Medicare Secondary Payer Recovery Portal (MSPRP)

User Guide

Version 6.5

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Confidentiality Statement

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Chapter 1: Summary of Version 6.5 Updates

The following updates have been made in Version 6.5 of the Medicare Secondary Payer Recovery Portal (MSPRP) User Guide:

To stop inaccurate case creation, users will not be able to report a case if the beneficiary was not entitled to Medicare as of the date of incident (Section 13.1.2).

The ability to include attorney fees and/or expenses has been added for workers' compensation (WC) cases where the debtor is the beneficiary (Section 15.1.2.9).

To reflect changes to the registration and login process, the security question selections for initial registration and password reset procedure have changed (Section 6.4).

The fax number for the Benefits Coordination & Recovery Center (BCRC) has changed (Section 13.1.1).

To clarify changes to the compromise process, the ability to submit a pre-settlement compromise has been removed from the MSPRP (Sections 15.1.2.13, 17.3.2).

Chapter 2: Introduction

2.1   Overview

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

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

The MSPRP allows users to:

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

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

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

2.2   Account Types

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

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

- **Corporate** account type indicates that the entity has an Employer Identification Number (EIN) or Tax Identification Number (TIN). Corporate accounts may have up to 200 designees.

- **Representative** account type indicates that the entity does not have an EIN or TIN. Representative accounts may have up to five designees.

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

2.3   User Roles (Non-Beneficiary)

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

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

2.3.1   Account Representative (AR) Role

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

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

2.3.1.1   Account Representative Responsibilities

- Performs the New Registration step on the MSPRP but is not provided with a login ID.

- Assigns the AM to the account.

- Must approve the account setup, by physically signing the Profile Report, including the Data Use Agreement (DUA), and returning it to Medicare.

2.3.1.2   Account Representative Restrictions

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

2.3.2   Account Manager (AM) Role

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

The beneficiary is, by default, the AM for their recovery cases. For corporate and representative account types, the AM is assigned during the Account Setup process. (For corporate accounts, ARs and AMs must be different people; for representative accounts, they can be the same person.)

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

2.3.2.1   Account Manager (AM) Responsibilities

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

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

2.3.2.2   Account Manager (AM) Abilities

- Can invite other users to register on the MSPRP and function as ADs for a specific account.
- Can grant/add an AD's access to a case.
- Can revoke/remove an AD's access to a case and/or an entire MSPRP account.
- Can change own personal information.
- Can update account contact information (e.g., company name, recovery case mailing address, etc.).
- Can submit new case requests for the MSPRP account they are associated with.
- Can view/manage cases that they are associated with (i.e., cases they successfully requested access to).
- Can replace the AR for the MSPRP account.
- Can be associated to other MSPRP accounts as an AM or an AD.
- Can remove a case(s) from the account (see Chapter 12).
- Can close a case(s) associated with the account that was originally reported via the MSPRP (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 14.1).

2.3.2.3   Account Manager (AM) Restrictions

AMs cannot be an AR for any corporate account.

2.3.3   Account Designee (AD) Role

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

2.3.3.1   Account Designee (AD) Responsibilities

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

2.3.3.2   Account Designee (AD) Abilities

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

2.3.3.3   Account Designee (AD) Restrictions

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

2.3.4   Beneficiary Role

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

2.3.4.1   Beneficiary Abilities

- Access the MSPRP as an authenticated user through the Medicare.gov website
- Perform case actions:
  - Request an update to a conditional payment amount
  - Request an electronic conditional payment letter with Current Conditional Payment Amount
  - Request a mailed copy of a conditional payment letter
  - Request that their case be put into the *Final Conditional Payment* process

- View/Dispute Claims

- View/submit Notice of Settlement

- Initiate Demand Letter

- View/Submit Redetermination (First Level Appeal)

- Submit Waiver Request

- Submit Compromise Request

- Can close a case(s) associated with the account that was originally reported via the MSPRP (see Chapter 12).

- View case information with unmasked Medicare ID (HICN or MBI), name, case ID, and date of birth

- View claim data with unmasked Medicare ID (HICN or MBI), processing contractor, provider name, diagnosis codes, and types of services

- Can report a case (see Chapter 13)

2.3.5 Login ID and Password Limits

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

2.3.6 Electronic Data Interchange (EDI) Representative Support

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

Contact an EDI Representative if the Personal Identification Number (PIN) email is not received within seven business days after completing the New Registration process. The EDI Representative can re-send the email, allowing you to complete the account setup. Information entered during initial registration can only be changed after the initial account setup is complete.

Contact an EDI Representative if:

- You have any questions or problems regarding your account at any time during account setup.

- You forget your login ID and cannot remember the answers to your security questions. The EDI Representative can re-send your login ID to your registered email address.

- You forget your password and cannot remember the answers to your security questions. The EDI Representative can generate a temporary password and send it to your registered email address.

- You forget your account ID or did not make a note of it at the time it was assigned. The EDI Representative can look up your account ID for you.

- You incorrectly entered your PIN three times and locked the account. The EDI Representative can reset the PIN to unlock the account.

- You have questions about case request errors. The EDI Representative will work with you to understand the error and determine the solution.

Contact the EDI Department by phone at (646) 458-6740 (TTY/TDD: 1-855-797-2627), or by email at COBVA@bcrcgdit.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 (username) and password. Users who have completed the Multi-Factor Authentication (MFA) *ID Proofing* process can also elect to log in to view unmasked case information (see Chapter 7).

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

Note: Case functionality is not available during the nightly system processing cycles. The *MSPRP Message* section of this page will indicate if that is the case.

Figure 3-1: Welcome to the MSPRP

3.1   Navigation Menu

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

Figure 3-2: Navigation Menu

Table 3-1: Navigation Menu

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

3.2   New Registration

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

Figure 3-3: Welcome to the MSPRP
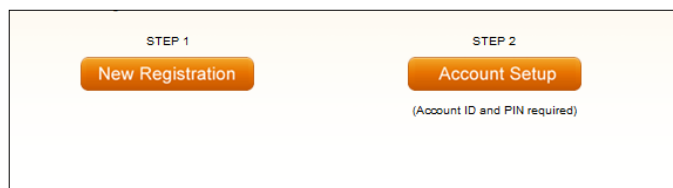
3.3   Account Setup

The AR should make note of the account ID assigned at the end of the New Registration step, when it is shown on the confirmation page, as it is necessary for account setup. It will also be sent via email to the address provided for the AR. If you do not receive the Account ID Notification email within 1 business day, please contact an EDI Representative by phone at: (646) 458-6740 or e-mail at: COBVA@bcrcgdit.com.

 After the New Registration step is complete, Medicare will send an email containing the Personal Identification Number (PIN) to the AR, along with instructions for setting up the account. The assigned AM can perform the second step to set up the account. Click the **Step 2 Account Setup** button on the *Welcome to the MSPRP* page to continue the account setup process using the account ID and PIN. The AM will also register as the AM at this time. (**Note: Corporate accounts**—your AR must provide your AM with the account ID and PIN. For representative accounts, this only applies if the AR and AM are separate people.) See Section 5.1 for details regarding account setup.

3.4   Account Login

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

Figure 3-4: Account Login

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

Chapter 4: New Registration (Step 1)

The *New Registration* step is only needed for corporate and representative account types.

Note: Beneficiaries will access the MSPRP directly through the Medicare.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://medicare.gov/, and use your established login ID and password for that application. Access to the MSPRP is available in the Medicare Secondary Payer (MSP) section of the Medicare.gov website.

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

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

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

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

For Corporate Accounts:

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

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

For Representative Accounts:

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

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

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

4.1   Registration Steps

To successfully register a corporate or representative account on the MSPRP and create an account ID, complete the following steps:

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

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

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

    The *Welcome to the MSPRP* page appears.

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

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

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

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

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

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

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

5. Click **Continue**.

    The next page that appears will depend upon the account type selected. Follow the steps below that are applicable for the type of account you are registering for.

Figure 4-1: Login Warning

Figure 4-2: Welcome to the MSPRP

Figure 4-3: Select Account Type

4.1.1   Corporate Account Type

If you selected corporate on the *Select Account Type* page, the *Corporate Information* page appears. Fields marked with an asterisk (*) are required. Enter the corporation's EIN (or TIN) and mailing address on this page. Enter the AR's email address on the page that follows it, *Account Representative (AR) Information*. The PIN email will be sent to this email address. The Profile Report, which is generated after the account setup process, will be sent to the AR's email address for authorization. The AM will be copied on the Profile Report correspondence.

Figure 4-4: Corporate Information

Table 4-1: Corporate Information

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

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

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

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

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

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

Figure 4-5: Account Representative (AR) Information

Table 4-2: Account Representative (AR) Information

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

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

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

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

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

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

   The *MSPRP Registration Completed Successfully. 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 and keep it for your records. Your AM will need the account ID during account setup. An email containing the account ID will also be sent to the email address provided for the AR. If you do not receive the Account ID Notification email within 1 business day, please contact an EDI Representative by phone at: (646) 458-6740 or email at: COBVA@bcrcgdit.com.

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

Figure 4-6: Registration Summary

Figure 4-7: Thank You

Next Steps

Within seven business days, an email will be sent to you, the AR, that contains the PIN, along with instructions for setting up the account (to be completed by the AM). If this email is not received within seven business days, contact the Electronic Data Interchange (EDI) department. You will need to provide both the PIN and the account ID, from the *MSPRP Registration Completed Successfully. Thank You.* Page, to the AM to complete account setup.

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

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

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

4.1.2   Representative Account Type

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

Figure 4-8: Representative Information

Table 4-3: Representative Information

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

Field	Description
State	Select the state where you (the Representative) are located using the drop-down list. **Note**: To quickly select a state, type the first letter to scroll to the desired state.
Zip Code	Enter your (Representative's) ZIP code (required), plus four-digit ZIP code suffix (optional).
Previous	Command button. Click to return to the *Select Account Type* page.
Continue	Command button. Click to save changes and continue to the next page.
Cancel	Command button. Click to cancel the registration process. Information entered on the current page and any previous pages is not saved.

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

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

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

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

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

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

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

    The *MSPRP Registration Completed Successfully. 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. You (or your AM) will need this information to set up the account.

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

Figure 4-9: Beneficiary Information

Table 4-4: Beneficiary Information

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

Figure 4-10: Registration Summary

Figure 4-11: MSPRP Registration Completed Successfully. Thank You

Next Steps

Within seven business days, an email will be sent to you that includes the PIN, along with instructions for setting up the account (to be completed by the AM). If this email is not received within seven business days, contact the EDI department.

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

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

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

Sample PIN Email

*** Medicare Secondary Payer Recovery Portal (MSPRP) ***

*** Registration Notification ***

Your organization has been successfully verified and registered for the MSPRP. Through the MSPRP, you may view current authorizations on file for a case, submit requests to add authorized authorizations to case, and with the confirmed proper authorization, request an updated conditional payment amount, request generation of a conditional payment letter, view and dispute claims attached to a case, and submit notice of settlement. Please refer to the https://go.cms.gov/cobro website 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 website: 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 (which was provided at initial registration) and Personal Identification (PIN).

PIN: ####

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) 458-6740

Email: COBVA@bcrcgdit.com

Sincerely,

Benefits Coordination & Recovery Center

PLEASE DO NOT REPLY TO THIS MESSAGE.

This is a system-generated email. Replies will not be read or forwarded for handling.

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 BCRC Electronic Data Interchange (EDI) Department at (646) 458-6740 and destroy the original message and all copies.

Chapter 5: Account Setup (Step 2)

The Account Setup step will only be performed by corporate and representative account types.

Note: Beneficiaries will access the MSPRP directly through the Medicare.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://medicare.gov/ link, and use your established login ID and password for that application. Access to the MSPRP is available in the Medicare Secondary Payer (MSP) section of the Medicare.gov website.

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

In order to access the MSPRP, the Account Setup step must be completed for each MSPRP account. This step can be performed upon completion of the New Registration step and receipt of your post-registration email that includes your PIN. You must have the account ID (provided on the last page of the registration step), 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 PIN, the Account Representative (AR) must provide it along with the account ID 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 AR cannot be an AM or AD on any other MSPRP account.

- **Representative Account Types**: Upon receipt of the PIN, the AR can provide it along with the account ID to a designated AM. The AM will complete the account setup process. Or the AR can act as the AM and complete the setup process.

5.1   Account Setup Steps

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

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

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

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

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

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

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

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

    The AM for the account ID must complete this section. For corporate accounts, this will be the individual assigned AM duties by the AR. For representative accounts, this can be an individual assigned AM duties by the AR.

Figure 5-1: Welcome to the MSPRP

Figure 5-2: Account Setup Introduction

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

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

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

   Note: If you are registering as an AM and the email address you enter here is found in the system, your information will be pre-filled and not editable.

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 5.1.3).

Figure 5-3: Account Setup

Table 5-1: Account Setup

Field	Description
Account ID	Enter the account ID listed on the last page of the new registration step completed by the AR.
Personal Identification Number (PIN)	Enter the PIN listed on the email that was sent to the AR..
Account Manager's E-mail Address	Enter your AM's email address.
Re-enter E-mail Address	Enter the email address a second time for verification purposes.
Previous	Command button. Click to return to the *Account Setup Introduction* page.
Continue	Command button. Click to save changes and continue to the next page.

5.1.1 Account Setup—Corporate

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

Figure 5-4: Account Setup—Corporate Information

1. Review the listed information and click **Continue** to proceed to the *Account Setup—Associate Companies* page.

    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 5.1.4.

5.1.2   Account Setup—Associate Companies

If you need to add additional companies to your account, the *Account Setup – Associate Companies* page will appear after you verify all information shown on the *Account Setup – Corporate Information* page and click **Continue**.

Figure 5-5: Account Setup—Associate Companies

1. If you wish to associate another company with this account, enter the Employer Identification Number (EIN) and Company Name, then click **Add Company**.

   Note: The EIN must be nine digits and cannot be associated with any other MSPRP account.

2. When you have completed adding all companies you wish to associate with this account, click **Continue** to proceed to the *Account Manager Personal Information* page.

   You can print this page by clicking the **Print this page** link. If any of the listed information is incorrect, you can remove the association using the **Delete** button.

3. Proceed to Section 5.1.4.

5.1.3   Account Setup—Representative

If you are setting up a representative account type, the *Account Setup – Representative Information* page will appear 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 5-6: 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 5.1.4.

5.1.4   Account Manager (AM) Setup

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

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

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

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

recovery case or the address to which you want correspondence directed related to this account ID.

