneficiary’s Date of Birth, Date of Accident/Incident, and Insurance Type. Additionally, at least one diagnosis code is required for case submission.

**Note:** The Report a Case link is not accessible until after your Profile Report has been returned and your account has been activated.

For more information on how to access the Welcome! page, please see the applicable section for your user role: Sections 6.1 (Account Designee and Account Manager), or 6.2 (Beneficiary).

**Figure 13-1: Welcome! Page (Beneficiary Example)**
13.1 Case Reporting

To begin the case reporting process, click the Report a Case link on the Welcome! page. Clicking this link redirects you to the Report a Case page if you are a non-beneficiary, or to the Case Creation page if you are a beneficiary.

**Note:** Proceed to Section 13.1.1 for steps on continuing the reporting process if you are a non-beneficiary, or go to Section 13.1.2 if you are a beneficiary.

13.1.1 Report a Case

If you are a non-beneficiary, you may use this page to identify who you are reporting the case on behalf of (i.e., Beneficiary Representative or Insurer or Insurer Representative) and answer questions to determine if the case is eligible for submission (if you are reporting on behalf of an insurer).

If your case is eligible for submission, you will be redirected to the Case Creation page (Figure 13-3) once you complete the necessary fields on the Report a Case page and click Continue. If your case is not eligible for submission, you will receive an error message and you will not be able to continue the reporting process.

**Note:** You should only report a case if ongoing responsibility for medicals (ORM) has not been accepted for the case and there is a pending settlement, but settlement has not yet been reached.

Figure 13-2: Report a Case
Table 13-1: Report a Case

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beneficiary Representative</td>
<td>Select the <em>Beneficiary Representative</em> radio button if you are reporting the case on behalf of a beneficiary.</td>
</tr>
<tr>
<td></td>
<td><strong>Note:</strong> Required if the <em>Insurer or Insurer Representative</em> radio button is not selected.</td>
</tr>
<tr>
<td>Insurer or Insurer Representative</td>
<td>Select the <em>Insurer or Insurer Representative</em> radio button if you are reporting the case on behalf of an insurer.</td>
</tr>
<tr>
<td></td>
<td><strong>Notes:</strong> Required if the <em>Beneficiary Representative</em> radio button is not selected. Three additional questions will appear and must be answered if you select the <em>Insurer or Insurer Representative</em> radio button.</td>
</tr>
<tr>
<td>Question 1: Has the insurer accepted ORM?</td>
<td>Select the “Yes” or “No” radio button to indicate whether the insurer has accepted ORM.</td>
</tr>
<tr>
<td></td>
<td><strong>Note:</strong> If you select “Yes,” your case is not eligible for reporting on this page.</td>
</tr>
<tr>
<td>Question 2: Has a settlement been reached for the accident/incident you are reporting?</td>
<td>Select the “Yes” or “No” radio button to indicate whether a settlement has been reached for the accident/incident you are reporting.</td>
</tr>
<tr>
<td></td>
<td><strong>Note:</strong> If you select “Yes,” your case is not eligible for reporting on this page.</td>
</tr>
<tr>
<td>Question 3: Is there a pending settlement for the accident/incident you are reporting?</td>
<td>Select the “Yes” or “No” radio button to indicate whether there is a pending settlement for the accident/incident you are reporting.</td>
</tr>
<tr>
<td></td>
<td><strong>Note:</strong> If you select “No,” your case is not eligible for reporting on this page.</td>
</tr>
<tr>
<td>Continue</td>
<td>Command button. Click to proceed to the <em>Case Creation</em> page.</td>
</tr>
<tr>
<td>Cancel</td>
<td>Command button. Click to cancel the reporting process and return to the <em>Account List</em> page.</td>
</tr>
</tbody>
</table>

If you are reporting a case on behalf of a beneficiary:

1. Select the *Beneficiary Representative* radio button.
2. Click **Continue**.
   
   The *Case Creation* page appears.

If you are reporting a case on behalf of an insurer:

1. Select the *Insurer or Insurer Representative* radio button.
2. Answer the three questions that appear.
3. Click **Continue**.
   
   If your case is eligible for submission, you will be redirected to the *Case Creation* page (Figure 13-3). If your case is not eligible for submission, you will receive an error message and you will not be able to continue the reporting process.
13.1.2 Case Creation

Use this page to continue the case reporting process from the Welcome! page (if you are a beneficiary) or the Report a Case page (if you are a non-beneficiary). From this page, you can enter information related to the incident to verify that the case does not already exist and to determine whether the case is eligible to be created.

Figure 13-3: Case Creation

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
</table>
| Beneficiary’s Medicare ID     | Enter the beneficiary's Medicare ID (Health Insurance Claim Number [HICN] or Medicare Beneficiary Identifier [MBI]). This can be found on the beneficiary’s Medicare card.  
**Note:** This field is required if the Social Security Number (SSN) is not entered. You must enter either the Medicare ID or the SSN, but not both. |
| Social Security Number (SSN)  | Enter the beneficiary’s SSN. This can be found on the beneficiary’s Social Security card. This field can only accept numbers. Do not enter dashes or spaces.  
**Note:** This field is required if the Medicare ID is not entered. You must enter the Medicare ID or the SSN, but not both. |
| Beneficiary’s Last Name       | Enter the beneficiary's last name. Required.  
**Note:** You must enter at least the first 5 characters. |
| Beneficiary’s Date of Birth   | Enter the beneficiary's date of birth. Required. |
### Field Description

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Accident/Incident</td>
<td>Enter the date of accident or incident for the case. Required.</td>
</tr>
<tr>
<td>Note:</td>
<td>You must enter a date on or after 1/1/1900 and less than the current date.</td>
</tr>
<tr>
<td></td>
<td>This is also known as the Date of Incident (DOI).</td>
</tr>
<tr>
<td>Insurance Type</td>
<td>Select the insurance type (Liability [including self-insurance], No-Fault, or</td>
</tr>
<tr>
<td></td>
<td>Workers' Compensation). Required.</td>
</tr>
<tr>
<td>Continue</td>
<td>Command button. Click to continue the reporting process.</td>
</tr>
<tr>
<td>Cancel</td>
<td>Command button. Click to cancel the reporting process and return to the</td>
</tr>
<tr>
<td></td>
<td>Welcome!' page (if you are a beneficiary) or return to the Account List page</td>
</tr>
<tr>
<td></td>
<td>(if you are a non-beneficiary user).</td>
</tr>
</tbody>
</table>

**Note:** The Beneficiary’s Medicare ID, Social Security Number, Beneficiary’s Last Name, and Beneficiary’s Date of Birth fields are automatically set and not editable when the beneficiary accesses the MSPRP from MyMedicare.gov. Data entered in these fields must match an active Medicare beneficiary exactly or you will receive an error.

#### 13.1.2.1 Eligibility

**Case Not Eligible for Creation**

If a match is found to an existing case where recovery was previously pursued or is in the process of being pursued (including a case in a closed or demanded status), your information will not be developed as a new case. You will be redirected to the Case Found page (Figure 13-4), and each matching case will automatically be added to your Case Listing page.

**Case Eligible for Creation**

If there is a matching record that can be developed into a case, the existing record will be used to develop the case. If there are any diagnosis codes on the existing record, you will be redirected to the Case Submission Confirmation page (Figure 13-8). If there are no diagnosis codes on the existing record, you will be redirected to the Case Creation Continued page (Figure 13-5), where you can enter and edit related diagnosis codes for the case.

**Note:** If an exact match is found, that record will be developed. If multiple matching records are found (such as two or more records with the same date of accident or incident, also known as the Date of Incident [DOI]), the record that was most recently added in the BCRS will be developed. If there is no exact match on the date of accident or incident, the most recent case (that matches the DOI within three days) will be developed. All remaining associated records will remain associated to the most recently added record.

#### 13.1.3 Reporting a Case Steps

**To report a case:**

1. Log in to the MSPRP and access the Welcome! page (Figure 13-1).
2. Click the Report a Case link.

   The Report a Case page (Figure 13-2) appears if you are a non-beneficiary; the Case Creation page (Figure 13-3) appears if you are a beneficiary.

   **Note:** If you are a non-beneficiary, complete the required fields on the Report a Case page and click Continue. If your case is eligible for submission, you will then be redirected to the Case Creation page. See Section 13.1.1 for details.
3. From the *Case Creation* page, enter the required information and select the insurance type radio button. Then click **Continue**.

   If the information you submitted matches an already developed case, your case will not be developed into a new case. Instead, you will be redirected to the *Case Found* page (Figure 13-4). From the *Case Found* page, you may click the case ID to open the *Case Information* page for the selected case or click **Continue** to return to the *Welcome!* page.

   If a case is eligible for creation, you will be redirected to the *Case Creation Continued* page (if there are no diagnosis codes for the case) or the *Case Submission Confirmation* page (if there are any diagnosis codes on the existing record).

   **Note:** If you are redirected to the *Case Creation Continued* page (Figure 13-5), you must add at least one diagnosis code related to the accident/incident. If you are redirected to the *Case Submission Confirmation* page (Figure 13-8), this page confirms that you have successfully submitted the case.

   See Section 13.1.2.1 for case eligibility details.

4. From the *Case Creation Continued* page, enter a diagnosis code in the *Related Diagnosis (DX) Code(s)* field or click the **DX Code Search** button or **Injury Category DX Code Search** button to search for a diagnosis code to add.

   **Note:** If you click **DX Code Search**, the *Diagnosis Code Search* page appears (Figure 13-6). If you click **Injury Category DX Code Search**, the *Diagnosis Code Selection by Injury Category* page appears (Figure 13-7). You must add at least one diagnosis code before you can submit the case.

5. After you have added at least one diagnosis code to the *Case Creation Continued* page, click **Continue** to submit the case to CMS.

   The *Case Submission Confirmation* page appears (Figure 13-8).

6. Review the *Case Submission Confirmation* page and click **Continue** to return the *Welcome!* page.

---

**Figure 13-4: Case Found**
Figure 13-5: Case Creation Continued

The case information on the previous page has been validated. It is recommended that you include diagnosis codes related to the accident/incident, as this aids in the recovery process. You can directly enter diagnosis codes one at a time or perform a search to locate and add specific diagnosis codes.

Click Continue to submit the case to CMS. Click Cancel to return to the Welcome page without submitting the case.

An asterisk (*) indicates a required field.

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beneficiary Medicare ID</td>
<td>The beneficiary's Medicare ID (Health Insurance Claim Number [HICN] or Medicare Beneficiary Identifier [MBI]). Read-only.</td>
</tr>
<tr>
<td>Beneficiary’s Last Name</td>
<td>The beneficiary's last name. Read-only.</td>
</tr>
<tr>
<td>Beneficiary’s Date of Birth</td>
<td>The beneficiary's date of birth. Read-only.</td>
</tr>
<tr>
<td>Date of Accident/Incident</td>
<td>The date of accident or incident. Read-only.</td>
</tr>
<tr>
<td>Insurance Type</td>
<td>The insurance type (Liability (including self-insurance), No-Fault, or Workers' Compensation). Read-only.</td>
</tr>
<tr>
<td>DX Code Search</td>
<td>Click this button to open the Diagnosis Code Search page and begin the process of searching for diagnosis codes to add.</td>
</tr>
<tr>
<td>Injury Category DX Code Search</td>
<td>Click this button to open the Diagnosis Code Selection by Injury Category page and begin the process of searching for diagnosis codes to add.</td>
</tr>
<tr>
<td>Related Diagnosis (DX) Code(s)</td>
<td>Enter a diagnosis code related to the accident/incident.</td>
</tr>
<tr>
<td>DX Ind</td>
<td>Select the ICD indicator (ICD-9 or ICD-10).</td>
</tr>
</tbody>
</table>

Note: If the Date of Accident/Incident is on or after 10/1/2015, the DX Ind field will automatically be set to ICD-10 and cannot be changed. If this date is before 10/1/15, you must manually select the ICD indicator for the related diagnosis code.
### Field Description

**Add DX Code**
Click this button to add the diagnosis code to the case.

**Note:** You must enter at least one diagnosis code (and no more than 25 diagnosis codes). You must select an ICD indicator before you can add the diagnosis code. If your diagnosis code and ICD indicator are valid, the diagnosis code will appear in the diagnosis code table.

**Total Codes Selected:**
Displays the total number of codes attached to the record.

**Diagnosis Code Table**
A list of all diagnosis codes related to the accident/incident.

**Delete**
Click the “X” to delete any diagnosis code that was added to the record.

**DX Code**
The diagnosis code added to the record.

**DX Ind**
The ICD indicator for the corresponding diagnosis code (ICD-9 or ICD-10).

**Description**
The description for the corresponding diagnosis code.

**Continue**
Command button. Click to submit the case to CMS.

**Cancel**
Command button. Click to cancel the case submission process and return to the *Welcome!* page (if you are a beneficiary) or the *Account List* page (if you are a non-beneficiary).

---

**Figure 13-6: Diagnosis Code Search**

```
<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Add DX Code</td>
<td>Click this button to add the diagnosis code to the case.</td>
</tr>
<tr>
<td><strong>Note:</strong> You must enter at least one diagnosis code (and no more than 25 diagnosis codes). You must select an ICD indicator before you can add the diagnosis code. If your diagnosis code and ICD indicator are valid, the diagnosis code will appear in the diagnosis code table.</td>
<td></td>
</tr>
<tr>
<td>Total Codes Selected:</td>
<td>Displays the total number of codes attached to the record.</td>
</tr>
<tr>
<td>Diagnosis Code Table</td>
<td>A list of all diagnosis codes related to the accident/incident.</td>
</tr>
<tr>
<td>Delete</td>
<td>Click the “X” to delete any diagnosis code that was added to the record.</td>
</tr>
<tr>
<td>DX Code</td>
<td>The diagnosis code added to the record.</td>
</tr>
<tr>
<td>DX Ind</td>
<td>The ICD indicator for the corresponding diagnosis code (ICD-9 or ICD-10).</td>
</tr>
<tr>
<td>Description</td>
<td>The description for the corresponding diagnosis code.</td>
</tr>
<tr>
<td>Continue</td>
<td>Command button. Click to submit the case to CMS.</td>
</tr>
<tr>
<td>Cancel</td>
<td>Command button. Click to cancel the case submission process and return to the <em>Welcome!</em> page (if you are a beneficiary) or the <em>Account List</em> page (if you are a non-beneficiary).</td>
</tr>
</tbody>
</table>
```
<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosis Code Search</td>
<td>Use this section to enter search criteria for a single code, a range of codes, a list of codes, or a code description to enter with your file submission.</td>
</tr>
<tr>
<td>Criteria</td>
<td></td>
</tr>
<tr>
<td>Date of Accident/Incident</td>
<td>Displays the date of loss or injury.</td>
</tr>
<tr>
<td>Current Count on Case</td>
<td>Displays the number of diagnosis codes already attached to the record.</td>
</tr>
<tr>
<td>Total Count</td>
<td>Displays the number of diagnosis codes currently attached to the record added to the number of codes selected on this page.</td>
</tr>
<tr>
<td>Selected Count</td>
<td>Displays the number of diagnosis codes selected in the checkbox sections of this page, not yet added to the record.</td>
</tr>
<tr>
<td>Total Diagnosis Codes Remaining</td>
<td>Displays the number of diagnosis codes you may add before you reach the 25-code limit, determined by subtracting the Total Count from 25.</td>
</tr>
</tbody>
</table>
| Enter Single Code     | Select this radio button to search using a single diagnosis code.  
**Note:** Selecting this radio button will disable all text fields except **Diagnosis Code**.               |
| Diagnosis Code        | Enter a single diagnosis code to search. You can enter a partial diagnosis code, followed by the “%” wildcard. No decimal points are allowed when entering diagnosis codes. |
| Enter Range           | Select this radio button to search for a diagnosis code within a defined range of codes.  
**Note:** Selecting this radio button will disable all text fields except **Diagnosis Code Start** and **Diagnosis Code End**. |
| Diagnosis Code Start  | Enter the beginning of the range within which to search for a diagnosis code. This value must be the same length as the end of the range. No wildcard characters or decimal points are allowed. |
| Diagnosis Code End    | Enter the end of the range within which to search for a diagnosis code. This value must be the same length as the beginning of the range. No wildcard characters or decimal points are allowed. |
| Enter Code List       | Select this radio button to search for multiple codes by entering a list of diagnosis codes.  
**Note:** Selecting this radio button will disable all text fields except **Diagnosis Code(s)**. |
| Diagnosis Code(s)     | Enter a single diagnosis code or multiple diagnosis codes, up to 10, by which to search, separated by commas and no spaces. No decimal points are allowed when entering diagnosis codes. |
| Enter Description     | Select this radio button to search for a diagnosis code by its description.  
**Note:** Selecting this radio button will disable all text fields except **Diagnosis Code Description**. |
| Diagnosis Code Description | Enter a word, words, or phrase(s) to search for within the diagnosis code description.                                               |
| ICD-9                 | Select this radio button to search the ICD-9 code set.  
**Note:** This option is only available if the Date of Incident/Accident (DOI) is before October 1, 2015. |
| ICD-10                | Select this radio button to search the ICD-10 code set.  
**Note:** This option is the default selection if the DOI is on or after October 1, 2015. |
<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Search</td>
<td>Click this button to run the search with the criteria you specified.</td>
</tr>
<tr>
<td>Diagnosis Code Search Results</td>
<td>The results of your search appear in this section of the page.</td>
</tr>
<tr>
<td>Select</td>
<td>Select the checkboxes of the diagnosis code(s) that you wish to add. Check or uncheck the box in the header to select all or un-select all, respectively.</td>
</tr>
<tr>
<td>DX Code</td>
<td>Displays the diagnosis code.</td>
</tr>
<tr>
<td>DX Ind</td>
<td>Displays the indicator for the ICD version. Possible values: 9, 10</td>
</tr>
<tr>
<td>Description</td>
<td>Displays the description for the diagnosis code.</td>
</tr>
<tr>
<td>Cancel</td>
<td>Command button. Click to cancel your search and return to the Case Creation Continued page without adding any diagnosis codes.</td>
</tr>
<tr>
<td>Add Selected Codes</td>
<td>Command button. Click to add the diagnosis code(s) and return to the Case Creation Continued page, which will display your code selections in the Diagnosis Codes table.</td>
</tr>
</tbody>
</table>

**Figure 13-7: Diagnosis Code Selection by Injury Category**
### Table 13-5: Diagnosis Code Selection by Injury Category

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Accident/Incident</td>
<td>Displays the date of accident or injury for the record.</td>
</tr>
<tr>
<td>ICD Version</td>
<td>Displays the ICD version of the record. Possible values: ICD-9, ICD-10. Note: ICD Version 9 only appears if the date of accident/incident or date of loss is before 10/01/2015. ICD Version 10 only appears if the date of accident/incident or date of loss is on or after 10/01/2015.</td>
</tr>
<tr>
<td>Diagnosis Code Count on Case</td>
<td>Displays the number of diagnosis codes already attached to the record.</td>
</tr>
<tr>
<td>Total Count</td>
<td>Displays the number of diagnosis codes currently attached to the record added to the number of codes selected on this page.</td>
</tr>
<tr>
<td>Selected Count</td>
<td>Displays the number of diagnosis codes selected in the checkbox sections of this page, not yet added to the record.</td>
</tr>
<tr>
<td>Total Diagnosis Codes Remaining</td>
<td>Displays the number of diagnosis codes you may add before you reach the 25-code limit, determined by subtracting the Total Count from 25.</td>
</tr>
<tr>
<td>Injury Category</td>
<td>Open an injury category using the plus signs next to the category name. Open categories show minus signs next to the category name; click the minus sign to close the list again. Possible categories: Conditions, Diseases, Head &amp; Neck, Lower Extremities, Mid Section, Organs, Upper Extremities</td>
</tr>
<tr>
<td>Code List</td>
<td>Open categories display a list of available diagnosis codes with descriptions, based on the ICD version displayed at the top of this page. Check the checkbox next to any codes you wish to add to the record.</td>
</tr>
<tr>
<td>Add Selected Codes</td>
<td>Command button. Click to add the diagnosis code(s) and return to the Case Creation Continued page, which will display your code selections in the Diagnosis Codes table.</td>
</tr>
<tr>
<td>Cancel</td>
<td>Command button. Click to close the Diagnosis Code Selection by Injury Category page without adding any diagnosis codes and return to the Case Creation Continued page.</td>
</tr>
</tbody>
</table>
Figure 13-8: Case Submission Confirmation

![Case Submission Confirmation](image)

You have successfully submitted the case. The Conditional Payment Letter (CPL) will automatically be mailed to the beneficiary and all authorized parties after the claims resolution process has completed. This letter provides information on items or services that Medicare paid conditionally which have been identified as being related to the submitted case. To ensure receipt of this letter, authorization must be on file for all parties except the beneficiary. Click Provide Authorization to submit this information now.

If a settlement has been reached for the submitted case, a Conditional Payment Notice (CPN) will be mailed instead of the CPL if settlement information is provided at this time. Like the CPL, the CPN provides conditional payment information but also advises on what actions must be taken by 30 days of its receipt or the demand letter will be issued. To upload settlement information, authorization must be on file for all parties except the beneficiary. Click Provide Authorization to submit this information now. Once submitted, settlement information can be provided from the Case Information page.

Click Continue to return to the Welcome page. Click the Case ID link to access the Case Information page.

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case ID</td>
<td>Displays the case ID for the submitted case. Click the hyperlinked case ID to access the Case Information page for the submitted case.</td>
</tr>
<tr>
<td>Beneficiary Medicare ID</td>
<td>Displays the beneficiary’s Medicare ID (Health Insurance Claim Number [HICN] or Medicare Beneficiary Identifier [MBI]).</td>
</tr>
<tr>
<td>Beneficiary Last Name</td>
<td>Displays the beneficiary’s last name.</td>
</tr>
<tr>
<td>Continue</td>
<td>Command button. Click to return to the Welcome! page.</td>
</tr>
<tr>
<td>Provide Authorization</td>
<td>Command button. Click to submit an authorization for yourself or someone else to access the new case (if you are a beneficiary or an authorized beneficiary representative). See Section 14.1.2.1 for more details on authorizations.</td>
</tr>
</tbody>
</table>
Chapter 14: 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 14-1).
   
   **Note:** If you are a beneficiary, the Case Information page will also display if you click the applicable Case ID on the MyMedicare.gov website. When a beneficiary accesses the Case Information page, the View/Request Authorizations (Proof of Representation, Consent to Release, or Recovery Agent Authorization) action will not be visible.

### 14.1 Case Information Page

The Case Information page is organized into three sections: header (top), tabs (middle), and actions (bottom). The header provides basic information about the case and remains static on the page. The tabs display different case data organized by information topics. The case actions are actions that can be performed by the user. All actions appear below the tabs and are controlled by the authorization level and authorization status for the recovery case.

**Figure 14-1: Case Information: Header Fields**
### Table 14-1: Case Information: Header Fields

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
</table>
| Case ID             | 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.  
**Note:** BCRC case IDs begin with the number 2, and CRC case IDs begin with the number 3. |
| Case Type           | The type of insurance coverage provided by the plan for the case. This can be any of the following:  
- 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         | The current state of the case in the Medicare Secondary Payer Recovery Portal (MSPRP) system.  
For BCRC cases, it can be any of the following:  
- In Development  
- Open  
- Claim Retrieval  
- Demand Issued or Demand in Progress  
- Bill Issued  
- Closed  
For CRC cases, it can be any of the following:  
- In Development  
- Open  
- Claim Retrieval  
- Transitioned  
- Demand Issued or Demand in Progress  
- Closed  
For a complete description of all statuses, please see Table 14-10. |
| Date of Incident    | The Date of Incident (DOI) (or Date of Injury) is the date defined by the Centers for Medicare & Medicaid Services (CMS).                                                                                   |
| Industry Date of Incident | The Industry DOI is a self-reported date used by the insurance/workers’ compensation industry.                                                                                           |
| Medicare ID         | The Medicare ID (HICN or MBI) of the beneficiary who is associated to the case.  
This number can be found on the beneficiary’s Medicare card. The first five positions of a HICN will be masked (hidden from view) with asterisks, unless you are the beneficiary, or you have logged in using multi-factor authentication. |
<p>| Beneficiary DOB     | The date of birth of the Medicare beneficiary associated to the case.                                                                                                                                 |
| Beneficiary Last Name | The beneficiary’s last name as it appears on the Medicare card.                                                                                                                                   |</p>
<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authorization Level</td>
<td>The type of authorization (Beneficiary Proof of Representation (POR), Beneficiary Consent to Release (CTR), or Recovery Agent Authorization) that was submitted to date that has the highest authorization level associated to the user who is currently logged in. 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.</td>
</tr>
<tr>
<td>Authorization Status</td>
<td>The status of the authorization with the highest authorization level that was submitted to date associated to the user who is currently logged in. It can be:</td>
</tr>
<tr>
<td></td>
<td>• Verified</td>
</tr>
<tr>
<td></td>
<td>• Invalid</td>
</tr>
<tr>
<td></td>
<td>Please see the <a href="#">Authorization Status Definitions help page</a> for a full description of these statuses.</td>
</tr>
<tr>
<td></td>
<td><strong>Note:</strong> Only one authorization type and authorization status will appear on this page. To view all submitted authorizations associated to the user who is currently logged in, select the <a href="#">View/Request Authorizations</a> action and then click Continue.</td>
</tr>
</tbody>
</table>

### 14.1.1 Case Tabs

The *Case Information* page tabs organize the case data (Table 14-2 to Table 14-9). Generally, the tabs and, in some cases, the tables under each tab, will appear to a user only if information has been submitted for that information category.

The tabs include:

- **Payment Information**
  
  This is the default tab that appears when you access the *Case Information* page. It allows you to view conditional payment, demand, and balance information for a case or start the electronic payment process for a demanded case (See Electronic Payments).

- **Electronic Payment History**
  
  This is the default tab that appears when you access this page from the *Payment Status* page. This tab lists payment history details for electronic payments submitted through the MSPRP on Pay.gov; it is only displayed when there is electronic payment data for the case.

- **Refund Information**
  
  This tab appears only when there is refund data to display (i.e., at least one refund has been generated for the case).

- **Letter Activity**
  
  This tab displays correspondence that has been received or letters that have been sent related to a BCRC or CRC case. It also allows you to select how you want to view the 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 appears only when a waiver, redetermination, or a compromise has been submitted for a case. The tab label that appears is dependent upon the type of case you are viewing. Since waiver and compromise submissions are not applicable to a CRC case, the tab label will display “Redetermination” when viewing this case type. If you are viewing a BCRC case, the tab label will display “Waiver/Redetermination/Compromise.” When viewing a case, all information for each submitted waiver, redetermination, and compromise (either submitted in the mail or received on the portal) is displayed.

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

- **Final Conditional Payment Process**

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

**Figure 14-2: Payment Information Tab**

![Payment Information Tab](image)

### Table 14-2: Payment Information Tab Fields

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
</table>
| 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 for 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. |
### Field | Description
--- | ---
Current Conditional Payment Amount | This is the total conditional payment amount. **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 made.
As new claims are received and processed, the current conditional payment amount will be updated.
A red asterisk (*) and a note that explains the current state of claims processing will appear below this field. Claims are retrieved daily, but the notes displayed will differ depending on the state of the claims processing, as follows:
- Claims have completed processing and no new claims are pending
  **Note:** Claims are retrieved daily. This amount is current as of: MM/DD/YYYY (the date the case was accessed).
- Some claims have completed processing, but additional claims are pending
  **Note:** Claims are retrieved daily. This amount is current as of: MM/DD/YYYY (the date the claims were last processed). Please be advised that the claims associated to this case are currently being evaluated for relevance. The conditional payment amount will be automatically updated once this process is complete.
- No claims have been processed, but new claims are pending
  **Note:** Claims are retrieved daily. Please be advised that the claims associated to this case are currently being evaluated for relevance. The conditional payment amount will be automatically updated once this process is complete.
Conditional Payment Amount Update Requested | The date a user initiated the Request an update to the conditional payment amount action. This field will only display when this action has been taken.
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.
Interest Rate | The interest rate for the demand.
**Note:** If the demand letter has not been issued, this field will not appear.
Last Interest Accrual Date | The date interest last accrued on the demand balance.
**Note:** If the demand letter has not been issued, this field will not appear.
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 the demand letter has not been issued, this field will not appear.
Balance as of Date | The latest date the AR balance was processed.
**Note:** If the demand letter has not been issued, this field will not appear.
### Field and Description

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remaining Principal Balance Amount</td>
<td>The total AR remaining principal balance amount for the demand. Note: If the demand letter has not been issued, this field will not appear.</td>
</tr>
<tr>
<td>Remaining Interest Balance Amount</td>
<td>The total AR remaining interest balance amount for the demand. Note: If the demand letter has not been issued, this field will not appear.</td>
</tr>
<tr>
<td>Make a Payment</td>
<td>Click this button to begin the process of submitting an electronic payment for a demand. See Electronic Payments for more details. Note: This button is only enabled if you are the debtor, an insurer representative (with a verified Recovery Agent Authorization for an insurer-debtor case), or a user with a verified POR on file. Additionally, the demand letter must have been previously generated and the demand balance amount minus any pending electronic payments must be more than zero ($0.00).</td>
</tr>
</tbody>
</table>

### Electronic Payments

If you are an authorized user, you can use the MSPRP to submit electronic payments for a demand via Pay.gov, a secure government-wide collection portal that processes payments online.

To start the electronic payment process, go to the Payment Information tab on the Case Information page, and click the Make a Payment button. This opens the Make a Payment page. This page allows you to enter the account holder’s name, review payment information, and edit the payment amount, if necessary, before submitting a payment for a demand. From there, you will be directed to Pay.gov, where your payment can be processed.

Once your payment is complete, Pay.gov will return you to the MSPRP Payment Status page with updated payment information and status. You may also view the Electronic Payment History tab on the Case Information page for more information about your payment(s).

**Note:** To pay on Pay.gov, you will need either a PayPal account (linked to a bank account), your debit card information, or your bank account information (type of account, routing number, and account number). Pay.gov allows a maximum payment of $99,999,999.99 (via your bank account), $24,999.99 (for debit cards), and $10,000 (using PayPal). You will receive an error if your payment is greater than these amounts.

#### To make an electronic payment:

1. Select the case ID that you wish to make a payment for on the Case Listing page.
   The Payment Information tab on Case Information page appears.

2. Click Make a Payment.
   The Make a Payment page appears (Figure 14-3).

3. Enter the account holder’s name and update the payment amount, if necessary.
   **Note:** You may make a full or partial payment. However, if you are making a partial payment and you want to appeal individual claims associated with your case, you should upload supporting documentation via the redetermination, waiver, or compromise request action. See Chapter 16 for details.

4. Click Continue to proceed.
   You will be redirected to the Pay.gov website (Figure 14-4).
Note: If the Pay.gov site is not available, you will get an error message saying to try again later.

5. Select your payment type and enter your payment information on Pay.gov.

When you have completed making your payment, Pay.gov will take you to the Payment Status page on the MSPRP (Figure 14-5).

Note: If you decide to cancel the payment process from Pay.gov, you will be returned to the MSPRP Make a Payment page.

6. Review your payment details and click **Continue** to view more information about your payment.

The Electronic Payment History tab on the Case Information page appears (Figure 14-6).