Figure 5-7: Account Manager Personal Information

Table 5-2: Account Manager Personal Information

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

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

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

day. If the AM updates this information more than once per day, only the last update will be captured.

Table 5-3: Recovery Case Mailing Address

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

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

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

   The *Account Manager Login Information* page appears (Figure 5-8).

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 5-8: Account Manager Login Information

Table 5-4: Account Manager Login Information

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

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

The *Account Manager Summary* page appears (Figure 5-9). 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 5-10).

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

Figure 5-9: Account Manager Summary

Figure 5-10: Thank You

Next Steps

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

- An email notification will be sent to the AR listed on the account. If you are the AM of a corporate account or an AM assigned to a representative account, you will receive a copy of the email. The email will include a Profile Report noting all information previously recorded during registration and any additional information provided during the account setup (Figure 5-12). At the bottom of the Profile Report, the AR will be required to sign and date the report. For Representative accounts, the AM can sign the report.

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

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

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

Companies that have been associated with your account will not be accessible until the Employer Identification Number (EIN) has been verified. If an EIN has not been verified within seven business days, please contact an EDI Representative by phone at: (646) 458-6740 or email at: COBVA@bcrcgdit.com.

Figure 5-11: Sample Email Notification

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

Representative: FirstName LastName

Account Manager: FirstName LastName

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

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

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

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

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

Confidentiality Note:

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

*****

Figure 5-12: Sample Profile Report

<div>

<div style="text-align:center">

Medicare Secondary Payer

Recovery Portal

Profile Report

</div>

Account ID:31304   Account Type:Representative   Date: Month Date Year

EDI Contact Information:
Email: AAAA@AAA.AAA   Phone: #### ####

Representative:

Name: AAAA   Phone: #### #####
Address: AAAA

                    AAAA   AA   ####
Email: AAAA@AAA.AAA

Account Manager:

Name: AAAA   Phone: #### #####
Address: AAAA

                    AAAA   AA   ####
Email: AAAA@AAA.AAA

Account ID:31304   Account Type:Representative   Date: Month Date Year
EDI Contact Information:
Email: AAAA@AAA.AAA   Phone: #### #####

SAFEGUARDING & LIMITING ACCESS TO DATA

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

Signature of Account Manager: _____
Date: _____

</div>

Chapter 6: Accessing the MSPRP

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

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

Note: AMs and ADs have three tries to log in to the site. After the third attempt across all login and security pages, your account will be locked. Contact an EDI Representative if you need to unlock your account.

Note: The login process described in this section does not apply to beneficiaries. Beneficiaries access the MSPRP directly through the Medicare.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://medicare.gov/ and use your established login ID and password for that application. Access to the MSPRP is available from the MSP section of the Medicare.gov website.

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

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

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

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

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

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

    The *Account List* page appears (Section 6.1.1).

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

Figure 6-1: Login Warning

Figure 6-2: Welcome to the MSPRP

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.

Notes: If the account is associated with at least one address that has opted in to Go Paperless, a green leaf icon appears next to the name of the account. These accounts receive letter notification emails instead of mailed letters for the Go Paperless addresses. You are responsible for viewing all Go Paperless correspondence on the MSPRP. To get information on your account's paperless addresses, please contact your Section 111 file submitter or reporting agent.

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 the *Account List* page appears.

Figure 6-3: Account List

From this page, you can access the following functions:

- **Quick Help**: Provides access to information for the *MSPRP* page you are working on.

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

- **Change Password**: Allows you to change your password. See Section 8.5 for details regarding creating passwords and the list of reserved words you cannot use.

- **Multi-Factor Authentication**: Displays your current MFA Status and displays a link that allows you to complete the *ID Proofing* process and manage your factors (see Chapter 7 for details).

Click the **Associated Account ID** to access the *Welcome!* page.

Figure 6-4: Welcome! Page (Account Manager)
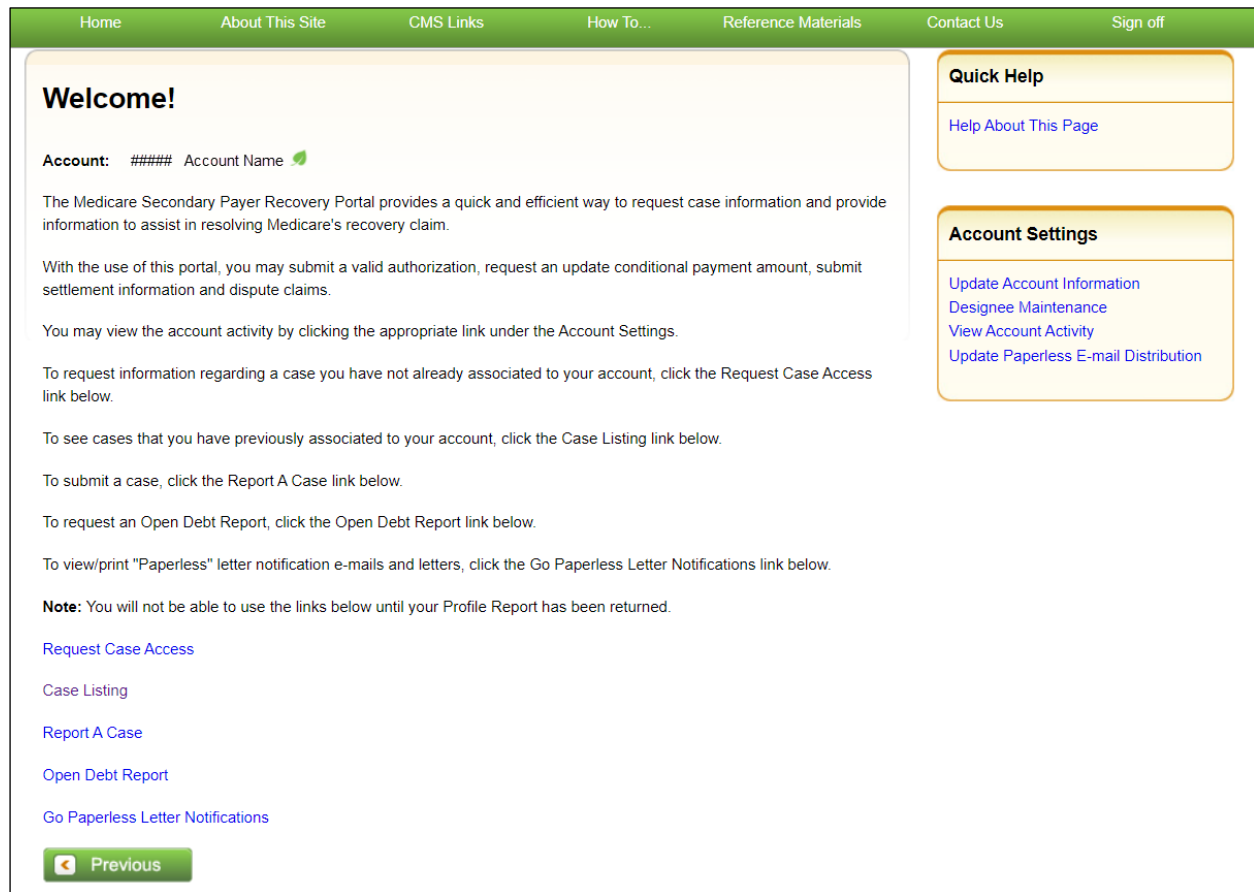
From this page you can access the following functions. None of these functions are available until the Profile Report is signed and received by the Electronic Data Interchange (EDI) department. None of these functions are available during the nightly system processing cycles.

- **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, including identified debts for which demand letters may have not yet been mailed. It is 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 14.1 for details.

- **Go Paperless Letter Notifications**: Displays the *Go Paperless Letter Notifications* page where AMs and ADs can view and print letter notification emails and letters sent to the account within the last 30 business days for Go Paperless addresses.

> **Note:** This link only appears if you are an AM or AD viewing an account that is associated with at least one address that has opted in to Go Paperless, or the account has at least one letter notification email that was sent within the last 30 business days. See Chapter 14 for details.

Click **Previous** to return to the *Account List* page.

6.2 Log in to the MSPRP Site (Beneficiary)

Beneficiaries access the MSPRP through the Medicare.gov website. They log in to their Medicare account via the Medicare.gov website at https://medicare.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 Medicare.gov site, click "Check my claims" under "What do you want to do?" On the *My claims* page, scroll down to the *Medicare Secondary Payer (MSP) Claims* box and click "See MSP Case Info"; accept the disclaimer; on the"Medicare Secondary Payer (MSP) Cases" page, you can access the MSPRP in two different ways:

1. Click the **Open Case Details** button by the case you would like to access.

2. Click **Go to MSP**.

The following two sections describe the page you see when you take either of the above actions. You have full access to your cases—any case that is linked to your Medicare ID (Health Insurance Claim Number [HICN] or Medicare Beneficiary Identifier [MBI]).

6.2.1 Medicare.gov: Open Case Details

When a beneficiary clicks an **Open Case Details** button on the Medicare.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 15).

Figure 6-5: Case Information (Beneficiary)

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

6.2.2 Medicare.gov: Go to MSPRP

When a beneficiary clicks the **Go to MSPRP** button on the Medicare.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.

Note: Case functionality is unavailable during the nightly system processing cycles.

Figure 6-7: Welcome! Page (Beneficiary)
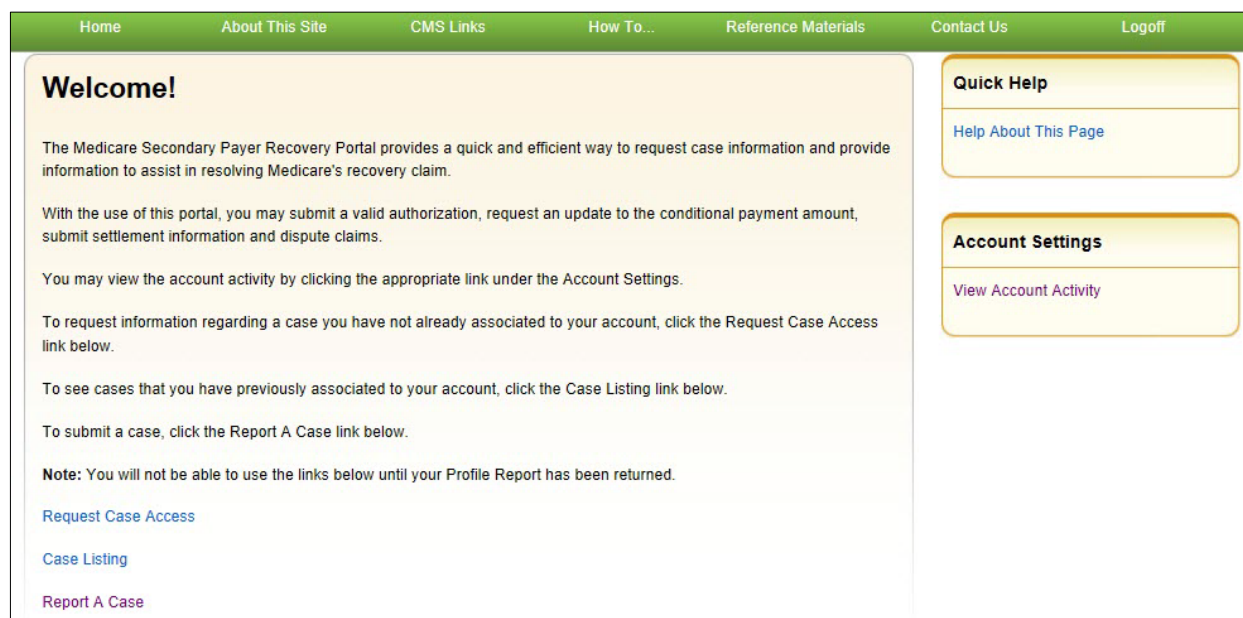
From this page, you can access the following functions:

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

6.3 Forgot User Name (Login ID)

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

Note: You have three tries to complete the Forgot Login ID process successfully; on the third unsuccessful attempt across all login and security pages, your account will be locked. Contact an EDI Representative if you need to unlock your account.

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

   The *Forgot Login ID* page appears.

Figure 6-8: Forgot ID Link
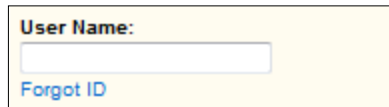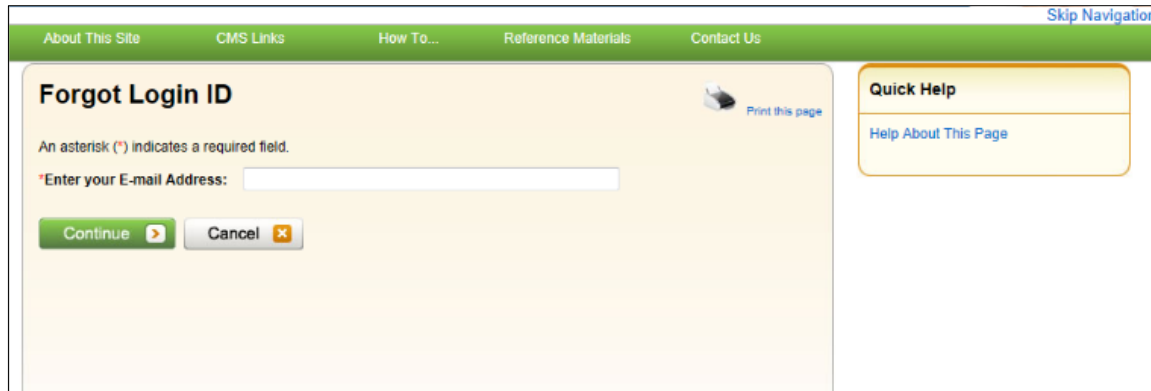
Figure 6-9: Forgot Login ID

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

   The *Preliminary Security Questions* page appears (Figure 6-10).

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

3. Answer the preliminary security questions with information you provided during the registration process and click **Continue**.

   The *Forgot Login ID or Password* page appears (Figure 6-11).

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

4. Correctly answer each of your pre-selected security questions and click **Continue**.

   The *Forgot Login ID Confirmation* page appears if your answers are correct (Figure 6-12). This page confirms that you have successfully requested your login ID.

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

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

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

Figure 6-10: Preliminary Security Questions

Figure 6-11: Forgot Login ID or Password

Figure 6-12: Forgot Login ID Confirmation

6.4   Forgot Password

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

Note: You have three tries to complete the Forgot Password process successfully; on the third unsuccessful attempt across all the login and security pages, your account will be locked. Contact an EDI Representative if you need to unlock your account.