**Figure 14-3: Make a Payment Page**

![Make a Payment Page](image)

**Table 14-3: Make a Payment Fields**

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case ID</td>
<td>The primary identifier assigned by CMS to the case. The Case ID is located on any case-specific correspondence received from Medicare such as the demand letter. The Case ID is a 15-digit number in ##### ##### ##### format. Read-only.</td>
</tr>
<tr>
<td>Debtor Name</td>
<td>The name of the debtor. Read-only.</td>
</tr>
<tr>
<td>Remaining Principal Amount</td>
<td>The total remaining principal balance amount for the case. Read-only.</td>
</tr>
<tr>
<td>Remaining Interest Amount</td>
<td>The total remaining interest balance amount for the case. Read-only.</td>
</tr>
</tbody>
</table>
### Field Description

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Remaining Balance Amount</td>
<td>The total remaining balance amount for the case. Read-only. <strong>Note:</strong> This amount does not include pending electronic payments.</td>
</tr>
<tr>
<td>Pending Electronic Payment Amount</td>
<td>The total amount of all pending electronic payments. Read-only.</td>
</tr>
<tr>
<td>Payment Amount</td>
<td>The amount of the payment to be submitted on Pay.gov. Enter a new amount to update the payment amount. Required. <strong>Note:</strong> By default, this amount is set to the total remaining balance amount on the case minus any pending payments. You may update the payment amount to make a partial payment by entering the new value. Your payment cannot be greater than the default payment amount.</td>
</tr>
<tr>
<td>Account Holder Name</td>
<td>Enter the name on the account used to make the payment. Required.</td>
</tr>
<tr>
<td>Continue</td>
<td>Click this button to open the Payment Information page on the Pay.gov site. <strong>Note:</strong> For more information on Pay.gov, click the What Is Pay.gov? link.</td>
</tr>
<tr>
<td>Cancel</td>
<td>Click this button to return to the Case Information page and cancel the payment process.</td>
</tr>
</tbody>
</table>

**Figure 14-4: Pay.Gov (Example Payment Page)**
Figure 14-5: Payment Status Page (Accepted Example)

Table 14-4: Payment Status Fields

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confirmation Number</td>
<td>The transaction ID number for the payment submitted on Pay.gov. Read-only.</td>
</tr>
<tr>
<td>Case ID</td>
<td>The primary identifier assigned by CMS. Read-only.</td>
</tr>
<tr>
<td>Debtor Name</td>
<td>The name of the debtor. Read-only.</td>
</tr>
<tr>
<td>Payment Amount</td>
<td>The amount of the payment submitted on Pay.gov. Read-only.</td>
</tr>
<tr>
<td></td>
<td><strong>Note:</strong> This amount is $0.00 if the payment was declined.</td>
</tr>
<tr>
<td>Continue</td>
<td>Click this button to view the Electronic Payment History tab on the Case Information page for more information about your payment.</td>
</tr>
</tbody>
</table>
14.1.1.2 Electronic Payment History Tab

Figure 14-6: Electronic Payment History Tab
### Table 14-5: Electronic Payment History Tab Fields

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demand Letter Mail Date</td>
<td>The date the Demand Letter was sent by CMS.</td>
</tr>
<tr>
<td>Demand Amount</td>
<td>The final amount the debtor is required to repay Medicare. This amount is noted in the Demand Letter.</td>
</tr>
<tr>
<td>Remaining Principal Balance Amount</td>
<td>The total remaining principal balance amount for the demand.</td>
</tr>
<tr>
<td>Remaining Interest Balance Amount</td>
<td>The total remaining interest balance amount for the case.</td>
</tr>
<tr>
<td>Total Remaining Balance Amount</td>
<td>The total remaining balance amount for the case. This amount includes principal and interest.</td>
</tr>
<tr>
<td>Payment Date</td>
<td>The date the electronic payment was submitted on Pay.gov.</td>
</tr>
<tr>
<td>Payment Method</td>
<td>The type of payment submitted on Pay.gov. Possible values:</td>
</tr>
<tr>
<td></td>
<td>ACH (Automated Clearing House)</td>
</tr>
<tr>
<td></td>
<td>Debit Card</td>
</tr>
<tr>
<td></td>
<td>PayPal</td>
</tr>
<tr>
<td></td>
<td>Unknown</td>
</tr>
<tr>
<td>Account Holder Name</td>
<td>The name on the account used to make the payment.</td>
</tr>
<tr>
<td>Payment Amount</td>
<td>The amount of the payment submitted on Pay.gov.</td>
</tr>
<tr>
<td>Pay.gov Payment Status</td>
<td>The status of the payment submitted on Pay.gov. Possible values:</td>
</tr>
<tr>
<td></td>
<td>Accepted – The payment has been accepted or completed successfully</td>
</tr>
<tr>
<td></td>
<td>Cancelled – The payment was voided or cancelled before it was submitted</td>
</tr>
<tr>
<td></td>
<td>Declined – The transaction failed</td>
</tr>
<tr>
<td></td>
<td>Pending – The transaction was successfully submitted</td>
</tr>
<tr>
<td></td>
<td>Reversal – The payment was reversed; full or partial refund completed</td>
</tr>
<tr>
<td></td>
<td>Unknown – Unknown response from PayPal</td>
</tr>
<tr>
<td>Pay.gov Confirmation Number</td>
<td>The transaction ID number for the payment submitted on Pay.gov.</td>
</tr>
<tr>
<td>Demand Balance Status</td>
<td>The status of the demand balance. Possible values:</td>
</tr>
<tr>
<td></td>
<td>Blank – Payment not accepted or in process at Pay.gov.</td>
</tr>
<tr>
<td></td>
<td>In Process – Payment is accepted at Pay.gov, but not applied to the AR balance.</td>
</tr>
<tr>
<td></td>
<td>Complete – Payment is accepted at Pay.gov, applied to the AR balance, and the balance is updated on the MSPRP.</td>
</tr>
<tr>
<td>Demand Balance Update Date</td>
<td>The date the demand balance Status changed to Complete.</td>
</tr>
</tbody>
</table>
### 14.1.1.3 Refund Information Tab

#### Figure 14-7: Refund Information Tab

Table 14-6: Refund Information Tab Fields

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demand Letter Mail Date</td>
<td>The date the Demand Letter was sent by CMS.</td>
</tr>
<tr>
<td>Balance Amount</td>
<td>The total Accounts Receivable (AR) balance amount for the case. Note: If no data is available, this field will not be shown.</td>
</tr>
<tr>
<td>Demand Amount</td>
<td>The final amount the debtor is required to repay Medicare. This amount is noted in the Demand Letter.</td>
</tr>
<tr>
<td>Balance as of Date</td>
<td>The date the Balance Amount for the case was last calculated (MM/DD/YYYY).</td>
</tr>
<tr>
<td>Refund Date</td>
<td>The refund date (MM/DD/YYYY).</td>
</tr>
<tr>
<td>Refund Amount</td>
<td>The refund amount ($0.00).</td>
</tr>
<tr>
<td>Check Number</td>
<td>The check number (numeric up to 10 characters).</td>
</tr>
<tr>
<td>Payee Name</td>
<td>The payee name (first and last, up to 60 characters).</td>
</tr>
</tbody>
</table>
14.1.1.4 Letter Activity Tab

Figure 14-8: Letter Activity Tab

Table 14-7: Letter Activity Tab Fields

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select the correspondence option you wish to view</td>
<td>Options for viewing correspondence. Possible values:</td>
</tr>
<tr>
<td>Correspondence Type</td>
<td>The description of the correspondence.</td>
</tr>
<tr>
<td>Date Received</td>
<td>The date the correspondence was received (MM/DD/CCYY).</td>
</tr>
<tr>
<td>Date Sent</td>
<td>The date the correspondence was sent (MM/DD/CCYY).</td>
</tr>
<tr>
<td>Status</td>
<td>The status of the correspondence. Possible values:</td>
</tr>
<tr>
<td></td>
<td>• Open – New or Pending (incoming only)</td>
</tr>
<tr>
<td></td>
<td>• Closed – Resolved (incoming only)</td>
</tr>
<tr>
<td></td>
<td>• Sent (outgoing only)</td>
</tr>
</tbody>
</table>
### Field | Description
--- | ---
Status Date | The date associated with the Status of the correspondence. Possible values:
- If the Status is “Open,” this will be the Date Received.
- If the Status is “Closed,” this will be the date the correspondence was closed.
- If the Status is “Sent,” this will be the Date Sent.

14.1.1.5 Waiver/Redetermination/Compromise Tab

Figure 14-9: Waiver/Redetermination/Compromise Tab
Table 14-8: Waiver/Redetermination/Compromise Tab (BCRC case)/Redetermination Tab (CRC case) Fields

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiver Information</td>
<td>-</td>
</tr>
<tr>
<td>Received</td>
<td>The date the waiver request was received (MM/DD/YYYY).</td>
</tr>
<tr>
<td>Decision</td>
<td>The decision made regarding the waiver request, as applicable. Values may include:</td>
</tr>
<tr>
<td></td>
<td>• Denial (Hardship Criteria)</td>
</tr>
<tr>
<td></td>
<td>• Denial (Equity and Good Conscience Criteria)</td>
</tr>
<tr>
<td></td>
<td>• Denied (Ineligible for waiver request)</td>
</tr>
<tr>
<td></td>
<td>• Dismissed</td>
</tr>
<tr>
<td></td>
<td>• Dismissed – Missing/Invalid POR</td>
</tr>
<tr>
<td></td>
<td>• Dismissed – Medicare Demand not issued</td>
</tr>
<tr>
<td></td>
<td>• Duplicate Request</td>
</tr>
<tr>
<td></td>
<td>• Fully Favorable (Hardship Criteria)</td>
</tr>
<tr>
<td></td>
<td>• Fully Favorable (Equity and Good Conscience Criteria)</td>
</tr>
<tr>
<td></td>
<td>• Partially Favorable (Hardship Criteria)</td>
</tr>
<tr>
<td></td>
<td>• Partially Favorable (Equity and Good Conscience Criteria)</td>
</tr>
<tr>
<td>Note:</td>
<td>Until a decision has been made, the decision status “Pending Review” will display in this field.</td>
</tr>
<tr>
<td>Decision Date</td>
<td>The date a decision was made regarding the waiver request (MM/DD/YYYY).</td>
</tr>
<tr>
<td>Redetermination Information</td>
<td>Displays information for each submitted redetermination request. For authorized users (see “Who Can View a Redetermination?” in Section 14.1.2.11), click the hyperlinked title to open the View Submitted Redeterminations page.</td>
</tr>
<tr>
<td>Received</td>
<td>The date the redetermination was received either on the MSPRP or by mail.</td>
</tr>
<tr>
<td>Decision</td>
<td>The decision regarding the redetermination. Values may include:</td>
</tr>
<tr>
<td></td>
<td>• Pending Review: The redetermination decision is under review.</td>
</tr>
<tr>
<td></td>
<td>• Denied</td>
</tr>
<tr>
<td></td>
<td>• Dismissals: We have considered and reviewed your request. However, based on the information submitted, we were not able to process it.</td>
</tr>
<tr>
<td></td>
<td>• Dismissed – Missing documentation</td>
</tr>
<tr>
<td></td>
<td>• Dismissed – Not authorized to appeal</td>
</tr>
<tr>
<td></td>
<td>• Dismissed – Untimely filing</td>
</tr>
<tr>
<td></td>
<td>• Dismissed – Due to interest</td>
</tr>
<tr>
<td></td>
<td>• Dismissed – Missing/Invalid POR</td>
</tr>
<tr>
<td></td>
<td>• 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.</td>
</tr>
<tr>
<td></td>
<td>• 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.</td>
</tr>
<tr>
<td></td>
<td>• 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.</td>
</tr>
<tr>
<td></td>
<td>• Duplicate Request</td>
</tr>
<tr>
<td>Decision Date</td>
<td>The date the redetermination decision was made. If a decision has not been made, this field will be blank.</td>
</tr>
</tbody>
</table>
### Field Description

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compromise Information</td>
<td>-</td>
</tr>
<tr>
<td>Received</td>
<td>The date of submission of the compromise (MM/DD/YYYY).</td>
</tr>
</tbody>
</table>

**Decision**

The decision made regarding the compromise request.

When reviewed by the BCRC, the values may include:

- Closed – Insufficient Information
- Closed – Invalid Authorization
- Closed – Case Referred to Treasury
- Closed – Compromise Request Withdrawn
- Closed – Duplicate Request

When referred to the RO for a decision, the values may include:

- Fully Favorable
- Partially Favorable
- Denied
- Denied (not the debtor)
- Complete. Contact the BCRC for more information.
- Duplicate Request

**Note:** When a decision is pending, the decision status “Pending Review” will display in this field.

<table>
<thead>
<tr>
<th>Decision Date</th>
<th>The date the compromise decision was made (MM/DD/YYYY).</th>
</tr>
</thead>
</table>

### 14.1.1.6 Final Conditional Payment Process Tab

**Figure 14-10: Final Conditional Payment Process Tab**

**Case Information**

<table>
<thead>
<tr>
<th>Case ID: #######</th>
<th>Medicare ID: #######A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Type: Liability Insurance</td>
<td>Beneficiary ID: mm/dd/yyyy</td>
</tr>
<tr>
<td>Case Status: Demand Issued</td>
<td>Beneficiary Last Name: Last Name</td>
</tr>
<tr>
<td>Date of Incident: 09/15/2009</td>
<td>Authorization Level: Proof of Representation</td>
</tr>
<tr>
<td>Industry Date of Incident: 09/15/2009</td>
<td>Authorization Status: Verified</td>
</tr>
</tbody>
</table>

**Payment Information**

- Final Conditional Payment Status: Complete
- Final Conditional Payment Status Date: 07/01/2017
- Final Conditional Payment Requested: 05/01/2017
- Final Conditional Payment Amount: $4528.00
- Final Conditional Payment Process Initiated: 06/05/2017
- Request Final Conditional Payment by: 08/01/2017
- 120 days’ Notice of Anticipated Settlement Mail Date: 04/01/2017
Table 14-9: Final Conditional Payment Process Tab Fields

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Final Conditional Payment Status</td>
<td>The current Final Conditional Payment Status. Options may include:</td>
</tr>
<tr>
<td></td>
<td>- Active – User has initiated the Final Conditional Payment process.</td>
</tr>
<tr>
<td></td>
<td>- Pending NOS – User has requested their Final Conditional Payment Amount.</td>
</tr>
<tr>
<td></td>
<td>- Complete – User has completed their required actions as specified by the Final CP process.</td>
</tr>
<tr>
<td></td>
<td>- Voided – User has failed to successfully complete their required actions in the Final CP process.</td>
</tr>
<tr>
<td></td>
<td>- Void in Progress – Case Unavailable – User did not successfully complete the required actions in the Final Conditional Payment process and the case is in the process of being voided.</td>
</tr>
<tr>
<td>Final Conditional Payment Status Date</td>
<td>The date the Final Conditional Payment Status was updated.</td>
</tr>
<tr>
<td>Final Conditional Payment Process Initiated</td>
<td>The date the Final Conditional Payment process was initiated.</td>
</tr>
<tr>
<td>Request Final Conditional Payment by</td>
<td>The latest date a user can select the Calculate Final Conditional Payment Amount action.</td>
</tr>
<tr>
<td></td>
<td>This date is equal to the Final Conditional Payment Process Initiated date plus 120 calendar days. If the Final Conditional Payment Status equals Voided, this field will be blank.</td>
</tr>
<tr>
<td>Final Conditional Payment Requested</td>
<td>The date and timestamp when the Final Conditional Payment amount was calculated.</td>
</tr>
<tr>
<td>Final Conditional Payment Amount</td>
<td>The Final Conditional Payment Amount of the case.</td>
</tr>
<tr>
<td>120 days’ Notice of Anticipated Settlement Mail Date</td>
<td>The date that the 120 days’ Notice of Anticipated Settlement letter (NAS) was sent.</td>
</tr>
</tbody>
</table>

14.1.2 Case Actions

The bottom half of the Case Information page (Figure 14-11) 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 14-11: Case Actions (Example)**
### Table 14-10: Case Status Definitions

<table>
<thead>
<tr>
<th>Status</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Development</td>
<td>CMS has been notified of a BCRC or CRC case and is in the process of gathering the information needed about the case</td>
</tr>
<tr>
<td>Open</td>
<td>The recovery efforts for the case are in process by Medicare.</td>
</tr>
<tr>
<td>Claim Retrieval</td>
<td>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.</td>
</tr>
<tr>
<td>Demand Issued (or Demand in Progress)</td>
<td>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.</td>
</tr>
<tr>
<td>Bill Issued</td>
<td>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. <strong>Note</strong>: 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.</td>
</tr>
<tr>
<td>Transitioned</td>
<td>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. <strong>Note</strong>: This status applies to BCRC cases only.</td>
</tr>
<tr>
<td>Closed</td>
<td>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. <strong>Note</strong>: 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.</td>
</tr>
</tbody>
</table>

### 14.1.2.1 View/Request Authorizations

This action allows you to view the list of authorizations currently on file that are associated with this case for the user who is currently logged in, submit a new authorization for yourself or another party, and upload supporting documentation.

**Note**: Authorization for another party does not make them an account designee on your account. However, the party can perform actions on the case, receive correspondence, call customer service, etc.

**Who Can Access?**

Available to all users.
Other Requirements?

None

Note: The authorization level and status for the case apply to the AM and each AD who is granted access to the case. To select this action:

1. Click View/Request Authorizations on the Case Information page for the applicable Case ID and click Continue.

   The Authorization Documentation page appears (Figure 14-12).

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

3. Click the drop-down arrow to select the type of representation that is authorized to have access to the case.

   The following options are available: Attorney, Guardian/Conservator, Power of Attorney, Individual/Other, Third Party Administrator.

4. Enter the Start Date of Authorization: The date the authorization request goes into effect.

   If the supporting documentation does not specify a start date, enter the date the authorization was signed by the beneficiary/representative.

5. Enter the End Date of Authorization.

   If the supporting documentation does not specify a termination date, this field must be left blank.

6. If this authorization is being submitted for another party, select Yes and enter the required representative information (i.e., the name and address for the other party). If you are not submitting the authorization for another party, select No and fields in the Representative Information section will not be displayed.

   Note: For beneficiary and insurer-debtor users, Yes is set as the default and is not editable since these users do not require authorization on their own cases.
Figure 14-12: Authorization Documentation

Authorization Documentation

This page displays a list of authorizations currently on file that are associated with the case for the user who is currently logged in. This page will also allow the submission of new authorizations.

**Authorization**

<table>
<thead>
<tr>
<th>Authorization Type</th>
<th>Status</th>
<th>What is this?</th>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beneficiary Consent to Release</td>
<td>Verified</td>
<td></td>
<td>01/01/2018</td>
<td>12/31/4000</td>
</tr>
</tbody>
</table>

Submit New Authorization:

An asterisk (*) indicates a required field.

**Select the authorization type:**

- Beneficiary Consent to Release What is Beneficiary Consent to Release?
- Beneficiary Proof of Representation What is Beneficiary Proof of Representation?

To get more information about the Beneficiary Proof of Representation or Consent to Release, and to obtain blank templates, go to http://go.cms.gov/MEDRECOC/PROC. To get more information about the Recovery Agent Authorization and to see the model language, go to http://go.cms.gov/NSN/89P/RECOV.

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

**Start Date of Authorization:** [MM/DD/YYYY]

**End Date of Authorization:** [MM/DD/YYYY] Optional

Representative Information

* Is this authorization being submitted for someone other than yourself/your company? [Yes] [No]

Submitting an authorization for another party will allow them to perform actions on the case and permit them to receive correspondence related to the case. This action will not make them an account designee.

- Last Name: [ ]
- First Name: [ ]
- Company/Firm Name: [ ]

- Address Line 1: [ ]
- Address Line 2: [ ]

- City: [ ]
- State: [Select]
- Zip Code: [ ]

* Supporting Documentation is Required. Please refer to Help About This Page to identify what documents should be submitted. To upload supporting documentation, please click here: [Upload Documentation]

Selecting Continue will submit the files to CMS. Selecting Cancel will return you to the Case Information page, the files will not be submitted to CMS.

[Continue] [Cancel]
7. Upload any additional supporting documentation. To attach supporting documentation to this case, click the **Upload Documentation** link.

   The *Authorization Documentation Upload* page appears.

8. Click **Browse** to locate the document you want to upload; then click **Continue**.

   **Note**: Before uploading your document, ensure that the following requirements are met, otherwise your file will fail to upload:
   - The file format must be 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 of the *Authorization Documentation* page (Figure 14-14).

9. Select the attestation checkbox to confirm that the information you have provided, and the uploaded documentation, is complete and accurate.

10. Click **Continue**.

    If you are submitting an authorization for yourself, the *Authorization Documentation Confirmation* page appears (Figure 14-15). The first 5 characters of a beneficiary HICN will be masked (hidden from view), unless you have logged in using multi-factor authentication.

    If you are submitting an authorization for another party and have entered the required representative information, the *Representative Information Verification* page appears (Figure 14-16). The MSPRP will conduct a search to determine if the party you entered already exists in the system. If the system does not find a matching party, a message indicating that a
matching party was not found and the representative information you entered will be displayed. If the system finds a matching party, that information and the representative information you entered will be displayed. Select the party you wish to add as a representative to the case and click **Continue** to submit your files to CMS; the *Authorization Documentation Confirmation* page will appear.

**Note:** From the *Representative Information Verification* page, you may also click **Previous** to return to the *Authorization Documentation* page or click **Cancel** to cancel the submission and return to the *Case Information* page.

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

**Notes:** Once submitted, you can view your status (if you requested the authorization) or the other party can view the status when they log in to the MSPRP (if the authorization was requested for another party) under *Authorization Level* on the *Case Information* page, as well as view the new authorization on this page, along with the authorization start and end dates.

MSPRP users will not see the authorization level and status of other parties associated with a case on the *Case Information* page.

**Figure 14-14: Sample of Uploaded Document**

![Sample of Uploaded Document](image-url)
14.1.2.2 Request an Update to the Conditional Payment Amount

This option allows a user to request CMS to re-calculate the current conditional payment amount (see Note). The conditional payment amount is an amount paid by CMS for services on behalf of a Medicare beneficiary when there is evidence that another payer may be responsible. These payments are referred to as conditional payments because the money must be repaid to CMS when a settlement, judgment, award, or other payment is secured. The total of these payments is the Conditional Payment Amount.

Who Can Access?
- BCRC and CRC Cases: Available to all users – no authorization required.
Other Requirements?

- The Case Status on the Case Information page is Open.
- The case is not in bankruptcy proceedings.

The conditional payment amount is an interim amount. CMS may continue to make conditional payments for items and/or services related to the case while the case is pending. When this action is selected, all medical claims related to the case that may have been paid by CMS subsequent to the last time the conditional payment amount was calculated will be retrieved and included in the current conditional payment amount.

**Note:** Claims are retrieved daily. The MSPRP displays claims information for your case on the Case Information page. The current conditional payment amount is displayed in the Current Conditional Payment Amount field.

If you click the Request an update to the conditional payment amount checkbox, you will receive a message that claim information on the MSPRP is up to date as of today’s date. However, the MSPRP will **not** automatically generate a conditional payment letter. If you require a hardcopy letter with the updated conditional payment information, select the Request a copy of the conditional payment letter action on the Case Information page.

### 14.1.2.3 Request an Electronic Copy of the Conditional Payment Letter with Current Conditional Payment Amount

This action allows beneficiaries and their authorized representatives to submit a request for an electronic copy of the Conditional Payment Letter (eCPL), as long as the case meets certain requirements. The eCPL includes the associated case and claims information as displayed on the Case Information page, in .PDF format. The eCPL will include a Payment Summary Form (Figure 14-17) 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 14-19). A Payment Summary Form is not displayed with this letter.

When you select this option, the MSPRP will generate the eCPL in a separate browser window, along with the Payment Summary Form in .PDF. A confirmation page is displayed afterwards indicating that you have successfully requested the generation of the eCPL. Once displayed, you will see options to save or print the letter to a local machine or printer. Clicking Continue on the confirmation page returns you to the Case Information page.

If this action is selected for a case in the Final Conditional Payment process, the electronic version of the traditional conditional payment letter will not be generated. See Chapter 15 for details.

Note: When requested, the eCPL always contains current conditional payment and claims information. The MSPRP does not save previously generated electronic payment letters that you can later access or print. Additionally, the electronic letter will not be mailed to other authorized representatives associated to the case.

To request an electronic copy of the conditional payment letter:

1. Click the Request an electronic copy of the conditional payment letter with Current Conditional Payment Amount checkbox on the Case Information page for the applicable Case ID and click Continue.

2. The Electronic Conditional Payment Letter Confirmation page appears (Figure 14-18), or the Electronic No Claims Paid by Medicare Letter Confirmation page appears if the overpayment = $0 (Figure 14-19). Both confirmation pages confirm that you have successfully submitted a request for an eCPL.

3. Click Continue to return to the Case Information page.
Figure 14-17: Payment Summary Form

<table>
<thead>
<tr>
<th>TOS</th>
<th>ICN</th>
<th>Line</th>
<th>Processing Contractor</th>
<th>Provider Name / NPI #</th>
<th>ICD Code(s)</th>
<th><strong>DX Code</strong></th>
<th>From Date</th>
<th>To Date</th>
<th>Total Charges</th>
<th>Reimbursed Amount</th>
<th>Conditional Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>71</td>
<td>123456789012345</td>
<td>1</td>
<td>39</td>
<td>First Lost /</td>
<td>13223</td>
<td>H46750</td>
<td>02/01/2007</td>
<td>02/01/2007</td>
<td>88.32</td>
<td>12.87</td>
<td>12.87</td>
</tr>
<tr>
<td>71</td>
<td>123456789012345</td>
<td>2</td>
<td>39</td>
<td>First Lost /</td>
<td>61235</td>
<td>H46750</td>
<td>02/01/2007</td>
<td>02/01/2007</td>
<td>45.22</td>
<td>-332.23</td>
<td>-332.23</td>
</tr>
<tr>
<td>40</td>
<td>123456789012345</td>
<td>0</td>
<td>12</td>
<td>First Lost /</td>
<td>45322,</td>
<td>132323</td>
<td>06/04/2006</td>
<td>06/16/2006</td>
<td>24,657.31</td>
<td>19,642.10</td>
<td>19,642.10</td>
</tr>
<tr>
<td>56</td>
<td>123456789012345</td>
<td>1</td>
<td>11</td>
<td>First Lost /</td>
<td>55701X5</td>
<td>H12345</td>
<td>03/02/2012</td>
<td>03/02/2012</td>
<td>190.00</td>
<td>86.54</td>
<td>86.54</td>
</tr>
<tr>
<td>33</td>
<td>123456789012345</td>
<td>0</td>
<td>09</td>
<td>First Lost /</td>
<td>55701X5</td>
<td>D423</td>
<td>10/12/2014</td>
<td>10/16/2014</td>
<td>1,132,451.29</td>
<td>1,124,224.58</td>
<td>1,124,224.58</td>
</tr>
</tbody>
</table>

Sum of Total Charges: $1,157,432.14
Total Reimbursed Amount: $1,143,932.86
Total Conditional Payments: $1,143,932.86

*Review complete: dispute/redetermination not successful
**N = HCPCS Code, D = DRG Code
***Part-A claim Primary Diagnosis Code is denoted in bold font

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<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOS</td>
<td>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 &amp; Supplies (DMEPOS) Claim 73 – Carrier Full Encounter Claim 81 – Durable Medical Equipment Regional Carriers (DMERC) Non-DMEPOS 82 – DMERC DMEPOS</td>
</tr>
<tr>
<td>Claim Control ID</td>
<td>Claim Number (Internal Control Number) assigned to the claim by the Medicare processing contractor. <strong>Note:</strong> 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.</td>
</tr>
<tr>
<td>Line</td>
<td>Reference to the individual service rendered on the claim.</td>
</tr>
<tr>
<td>Processing Contractor</td>
<td>Identification number for the Medicare contractor that processed the claim.</td>
</tr>
<tr>
<td>Provider Name/NPI#</td>
<td>Name of the institutional or individual provider that submitted the claim for the service and provider’s NPI number.</td>
</tr>
<tr>
<td>ICD Indicator</td>
<td>The type of ICD diagnostic code used, whether ICD-9 or ICD-10.</td>
</tr>
<tr>
<td>DX Codes</td>
<td>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: <a href="https://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/codes.html">https://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/codes.html</a> for more information of ICD-9 diagnosis codes. <a href="https://www.cms.gov/Medicare/Coding/ICD10/2020-ICD-10-CM.html">https://www.cms.gov/Medicare/Coding/ICD10/2020-ICD-10-CM.html</a> for more information of ICD-10 diagnosis codes. <strong>Note:</strong> This column will also show the Primary Diagnosis Code, when used.</td>
</tr>
<tr>
<td>From Date</td>
<td>The start date of service for the claim.</td>
</tr>
<tr>
<td>To Date</td>
<td>The end date of service for the claim.</td>
</tr>
</tbody>
</table>
### 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 Total Charges column.
Total Reimbursed Amount | Sum total dollar amount of the Reimbursed Amount column.
Total Conditional Payments | Sum total dollar amount of the Conditional Payment column.

**Figure 14-18: Electronic Conditional Payment Letter Confirmation**

**Figure 14-19: Electronic No Claims Paid by Medicare Letter Confirmation**

**14.1.2.4 Request a Mailed Copy of the Conditional Payment Letter**

This option allows you to request a mailed copy of the Conditional Payment Letter for either a BCRC or CRC case. The letter that is generated is a new letter, not a copy of the last conditional payment letter that was sent. It will include the current conditional payment amount that is reflected in the Current Conditional Payment Amount field of the Case Information page. It will also include a Payment Summary Form (Figure 14-17) 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 14-21).

- 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 appears, or the No Claims Paid by Medicare Letter Confirmation page appears if the overpayment = $0. Both confirmation pages confirm that you have successfully submitted a request for an updated CPL.

   **Note:** The first 5 characters of a beneficiary HICN will be masked (hidden from view), unless you are the beneficiary, or you have logged in using multi-factor authentication.

2. Click Continue to return to the Case Information page.

If this action is selected for a BCRC case in the Final Conditional Payment (Final CP) process with a Final Conditional Payment Status set to Active, a mailed copy of the Notice of Anticipated Settlement letter and Payment Summary Form will be created instead. See Chapter 15.
14.1.2.5 View/Dispute Claims Listing

This action allows you to view the list of medical claims associated with the case and provides you with the ability to dispute any un-related claims. The claims are also listed on the Payment Summary Form (Figure 14-17) 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 appears, you can review all claims associated to the case.

Prior to a demand being sent, you may send an unlimited number of disputes, as long as the case meets certain conditions (discussed below). Each dispute may contain multiple claims.

**Post-Demand**

After a case has been demanded, or if a case has completed or is pending notice of settlement in the Final Conditional Payment process (BCRC cases only), clicking View/Dispute Claims Listing redirects you to the Demand Claims Listing page (Figure 14-24) 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 15.

The View/Dispute Claims Listing action can only be selected when:

- Case Status is:
  - Open and Active, or
  - Demanded, or
  - Complete or Pending NOS if the case is in the Final CP process (BCRC cases), and
- User is the case-debtor or has an authorization type of Beneficiary POR, Beneficiary CTR, or Recovery Agent Authorization (or is the recovery agent associated with the debtor), and
- Current Conditional Payment Amount is greater than zero ($0.00).

If the case has been demanded, you will not be able to dispute any claims. You may, however, continue to view all claims.

**Who Can View Claims?**

- BCRC Cases: Beneficiaries, case debtors, or users with 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 14-22 and Figure 14-23).

Note: If a case has been demanded has completed or is pending settlement in the Final CP process (BCRC cases only), clicking this action redirects you to the Demand Claims Listing page (Figure 14-24) instead of the Claims Listing page. This read-only page displays information regarding the demanded claims for the selected case, such as the Total Charges, Reimbursed Amounts, and Conditional Payments.

Note: If you have completed the ID Proofing process (Chapter 7), you can elect to view previously masked case information during the login process.

2. To dispute a claim, select the checkbox in the Dispute column, next to the Claim Control ID number for the claim in dispute, and click Continue.

Optionally, click the Select All/Deselect All hyperlink at the bottom of the list to select or deselect all claims on the page. Only claims that are available for disputes will be selected.

The Claims Dispute Verification page appears showing the list of claims in dispute (Figure 14-25).

Note: If the case has been demanded, you will not be able to dispute the claim.

3. Verify the claims that are listed on this page to ensure that it only includes claims you believe are unrelated to the case. To revise the list, click Previous to be return to the Claims Listing page.

After you have verified that the only claims listed are those claims that are not related to the case, you must submit documentation (evidence) to support your contention. You can enter up to 500 characters of free-form text in the Supporting Information Notes text box on the Claims Dispute Verification page to explain the reason for your dispute.

4. If you require additional space to support your dispute, create a .PDF file of your documentation and upload the supporting documents by clicking Upload Documentation.

The Dispute Claims Documentation Upload page appears (Figure 14-26).

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 appears again.

6. Click Continue to confirm submission of the dispute and to submit any provided documents and notes to CMS.

The Claims Dispute Confirmation page appears (Figure 14-27).

The free-form text you entered is added to the permanent case, and MSPRP. Any documentation is uploaded to MSPRP, and all notes are available for viewing in the Supporting Information Notes text box.