1. On the *Welcome to the MSPRP* page, click the **Forgot Password** link below the *Password* field.
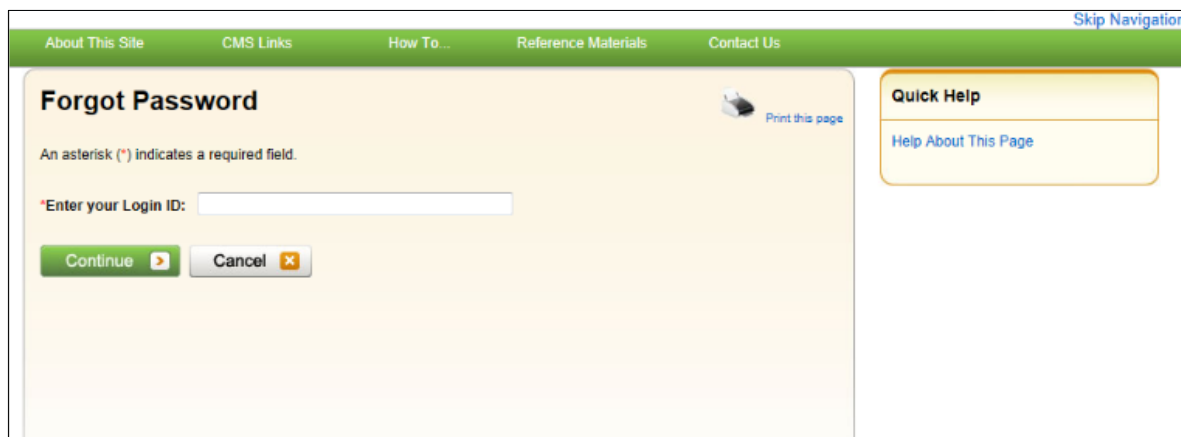
    The *Forgot Password* page appears.

Figure 6-13: Forgot Password Link

Figure 6-14: Forgot Password

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

    The *Preliminary Security Questions* page appears (Figure 6-15).

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

3. Answer the preliminary security questions with information you provided during the registration process and click **Continue**.

    The *Forgot Login ID or Password* page appears (Figure 6-16).

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

4. Correctly answer each of your pre-selected security questions and click **Continue**.

    The *Forgot Password Confirmation* page appears if your answers are correct (Figure 6-17). This page confirms that you have successfully requested a temporary password.

    If the information you entered is correct, your new temporary password will be sent via email. If you receive an error indicating that the answers are incorrect, check your answers and enter

the information again. If you cannot remember the answers to your security questions, or your account is locked due to too many unsuccessful attempts, contact an EDI Representative.

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

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

Figure 6-15: Preliminary Security Questions

Figure 6-16: Forgot Login ID or Password

Figure 6-17: Forgot Password Confirmation
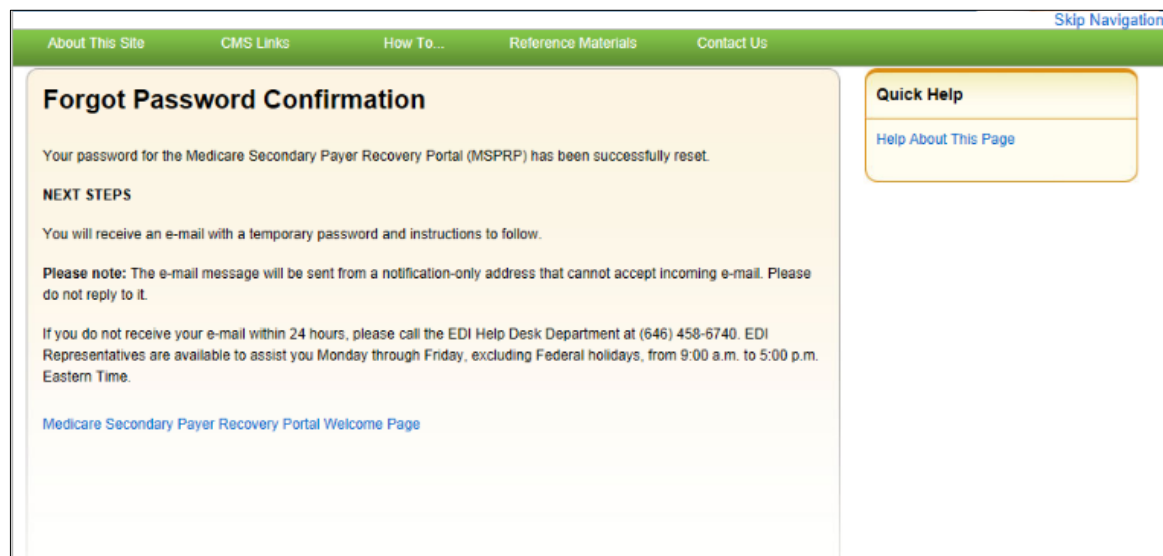
Chapter 7: Multi-Factor Authentication

The Centers for Medicare & Medicaid Services (CMS) has adopted Identity Proofing and Multi-Factor Authentication (MFA) to provide certain users with the ability to view unmasked case information. The *ID Proofing* process requires that you provide information to Experian (an external Remote Identity Proofing (RIDP) service provider) sufficient to prove that you are the person you claim to be. To prove your identity successfully, CMS uses Experian's risk-based alternative (RBA) solution, which requires users to submit personally identifiable information (PII). 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 current personally identifiable information (i.e., full legal name, social security number, date of birth, current residential address, personal email, and personal phone number). Before you start the process, the default MFA status displayed on the *Account List* page will be *Initial Process* and the Next Step will be **Getting 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.

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 will never 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.

Note: If you are a registered user for both the CRCP and MSPRP systems, you can initiate *the ID Proofing* process on one application and then continue the process on the other. Once you complete ID proofing for one application, you are automatically ID proofed on the other.

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

7.1   Eligibility

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

7.2   Understanding MFA Statuses and Actions

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

Figure 7-1: Account List (MFA)

Table 7-1: MFA Statuses and Next Step Actions

Status	Next Step	Description
Initial Process	Getting Started	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 three attempts to complete the process.
ID Proofed	Factor Required	Indicates: • You have successfully submitted your personal information to Experian through the *ID Proofing Core Credential* page, and • Experian has accepted your submissions, and • You currently have no factors in active status, or you have a factor in pending activation status. OR • An EDI Representative has manually completed the *ID Proofing* process through the Electronic Data Interchange (EDI) Representative application, thus setting your MFA Status to *ID Proofed,* and • You currently have no factors in active status or you have a factor in pending activation status.
Pending Phone	Contact Experian	Indicates: You were unsuccessful with completing the *ID Proofing* process or because you exceeded your total limit of three valid submission attempts (i.e., you clicked **Continue** without receiving validation errors the maximum three times allowed on the *ID Proofing and Core Credentials* page).
Pending Verification	Contact the BCRC	Indicates that Experian is unable to verify your identity. Contact the BCRC for manual ID Proofing.
Complete	Factor Maintenance	Indicates: • You have successfully completed the *ID Proofing* process, and • You have at least one factor in active status. **Note:** In this case, the Next Step is replaced with the **Factor Maintenance** link. Click this link to activate or deactivate factors.

Table 7-2: Next Step Action Details

Action	Description
Getting Started	Displays the *ID Proofing and Multi-Factor Authentication Overview* page (to begin the *ID Proofing* process). (Section 7.3.1)
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: Getting Started** link from the *Account List* 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 to Experian Credit Services (an outside entity) to confirm your identity. This information will not be stored on the MSPRP. This process will not impact your credit score.

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.

Note: If you are registered for both the MSPRP and CRCP systems, you can initiate ID proofing on one application and then continue the process on the other. Once ID proofing is completed in one, you are automatically ID proofed in the other.

7.3.1   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 personally identifiable 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 have recently moved, include your previous address. Do not use a business address.

Enter a personal mobile phone number, if you have one. A landline may be used, but a mobile number is preferred. Do not use a business phone number.

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.

If you click **Continue** and the submission fails after three attempts, your MFA Status is automatically set to *Pending Phone* or *Pending Verification* and the MSPRP will provide next steps for verification.

Note: If you attempt the *ID Proofing* process and your submission fails, it also counts toward your total number of allowed attempts.

To Complete ID Proofing Core Credentials

1. From the *Account List* page in the MSPRP, click the **Next Step: Getting 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: A *COBSW 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 set your MFA status to **ID Proofed** and display the *MFA Maintenance* page to register and activate a factor. The MSPRP will also change the MFA status on the *Account List* page. If Experian is unable to verify the personal information you provided, the *Failed Attempt* page will appear.

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

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

Figure 7-3: ID Proofing Core Credentials

Table 7-3: ID Proofing Core Credentials

Field	Description
Personal Information	-
First Name	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). **Note:** If the MSPRP returns an error while validating, click the **Manage Personal Information** link in the *Account Settings* box on the *Account List* page to correct any errors.
Middle Name	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).
Last Name	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." If you have two last names, enter a hyphen or split the name.
Generation	Optional.
Date of Birth	Required. This field must be numeric and have exactly eight characters. Do not use hyphens, dashes, or special characters (Example: 12102014).
Social Security Number (SSN)	Required. This field must be numeric and include exactly nine characters. Do not use hyphens, dashes, or special characters (Format example using invalid number: 666779999). The field cannot start with 000, 666, or 900-999. **Note:** The SSN will **not** be stored on the MSPRP database.
Re-enter Social Security Number (SSN)	Required.
Personal E-Mail Address	Required. The maximum field length is 80 characters. Any standard email format accepted. It does not need to match the one associated with your login ID. Email addresses beginning with a dash are accepted. Do not use a business email.
Personal Phone	Required. This field must be numeric. Do not use hyphens, parenthesis, dashes, or special characters (Example: 4105556666). **Note:** Use a personal mobile phone number (if you have one). (A landline can be used, but a mobile cell phone is preferred.) Do not use a business phone number.
Current Residential Address	**Note:** To assist Experian in verifying your identity, this should be your current residential address. Do not use a business address. If you have a recent change in address, try to use a prior residential address for identity proofing.

Field	Description
Address Line 1	Required. The maximum field length is 30 characters. The field is alphanumeric and can only include spaces, # (pound) signs, dashes, slashes, apostrophes, and periods. Do not enter extraneous symbols. Do not use commas in *Address Line 1*; instead, use *Address Line 2* for unit numbers. Military APO addresses are valid but foreign addresses are invalid.
Address Line 2	Optional. The same restrictions apply as Address Line 1 except the maximum field length is 29 characters. Use this line for unit numbers.
City	Required. The maximum field length is 38 characters. This field can only include letters and spaces. APO addresses use "APO" in this field.
State	Required.
Zip Code (Zip+4)	Five-digit ZIP is required; four-digit extension is optional. APO addresses use the ZIP code for that address; the *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 the *Account List* page.

7.4 Multi-Factor Authentication (MFA) Maintenance

Once you have successfully completed the *ID Proofing* process, your next steps are 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 Okta Verify and one Google Authenticator) Factor).

7.4.1 Register Multi-Factor Authentication (MFA)

The *Register Multi-Factor Authentication (MFA)* page allows you to register 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., Okta Verify or Google Authenticator).

Note:You must download the Okta Verify and/or Google Authenticator apps to your device and follow the steps to establish your security process.

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

To register an MFA Factor

1. Click the **Factor Required** or **Factor Maintenance** link on the *Account List* page.

   The *Multi-Factor Authentication (MFA) Maintenance* page appears (Figure 7-4).

2. Click **Activate Factor**.

   The *Register Multi-Factor Authentication (MFA)* page appears (Figure 7-5).

3. Select a factor type from the drop-down menu.

4. Enter the selected factor type.

   Notes: If you have previously completed the *ID Proofing* process and are currently using Voice call or Text Message (SMS) as a Factor Type, this service was discontinued after **March 1, 2025.** To maintain access after that date, you must register another factor type.

   You must download the Okta Verify and/or Google Authenticator apps to your device and follow the steps to establish your security process.

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 7-6), 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 7-4: Multi-Factor Authentication (MFA) Maintenance

Figure 7-5: Register Multi-Factor Authentication (MFA)

7.4.2   Activate Factor

The *Activate Factor* page allows you to activate the factor or factors you selected on the previous page 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., Okta Verify or Google Authenticator) or 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 Okta Verify or Google Authenticator)

See Section 7.4.1 for steps on getting to the *Activate Factor* page.

To Activate a Factor

1. Enter the MFA security token on the *Activate Factor* page (Figure 7-8).

   If you do not enter the correct MFA Security Token within three attempts, you will automatically be locked out of MSPRP. Call an EDI Representative to unlock your account.

2. Click **Continue** to complete the activation or cancel to return to the *Multi-Factor Authentication Maintenance* page.

   If you continue the *Factor Activated Successfully* page appears (Figure 7-7).

3. 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 the *Account List* page.

Figure 7-6: Activate Factor

Figure 7-7: Factor Activated Successfully

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

7.4.3   Complete Factor Setup

Once your factor is successfully activated, you must download the Okta Verify or Google Authenticator app onto your mobile device following the app's instructions. These apps can be downloaded from the Google Play Store on Android devices or from the App Store for iPhone, iPad, and MAC.

If you have chosen Okta Verify, you must choose from the dropdown menu on between the choices of **Send Push** or Enter **Code Manually** (Figure 7-9)

If you have chosen Google Authenticator, the page will display a QR barcode that contains the URL and setup information the app needs to add the account under the text instructions. Once you have downloaded the app, select **Add application** within the app and scan the barcode to complete the authentication process.

If you have chosen the Okta Verify app and the option to receive a push notification, approve the notification in the app on your device, and then click **Continue** (Figure 7-11.)

Figure 7-9: Select Login Option

Figure 7-10: Complete Factor Setup

Figure 7-11: Multi-Factor Authentication (MFA) Verification -OKTA Push
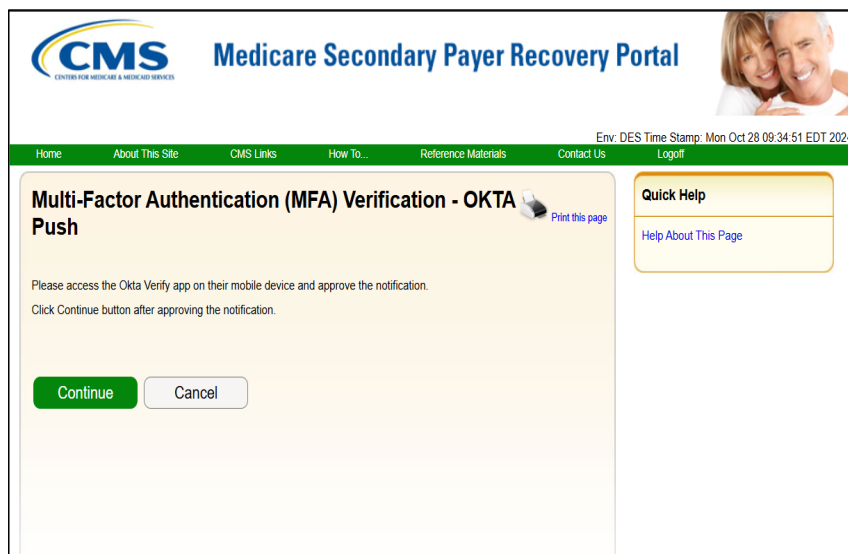
7.4.4 Deactivate Factor

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.