7. Click Continue to return to the Case Information page.

Figure 14-22: Example Claims Listing for a Non-Beneficiary or Viewed without MFA
Figure 14-23: Example Claims Listing for a Beneficiary or Viewed with MFA

Figure 14-24: Demand Claims Listing
### Table 14-12: Claims Listing (All Fields)

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
</table>
| **Dispute** | Checkbox that indicates whether the claim is/is not being disputed. There are three statuses:  
- **Blank:** indicates the claim is selectable. It can be marked for dispute by clicking the box.  
- **Faded checkmark:** indicates the claim is not selectable. It has been previously selected for dispute and is currently under review.  
- **Blank (greyed out/disabled):** indicates the claim is not selectable. The claim has not been disputed but the claim is not available because of the user’s authorization level. See Section 14.1.2.5 for authorization details. |
| **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. |
| **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** | The ICD indicator and diagnosis code(s) for each listed claim. A diagnosis code represents the reason for the office visit or medical test. (Example format: ICD-10: E11.9, R51)  
The diagnosis codes used by Medicare are known as ICD-9 or ICD-10 (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:  
[https://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/codes.html](https://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/codes.html) for more information of ICD-9 diagnosis codes.  
### Table 14-13: Demand Claims Listing

<table>
<thead>
<tr>
<th>Field</th>
<th>Descriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claim Control ID</td>
<td>Claim Number/Internal Control Number assigned to the claim by the Medicare processing contractor.</td>
</tr>
<tr>
<td>Line Number</td>
<td>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.</td>
</tr>
<tr>
<td>Total Charges</td>
<td>Amount billed by the provider.</td>
</tr>
<tr>
<td>Reimbursed Amount</td>
<td>Amount Medicare paid the provider.</td>
</tr>
<tr>
<td>Conditional Payment</td>
<td>Amount due Medicare.</td>
</tr>
</tbody>
</table>
Figure 14-25: Claims Dispute Verification (BCRC)
### Table 14-14: Claims Dispute Verification

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous</td>
<td>Command button. Click to return to the <em>Claims Listing</em> page. Your dispute selections will not be saved. Additionally, any and all notes entered in the <em>Supporting Information Notes</em> text box will not be saved.</td>
</tr>
<tr>
<td>Continue</td>
<td>Command button. Click to save changes and continue to the next page. Any and all notes entered in the <em>Supporting Information Notes</em> text box and any additional documents will be saved. You will be redirected to the <em>Claims Dispute Confirmation</em> page.</td>
</tr>
<tr>
<td>Cancel</td>
<td>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 <em>Supporting Information Notes</em> text box and any additional documents will not be saved.</td>
</tr>
</tbody>
</table>

**Figure 14-26: Dispute Claims Documentation Upload**

![Dispute Claims Documentation Upload](image)
14.1.2.6 Begin Final Conditional Payment Process and Provide 120 Days’ Notice of Anticipated Settlement

This option allows users to notify the BCRC that a specific case is approaching settlement and request that the case be a part of the Final Conditional Payment (Final CP) process. This option can only be selected once. See Chapter 15.

Who Can Access?

- BCRC Cases: Available to the identified beneficiary-debtor and their authorized representatives who have verified PORs.
- CRC Cases: Available to the identified insurer-debtor and their authorized representatives who have verified Recovery Agent Authorizations.

Other Requirements?

This option is not available if:

- The user is not the identified debtor or their authorized representative.
- The case has Ongoing Responsibility for Medicals (ORM) that have not been terminated.
- The Fixed Percentage option was selected for the case.
- The Self-Calculated Conditional Payment Amount option was selected for the case.
- The case is a No-Fault case.
- A CPN was issued (BCRC-owned case).
- The case is included in a BCRC special project.
14.1.2.7 Calculate Final Conditional Payment Amount
This action allows a user to request a Final 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 15.

This action must be selected within 120 calendar days of starting the Final CP process or the case will be voided.

Who Can Access?
- BCRC Beneficiary-Debtor Cases: Users with a verified Beneficiary POR authorization and beneficiaries.
- CRC Cases: None. Option is not available (or visible) to any users.

Other Requirements?
This option is unavailable if:
- There is a pending dispute on one or more claims or line items associated with the case.
- The Calculate Final Conditional Payment Amount action has already been selected.
- The Final Conditional Payment Requested Date has been set.

14.1.2.8 Request an Electronic Dispute Denial for Final Conditional Payment Case Letter with Current Conditional Payment Amount
This action is available on Final 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 15.

This letter, along with the Payment Summary Form, will be created and displayed in a separate browser window. The dispute denial letter and the Payment Summary Form will both display in .PDF format. The Payment Summary Form includes all active claims related to the case.

Note: The letter and the Payment Summary Form can be saved and/or printed.

Who Can Access?
- BCRC Beneficiary-Debtor Cases: Users with a verified Beneficiary POR authorization who have logged in to the MSPRP using multi-factor authentication, and beneficiaries.
- CRC Cases: None. Option is not available (or visible) to any users.

Other Requirements?
This letter cannot be requested if the Final CP status on the case is Voided or Void in progress.
14.1.2.9 View/Provide the Notice of Settlement Information

Pre-Demand

This action will direct you to the Settlement Information page where you (the beneficiary or beneficiary representative with a verified POR) can enter 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 15.

Post Demand

This action will direct you (the beneficiary or beneficiary representative with a verified POR beneficiary representative with a verified CTR) to the View Settlement Information page (Figure 14-29), a read-only version of the Settlement Information page, which displays the notice of settlement information previously submitted. This page appears if the Case Status is set to Demand, Demand in Progress, or Bill Issued; or where the Final Conditional Payment Status is Complete.

Who Can Provide the Notice of Settlement?

- BCRC Beneficiary-Debtor Cases: Users with a verified beneficiary POR authorization and beneficiaries.
- CRC Cases: None. Option is not available (or visible) to any users.

Who Can View Settlement Information?

- BCRC Beneficiary-Debtor Cases: Users with a verified beneficiary POR or verified beneficiary CTR authorization and beneficiaries.
- CRC Cases: None. Option is not available (or visible) to any users.

Other Requirements?

- The overpayment amount must be greater than zero ($0.00).
- No claims are in dispute (i.e., no claims have a faded checkmark in the Dispute checkbox on the Claims Listing page).
- The case is not in bankruptcy proceedings.
- The Case Status is not Closed.

To enter Settlement Information

1. Click View/Provide the Notice of Settlement Information on the Case Information page for the applicable Case ID and click Continue.
   The Settlement Information page appears (Figure 14-28).
2. Enter all required information.
3. If you are not uploading additional documents, click **Continue**.

4. If you are submitting supporting documents for the settlement, click the **Upload Documentation** link.

   The *Notice of Settlement Documentation Upload* page appears (Figure 14-30).

   **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 14-28: Settlement Information

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 listed 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 - 999,999,999.99]

*Settlement Date: [MM/DD/YYYY]

Settlement Details

Please choose one of the following options:

- None
- Attorney Fees

- Attorney Fees: [0.00 - 999,999,999.99]
- Attorney Expenses: [0.00 - 999,999,999.99]
- Attorney Fee Percentage: %

- Fixed Percentage Option

- Fixed Percentage Option: [0.00 - 999,999,999.99]

Exclusions

- Medical/Dental/Other Exclusions: [0.00 - 999,999,999.99]

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 form to CMS. Selecting Cancel will return you to the Case Information page. The form will not be submitted to CMS.

Continue ➤ Cancel ✕
Table 14-15: Settlement Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injury Type</td>
<td>The type of accident/injury/illness being claimed and/or released with respect to the Medicare beneficiary. This field is required. Select: 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). 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.) Notes: Traumatic Injury must be selected when the Fixed Percentage Option is selected. If this case is in the Final Conditional Payment 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.</td>
</tr>
<tr>
<td>Settlement Amount</td>
<td>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. Data Entry Requirements: • 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.</td>
</tr>
<tr>
<td>Settlement Date</td>
<td>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. Data Entry Requirements: • 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. Note: For cases in the Final Conditional Payment 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 Final Conditional Payment process.</td>
</tr>
<tr>
<td>Field</td>
<td>Description</td>
</tr>
<tr>
<td>-----------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>None</td>
<td>Settlement Detail Option. Indicates that the beneficiary did not incur any attorney fees.</td>
</tr>
<tr>
<td>Attorney Fees</td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>If this option is selected, you must enter a numeric value in the <em>Attorney Fees</em> field (i.e., the total amount charged by the attorney to take the case) and/or <em>Attorney Expenses</em> field (i.e., the total amount of additional expenses, not including the Attorney Fees).</td>
</tr>
<tr>
<td></td>
<td><strong>Data Entry Requirements:</strong></td>
</tr>
<tr>
<td></td>
<td>• Decimals and commas are optional.</td>
</tr>
<tr>
<td></td>
<td>• Do not enter the ‘$’ as part of your entry.</td>
</tr>
<tr>
<td></td>
<td>• Cents can be entered. If cents are not entered, the MSPRP will store the amount with zero cents.</td>
</tr>
<tr>
<td></td>
<td>• <em>Attorney Fees</em> and/or <em>Attorney Expenses</em> cannot both be zero.</td>
</tr>
<tr>
<td>Attorney Fee Percentage</td>
<td>Settlement Detail Option. Indicates that there was an agreed-upon percentage of the settlement amount charged by the attorney to the beneficiary.</td>
</tr>
<tr>
<td></td>
<td>If this option is selected, you must enter a whole number between 1 and 100. You cannot enter a fraction or a percent.</td>
</tr>
<tr>
<td>Fixed Percentage Option</td>
<td>Settlement Detail Option. Indicates that the Medicare beneficiary has opted to resolve Medicare’s recovery claim using the fixed percentage option. This option is disabled for cases in the Final Conditional Payment (Final CP) process.</td>
</tr>
<tr>
<td></td>
<td><strong>Note:</strong> The case must meet specific criteria in order to qualify for this option.</td>
</tr>
<tr>
<td>MED/PIP/Other Exclusions</td>
<td>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. <strong>Note:</strong> If Medicare has paid claims in relation to the incident, Medicare’s recovery amount will be directly impacted by the amount entered.</td>
</tr>
<tr>
<td></td>
<td><strong>Data Entry Requirements:</strong></td>
</tr>
<tr>
<td></td>
<td>• Cannot be entered if the Fixed Percentage Option has been selected.</td>
</tr>
<tr>
<td></td>
<td>When entered, it must contain a numeric value (decimals and commas are allowed).</td>
</tr>
<tr>
<td>Attestation</td>
<td>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.</td>
</tr>
<tr>
<td>Upload Documentation</td>
<td>Hyperlink. Click to upload settlement related documentation.</td>
</tr>
<tr>
<td>Continue</td>
<td>Command button. Click to save changes and continue to the next page.</td>
</tr>
<tr>
<td>Cancel</td>
<td>Command button. Click to return to the <em>Case Information</em> page.</td>
</tr>
</tbody>
</table>
6. When your supporting documentation has been located and added to the Notice of Settlement Documentation Upload page, click **Continue**.

   The Settlement Information page appears again. The document(s) you added will be listed.

7. Click **Continue** to confirm the submission. The Notice of Settlement Confirmation page appears. You can print this page by clicking the **Print this page** link.

8. Click **Continue** to return to the Case Information page.
14.1.2.10 Initiate Demand Letter

The *Initiate Demand Letter* action allows you to initiate a request for a demand letter earlier than the default 30-day time period, if you agree with the Conditional Payment Amount identified in the CPN for BCRC and CRC cases.

For a case where the beneficiary is the debtor, the confirmation page (Figure 14-33) allows the beneficiary to verify the settlement information that was previously submitted by viewing information displayed in the following fields: Settlement Amount, Settlement Date, Attorney Fees, Attorney Expenses, and Attorney Fee Percentage. If any of this information is missing or incorrect, the beneficiary/authorized representative has the option to edit the information by clicking the *Update Settlement Information* button, which shows the *Update Settlement Information* page (Figure 14-34).

**Note:** The radio buttons under the *Update Settlement Information, Settlement Details* section will not be pre-selected. You must select one of the options to continue with the updates.

Once this process has been initiated, the demand letter will be mailed to each authorized entity. Please allow 7-12 business days for the system to process this request for a case.

**Who Can Initiate a Demand Letter?**

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

**Other Requirements?**

- There are no duplicate claims, no pending disputes, and no unresolved correspondence for the case,
- The case is not active in the *Final Conditional Payment* process (i.e., the Final Conditional Payment Status is not *Active*, *Pending NOS*, or *Complete*, or a void is in progress) (BCRC cases only),
- A CPN was mailed,
- The case is not in Demand, Demand in Progress, or Closed status, and
- A demand was not previously requested on the MSPRP or was not previously mailed (unless it was mailed in error).
To Initiate a Demand Letter

1. Click **Initiate Demand Letter** on the Case Information page for the applicable Case ID and click **Continue**.

   The **Initiate Demand Letter Confirmation** page appears.

   For bene-debtors, you can also click **Update Settlement Information** if you need to make additional updates prior to initiating a request for a demand.

2. Click **Continue** to initiate the request or click **Previous** to cancel the request.

Figure 14-32: Initiate Demand Letter Confirmation (BCRC Case)

![Figure 14-32: Initiate Demand Letter Confirmation (BCRC Case)](image)

Figure 14-33: Initiate Demand Letter Confirmation (Bene-Debtor)

![Figure 14-33: Initiate Demand Letter Confirmation (Bene-Debtor)](image)
14.1.2.11 View/Submit Redetermination (First Level Appeal)

If you are a beneficiary-debtor or insurer-debtor, or are a verified authorized representative, and you have received a demand letter, you have the right to appeal the determination if you disagree that you owe money, as explained in the demand letter, or if you disagree with the amount that you owe.

Clicking the View/Submit Redetermination (First Level Appeal) action allows you to submit a redetermination request (first level appeal) on the MSPRP. After a redetermination request is submitted on the MSPRP or by mail, you can click this action to submit further redetermination requests or to view redetermination status information for the case including the Received Date, Decision, and the Decision Date by clicking the Waiver/Redetermination/Compromise tab on the Case Information page. See Section 16.1 for details.
Who Can Submit a Redetermination?

- Beneficiary-debtor cases: The beneficiary or beneficiary representative with a verified POR
- Insurer-debtor cases: The insurer or insurer representative with verified Recovery Agent Authorization

Who Can View a Redetermination?

- Beneficiary-debtor cases: The beneficiary or beneficiary representative with a verified POR
- Insurer-debtor cases: The beneficiary or beneficiary representative with a verified POR, or the insurer or insurer representative with verified Recovery Agent Authorization
- Beneficiary- or insurer-debtor cases: A beneficiary representative with a verified CTR

Other Requirements to Submit a Redetermination Request?

- A demand letter has been sent for the case.
- Redetermination requests must be submitted within 120 days after you receive the demand letter. Users may submit only one request per claim or claim line.

Other Requirements to View a Redetermination Request?

- At least one redetermination request must have been previously submitted on the MSPRP or by mail.

14.1.2.12 Submit Waiver Request

The Submit Waiver Request action allows you to submit a request to the Medicare program for a waiver. A waiver is when all or part of the demand amount owed to Medicare is waived or dismissed. This action is only available if a waiver has not yet been submitted on the MSPRP or sent in the mail.

You have the right to request that the Medicare program waive recovery of the demand amount owed in full or in part. The Medicare program may waive recovery of the amount owed if the following conditions are met:

- You are not at fault for Medicare making conditional payments, and;
- Paying back the money would cause financial hardship or would be unfair for some other reason, and;
- A demand letter has been sent for the case.

You must provide supporting information or submit supporting documentation to back up your request. It is recommended that you complete and submit the SSA 632 Request for Waiver form if you are claiming financial hardship. A hyperlink to the form is available during the waiver request process or download the SSA 632 form from the ssa.gov website. You can also submit additional documents to support your request. See Section 16.2 for details.

Who Can Submit a Waiver Request?

- BCRC Beneficiary-Debtor Cases: Users with a verified Beneficiary POR authorization and beneficiaries.
- CRC Cases: None. Option is not available (or visible) to any users.
Other Requirements for a Waiver Request on the MSPRP?

- No waiver request exists for your case.
- A demand letter has been sent.

14.1.2.13 Submit Compromise Request

The Submit Compromise Request action allows you to submit a request that the Medicare program grant a compromise for the amount you owe on a debt and to accept a lesser amount. You can request a compromise before a demand letter is issued (called a pre-settlement compromise), or after the case settles and funds have been paid (called a post-settlement compromise).

When you submit a compromise request, you must state the reason why you believe a compromise should be granted and provide supporting information or documentation by entering a text explanation or uploading documentation (evidence). See Section 16.3 for details.

Who Can Submit a Compromise Request?

- BCRC Beneficiary-Debtor Cases: Users with a verified Beneficiary POR authorization and beneficiaries.
- CRC Cases: None. Option is not available (or visible) to any users.

Other Requirements for a Compromise Request?