To Deactivate a Factor

1. Click the **Factor Maintenance** link on the *Account List* page.

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

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

3. Click **Deactivate Factor**.

   The *Deactivate Factor Confirmation* page appears.

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

   The *Factor Deactivated Successfully* page appears.

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

Figure 7-11: Deactivate Factor Confirmation
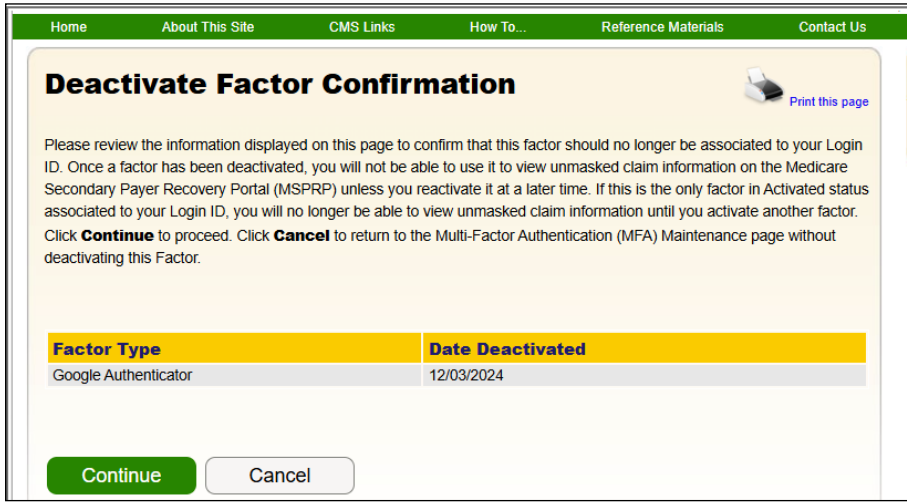
Figure 7-12: Factor Deactivated Successfully
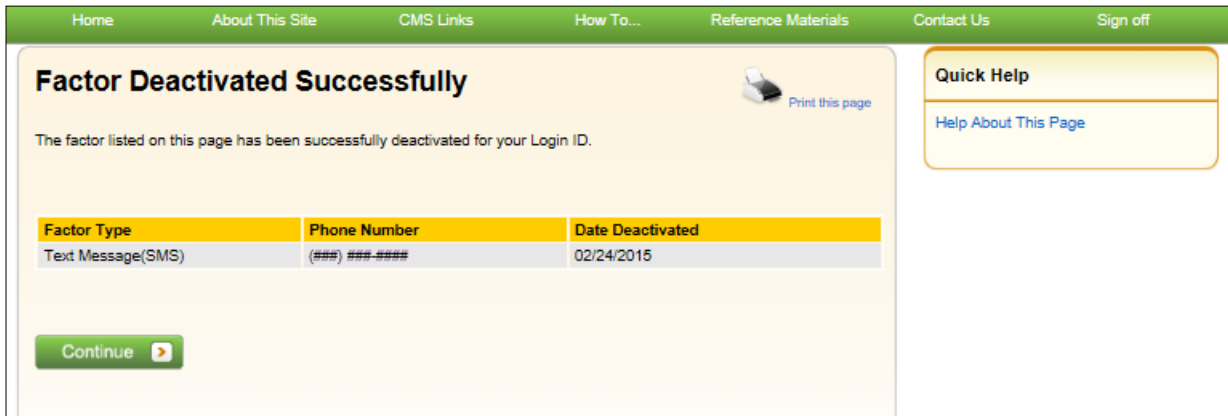
7.5   Logging in Using MFA

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

To use MFA

1. Log in to the MSPRP.

    The *Select Login Option* page appears (Figure 7-11).

    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

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 **(833) 203-6550** during the times indicated to contact the Experian Call Center.

The agent will ask you for the COBSW Reference Number (displayed on the *Contact Experian* page) along with your name and other personally identitifiable information to try to complete the ID Proofing process.

Status and Next Steps

If Experian verifies your identity successfully:

Click **Continue** to return to your home page, where your status will show as **ID Proofed** and your Next Step will be **Factor Required**. Click this link to complete the final step of the *Multi-Factor Authentication* process.

If you were unsuccessful in identity proofing, the MSPRP will tell you to contact either the BCRC or Experian, depending on the reason you were unsuccessful. If you are instructed to contact Experian, your *Account Listing* page will show your status as **Pending Phone** and your Next Step will be to **Contact Experian** (Figure 7-15**)**. If you are instructed to contact the BCRC, your *Account Listing* page will show your status as **Pending Verification** and your Next Step will be to **Contact BCRC** (Figure 7-17). Click this link for information on contacting the BCRC so you can complete the *ID Proofing* process manually.

Figure 7-15: Contact Experian

Figure 7-16: Account List (MFA Status:Pending Verification)
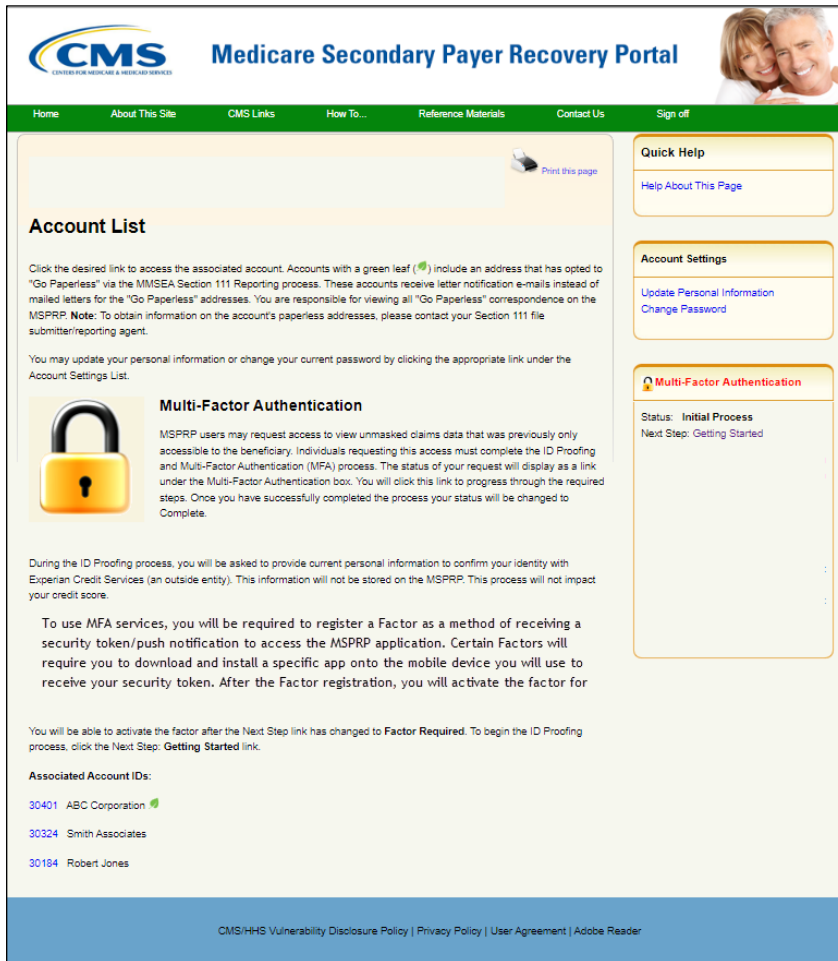
7.6.2 Contact the BCRC

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

To contact the BCRC

1. Click the **Contact BCRC** link from the *Account List* 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 the *Account List* page.

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

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

Figure 7-17: Contact the BCRC

Figure 7-18: Example Notary Statement

NOTARY STATEMENT - VERIFICATION OF IDENTIFICATION (SAMPLE)

Name of Applicant: John Doe

Address of Applicant: 99 Any Street

                       New York, NY 00000-0000

MSPRP E-mail Address: JDoe@hotmail.com

Signature _____

State of New York

County of Madison

On this, the ___5th___ day of ___March, 2015___ before me, a Notary Public, the undersigned officer in and for the above state and county, personally appeared _____John Doe_____ proved to be the person named by providing the following document(s):
_____Driver's License_____ as identification.

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

Notary Public
My Commission Expires: _ mm/dd/yyyy_____

Acceptable Forms of Identification

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

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

Chapter 8: Account Settings

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

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

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

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

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

  Note: You will grant/revoke AD access to a case from the *Case Listing* page (see Section 12.2.5).

- **View Account Activity**
- **Update Paperless E-mail Distribution**: Allows you to add one additional email address to the distribution list for Go Paperless letter notification emails and to update the option to blind carbon copy (BCC) ADs on these emails. By default, all ADs are copied on letter notification emails and these emails are sent to the AM.

  Note: This link only appears if you are an AM viewing an account that is associated with at least one address that has opted in to Go Paperless (see Section 8.6).

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 the *Account List* page.

8.1   Update Personal Information

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

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

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

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

3. Click **Continue**.

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

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

5. Click **Continue** to return to the *Account List* page.

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

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

Figure 8-1: Account Settings

Figure 8-2: Update Personal Information

Table 8-1: Update Personal Information

Field	Description
First Name	Enter your first name. This is the first name associated with your login ID (required). **Note:** If you are undergoing the *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).
MI	Enter the first letter of your middle name (optional).

Field	Description
Last Name	Enter your last name. This is the last name associated with your login ID (required). **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."
Email Address	Enter your personal email address.
Re-enter Email Address	Enter your email address a second time for verification purposes.
Phone	Enter your personal phone number.
Ext.	Enter the extension for your phone number (optional).
Address Line 1	Enter your personal mailing address. **Note**: This address will not be used to send correspondence related to the recovery case.
Address Line 2	Enter the second line of your personal mailing address (optional). **Note**: This address will not be used to send correspondence related to the recovery case.
City	Enter the city where you are located. **Note**: This address will not be used to send correspondence related to the recovery case.
State	Select the state where you are located from the drop-down list. To quickly select a state, type the first letter to scroll to the desired state. **Note**: This address will not be used to send correspondence related to the recovery case.
Zip Code	Enter the ZIP code where you are located (required), plus four-digit ZIP code suffix (optional). **Note**: This address will not be used to send correspondence related to the recovery case.
Continue	Command button. Click to save changes and continue to the next page.
Cancel	Command button. Click to return to the *Account List* page.

Figure 8-3: Personal Information Update Confirmation

Figure 8-4: Sample Personal Information Update Email

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, your Account Representative's (AR's) contact information, or associated companies information from this page.

2. Click the **Edit** button next to the heading of the section you would like to update.

   The *Corporate Information* page appears with all fields open for editing when **Edit** is clicked next to the *Corporate Information* heading (Figure 8-7).

   The *Account Representative (AR) Information* page will appear with all fields open for editing when **Edit** is clicked next to the *Account Representative (AR) Information* heading (Figure 8-12).

   The *Corporate Associated Companies* page will appear when **Edit** is clicked next to the *Associated Companies* heading (Figure 8-8).

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

   The *Update Corporate Information* page appears again with the updated information.

   Repeat steps 1 through 3 until you have completed your edits, and then proceed to step 4.

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

   The *Corporate Information Update Confirmation* page appears confirming that your updates have been made (Figure 8-14).

5. Click **Continue** to return to the *Account List* page to perform another action or click the navigation **Logoff** link to exit the MSPRP.

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

Figure 8-5: Account Settings
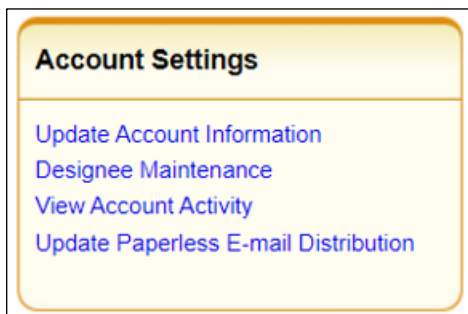
Figure 8-6: Update Corporate Information

Figure 8-7: Corporate Information

Table 8-2: Corporate Information

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

Recovery Case Mailing Address

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

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

Table 8-3: Recovery Case Mailing Address

Field	Description
Address Line 1	Displays the first line of the corporation's business mailing address. Make any necessary changes.

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

Figure 8-8: Corporate Associated Companies

Table 8-4: Corporate Associated Companies

Field	Description
Add Company	Command button. Enter the 9-digit EIN and company name, then click this button to add the new company to the account ID.
Delete	This button allows you to remove an association from the account ID. **Note:** This button will not be available for an EIN that is verified and associated with a paperless address.
Employer Identification Number (EIN)	Displays the company EIN.
Company Name	Displays the company name.

EIN Validation Status	Displays the EIN validation status. Possible values:
	    Pending
	    Verified
	    Unverified

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 the *Account List* page. Any information you entered will not be saved.

To add or remove associated companies:

1. From the *Corporate Associated Companies* page, enter the EIN and company name, and then click Add Company to associate another company with this account.

    The *Corporate Associated Companies* page reappears with your updates.

    Note: If the EIN is associated with another MSPRP account, the *Associate Existing EIN to Current Account ID Confirmation* page appears (Figure 8-9), notifying you that continuing will merge the accounts. You will only be able to access the existing EIN from the current account performing the action and will no longer be able to access the EIN from the previous account. Click Continue to merge the EIN association with this account and return to the *Update Corporate Information* page. Click **Cancel** to return to the *Update Corporate Information* page without associating this EIN with this account.

2. Click the "X" in the *Delete* column of the *Associated Companies* table to remove an association from the account ID.

    The *Delete Associated Company Confirmation* page appears (Figure 8-10). Click **Continue** to confirm your delete request or Cancel to cancel the request. The *Corporate Associated Companies* page reappears with your updates.

3. Once all corrections have been made, click **Continue**.

    The *Update Corporate Information* page appears again with the updated information.

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

    The *Corporate Information Update Confirmation* page appears confirming that your updates have been made (Figure 8-14).

5. Click **Continue** to return to the *Account List* page to perform another action or click the navigation Logoff link to exit the MSPRP.

Figure 8-9: Associate Existing EIN to Current Account ID Confirmation

Figure 8-10: Delete Associated Company Confirmation

Figure 8-11: Update Corporate Information

To update AR information:

1. 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**.

2. The *Update Account Representative (AR) Information* page appears confirming that your updates have been made (Figure 8-12).Click **Continue** to return to the *Account List* page to perform another action or click the navigation **Logoff** link to exit the MSPRP.

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

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

   The *Update Corporate Information* page displays the updated information (Figure 8-13).

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

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

    The *Corporate Information Update Confirmation* page appears confirming that your updates have been made (Figure 8-14).

5. Click **Continue** to return to the *Account List* page to perform another action or click **Logoff** to exit the MSPRP.

Figure 8-12: Update Account Representative (AR) Information

Table 8-5: Update Account Representative (AR) Information

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

Figure 8-13: Update Corporate Information

Figure 8-14: 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 8-17).

Figure 8-15**: Account Settings**
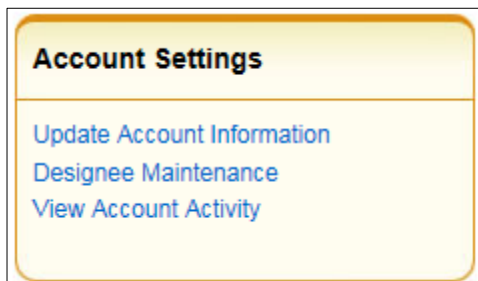
Figure 8-16: Update Account Information

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

   The *Update Account Information* page displays your updated information (Figure 8-18).

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

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

   The *Update Account Information Confirmation* page displays the updated information (Figure 8-19).

5. Click **Continue** to proceed.

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

Figure 8-17: Update Representative Information

Table 8-6: Update Representative Information

Field	Description
First Name	Displays the Representative's first name. Make any necessary changes.
MI	Displays the first initial of the Representative's middle name. Make any necessary changes.
Last Name	Displays the Representative's last name. Make any necessary changes.
E-mail Address	Displays the Representative's personal email address. Make any necessary changes.
Re-enter Email Address	Re-enter the Representative's email address a second time for verification purposes.
Phone	Displays the Representative's personal phone number. Make any necessary changes.
Ext.	Displays the Representative's phone number extension. Make any necessary changes.
Fax	Displays the Representative's fax number. Make any necessary changes.
Address Line 1	Displays the first line of the company's mailing address. Make any necessary changes.
Address Line 2	Displays the second line of the company's mailing address. Make any necessary changes.
City	Displays the city where the company is located. Make any necessary changes.
State	Displays the state where the company is located. **Note**: To revise the state, type the first letter of the state name and then scroll to the desired state.

Field	Description
Zip Code	Displays the company's ZIP code and four-digit ZIP code suffix. Make any necessary changes.
Previous	Command button. Click to return to the prior page.
Continue	Command button. Click to save changes and continue to the next page.
Cancel	Command button. Click to return to the *Account List* page. Any information you entered will not be saved.

Figure 8-18: Update Account Information

Figure 8-19: Update Account Information Confirmation

8.3   Designee Maintenance

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

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

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

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

Note: An AM will grant/revoke an AD access to a case from the *Case Listing* page (Section 12.2.5).

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 the *Account List* page, click the **Designee Maintenance** link in the *Account Settings* box on your account ID page.

    The *Designee Listing* page appears (Figure 8-21). 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 8-22).

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

Figure 8-20: Account Settings
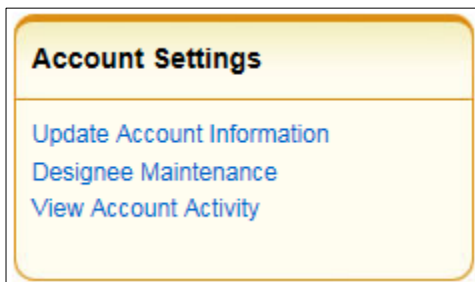
Figure 8-21: Designee Listing

Table 8-7: Designee Listing

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

Field	Description

Last Login Date	Indicates the last date the designee logged in to an account in any COBSW application. Sortable and filterable. Filter range values include:
	
	  0 to 14 days inactive
	
	  15-29 days inactive
	
	  30-44 days inactive
	
	  45+ days inactive
	
	Note: This list automatically sorts blank values to the top.

Add Designee	This button displays the *Designee Information* page and begins the process of adding a new AD.
Cancel	This button cancels the process and displays the *Account List* page.

Figure 8-22: Designee Information

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

    After clicking **Continue**, the system determines if the designee is already a registered user based on the email address entered. If the entered email address is not matched to a registered user, the *Designee Invitation* page appears (Figure 8-23).

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

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

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 email to register for the MSPRP. Do not share the passphrase with anyone else. It will not be sent to the designee in the invitation email. You must give it to them outside the system.

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

   The *Designee Confirmation* page appears (Figure 8-24). 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 8-21). 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 the *Account List* page.

Figure 8-23: Designee Invitation

Table 8-8: Designee Invitation

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

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

Figure 8-24: Designee Confirmation

8.3.2   Delete a Designee from an Account

1. On the *Account List* page, click the **Designee Maintenance** link in the *Account Settings* box on your account ID page (Figure 8-20).

    The *Designee Listing* page appears (Figure 8-21). 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 8-25).

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

4. If you do want to delete the selected designee, click **Continue**.

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

Figure 8-25: Delete Designee Confirmation

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 the *Account List* page, click the **Designee Maintenance** link in the *Account Settings* box on your account ID page (Figure 8-20).

   The *Designee Listing* page appears (Figure 8-21).

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 8-26).

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

   The *Designee Confirmation* page appears with the updated designee information (Figure 8-27).

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

   The *Designee Listing* page appears again with the list of designee names (Figure 8-21).

5. Click **Cancel** to return to the *Account List* page.

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

Figure 8-26: Update Designee Information

Table 8-9: Update Designee Information

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

Figure 8-27: Designee Confirmation

8.3.4   Regenerate Invitation Email

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

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

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

1. On the *Account List* page, click the **Designee Maintenance** link in the Account Settings box on your account ID page (Figure 8-20).

    The *Designee Listing* page appears (Figure 8-21).

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

    The *Update Designee Information* page appears, with the designee's personal information open for editing (Figure 8-28).

Figure 8-28: Update Designee Information

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

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

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

Figure 8-29: Sample of Re-Generated Email Invitation
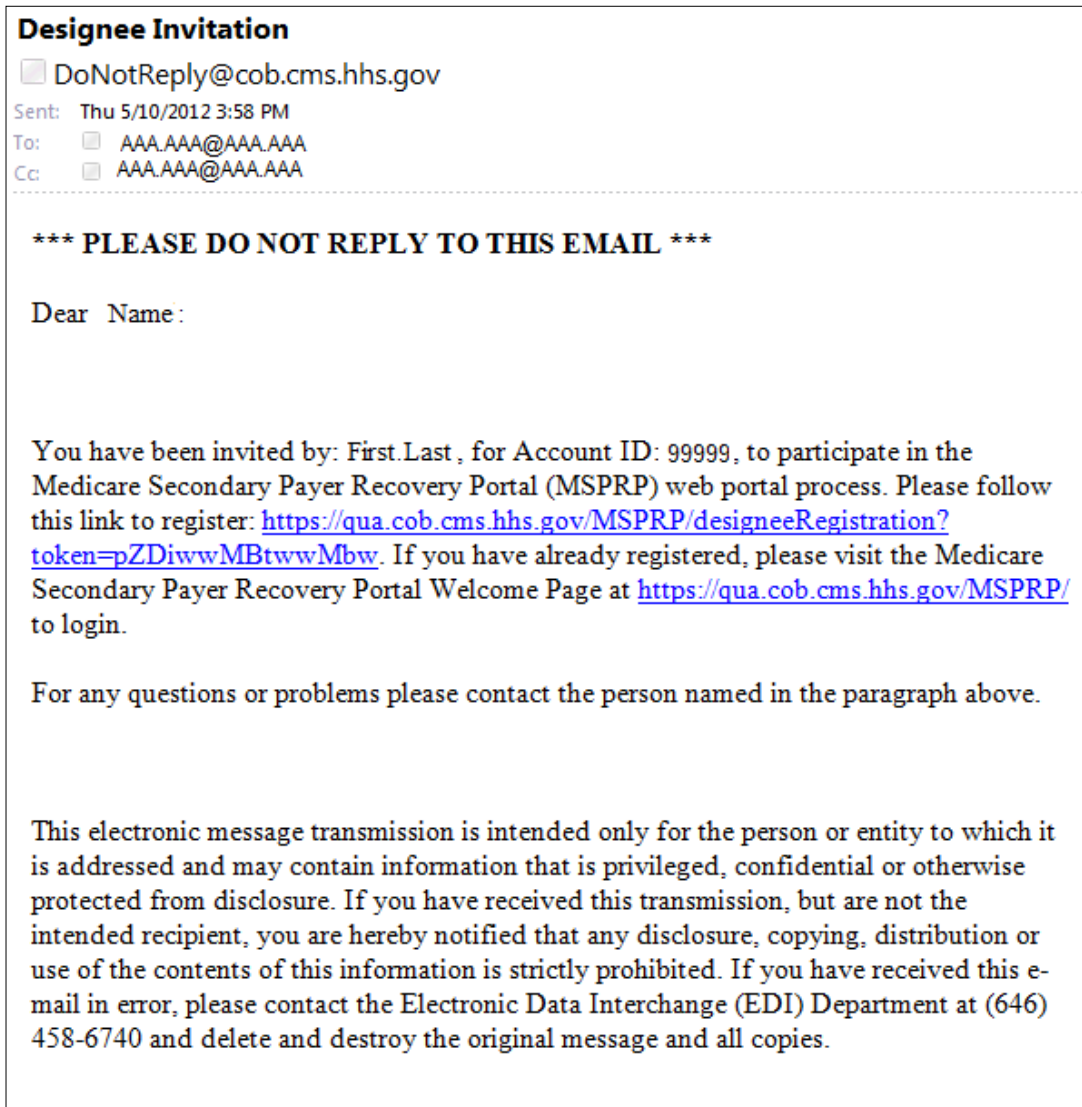
8.4   View Account Activity

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

1. To view activity associated with your account, log in to the MSPRP from your account ID page.

2. Click **View Account Activity** under *Account Settings* (Figure 8-20).
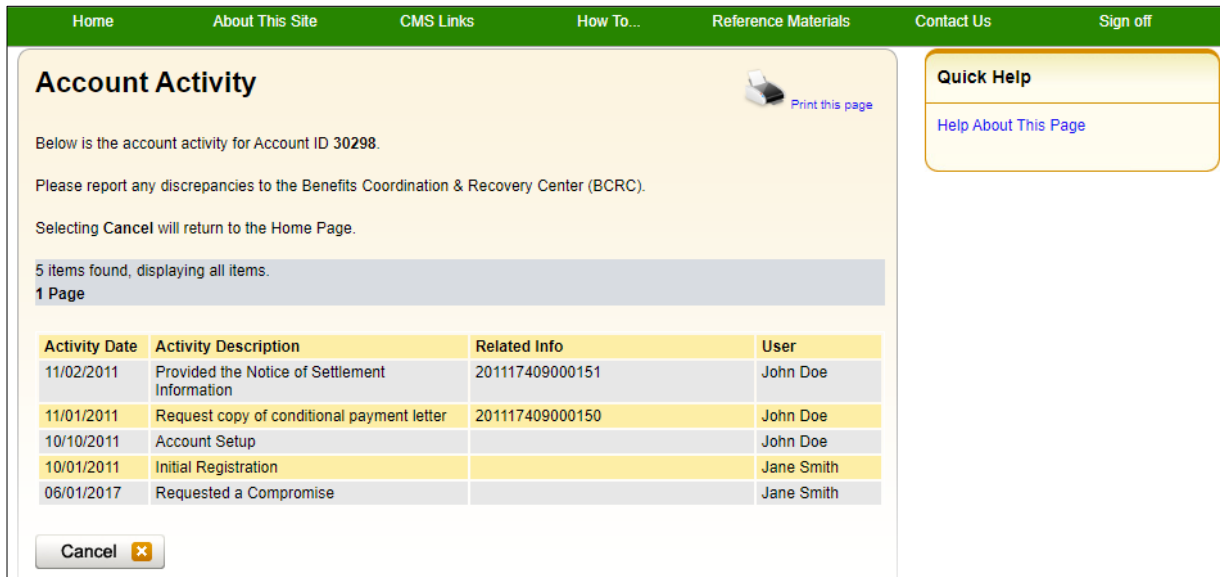
   The *Account Activity* page appears (Figure 8-30).

   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 the *Account List* page.

Figure 8-30: 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 8-31), allowing users with more than 1000 records of account activity changes to access, view, and sort through all of their account activity records.

Figure 8-31: Account Activity Page with Display Range and Pagination Control

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

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

The *Account Activity* page also displays the following:

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

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

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

1. Log in to the MSPRP from the *Account List* page.

2. Click **View Account Activity** under *Account Settings* (Figure 8-20).

   The *Account Activity* page appears (Figure 8-30 and Figure 8-31).

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 the *Account List* page, click **Change Password** under *Account Settings* on the right side of the page (Figure 8-32).

   The *Change Password* page appears (Figure 8-33).