The case must be in an Open, Bill Issued, Demand Issued, or Demand in Process status. Compromise requests cannot be submitted when the case status is Claim Retrieval, Closed, In Development, or Transitioned.
Chapter 15: Obtaining Final Conditional Payment Amount

The MSPRP provides authorized users with the option of requesting a case to be put into the Final Conditional Payment (Final CP) process. This process permits authorized users to notify the BCRC that a case is approaching settlement, obtain time- and date-stamped final conditional payment summary documents before reaching settlement, and ensure that related disputes are addressed within 11 business days of receipt of dispute documentation. The Final CP process is only available for liability and workers’ compensation cases where the beneficiary is the identified debtor.

NOTE: An insurer and their authorized representatives can initiate the Final CP process on a case where the insurer is the identified debtor under certain circumstances. This action will close the insurer case and transition the debt to the beneficiary. Please see the Final CP Process (Insurers) section for additional information.

If you are approaching settlement on a case that is not yet available on the MSPRP and you wish to initiate the Final CP process, you can add this case using the Report a Case link found on the MSPRP Welcome! page or contact the BCRC at: (855) 798-2627.

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

15.1 Things to Consider Before Initiating the Final CP Process

Before initiating the Final CP process, please note the following:

- All Final CP actions must be completed on the MSPRP.
- Process can be initiated by:
  - A beneficiary-debtor, or an authorized representative of the beneficiary with a verified POR on a case where the beneficiary is the identified debtor, or
  - An insurer user, or an authorized representative of the insurer with a verified Recovery Agent Authorization.
- Only available for liability cases.
- Can only be initiated once per case.
- Limits disputes to one per claim (that is, claims can only be disputed one time).
- Guarantees that claim disputes submitted through the MSPRP are addressed within 11 business days.
- Final Conditional Payment Amount on the Payment Summary Form.

15.2 Final CP Timeline: Required Actions

Once the Final CP process has been initiated, you will be required to complete the following actions in order for the case to remain in this process. Failure to complete any of these actions in time will void the Final CP process and you will not be permitted to start the process again.

Note: Calendar days include the final day (e.g., “30 calendar days” includes the 30th day).
• Request your Final Conditional Payment Amount on the MSPRP within 120 calendar days from the date that you initiated the process (i.e., 120 calendar days from the Final Conditional Payment Process Requested date).
• Settle the case within three (3) business days of requesting the Final Conditional Payment Amount.
• Submit your settlement information on the MSPRP within 30 calendar days of requesting the Final Conditional Payment Amount (i.e., 30 calendar days from the Final Conditional Payment Requested date).

15.3 Final CP Payments
To request your Final Conditional Payment Amount, the following conditions apply:

• Can only be requested after the Final CP process has been initiated for a case.
• Must be requested within 120 calendar days of initiating the Final CP process.
• Can only be requested after all submitted disputes have been resolved.

Note: Once you request a calculation of the final payment amount, you will not be permitted to submit any additional disputes.

• Once calculated, the Final CP amount will remain frozen as long as you complete the following required Final CP actions on time.
  a. Settle the case within three (3) business days of requesting the Final Conditional Payment Amount.
  b. Submit your settlement information on the MSPRP within 30 calendar days of requesting the Final Conditional Payment Amount (i.e., 30 calendar days from the Final Conditional Payment Requested date).

Note: The Final Conditional Payment Amount is displayed in the Final Conditional Payment Amount field on the Case Information page. It includes all items or services the BCRC has identified as being related to the pending claim that Medicare has paid conditionally to date. This amount is considered your Final Conditional Payment as of the day you requested it.

15.4 Cases Ineligible for Final CP
The Final CP process is not available if:

• The user is not the identified debtor or their authorized representative.
• The case has Ongoing Responsibility for Medicals (ORM) that have not been terminated.
• The Fixed Percentage option was selected for the case.
• The Self-Calculated Conditional Payment Amount option was selected for the case.
• The case is a No-Fault case.
• A Conditional Payment Notice (CPN) was issued (BCRC-owned case).
• The case is included in a BCRC special project.
15.5 Final CP Process (Beneficiaries)

The following process is for cases where the debtor is the beneficiary and the beneficiary wishes to initiate the Final CP process.

15.5.1 Notify BCRC within 120 Days of Settlement

If you want a case that is approaching settlement to be a part of the Final CP process, you must initiate the process on the MSPRP by first notifying the BCRC. See also Section 14.1.2.6.

To initiate the Final CP process:

1. From the Case Information page, click the Begin Final Conditional Payment Process and Provide 120 Days’ Notice of Anticipated Settlement action.
2. Click Continue.
   
   The Warning – 120 Day Notification Action Can Only Be Selected Once page appears (Figure 15-1).
3. Click Cancel to cancel the process and return to Case Information page or click Continue to proceed.
   
   The 120 Days’ Notice of Anticipated Settlement Confirmation page appears (Figure 15-2).
4. Click Continue to return to the Case Information page.
   
   When you click Continue, the case is put into the Final CP process.

Figure 15-1: Warning – 120 Day Notification Action Can Only Be Selected Once
15.5.2 View/Submit Disputes

If the Final CP case includes any claims or claim line items that you believe are not related to the case, you must submit the dispute on the MSPRP. Disputes submitted on the MSPRP for Final CP cases are addressed within 11 business days.

To view/dispute claims:

1. Click View/Dispute Claims Listing on the Case Information page for the applicable Case ID.
2. Click Continue.
3. Follow the detailed steps in Section 14.1.2.5 regarding how to view and dispute claims.

15.5.2.1 Electronic Dispute Denials for Final CP Cases

This option is available on Final CP cases in which at least one submitted dispute was denied after the Final CP process was initiated. It allows you and any authorized representatives who have a verified Proof of Representation and who have logged in to the MSPRP using multi-factor authentication to request an Electronic Dispute Denial for Final Conditional Payment Case Letter that includes the current Conditional Payment Amount.

This letter, along with the Payment Summary Form, is created and displayed in separate browser windows. The letter and the Payment Summary Form will both display in .PDF format. The Payment Summary Form includes all claims related to the case.

Note: The letter and Payment Summary Form can be saved and/or printed.

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

1. Click the Request an Electronic Dispute Denial for Final Conditional Payment Case Letter checkbox on the Case Information page for the applicable Case ID and click Continue.
The *Electronic Dispute Denial for Final Conditional Payment Case Letter Confirmation* page appears, in a separate window. It confirms that you have successfully submitted a request for an *Electronic Dispute Denial for Final Conditional Payment Case Letter*.

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

**Figure 15-3: Electronic Dispute Denial for Final CP Letter Confirmation**

### 15.5.3 Request Final CP Amount

Within 120 calendar days after initiating the *Final CP* process, you are required to request your Final Conditional Payment Amount. This action can only be completed **once** per case.

When you click the **Calculate Final Conditional Payment Amount** action, your conditional payment amount will be frozen, and you will not be permitted to submit any additional disputes. This amount will remain your Final Conditional Payment Amount as long as:

- Your actual Settlement Date is within three (3) business days of requesting your Final Conditional Payment Amount, and
- You submit notice of settlement information on the MSPRP within 30 calendar days of requesting your Final Conditional Payment Amount.

If you fail to provide this information in time, additional claims may be added to your conditional payment amount. However, this amount may decrease if unrelated claims are identified and removed from the conditional payment amount.

To request a Final Conditional Payment Amount:

1. **Click Calculate the Final Conditional Payment Amount** on the *Case Information* page.
   
   The *WARNING – Calculate Final Conditional Payment Amount Can Only Be Selected Once* page appears (Figure 15-4).
   
   **Note:** New claims can be added to the case at any time until you request a Final Conditional Payment Amount.

2. **Click Cancel** to cancel this process and return to *Case Information* page or click **Continue** to proceed.
   
   The *Calculate Final Conditional Payment Amount Confirmation* page appears (Figure 15-5).

3. **Click Continue** to return to the *Case Information* page.
Figure 15-4: Warning – Calculate Final CP Amount Can Only Be Selected Once

WARNING - Calculate Final Conditional Payment Amount Can Only Be Selected Once

Case ID: 20111

Beneficiary Last Name: Lastname

Final Conditional Payment Amount: $####

Medicare ID: ******

Final Conditional Payment Requested: 06/01/2015

The Final Conditional Payment Amount displayed on this page includes all items and services the Beneficiary Coordinated & Recovery Center (BCRC) has identified as being related to the pending insurance or workers’ compensation claim that Medicare has paid conditionally to date. Please review this amount carefully. * Please Note: This amount may decrease if unrelated claims are identified when you click Continue. If you continue with this process, you will not be able to submit any additional disputes. However, Medicare’s demand letter will provide information on how to request an appeal if you disagree with the amount or existence of the debt once you receive the demand letter.

Your Final Conditional Payment Amount will not increase as long as:
1. Your actual settlement date is within 3 business days of 06/01/2015.
2. You provide notice of settlement information on the MSPPR by 06/30/2015.

Failure to provide this information timely may result in new claims being added to your case and your conditional payment amount to increase.

NOTE: This case involves alleged exposure to an environmental hazard, ingestion of a particular substance, or the effects of an implant, it is your responsibility to ensure that the Final Conditional Payment Amount includes all claims related to your case before you continue with this process.

Click Continue to proceed or Cancel to return to the Case Information page.

Continue | Cancel

Figure 15-5: Calculate Final Conditional Payment Amount Confirmation

Calculate Final Conditional Payment Amount Confirmation

Case ID: 20111

Beneficiary Last Name: Lastname

Final Conditional Payment Amount: $####

Medicare ID: ******

Final Conditional Payment Requested: 06/01/2015

You have successfully requested your Final Conditional Payment Amount. In order for this amount to remain valid, your settlement must be reached by 06/04/2015 and you must provide your settlement information on the MSPPR within 30 calendar days of the Final Conditional Payment Requested date.

Click Continue to return to the Case Information page.

Continue

Quick Help
Help About This Page
15.5.4 Request Conditional Payment Letter

When a case is in the Final CP process and you request a conditional payment letter, electronic or mailed, you will receive one of the following letters, depending on the status of your Final CP case:

- Notice of Anticipated Settlement Letter – generated if the Final Conditional Payment Status is set to Active.
- Final Conditional Payment Letter – generated if the Final Conditional Payment Status is set to Pending NOS or Complete. This letter is only available in an electronic format.

A conditional payment letter includes a Payment Summary Form, which lists all claims paid by Medicare that are being claimed and/or released with respect to the accident, illness, injury, or other incident. See also Sections 14.1.2.3 and 14.1.2.4.

Note: The ability to request an electronic version of the conditional payment letter is available to beneficiaries and authorized beneficiary representatives who have a verified POR signed by the beneficiary, and who have logged into the MSPRP in using multi-factor authentication. Insurers and their authorized representatives who have a verified Recovery Agent Authorization, who log in using multi-factor authentication, can also request an eCPL for insurer-debtor cases only.

15.5.4.1 Mailed Copy of the Notice of Anticipated Settlement Letter

If the status of your Final CP case is Active, and you request a mailed copy of the conditional payment letter, you will receive the Notice of Anticipated Settlement Letter along with a Payment Summary Form.

To request a mailed copy of the Notice of Anticipated Settlement Letter:

1. Click the Request a mailed copy of the conditional payment letter checkbox on the Case Information page for the applicable Case ID and click Continue.

   The Notice of Anticipated Settlement Letter Confirmation page appears, confirming that you have successfully submitted a request for this conditional payment letter. You and all authorized representatives on the case will receive a copy of the Notice of Anticipated Settlement Letter.

2. Click Continue to return to the Case Information page.

Figure 15-6: Notice of Anticipated Settlement Letter Confirmation
15.5.4.2 **Electronic Notice of Anticipated Settlement Letter**

If the status of your Final CP case is **Active**, and you request an electronic copy of the conditional payment letter, you will receive the electronic version of the *Notice of Anticipated Settlement Letter* along with a *Payment Summary Form*.

To request an electronic copy of the *Notice of Anticipated Settlement Letter*:

1. Select the **Request an Electronic Copy of the Conditional Payment Letter with Current Conditional Payment Amount** action.

   The *Electronic Notice of Anticipated Settlement Letter Confirmation* page appears, confirming that you have successfully submitted a request for an *Electronic Notice of Anticipated Settlement Letter*.

   **Note:** The *Electronic Notice of Anticipated Settlement Letter* and *Payment Summary Form* are displayed in a separate window.

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

   **Note:** The *Electronic Notice of Anticipated Settlement Letter* and the *Payment Summary Form* can be saved and/or printed.

---

**Figure 15-7: Electronic Notice of Anticipated Settlement Letter Confirmation**

![Electronic Notice of Anticipated Settlement Letter Confirmation](image)

---

15.5.4.3 **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 15-8).

   **Note:** The *Final Conditional Payment Letter* and *Payment Summary Form* are displayed in a separate window.

2. Click **Continue** to return to the *Case Information* page.
**Note:** The *Final Conditional Payment Letter* and the *Payment Summary Form* can be saved and/or printed.

**Figure 15-8: Electronic Final Conditional Payment Letter Confirmation**

![Electronic Final Conditional Payment Letter Confirmation](image)

**15.5.5 Final CP Requirements for Providing Settlement Information**

For a case to remain in the *Final CP* process, notice of settlement information must be provided on the MSPRP within 30 calendar days of requesting the Final Conditional Payment Amount and the Settlement Date must be within three (3) business days of the *Final Conditional Payment Requested* date.

See Section 14.1.2.9 for details on how to provide notice of settlement on the MSPRP.

- If the *Final Conditional Payment Status* on the *Case Information* page is **Voided**, and you click the *Provide the Notice of Settlement Information* action on the *Case Information* page, the *Final Conditional Payment Amount Voided Confirmation* page (Figure 15-9) appears instead of the *Settlement Information* page.

  This page notifies you that you did not comply with the Final CP requirements and the case was voided from the *Final CP* process. Click **Continue** on this page to be transferred to the *Settlement Information* page.

- If the *Final Conditional Payment Status* on the *Case Information* page is **Pending NOS**, the *Settlement Information* page appears.

  If the Settlement Date entered on this page is **not** within three (3) business days of the *Final Conditional Payment Requested* date:

  - The *Verify Settlement Date* page appears as a warning to you to check that the Settlement Date entered is correct (Figure 15-10).
  - If you click **Continue**, the Final Conditional Payment Amount will be voided and the case will be removed from the *Final CP* process.
15.6 Final CP Process (Insurers)

Insurer-debtor cases that are within 120 calendar days of anticipated settlement can also be placed in the Final Conditional Payment process. This action is only available to the identified insurer-debtor or their authorized representatives who have a verified Recovery Agent Authorization.

NOTE: When an insurer or their authorized representative initiates the Final CP Process on their insurer-debtor case, they are confirming the following:

- A settlement is pending on the case, and
- They do not have outstanding Ongoing Responsibility for Medicals (ORMs) for the case.

Once the Final CP process has been started on a case where the insurer is the identified debtor, the following events will occur:

- Insurer-debtor case will be closed and put in a Transitioned status.
- Debt from the insurer-debtor case will be transferred to a new case where the beneficiary is the identified debtor.
- The insurer and authorized representatives will not be able to work the beneficiary-debtor case or receive copies of any recovery-related correspondence related to the new beneficiary-debtor case until they obtain and submit an authorization signed by the beneficiary.
15.6.1 Notify BCRC that Insurer-Debtor Case is 120 Days of Settlement

To notify the BCRC:

1. From the Case Information page, click the Begin Final Conditional Payment Process and Provide 120 Days’ Notice of Anticipated Settlement action.

2. Click Continue.

   The Warning – 120 Day Notification Action Can Only Be Selected Once page appears (Figure 15-11).

3. Click Cancel to cancel the process and return to Case Information page or click Continue to proceed.

   The 120 Days’ Notice of Anticipated Settlement Confirmation page appears (Figure 15-12).

4. Click Continue to proceed.

   The debt will be transferred to a new Final CP case with the beneficiary as the debtor and the insurer and their authorized representatives will not receive any further correspondence on the beneficiary-debtor case or be permitted to take any additional action on the case unless proper Consent to Release or Proof of Representation from the beneficiary is submitted to the BCRC.

   See Chapter 10 for more information on submitting authorizations.

The beneficiary will then be required to complete the following steps in the Final CP process, as outlined in Section 15.2.

Figure 15-11: 120-Day Notification Action Can Only Be Selected Once (Insurer)
Figure 15-12: 120-Day Notice of Settlement Confirmation (Insurer)

You have successfully notified the Benefits Coordination & Recovery Center (BCRC) that the debt associated to this case is within 120 calendar days of anticipated settlement. This debt has been transferred to the beneficiary and has been placed in the Final Conditional Payment process. Within 7-12 business days, a new Conditional Payment Letter will be mailed to the beneficiary associated to the new case. This letter will include a list of claims currently associated to the new case, information about the Final Conditional Payment process, and the procedures the beneficiary must follow going forward. You will not receive a copy of this letter or any correspondence for this new case unless you submit a proper Consent to Release or Proof of Representation signed by the beneficiary to the BCRC.