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

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

   PASSWORD, WELCOME, CMS, HCFA, SYSTEM, MEDICARE, MEDICAID, TEMP, LETMEIN, GOD, SEX, MONEY, QUEST, 1234, F20ASYA, RAVENS, REDSKIN, ORIOLES, BULLETS, CAPITOL, TERPS, DOCTOR, 567890, 12345678, ROOT, BOSSMAN, JANUARY, FEBRUARY, MARCH, APRIL, MAY, JUNE, JULY, AUGUST, SEPTEMBER, OCTOBER, NOVEMBER, DECEMBER, SSA, FIREWALL, CITIC,

ADMIN, UNISYS, PWD, SECURITY, 76543210, 43210, 098765, IRAQ, OIS, TMG, INTERNET, INTRANET, EXTRANET, ATT, LOCKHEED, LOCKH33D, SOCIAL, FACEBOOK, YOUTUBE, WINDOWS, STEELERS, PATRIOTS, COMPUTER, DILBERT, MONDAY, TUESDAY, WEDNESDAY, THURSDAY, FRIDAY, SATURDAY, SUNDAY, SPRING, SUMMER, AUTUMN, FALL, WINTER, BACKUP, BUSINESS, FALCONS, BRONCOS, EAGLES, PANTHERS, DOLPHINS, JAGUARS, CHIEFS, TEXANS, RAMS, BEARS, BROWNS, LIONS, BENGALS, COWBOYS, CARDINAL, CHARGERS, RAIDERS, SAINTS, REDSOX, YANKEES, PIRATES, PHILLIES, HHS, BRAVES, NATIONAL, UNITED, STATES, TWITTER, MITRE, MARLINS, OILERS, WHITESOX, CUBS, DODGERS, GIANTS, ANGELS, DEVILS, DIAMOND, SEATTLE, HOLLYWOOD, ARIZONA, ALABAMA, ALASKA, ARKANSAS, COLORADO, DELAWARE, FLORIDA, GEORGIA, HAWAII, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, KENTUCKY, MAINE, MARYLAND, MICHIGAN, MISSOURI, MONTANA, NEBRASKA, NEVADA, LASVEGAS, NEWYORK, OHIO, OKLAHOMA, OREGON, UTAH, VERMONT, VIRGINIA, WYOMING, ATLANTIC, PACIFIC, SANFRAN, REGIONAL, MACS, EDC, BOSTON, ATLANTA, CMSNET, MDCN, TAMPA, MIAMI, STLOUIS, CHICAGO, DETROIT, DENVER, HOUSTON, DALLAS, INDIANS, TIGERS, ROYALS, BREWERS, TWINS, MARINERS, RANGERS, BLUEJAYS, ROCKIES, ASTROS, PADRES, LAPTOP, MODEM, DELL, SOLARIS, UNIX, LINUX, IBM, ROUTER, SWITCH, SERVER, STAFF, GOOGLE, YAHOO, VERIZON, ISSO, CISO, HACKER, PROGRAM, CYBER, DESKTOP, ENTER, EXIT, UNION, PIV, NETWORK, DROID, IPAD, IPHONE, DANGER, STARWAR, STARTREK, VULCAN, KLINGON, SPOCK, KIRK, CAPTAIN, XMEN, FLASH, FRINGE, JEDI, HOLIDAY, OUTLOOK, VETERAN, ARMY, NAVY, MARINE, AIRFORCE, MAINFRAME, CDS, HP, LHM, FLEX, SESAME, POLICY, HCPCS, DME, HOD, INTEL, VIPS, VPN, CISCO, APPLE, SECURE, DISNEY, VACATION, LEXMARK, LAKERS, THUNDER, JAZZ, MAVERICKS, PHOENIX, SPURS, CELTICS, HEAT, MAGIC, BULLS, HAWKS, HORNETS, NUGGETS, BLAZERS, GRIZZLIES, BOBCATS, WIZARDS, WARRIORS, KINGS, CLIPPERS, KNICKS, NETS, RAPTORS, 76ERS, ROCKETS, PISTONS, BUCKS, PACERS, CAVALIERS, SUNS, TIMBERWOLVES

2. Click **Continue** to proceed.

   The *Change Password Confirmation* page appears confirming that your password has been changed successfully (Figure 8-34). 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 the *Account List* page or click the navigation **Logoff** link to exit the MSPRP.

Figure 8-32: Account Settings Box

Figure 8-33: Change Password

Table 8-10: Change Password

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

Figure 8-34: Change Password Confirmation
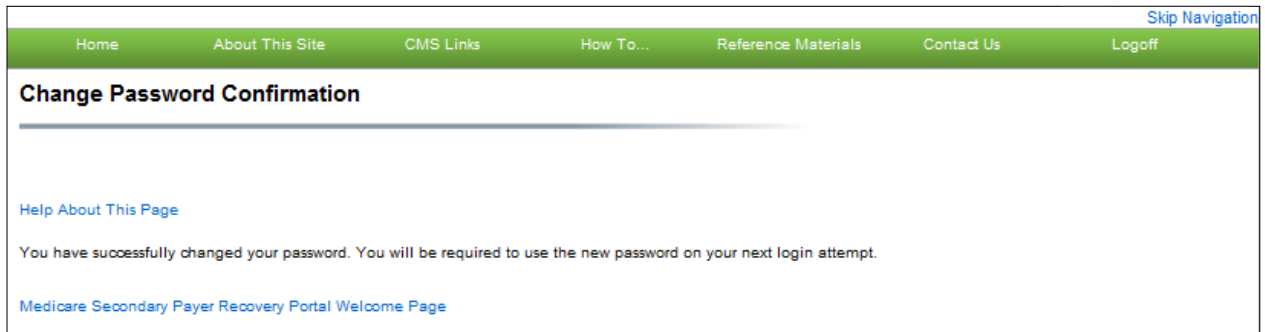
8.6   Update Paperless E-Mail Distribution

If you are an AM of an account that is associated with at least one address that has opted in to Go Paperless, you can manually enter or update one additional email address for an individual or distribution list to receive the letter notification emails sent for the Go Paperless addresses. You can also update the option to blind carbon copy (BCC) ADs on these emails. By default, all ADs are copied on letter notification emails and these emails are sent to the AM.

To update the Go Paperless email distribution list:

1. From the *Account List* page, click the **Associated Account ID** for the paperless account you want to view.

   The *Welcome!* page appears (Figure 8-35).

2. Click the **Update Paperless E-mail Distribution** link in the *Account Settings* box on the *Welcome!* page.

   The *Paperless E-mail Distribution* page appears (Figure 8-36).

Figure 8-35: Welcome!

Figure 8-36: Paperless E-mail Distribution

Table 8-11: Paperless E-mail Distribution

Field	Description
Paperless E-mail Address	Enter an additional email address that you want to be copied on the letter notification emails. Optional. **Note:** If an email address was previously entered, you must enter a new address in place of it if you want to change it.
Re-enter Paperless E-mail Address	Re-enter the additional email address that you want to be copied on the letter notification emails. Optional. **Note:** You must manually re-enter the email address; you cannot copy and paste an address into this field.
BCC Account Designees	Select the checkbox to indicate that ADs will be copied on the letter notification emails or deselect the checkbox if you do not want ADs to be copied. **Note:** This checkbox is selected by default.
Cancel	Command button. Click to discard your changes and return to the *Welcome!* page.
Continue	Command button. Click to confirm your changes and open the *Paperless E-mail Distribution Confirmation* page.

3. Enter the additional email address that you want to be copied on the letter notification emails, if any, and re-enter the email address.

   Note: By default, all ADs are copied on the letter notification emails and these emails are sent to the AM.

4. Deselect the *BCC Account Designees* checkbox if you do not want the ADs to be blind copied on the letter notification emails or select the checkbox if you do want the ADs to be blind copied.

5. Click **Continue** to confirm your changes.

   The *Paperless E-mail Distribution Confirmation* page appears (Figure 8-37).

6. Click **Continue** to return to the *Welcome!* page.

   Note: You will receive a confirmation email with your updates, and the AR will be copied on the email.

Figure 8-37: Paperless E-mail Distribution Confirmation

Chapter 9: Account Designee Registration

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

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

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

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

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

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

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

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

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

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

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

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

Figure 9-1: Sample Designee Invitation Email

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=pZDiwwMBtwwMbw. 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

Login Warning

Print this page

UNAUTHORIZED ACCESS TO THIS COMPUTER SYSTEM IS PROHIBITED BY LAW

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

This system is provided for Government authorized use only.

Unauthorized or improper use of this system is prohibited and may result in disciplinary action and/or 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:

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

Attestation of Information

The information provided is complete, truthful, accurate, and meets all requirements set forth to use this process.

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

I Accept

Decline

CMS/HHS Vulnerability Disclosure Policy | Privacy Policy | User Agreement | Adobe Reader

Figure 9-3: Designee Registration

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

Field	Description
First Name	Enter your first name.
MI	Enter the first initial of your middle name (optional).
Last Name	Enter your last name.
E-mail Address	Enter your personal email address.
Phone	Enter your personal phone number.
Ext.	Enter the extension for your phone number (optional).
Address Line 1	Enter the first line of your company mailing address.
Address Line 2	Enter the second line of your company mailing address (optional).
City	Enter the city where your company is located.

Field	Description
State	Select the state where the company is located from the drop-down list. **Note**: To quickly select a state, type the first letter to scroll to the desired state.
Zip Code	Enter the company's ZIP code (required), plus four-digit ZIP code suffix (optional).
Previous	Command button. Click to return to the previous page.
Continue	Command button. Click to save changes and continue to the next page.

Figure 9-5: Designee Login Information

Table 9-2: Designee Login Information

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

Field	Description
Previous	Command button. Click to return to the previous page.
Continue	Command button. Click to save changes and continue to the next page.

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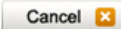
Figure 9-7: Designee Thank You

Chapter 10: Case Authorization

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

The MSPRP allows you to view or manage MSPRP Benefits Coordination & Recovery Center (BCRC) (insurer and all beneficiary) and Commercial Repayment Center (CRC) (insurer) recovery cases only if you have the correct authorization. This authorization must be submitted on the MSPRP and be in a Verified Authorization Status. See Section 15.1.2.1 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 and Model Language

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

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

10.3   Authorization Status

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

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

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

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

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

verify the start and end dates on the supporting documentation are correct. Submit a new authorization request and ensure that the dates provided on the supporting documentation exactly match the authorization start date and end date (if applicable) you entered on the *Authorization Documentation* page.

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

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

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

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

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

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

- **No Authorizing Statement on Document** – The CTR that was submitted did not indicate which entity (e.g., attorney, recovery agent, etc.) is allowed to receive information from CMS, its agents, and/or contractors. To rectify this, resubmit a new CTR that clearly identifies the name, address, and phone number of the entity that can receive this information.

- **Other/Multiple Reason(s) for Authorization being invalid** – The requirements for submission were not met for reasons other than those listed above (e.g., the uploaded authorization documentation does not match the case, or all required documentation is missing etc.). To rectify this, make all necessary corrections and submit the authorization request as a new authorization request and upload all applicable supporting documentation.

- **Case ID/Recovery ID Number Does Not Match** – The supporting document did not match the information on the case. To rectify this, review the documentation that was uploaded and resubmit the correct documentation to the appropriate case.

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

10.3.1 Beneficiary CTR Supporting Documentation Requirements

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

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

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

10.3.2 Beneficiary POR Supporting Documentation Requirements

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

Required information if you are submitting a Retainer Agreement:

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

Required information if you are not submitting a Retainer Agreement:

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

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

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

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

10.3.3 Recovery Agent Authorization Supporting Document Requirements

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

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

Notes:

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

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

Required information if you are submitting a Recovery Agent Authorization:

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

Chapter 11: Request Case Access

11.1   Account Designee

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

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

Note: When your AM submits a request for case access and the MSPRP verifies that the AM is authorized to access the case, the AM can grant case access to an AD (see Section 12.2.5).

The steps in this section explain the process that an AD will follow in order to perform an initial request for access to a case that is not currently on their *Case Listing* page.

1. Begin by obtaining the Case ID and/or DOI, beneficiary Medicare ID (HICN or MBI) or Social Security Number (SSN), beneficiary name, and beneficiary date of birth, and optionally the insurance type.

   Note: The Case ID is created once Medicare has received MSP information and initiated a recovery case. For BCRC cases, it is displayed as a 15-digit number and is displayed as 2#### ##### ##### on correspondence related to the case such as the Rights and Responsibilities letter and CPL. For CRC cases, it is a 15-digit number displayed as 3#### ##### #####.

2. Log in to the MSPRP.

   The *Account List* page appears (Figure 11-1).

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

   The *Welcome!* page appears (Figure 11-2). The account ID and corresponding Corporate name/Representative name appear at the top of the page.

   Note: If the account is associated with at least one address that has opted in to Go Paperless, a green leaf icon appears next to the name of the account. You can view letter notification emails on the MSPRP for these addresses by selecting the **Go Paperless Letter Notifications** link. To get information on your account's paperless addresses, please contact your Section 111 file submitter or reporting agent.

Figure 11-1: Account List (Account Designee)

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

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

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

   Note: This link and other case functionality on the *Welcome!* page are not available during nightly system processing cycles.

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

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

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

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

Figure 11-3: New Case Request

Table 11-1: New Case Request

Field	Description
Case ID	Enter the recovery case identification number. **Notes:** The Case ID is assigned by CMS to the case. It is located on any case-specific correspondence received from Medicare such as the Rights and Responsibilities Letter or Conditional Payment Letter. The Case ID is a 15-digit number in ##### ##### ##### format. BCRC Case IDs begin with the number two (2), and CRC Case IDs begin with the number three (3). The *Case ID* field is not available during nightly system processing cycles.

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 three days), then you will be asked to select a case.

Medicare ID	Enter the HICN or MBI for the beneficiary associated to the case.
SSN	Enter the Social Security Number for the beneficiary associated to the case. **Note:** This field is required if the Medicare ID is not entered.
Last Name	Enter the beneficiary's last name. (A minimum of five characters must be entered).
Beneficiary's Date of Birth	Enter the beneficiary's date of birth in MM/DD/CCYY format.
Insurance Type	Select the insurance type (no-fault, workers' compensation, or liability) from the drop-down menu (optional).
Continue	Command button. Click to save changes and continue to the next page.
Cancel	Command button. Click to exit this page and return to the *Welcome!* Page without making any requests.

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

Note: The Industry DOI displayed in the *Case Results* page is the self-reported DOI provided by the RREs to the BCRC or CRC. See Table 15-1 for details.

Click **Previous** to return to the *New Case Request* page with current search field values displayed.

7. Click the **Case ID** of the case you wish to see; the MSPRP will display the *Case Information* page for that case and will add it to your *Case Listing* page (see Chapter 15).
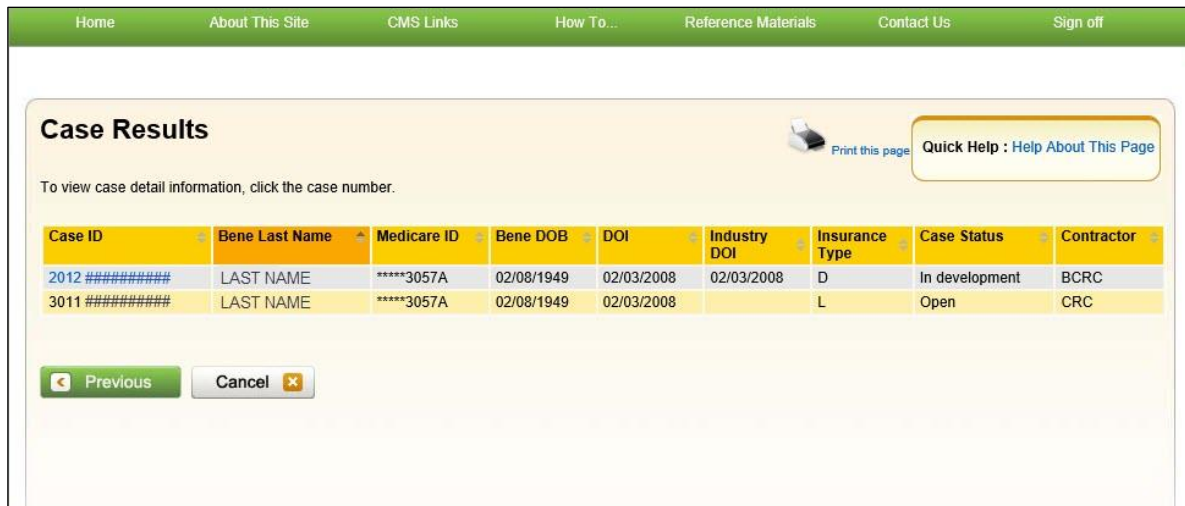
   Note: The Industry DOI displayed in the *Case Results* page is the self-reported DOI provided by the Responsible Reporting Entities (RREs) to the BCRC or CRC. See Table 15-1 for details.

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

   If the MSPRP locates the case based on the information submitted, the *Case Information* page will display (see Chapter 15).

   The **Case ID** link is not available during nightly system processing cycles.

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 the *Welcome!* 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.

Note: This link, and other case functionality on the *Welcome!* page, is not available during nightly system processing cycles.

Figure 11-5: Welcome! Page (Account Manager)
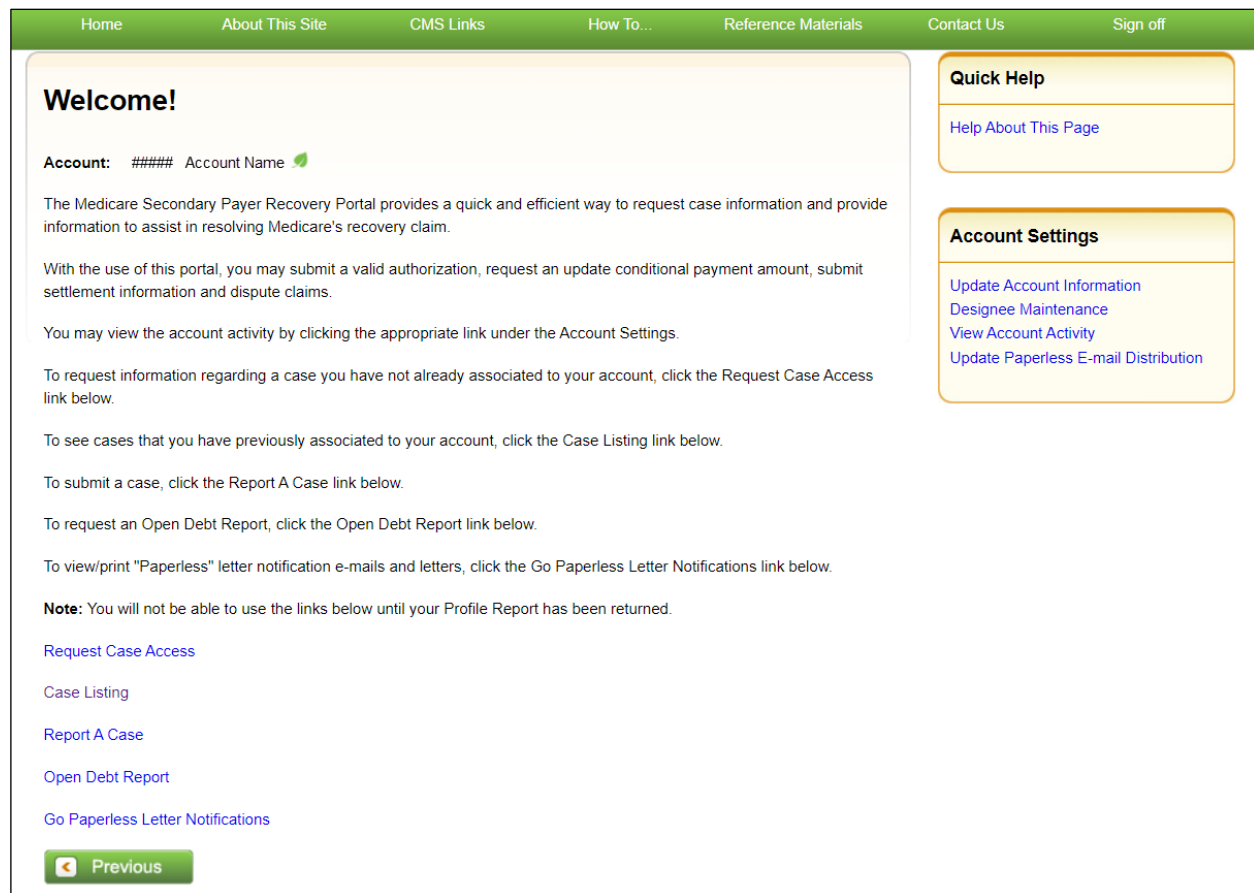
Figure 11-6: New Case Request

Table 11-2: New Case Request

Field	Description
Case ID	Enter the recovery case identification number. **Notes:** The Case ID is assigned by CMS to the case. It is located on any case-specific correspondence received from Medicare such as the Rights and Responsibilities Letter or Conditional Payment Letter. The Case ID is a 15-digit number in ##### ##### ##### format. BCRC Case IDs begin with the number two (2), and CRC Case IDs begin with the number three (3). This field is not available during nightly system processing cycles.

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 three days), then you will be asked to select a case.

Medicare ID	Enter the HICN or MBI for the beneficiary associated to the case.
SSN	Enter the Social Security number for the beneficiary associated to the case. **Note:** This field is required if the Medicare ID is not entered.
Last Name	Enter the beneficiary's last name. (A minimum of five characters must be entered).
Beneficiary's Date of Birth	Enter the beneficiary's date of birth in MM/DD/CCYY format.
Insurance Type	Select the insurance type (no-fault, workers' compensation, or liability) from the drop-down menu (optional).
Continue	Command button. Click to save changes and continue to the next page.
Cancel	Command button. Click to exit this page and return to the *Account List* 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 15-1 for details.

   Click **Previous** to return to the *New Case Request* page with current search field values displayed.

5. Click the **Case ID** of the case you wish to see; the MSPRP will display the *Case Information* page for that case and add it to your *Case Listing* page. See Chapter 15 for more information.

   The **Case ID** link is not available during nightly system processing cycles.

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 15 for more information.

Figure 11-7: Case Results Page

11.3   Beneficiary

As a beneficiary, you are authorized to access and manage each of your recovery cases on the MSPRP. However, the MSPRP will require you to perform an initial request for access to each recovery case that you did not access directly from the Medicare.gov website.

Note: Each case that you accessed directly from the Medicare.gov website (i.e., when you clicked the **Case ID** link on the *Payment Details* tab on the Medicare web page), as well as each new case you request access to on the MSPRP can be viewed and managed by clicking the **Case Listing** link on the *Welcome!* Page (your home page) (see Chapter 12).

1. Log in to your Medicare account via the Medicare.gov website at https://medicare.gov/.

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

3. Go to the MSP section and click the **Go to MSPRP** button on the Medicare 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).

   Note: This link and other case functionality on the *Welcome!* page are not available during nightly system processing cycles.

Figure 11-8: Welcome! Page (Beneficiary)
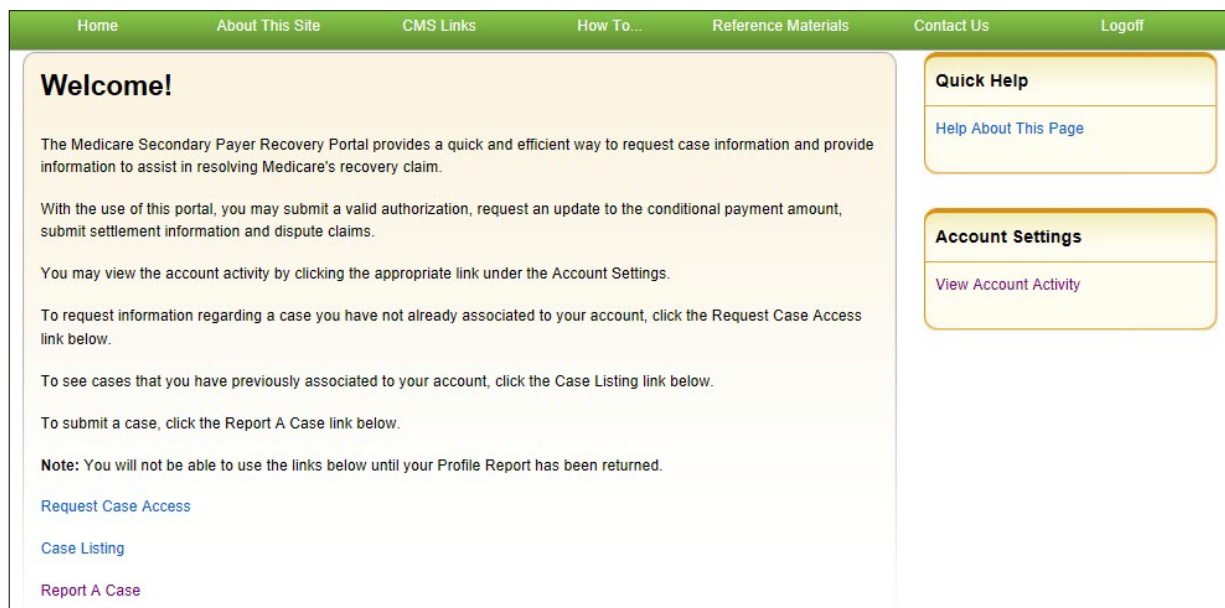
5. To request case access, enter the Case ID and click **Continue**.

   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 15).

Figure 11-9: New Case Request

Table 11-3: New Case Request

Field	Description
Case ID	Enter the case identification number. **Note:** This field is not available during nightly system processing cycles.
Medicare ID	Displays the beneficiary's HICN or MBI, which can be found on their Medicare card.
Last Name	Displays the beneficiary's last name.
Beneficiary's Date of Birth	Displays the beneficiary's date of birth.
Previous	Command button. Click to exit this page and return to the previous page.
Continue	Command button. Click to save changes and continue to the next page.
Cancel	Command button. Click to exit this page and return to the *Welcome!* Page without making any requests.

Chapter 12: Case Listing

12.1   Account Designee

The *Case Listing* page displays a list of cases that you are authorized to access. The Case ID displayed will either be the "BCRC Case ID" (Benefits Coordination & Recovery Center [BCRC] insurer cases and all beneficiary cases) or the "CRC Recovery ID" (Commercial Repayment Center [CRC] insurer cases). The list includes cases that you successfully requested access to (on the *New Case Request* page), any cases that you have reported using the *Report a Case* action, and cases that your Account Manager (AM) has granted you access to.

Notes:

If you are approaching settlement on a case that is not yet available on the MSPRP and you wish to initiate the *Final Conditional Payment* process, you can add this case using the *Report a Case* link found on the MSPRP *Welcome!* page or contact the BCRC by phone at (855) 798-2627, or by mail at: NGHP, PO Box 138832, Oklahoma City, OK 73113. See Chapter 16 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. If the account is associated with at least one address that has opted in to Go Paperless, a green leaf icon appears next to the name of the account. You can view letter notification emails on the MSPRP for these addresses by selecting the **Go Paperless Letter Notifications** link. To get information on your account's paperless addresses, please contact your Section 111 file submitter or reporting agent.

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.
    - Close cases associated with your account that were originally reported via the MSPRP.

    Note: This link and other case functionality on the *Welcome!* page are not available during nightly system processing cycles.

Figure 12-1: Account List (Account Designee)

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

🖨 Print this page

Account List

Click the desired link to access the associated account. Accounts with a green leaf (🍃) include an address that has opted to "Go Paperless" via the MMSEA Section 111 Reporting process. These accounts receive letter notification e-mails instead of mailed letters for the "Go Paperless" addresses. You are responsible for viewing all "Go Paperless" correspondence on the MSPRP. **Note:** To obtain information on the account's paperless addresses, please contact your Section 111 file submitter/reporting agent.

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 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: **Getting Started** link.

Associated Account IDs:

Account Name 🍃

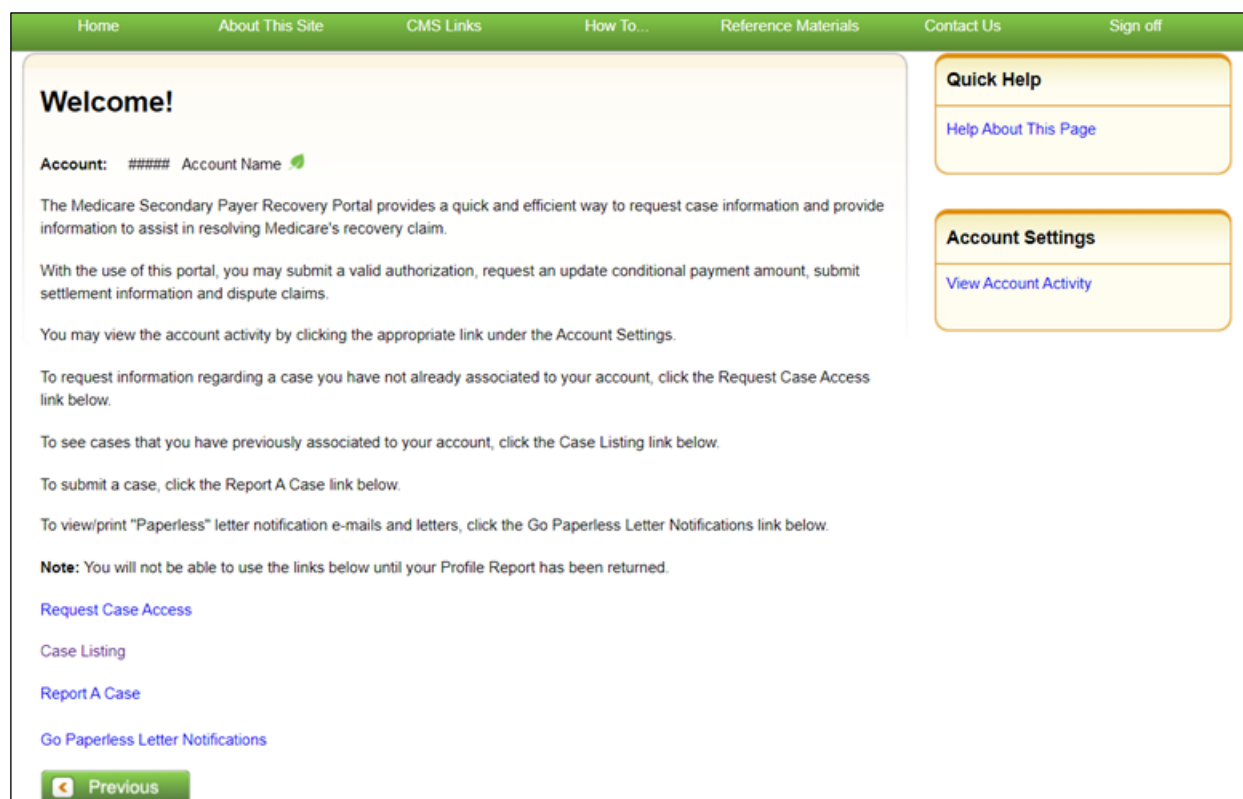#### Account Name

Account Name

Quick Help

Help About This Page

Account Settings

Update Personal Information
Change Password

🔒 **Multi-Factor Authentication**

Status: **Initial Process**
Next Step: Getting Started

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

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 (Health Insurance Claim Number [HICN] or Medicare Beneficiary Identifier [MBI])*, *Beneficiary Social Security Number [SSN]*, or *Beneficiary Last Name*. Then click **Search**.