Click Continue to return to the Case Information page.
The MSPRP provides authorized users with the following options if the user disagrees with the balance detailed in the demand letter: The user may submit a request to appeal the demand amount (i.e., Redetermination), to waive the amount (in full or in part), or to reduce the amount (i.e., Compromise), depending on the circumstances.

- **Redetermination (Appeal) Requests**: If you are a beneficiary-debtor or insurer-debtor, or are a verified authorized representative, and you have received a demand letter, you have the right to appeal the determination if you disagree that you owe money, as explained in the demand letter, or if you disagree with the amount that you owe (see Section 16.1).

- **Waiver (Dismiss) Requests**: If you are the beneficiary-debtor, or a verified authorized representative of the beneficiary, and a demand letter has been sent for the case, you have the right to request that Medicare waive recovery of the demand amount owed in part or in full. The amount may be waived or dismissed if you are not at fault for Medicare making conditional payments and if paying back the money would cause financial hardship or would be unfair for some other reason (see Section 16.2). *(Note: The right to request a waiver of recovery is separate from the right to appeal the demand letter. However, both requests can be made at the same time.)*

- **Compromise Requests**: If you are the beneficiary-debtor, or a verified authorized representative of the beneficiary, you have the right to submit a request for Medicare to accept less than the amount owed. A compromise request can be submitted either before the case has settled (pre-demand settlement) or after the case has settled (post-demand settlement) (see Section 16.3).

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

**16.1 Redetermination Requests (First Level Appeal)**

To begin the process, go to the *Case Information* page, click the **View/Submit Redetermination (First Level Appeal)** action, and review the *Warning – Confirm Request to Submit a Redetermination (First Level Appeal)* page (if a redetermination has not been submitted yet). Then, submit a redetermination request through the *Redetermination (First Level Appeal) Submission* page (Figure 16-2).

The submission page allows you to identify a claim or claims that you believe are not related to this case and include them in the request. You will be required to select at least one claim on this page and provide at least one reason (for each selected claim, other than “Other”) or documentation (in the form of written notes in the text box provided or via uploaded documents) to support the request on a subsequent page in this process.

Once Medicare receives your redetermination, they will review the request and decide if the original demand amount is correct and send you a letter that explains the reasons for their decision. This letter will also explain the steps you will need to follow to appeal that decision if it is less than fully favorable to you.
While your redetermination request is being processed at any level of review, no collection action will be taken.

### 16.1.1 Redetermination Timeline

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

- You have 120 calendar days from the date you receive the demand letter to submit a redetermination request.
- If you do not file a redetermination request within the first 30 days after receipt of the demand letter, interest begins to accrue.
- Once the redetermination request is submitted, Medicare will make a decision on the case within 60 days.
- If additional documentation is submitted after the redetermination was requested, Medicare has an additional 14 days (equaling 74 days from the original redetermination request) to make a decision.

### 16.1.2 Before Requesting a Redetermination

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

- A demand letter has been sent for the case.
- Redetermination requests must be submitted within 120 days after you receive the demand letter.
- Users may submit only one request per claim or claim line. However, you may combine multiple claims into one redetermination request.

### 16.1.3 Submitting a Redetermination Request

To submit a redetermination request:

1. Go to the Case Information page and click the View/Submit Redetermination (First Level Appeal) action.

   If a redetermination has not been submitted on the MSPRP when you click this action, you will be directed to the Warning – Confirm Request to Submit a Redetermination (First Level Appeal) page (Figure 16-1).

   If a redetermination has already been submitted by mail or on the MSPRP when you click this action and further claims are available for redetermination, you will be directed to the Redetermination (First Level Appeal) Submission page (Figure 16-2).

   If a redetermination has already been submitted by mail or on the MSPRP when you click this action, AND no options remain for submitting further redetermination requests (outside the time frame, or no claims remain available, or you are a beneficiary representative with a CTR), you will be directed to the read-only View Submitted Redeterminations page (Figure 16-7).
2. Review the warning page. Click **Cancel** to cancel the redetermination submission and return to the **Case Information** page or click **Continue** to proceed.

The **Redetermination (First Level Appeal) Submission** page appears (Figure 16-2). The details shown for each of the listed claims depends on your authorization level. All claims appear in the same order in the Payment Summary Form (PSF).
Figure 16-2: Redetermination (First Level Appeal) Submission (Example: Beneficiary/MFA)

Table 16-1: Redetermination (First Level Appeal) Submission Fields

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case ID</td>
<td>Displays the current Case ID.</td>
</tr>
<tr>
<td>Demand Amount</td>
<td>Displays the amount currently being demanded.</td>
</tr>
<tr>
<td>Demand Letter Date</td>
<td>Displays the date of the demand letter.</td>
</tr>
<tr>
<td>Claims</td>
<td>-</td>
</tr>
<tr>
<td>Field</td>
<td>Description</td>
</tr>
<tr>
<td>-----------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Select for Redterm.</td>
<td>Select the box next to the available claim(s) you wish to include for redetermination. You must select at least one claim to continue. Click the <strong>Select All or Deselect All</strong> link to select or deselect all available claims. <strong>Note:</strong> Claims already submitted for redetermination will be read-only. Redeterminations in your favor will remove the claim from the case, so those will not appear.</td>
</tr>
<tr>
<td>Select for Reason</td>
<td>Select the box to add or remove a reason for the redetermination request as it applies to this claim. <strong>Notes:</strong> You can only select one reason per claim, but you can select a different reason for each claim. A reason (other than “Other”) or documentation is required for each claim selected. You can add documentation from the Redetermination (First Level Appeal) Verification page, after you click <strong>Continue</strong> on this page.</td>
</tr>
<tr>
<td>TOS</td>
<td>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 &amp; Supplies (DMEPOS) Claim) 73 - Carrier Full Encounter Claim 81 - Durable Medical Equipment Regional Carriers (DMERC) Non-DMEPOS 82 - DMERC DMEPOS <strong>Note:</strong> This column only appears for beneficiaries.</td>
</tr>
<tr>
<td>Claim Control ID (ICN)</td>
<td>Claim Number (Internal Control Number) assigned to the claim by the Medicare processing contractor.</td>
</tr>
<tr>
<td>Line #</td>
<td>This number indicates one or more services that were billed on a single claim per Date of Service.</td>
</tr>
<tr>
<td>Redeterm. Reason</td>
<td>Reason currently selected for requesting a redetermination of this claim, or the reason submitted with a prior submission.</td>
</tr>
<tr>
<td>Redeterm. Received</td>
<td>For prior redetermination submissions, displays the method of submission (MSPRP or Mail/Fax), and if MSPRP, the date submission was made.</td>
</tr>
<tr>
<td>Processing Contractor</td>
<td>Identification number for the Medicare contractor that processed the claim. <strong>Note:</strong> This column only appears for beneficiaries.</td>
</tr>
<tr>
<td>Provider Name</td>
<td>Name of the institutional or individual provider that submitted the claim for the service. <strong>Note:</strong> This column only appears for beneficiaries.</td>
</tr>
</tbody>
</table>
### Field Description

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosis Codes</td>
<td>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)</td>
</tr>
<tr>
<td></td>
<td>The diagnosis codes used by Medicare are known as ICD-9 or ICD-10 (ICD-9-CM or ICD-10-CM) codes (i.e., International Classification of Diseases 9th or 10th Revision, Clinically Modified). If you need assistance in understanding these codes, go to the following links:</td>
</tr>
<tr>
<td></td>
<td><a href="https://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/index.html">https://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/index.html</a> for more information regarding ICD-9 diagnosis codes.</td>
</tr>
<tr>
<td>Note: This column only appears for beneficiaries.</td>
<td></td>
</tr>
<tr>
<td>From Date</td>
<td>The start date of service for the claim.</td>
</tr>
<tr>
<td>Note: This column only appears for beneficiaries.</td>
<td></td>
</tr>
<tr>
<td>To Date</td>
<td>The end date of service for the claim.</td>
</tr>
<tr>
<td>Note: This column only appears for beneficiaries.</td>
<td></td>
</tr>
<tr>
<td>Total Charges</td>
<td>Amount billed by the provider.</td>
</tr>
<tr>
<td>Reimbursement Amount</td>
<td>Amount Medicare paid the provider.</td>
</tr>
<tr>
<td>Conditional Payment Amount</td>
<td>Amount due Medicare.</td>
</tr>
<tr>
<td>Select a Redetermination Reason to apply to the selected claims:</td>
<td>Choose a reason from the drop-down menu. This field only appears after you have selected a claim and checked the “Select for Reason” checkbox. Possible values: For BCRC cases:</td>
</tr>
<tr>
<td></td>
<td>- Select-</td>
</tr>
<tr>
<td></td>
<td>Duplicate Primary Payment</td>
</tr>
<tr>
<td></td>
<td>Previous Payment to CMS/Treasury/BCRC</td>
</tr>
<tr>
<td></td>
<td>Relatedness</td>
</tr>
<tr>
<td></td>
<td>Treatment Ended</td>
</tr>
<tr>
<td></td>
<td>Wrong Insurer</td>
</tr>
<tr>
<td></td>
<td>Other</td>
</tr>
<tr>
<td></td>
<td>For CRC cases:</td>
</tr>
<tr>
<td></td>
<td>- Select-</td>
</tr>
<tr>
<td></td>
<td>Benefits Exhausted</td>
</tr>
<tr>
<td></td>
<td>Policy Cancelled</td>
</tr>
<tr>
<td></td>
<td>Previous Payment to CMS/Treasury/CRC</td>
</tr>
<tr>
<td></td>
<td>Relatedness</td>
</tr>
<tr>
<td></td>
<td>Services Not Covered</td>
</tr>
<tr>
<td></td>
<td>Treatment Ended</td>
</tr>
<tr>
<td></td>
<td>Other</td>
</tr>
<tr>
<td>Apply</td>
<td>Click to apply selected reason for redetermination to selected claim(s).</td>
</tr>
<tr>
<td>Remove Reason</td>
<td>Click to remove reason for redetermination from selected claim(s).</td>
</tr>
<tr>
<td>Continue</td>
<td>Click to display the Redetermination (First Level Appeal) Verification page.</td>
</tr>
<tr>
<td>Cancel</td>
<td>Click to cancel the redetermination process and return to the Case Information page. No data will be saved.</td>
</tr>
</tbody>
</table>
3. Click the Select for Redeterm. checkboxes to select one or more available claims from the list to include with the redetermination request. Clicking Select All selects all the available claims, while Deselect All deselects all the selected claims.

4. Check the box in the Select for Reason column next to any selected claims for which you wish to provide a reason. Below the table, choose a reason to apply to all the selected claim(s). Click the Apply button to apply the selected reason to the selected claim(s).

If you are using more than one reason, apply the reason you wish to the claims you wish, and select and apply a new reason for the next claim(s).

Please submit documentation for any claims for which you don’t choose a reason, or for which you select the reason “Other.”

5. Click Continue to proceed to the Redetermination (First Level Appeal) Verification page to verify your selected claims and submit your supporting documentation (Figure 16-3).

6. Click Cancel to return to the Case Information page without saving any data.

Figure 16-3: Redetermination (First Level Appeal) Verification (Example: Beneficiary/MFA)
7. Review the list of selected claims for accuracy.

Verify this list to ensure that it includes all claims you wish to submit for redetermination. Once you click **Continue**, you will confirm submission of the redetermination and you will be prevented from adding any additional claims to the current redetermination request.

If you did not provide a reason (other than “other”) for each request, before you can proceed, you are also required to enter an explanation in the text box provided and/or upload at least one document in order to ensure proper review of the redetermination. If you are providing an explanation for your request, enter up to 500 characters of free-form text in the text area provided.

8. To upload supporting documentation, click **Upload Documentation** to open the *Redetermination (First Level Appeal) Documentation Upload* page.

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

Make sure you upload all supporting documentation before submitting your request. Once you complete the submission process, you cannot upload any more documents on the MSPRP for this redetermination request. However, see Section 16.4 for information on mailing additional documentation.

9. Click **Continue** to proceed or **Cancel** to cancel the redetermination submission.

If the upload was successful, the *Redetermination (First Level Appeal) Verification* page appears, displaying the text you entered (if applicable) and/or a list of the supporting documents to be submitted (Figure 16-4).
10. Click **Continue** to complete the submission and proceed to the read-only *Redetermination (First Level Appeal) Submission Confirmation* page (Figure 16-5).

11. Click **Continue** on the confirmation page to return to the *Case Information* page.
16.1.4 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 16-4). Click **Delete** next to any document that you want to remove from the list.

**Figure 16-6: Redetermination (First Level Appeal) Documentation Upload**

![Redetermination (First Level Appeal) Documentation Upload](image)

16.1.5 **Viewing Redetermination Requests**

After submitting a redetermination request successfully, whether by mail or on the MSPRP, you can view that request in one of two ways:

When there is still the possibility of submitting further redetermination requests (see below), clicking the **View/Submit Redetermination (First Level Appeal)** action on the *Case Information* page will (after you click through the warning page; beneficiary representatives with a CTR will not see the warning page) show you all the claims attached to your case. Any claims with submitted requests will be shown as read-only; any claims with successful (in your favor) redeterminations will not appear (that is, disassociated from the case); and any claims still available for redetermination will be shown as such on the submission version of the page.

At any time in the process, you can view submitted claims by clicking the **Waiver/Redetermination/Compromise** tab on the *Case Information* page to see the following details for the redetermination(s) that has/have been requested for the current case ID: *Received* (date), *Decision*, and the *Decision Date* (Table 14-8). Additionally, you can view activity details for a successful redetermination submitted for a case on the *Account Activity* page (Figure 8-27).
16.2 Waiver Requests

To begin the waiver request submission process, go to the Case Information page, click the Submit Waiver Request action, and review the Warning – Confirm Request to Submit a Waiver page. Then, review information about the submission process on the Waiver Submission page. From there, you can access the Waiver Documentation Upload page, where you may begin your waiver request. This page allows you to upload documentation to support a waiver request. You will be required to provide documentation (in the form of written notes in the text box provided or via uploaded documents) to support the request, depending on your reason for the waiver request.

Once the BCRC receives your waiver request, they will review it and decide if the waiver of recovery can be granted and send you a letter that explains the reason for their decision. This letter will also explain the steps you will need to follow to appeal that decision if it is less than fully favorable to you.

Note: The right to request a waiver of recovery is separate from the right to appeal the demand amount; however, both a waiver and an appeal may be requested at the same time.

Once a decision is made, the decision will be displayed on the MSPRP on the Waiver/Redetermination/Compromise tab of the Case Information page.
16.2.1 Before Requesting a Waiver

When submitting a waiver request, please note the following:

- The case cannot have any waiver requests.
- A demand letter must have been sent.

16.2.2 Submitting a Waiver Request

To submit a waiver request:

1. Go to the Case Information page and click the **Submit Waiver Request** action.
   
The Warning – Confirm Request to Submit a Waiver page appears (Figure 16-8).

2. Review the warning page. Click **Cancel** to cancel the waiver submission and return to the Case Information page or click **Continue** to proceed.
   
The Waiver Submission page appears (Figure 16-9).

3. Review details about the waiver submission process and conditions for a waiver.
   
   If you are claiming financial hardship, it is recommended that you complete and submit the **SSA 632 Request for Waiver** form, which requests specific information about the beneficiary’s income, assets, expenses, and the reasons why waiver of recovery should be granted. Click the **SSA 632 Request for Waiver** hyperlink on this page to access this form and instructions on completing it. Optionally, you may also download the **SSA 632** form on the ssa.gov website. Save the form to your computer. You will upload it on the Waiver Verification page.

4. Click **Continue** to proceed.
   
The Waiver Verification page appears (Figure 16-10). Click **Cancel** to return to the Case Information page.
Figure 16-8: Warning – Confirm Request to Submit a Waiver

You are choosing to submit a waiver request. This action allows you to request the Medicare program to waive recovery of the demand amount owed in full or in part. The right to request a waiver of recovery is separate from the right to request a redetermination (first level appeal). The Medicare program may waive recovery of the amount owed if the following conditions are met:

- The beneficiary is not at fault for Medicare making conditional payments, and
- Paying back the money would cause financial hardship or would be unfair for some other reason.

To determine if a plaintiff/beneficiary is “without fault,” the following factors will be considered:

- The amount of out-of-pocket medical expenses incurred by the beneficiary;
- Whether the beneficiary's assets are insufficient to pay Medicare;
- The beneficiary's assets, monthly income, and expenses, and
- The age of the beneficiary and whether he or she has any physical or mental impairments.

If you believe that you meet these qualifications and wish to submit a waiver request, click Continue. To cancel this process, click Cancel to return to the Case Information page.

Figure 16-9: Waiver Submission

An asterisk (*) indicates a required field.

Case ID:         Demand Amount: $10,523.85  Demand Letter Mail Date: 10/01/2015

The waiver submission requires you to complete and submit the SSA 632 Request for Waiver form which requests specific information about the beneficiary's income, assets, expenses, and the reasons why waiver of recovery should be granted. A copy of this form and instructions on how to complete this form may be accessed at the following link: SSA 632 Request for Waiver.

Once a decision has been made, you will receive a letter that explains the reason(s) for the decision and the steps to be followed to appeal that decision if it is less than fully favorable. Click Continue to proceed. The screen that displays next will allow you to enter information to justify the waiver request and provide any supporting documentation. Click Cancel to return to the Case Information page to cancel the waiver request at this time.
5. Enter an explanation in the text box provided and/or upload at least one document to ensure proper review of the waiver request.

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

6. To upload supporting documentation, click **Upload Documentation** to open the *Waiver Documentation Upload* page. See Section 16.2.3 for information on uploading waiver documents and completing submission.

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

   Make sure you upload all supporting documentation before submitting your request. Once you complete the submission process, you cannot upload any more documents on the MSPRP for this waiver request. However, see Section 16.4 for information on mailing additional documentation.

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

   If the upload was successful, the *Waiver Verification* page appears, displaying any text you entered and a list of the supporting documents to be submitted.
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.
16.2.3 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 16-11). Click Delete next to any document that you want to remove from the list.
16.2.4 Viewing Waiver Request Details

After submitting a waiver request successfully on the MSPRP, you can view details about your request and all requests submitted for a case by clicking the Waiver/Redetermination/Compromise tab on the Case Information page. This tab displays a record of each waiver that has been requested for the current Case ID and includes details such as the Received (date), Decision, and the Decision Date (see Table 14-8 for details). Additionally, non-beneficiary users and account managers can view activity details for all successful waivers submitted for a case on the Account Activity page (see Figure 8-27).

16.3 Compromise Requests

To begin the compromise request submission process, go to the Case Information page, click the Submit Compromise Request action, and review the Warning – Confirm Request to Submit a Compromise page. Then, submit a request through the Compromise Request page. This page allows you to submit a request for compromise before or after settlement. You will be required to enter the amount of compromise, state the reason why you believe a compromise should be granted, and provide documentation (in the form of written notes in the text box provided or via uploaded documents) to support the request.

Once the BCRC receives your compromise request, they will forward it to the appropriate Centers for Medicare & Medicaid Services (CMS) Regional Offices (RO) for review. A staff member from the Regional Office will decide if your request can be granted and contact you once a decision is made.

Note: The BCRC does not have the authority to approve or deny compromise requests. A compromise decision made by CMS is final and is not subject to appeal; however, if you do not agree with the compromise amount, you may decline the offer and submit a waiver request.

16.3.1 Before Requesting a Compromise

When submitting a compromise request, please note the following:
The case must be in an Open, Bill Issued, Demand Issued, or Demand in Process status.
Compromise requests cannot be submitted when the case status is Claim Retrieval, Closed, In Development, or Transitioned.

### 16.3.2 Submitting a Compromise Request

To submit a compromise request:

1. Go to the **Case Information** page and click the **Submit Compromise Request** action.
   The **Warning – Confirm Request to Submit a Compromise** page appears (Figure 16-14).

2. Review the warning page. Click **Cancel** to cancel the compromise submission and return to the **Case Information** page or click **Continue** to proceed.
   The **Compromise Request** page appears.

   **Note:** The details shown on the request page vary depending on whether the request is being submitted before or after settlement. For compromise requests submitted after settlement (post-demand), the request page will display either the attorney fees and attorney expenses/procurement costs or attorney fee percentage (depending on which was selected when settlement information was provided). If you are submitting a request before settlement, you will be able to enter this information.

3. Enter the required information in the fields provided.
   If you are requesting a compromise before settlement (pre-demand), you must enter the proposed/negotiated settlement amount, attorney fees, and the compromise amount (see Figure 16-15). If you are requesting a compromise after settlement (post-demand), you will only need to enter the compromise amount (Figure 16-16).

---

**Figure 16-14: Warning – Confirm Request to Submit a Compromise**

<table>
<thead>
<tr>
<th>WARNING – Confirm Request to Submit a Compromise</th>
</tr>
</thead>
<tbody>
<tr>
<td>You are choosing to submit a compromise request. This action allows you to request the Medicare program to compromise the amount you owe and accept a lesser amount. Compromise requests must be submitted in writing to the Benefits Coordination &amp; Recovery Center (BCRC), who will forward the request to the appropriate Centers for Medicare &amp; Medicaid Services (CMS) Regional Office for requests of (&lt;$100,000) or Central Office for requests of (&gt; $100,000) for consideration.</td>
</tr>
<tr>
<td>A compromise decision made by CMS is final and is not subject to appeal. However, if you are not in agreement with the CMS compromised amount, you do not have to accept it. You have the option to decline the offer and pursue a waiver.</td>
</tr>
<tr>
<td>A compromise can be requested before or after settlement. If the request is post-settlement, settlement information must be submitted in writing before your request will be processed.</td>
</tr>
<tr>
<td>CMS uses the following factors to determine if a compromise or suspension of a claim is warranted. Whether or not a compromise will be granted depends on a number of factors and each matter is considered on a case-by-case basis.</td>
</tr>
<tr>
<td>1. Inability to pay - the cost of collection does not justify the enforced collection of the full amount of the claim;</td>
</tr>
<tr>
<td>2. If there is an inability to pay within a reasonable time on the part of the individual against whom the claim is made, or</td>
</tr>
<tr>
<td>3. Chances of successful litigation are questionable, making it advisable to seek a compromised settlement.</td>
</tr>
<tr>
<td>If you believe that you meet these qualifications and wish to submit a compromise request, click Continue to proceed or Cancel to return to the Case Information page.</td>
</tr>
</tbody>
</table>

---

16-19
Figure 16-15: Compromise Request (Pre-Demand)
4. Enter an explanation in the *Additional Notes* text box provided and/or upload at least one document for the compromise request.

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

5. To upload supporting documentation, click **Upload Documentation** to open the *Compromise Request Documentation Upload* page. See Section 16.3.3 for information on uploading compromise request documents and completing submission.

   **Notes:** Make sure you upload all supporting documentation before submitting your request. Once you complete the submission process, you cannot upload any more documents on the MSPRP for this compromise request. However, see Section 16.4 for information on mailing additional documentation.

6. Click **Continue** to proceed or **Cancel** to cancel the compromise request submission.

   If the upload was successful, the *Compromise Request* page appears, displaying settlement details, attorney fees, compromise amount, additional notes (if applicable), and a list of the supporting documents to be submitted (Figure 16-17).
7. Review the request page and click **Continue** to complete the submission and proceed to the read-only **Compromise Request Confirmation** page (Figure 16-18).

8. Click **Continue** on the confirmation page to return to the **Case Information** page.

**Figure 16-17: Compromise Request (Pre-Demand Uploaded Documents)**

**Figure 16-18: Compromise Request Confirmation**
16.3.3 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 16-17). Click Delete next to any document that you want to remove from the list.

*Figure 16-19: Compromise Request Documentation Upload*

16.3.4 Viewing Compromise Request Details

After submitting a compromise request successfully on the MSPRP, you can view details about your request and all requests submitted for a case by clicking the Waiver/Redetermination/Compromise tab on the Case Information page. This tab displays a record of each compromise that has been requested for the current Case ID and includes details such as the Received (date), Decision, and the Decision Date (see Table 14-7 for details). Additionally, non-beneficiary users and account managers can view activity details for all successful compromises submitted for a case on the Account Activity page (see Figure 8-27).
16.4 Submitting Additional Documentation

If you need to provide additional supporting documentation for the redetermination, waiver, or compromise request you submitted on the MSPRP, you must mail it to one of the following addresses.

For CRC Cases
Medicare
Commercial Repayment Center (CRC)
PO Box 269003
Oklahoma City, OK 73126

For BCRC Cases
Medicare
MSPRP
PO Box 138892
Oklahoma City, OK 73113
From any page in the MSPRP, click the **Logoff** link at the top right side of the page. The system ends your session and displays the *Sign off successful* page. Once this appears you can close your browser.

**Figure 17-1: Sign Off Successful**

![Sign off successful](image)
18.1 Replace Account Representative

Use the **Edit** button on the *Update Corporate Information* page. This can be accomplished from the *Account Settings* box on your home page (see Section 8.2.1).

18.2 Replace Account Manager

If an Account Manager 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.

18.3 Unsuccessful Account Registration

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

18.4 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.

### 18.5 Unsuccessful Account Designee Invitation

**Account Designee E-mail Address Matches Account Representative or Account Manager E-mail Address**

An error message will display if, while an AM is adding an 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.

### 18.6 Unsuccessful Account Designee Registration

**Incorrect Passphrase**

The passphrase must be provided to the AD by the AM, outside the system. It will not be included in the invitation 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.

### 18.7 Unsuccessful Login

**Invalid Login ID**

Refer to Chapter 6.

**Inactive Login ID**

If you receive this error message at login, your access to the MSPRP site has been deactivated due to inactivity in the last 180 days. Contact an EDI representative to reactivate your login ID and create a new password.
Revoked Login ID

If you receive this error message at login, you can no longer access the MSPRP site.

Invalid Password

Refer to Section 6.4.

Expired Password Account

Refer to Section 6.4.

Deleted Account

If you receive this error message at login, your account’s Account ID has been deleted. It has been deleted because a signed Profile Report has not yet been received by Medicare and 61 business days have elapsed from the date the Profile Report was sent. Your account must go through the Registration and Setup processes again to gain access to the MSPRP site.

18.8 Case Request Errors

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

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

18.9 Concurrent Sessions

If you login two times, you will have concurrent sessions running. You will receive an error message (Figure 18-1). Click **Continue** to close the original session and continue with your process.

Figure 18-1: Concurrent Sessions Detected
# Appendix A: Acronyms

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>AD</td>
<td>Account Designee</td>
</tr>
<tr>
<td>ACH</td>
<td>Automated Clearing House</td>
</tr>
<tr>
<td>AM</td>
<td>Account Manager</td>
</tr>
<tr>
<td>AR</td>
<td>Account Representative</td>
</tr>
<tr>
<td>BCRC</td>
<td>Benefits Coordination &amp; Recovery Center</td>
</tr>
<tr>
<td>CMS</td>
<td>Centers for Medicare &amp; Medicaid</td>
</tr>
<tr>
<td>COBSW</td>
<td>Coordination of Benefits Secure Website</td>
</tr>
<tr>
<td>CRC</td>
<td>Commercial Repayment Center</td>
</tr>
<tr>
<td>CTR</td>
<td>Consent to Release</td>
</tr>
<tr>
<td>DRG</td>
<td>Diagnosis Related Group</td>
</tr>
<tr>
<td>DUA</td>
<td>Data Use Agreement</td>
</tr>
<tr>
<td>EDI</td>
<td>Electronic Data Interchange</td>
</tr>
<tr>
<td>EIN</td>
<td>Employer Identification Number</td>
</tr>
<tr>
<td>ERIP</td>
<td>Enterprise Remote Identity Proofing</td>
</tr>
<tr>
<td>GEM</td>
<td>General Equivalence Mapping</td>
</tr>
<tr>
<td>HCPCS</td>
<td>Healthcare Common Procedure Coding System</td>
</tr>
<tr>
<td>HICN</td>
<td>Health Insurance Claim Number</td>
</tr>
<tr>
<td>IDR</td>
<td>Integrated Data Repository</td>
</tr>
<tr>
<td>MBI</td>
<td>Medicare Beneficiary Identifier</td>
</tr>
<tr>
<td>MFA</td>
<td>Multi-Factor Authentication</td>
</tr>
<tr>
<td>MSP</td>
<td>Medicare Secondary Payer</td>
</tr>
<tr>
<td>NPI</td>
<td>National Provider Identifier</td>
</tr>
<tr>
<td>PIN</td>
<td>Personal Identification Number</td>
</tr>
<tr>
<td>POR</td>
<td>Proof of Representation</td>
</tr>
<tr>
<td>RIDP</td>
<td>Remote Identity Proofing</td>
</tr>
<tr>
<td>SSN</td>
<td>Social Security Number</td>
</tr>
<tr>
<td>TIN</td>
<td>Tax Identification Number</td>
</tr>
<tr>
<td>TOS</td>
<td>Type of Service</td>
</tr>
<tr>
<td>TPA</td>
<td>Third Party Administrator</td>
</tr>
<tr>
<td>VIP</td>
<td>Validation and Identity Protection</td>
</tr>
</tbody>
</table>
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 appears with both add-ons enabled (Figure B-2).

2. From the program list, click to select one or both the “Lync add-on” and “Lync Browser Helper” add-ons.

3. Click either the Disable (or Disable All) button (depending on whether you selected one or both programs, respectively).
   
The programs are displayed in Disabled status (Figure B-3). Note: Disabling one program automatically disables the other one.

4. Click Close to close the dialog.

Figure B-1: Tools Menu Manage Add-Ons
Figure B-2: Manage Add-Ons Dialog (Add-Ons Enabled)

Figure B-3: Manage Add-Ons Dialog (Add-Ons Disabled)
Appendix C: Previous Version Changes

Version 4.6
Instead of allowing debtors to submit one redetermination (first level appeal) per Benefit Coordination & Recovery (BCRC) or Commercial Repayment Center (CRC) Non-Group Health Plan (NGHP) case, debtors and their authorized representatives can now submit more than one redetermination request per case—one appeal per claim or line item. Debtors can also select a reason for each request (Sections 14.1.1, 14.1.2.11, and Chapter 16).

To assist Account Managers (AMs) with designee-limit tracking and the identification of inactive accounts, the Total Number of Account Designees has been added, and AMs can now search (by last name), sort, and filter Account Designees (ADs) by Last Login Date, Last Name, and Status fields on the Designee Listing page (Section 8.3).

AMs can now add up to 200 ADs to a corporate account (Sections 2.2, 2.3.3, 4.1, and 8.3).

To reduce the number of version and revision history pages, this guide now includes only information from the last four releases.

Version 4.5
To allow users to submit electronic payments for demands via the MSPRP, functionality has been added to the Payment Information tab on the Case Information page to start the payment process. Additionally, a new read-only Electronic Payment History tab has been added so users can track these payments (Sections 14.1.1, 14.1.1.1, 14.1.1.2).

To comply with the Social Security Number (SSN) Fraud Prevention Act of 2017, the first five numbers of the SSN and Health Insurance Claim Number (HICN) will be masked (hidden from view) with asterisks on all outgoing hardcopy and electronic letters and attachments.

The Benefits Coordination & Recovery Center (BCRC) contact address for mailing additional supporting documentation has been updated (Chapter 16 and Figure 7-17).

To clarify the role of Account Representatives (ARs) in the MSPRP, the guide has been updated to more clearly explain restrictions for ARs (Sections 2.3.1, 2.3.2, and 3.2, and Chapters 4 and 5).

Version 4.4
To clarify the process of changing passwords, the Change Password screen has been updated so that users may enter either their current or temporary password, whichever is applicable (Section 8.5).

To streamline the Multi-Factor Authentication (MFA) registration process, users will no longer have to download and activate a software Credential ID using the Symantec Validation and Identity Protection (VIP) Service website. Instead, users can now register and activate up to two MFA factors (a phone number used to authenticate your login via voice call or text) on the MSPRP (Chapter 7).

To more clearly describe possible reasons that an authorization may be rejected, the “Name on Document Does Not Match the Portal Submitter” reason has been updated and a new reason,
“Name on Document Does Not Match the Name Entered,” has been added to the user guide (Section 10.3).

To allow MSPRP users to report an Non-Group Health Plan (NGHP) Medicare Secondary Payer (MSP) case on the MSPRP, self-reporting functionality has been added to the MSPRP to provide users with the ability to report a case on behalf of a beneficiary or an insurer (Chapter 13).