Notes: To make your search more effective, you can search for variations of Case ID and Beneficiary Last Name using the wildcard percent sign (%) (see the field descriptions in Table 12-1).

If the MSPRP locates more than 1,000 active (not removed) recovery cases matching the search criteria entered, the following message will display "Results have exceeded the 1,000-row maximum. Refine the search criteria to limit the results."

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

If the MSPRP is able to locate the case(s) based on the search criteria entered, the Case ID, Bene Last Name, Medicare ID/SSN, and Bene Date of Birth for the case(s) will be listed on the bottom half of the page under the *Cases* heading. Click the **Case ID** for the desired case. The MSPRP will display the *Case Information* page for the selected case (see Chapter 15).

Table 12-1: Case Listing

Field	Description
Case ID	The unique identifier assigned by Medicare to the case. If the Case ID is available, it should be entered to help ensure that your case is found. The Case ID is located on any case specific correspondence received from Medicare such as the Rights and Responsibilities Letter or Conditional Payment Letter. The Case ID is a 15-digit number in ##### ##### ##### format. BCRC Case IDs begin with the number two (2), and CRC Case IDs begin with the number three (3).
	Notes: To make your search more effective, you can search for variations of the Case ID using the percent sign (%) as a wildcard symbol. When used, the percent sign (%) replaces one (or more than one) number(s) at the end of the Case ID. Only one percent sign (%) can be entered and it must be placed at the end of the Case ID search term. When using the wildcard symbol in the Case ID field, a minimum of five characters must be entered (four numbers plus the percent sign).
	For example, to locate all recovery cases where the Case ID begins with the numbers 2011, enter 2011% in the Case ID field and click **Search**. The MSPRP will retrieve all recovery case records associated with 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 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).
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 cases will be returned (i.e., displayed on the *Case Listing* page).

Field	Description
Beneficiary Last Name	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 two characters must be entered (one character plus the percent sign). For example, to locate all recovery cases where the Beneficiary Last Name begins with SM (such as Smith, Smithson, Small), enter SM% in the Beneficiary Last Name field and click **Search**. The MSPRP will retrieve all recovery case records associated to your account ID with a Beneficiary Last Name that begins with SM. You can further limit the number of cases returned by using the wildcard in both the *Case ID* and the *Beneficiary Last Name* fields. The wildcard symbol can only be used in these two fields.
Search	Click to search for the Case ID that matches the search criteria entered.

Table 12-2: Cases

Field	Description
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 un-marked 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 MSPRP *Report a Case* process. 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. This link is not available during nightly system processing cycles.
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.

Field	Description
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.
Case Status	The current state of the case in the MSPRP) system. For BCRC cases, it can be any of the following: - In Development - Open - Claim Retrieval - Demand or Demand in Progress - Extended Repayment - Bill Issued - Closed For CRC cases, it can be any of the following: - In Development - Open - Claim Retrieval - Transitioned - Demand or Demand in Progress - Extended Repayment - Closed For a complete description of all statuses, please see Table 15-11.
Authorization Level	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.
Authorization Status	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: - Verified - Unverified - Invalid Please see Section 10.3 for more details on these statuses. **Note:** Only one authorization type and authorization status will appear on this page. To view all submitted authorizations associated to the user who is currently logged in, click the **Case ID,** select the **View/Request Authorizations** (i.e., Beneficiary POR, Beneficiary CTR, or Recovery Agent Authorization) action, and then click **Continue**.
Case Access (Manage Access Link)	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.
Remove Case(s)	Command button. Click to remove selected cases from your *Case Listing* page.

Field	Description
Close Case(s)	Command button. Click to close selected cases from your *Case Listing* page.
	Note: This button will be displayed and enabled if there is at least one case that is associated with the account that has not yet been demanded or closed and was created via the MSPRP *Report A Case* process and when the user is the beneficiary or their authorized representative.
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 15).

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 Case(s)** button. When you (the AD) perform the **Remove Case(s)** 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 Case(s)**.

   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

Figure 12-5: Remove Cases Confirmation

12.1.3 Close a Case

The MSPRP allows you to close case(s) from your *Case Listing* page through the use of the **Close Case(s)** button. When you (the AD) perform the **Close Case(s)** action, the case will be removed from your *Case Listing* and *Account List* pages and recovery will cease.

Note: Only cases that have been reported via the MSPRP *Report A Case* process that are not yet demanded can be closed. A case should only be closed if it was reported in error as the case will be closed and recovery activities will cease.

1. To close a case, click the checkbox next to each Case ID that you want to close, and click **Close Case(s)**.

The *Close Cases Verification* page displays the list of cases selected for closure (Figure 12-6).

2. Verify the list of cases to ensure that it only includes cases you wish to close 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 close, click **Continue**.

    The *Close Cases Confirmation* page appears confirming that the cases have been closed (Figure 12-7).

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

Figure 12-6: Close Case Verification

Figure 12-7: Close Case Confirmation

12.2   Account Manager

The *Case Listing* page displays a list of cases that you are authorized to access. The list includes cases that you or your ADs successfully requested access to (on the *New Case Request* page) while working under your account ID and any cases that you have reported using the *Report a Case* action.

Notes: Your account ID is listed at the top of the page. If the account is associated with at least one address that has opted in to Go Paperless, a green leaf icon appears next to the account ID. To get

information on your account's paperless addresses, please contact your Section 111 file submitter or reporting agent.

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, PO Box 138832, Oklahoma City, OK 73113. See Chapter 16 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 12-8).

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

   The *Case Listing* page appears (Figure 12-9). 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.
   - Close cases associated with your account that were originally reported via the MSPRP.

   Note: This link and other case functionality on the *Welcome!* page are not available during nightly system processing cycles.

Figure 12-8: Welcome! Page (Account Manager)

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

Welcome!

Quick Help

Help About This Page

Account: ####   Account Name

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 an Open Debt Report, click the Open Debt Report link below.

To view/print "Paperless" letter notification e-mails and letters, click the Go Paperless Letter Notifications 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

Open Debt Report

Go Paperless Letter Notifications

Account Settings

Update Account Information
Designee Maintenance
View Account Activity
Update Paperless E-mail Distribution

◄ Previous

Figure 12-9: Case Listing

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

Print this page

Quick Help

Help About This Page

Case Listing

The following are the case reports associated to Account ID: **99999**.

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.

To remove a case from displaying on your Case Listing page, select the case(s) you wish to remove and click the **Remove Case(s)** button. This action will only remove the cases from displaying on this page. The selected cases will still be associated to your account.

To close a case on your account, select the case(s) you wish to close and click the **Close Case(s)** button. Only cases that have been reported via the MSPRP "Report A Case" process that are not yet demanded can be closed. Please note: A case should only be closed if it was reported in error as the case will be closed and recovery will cease.

Case ID: [_____]   Search Hint

Medicare ID: [_____]

Beneficiary SSN: [____] - [____] - [_____]

Beneficiary Last Name: [_____]   Search Hint

[Search]

Cases

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

Select	Case ID	Bene Last Name	Medicare ID	Bene Date of Birth	Case Status	Authorization Level	Authorization Status	Case Access
☐	################	Last	##########	MM/DD/YYYY	Demand	Beneficiary Proof of Representation	Verified	Manage Access
☐	################	Last	##########		Closed			Manage Access
☐	################	Last	##########		DEMAND IN PROGRESS	Beneficiary Consent to Release	Verified	Manage Access
☐	################	Last	##########		Open	Case Debtor		Manage Access

[Cancel ✖] [Remove Case(s) ▶] [Close Case(s) ▶]

Table 12-3: Case Listing

Field	Description
Case ID	Enter the unique identifier assigned by Medicare to the case. If the Case ID is available, it should be entered to help ensure your case is found. The Case ID is located on any case specific correspondence received from Medicare such as the Rights and Responsibilities Letter or Conditional Payment Letter. It is a 15-digit number and is displayed as ##### ##### ##### on the correspondence from Medicare. BCRC Case IDs begin with the number two (2), and CRC Case IDs begin with the number three (3).
	Note: To make your search more effective, you can search for variations of the Case ID using the percent sign (%) as a wildcard symbol. When used, the percent sign (%) replaces one (or more than one) number(s) at the end of the Case ID. Only one percent sign (%) can be entered and it must be placed at the end of the Case ID search term. When using the wildcard symbol in the Case ID field, a minimum of five characters must be entered (four numbers plus the percent sign).
	For example, to locate all recovery cases where the Case ID begins with the numbers 2011, enter 2011% in the Case ID field and click **Search**. The MSPRP will retrieve all recovery case records associated with 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 two characters must be entered (one character plus the percent sign).
	For example, to locate all recovery cases where the beneficiary last name begins with SM (such as Smith, Smithson, Small), enter SM% in the *Beneficiary Last Name* field and click **Search**. The MSPRP will retrieve all recovery case records associated 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: Cases

Field	Description
Select	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 un-marked for removal by clicking the box again. **Notes:** 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). This link is not available during nightly system processing cycles.
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. **Notes:** An asterisk indicates that the case was reported using the MSPRP *Report a Case* process. 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. This link is unavailable during nightly system processing cycles.
Bene Last Name	The surname of the beneficiary associated to the case. **Note**: The sort order can be changed by clicking the arrow in the column heading. Click the arrow once to change the sort order to descending. Click the arrow again to sort in ascending order.
Medicare ID/SSN	The Medicare ID (HICN or MBI) or SSN of the beneficiary associated to the case. The number that will appear is the one that was entered on the *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 to the case.

Field	Description
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 or Demand in Progress • Extended Repayment • Bill Issued • Closed For CRC cases, it can be any of the following: • In Development • Open • Claim Retrieval • Transitioned • Demand or Demand in Progress • Extended Repayment • Closed For a complete description of all statuses, please see Table 15-11.
Authorization Level	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.
Authorization Status	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: • Verified • Unverified • Invalid Please see Section 10.3 for more details on these statuses. **Note:** Only one authorization type and authorization status will appear on this page. To view all submitted authorizations associated to the user who is currently logged in, click the **Case ID,** select the **View/Request Authorizations** (i.e., Beneficiary POR, Beneficiary CTR, or Recovery Agent Authorization) action and then click **Continue**.
Case Access (Manage Access Link)	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.
Remove Case(s)	Command button. Click to remove selected cases from your *Case Listing* page. **Note:** This button is disabled if there are no cases displayed.
Close Case(s)	Command button. Click to close selected cases from your *Case Listing* page. **Note:** This button will be displayed and enabled if there is at least one case that is associated with the account that has not yet been demanded or closed and was created via the MSPRP *Report A Case* process and when the user is the beneficiary or their authorized representative.
Cancel	Command button. Click to return to the *Welcome!* Page.

12.2.1 Locate One or More Cases

The MSPRP allows you to perform a case search so you can limit the number of cases that display on your *Case Listing* page. To complete a search, enter information in at least one of the search fields: *Case ID*, *Medicare ID (HICN or MBI)*, *Beneficiary SSN*, or *Beneficiary Last Name*, and click **Search**.

Note: To make your search more effective, you can search for variations of Case ID and Beneficiary Last Name using the wildcard percent sign (%) (Table 12-3).

If the MSPRP locates more than 1,000 active (not removed) recovery cases matching the search criteria entered, the following message will display "Results have exceeded the 1,000-row maximum. Refine the search criteria to limit the results."

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

If the MSPRP is able to locate the case(s) based on the search criteria entered, the Case ID, bene last name, Medicare ID/SSN, and bene date of birth for the matching case(s) will be listed on the bottom half of the page under the *Cases* heading. Click the **Case ID** for the desired case. The MSPRP will display the *Case Information* page for the selected case (see Chapter 15).

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 15).

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 Case(s)** button. When you (the AM) perform the **Remove Case(s)** 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 Case(s)**.

   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 12-11).

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

Figure 12-10: Remove Cases Verification

Figure 12-11: Remove Cases Confirmation

12.2.4 Close a Case

The MSPRP allows you to close case(s) from your *Case Listing* page through the use of the **Close Case(s)** button. When you (the AM) perform the **Close Case(s)** action, the case will be removed from your *Case Listing* and *Account List* pages and recovery will cease.

Note: Only cases that have been reported via the MSPRP *Report A Case* process that are not yet demanded can be closed. A case should only be closed if it was reported in error as the case will be closed and recovery activities will cease.

1. To close a case, click the checkbox next to each Case ID that you want to close, and click **Close Case(s)**.

    The *Close Cases Verification* page displays the list of cases selected for closure (Figure 12-12).

2. Verify the list of cases to ensure that it only includes cases you wish to close 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 close, click **Continue**.

    The *Close Cases Confirmation* page appears confirming that the cases have been closed (Figure 12-21).

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

Figure 12-12: Close Case Verification

Figure 12-13: Close Case Confirmation

12.2.5 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 12-14).

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 12-15).

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 12-16).

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 12-17). 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 12-14: Welcome! Page (Account Manager)

Figure 12-15: Case Listing

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

Print this page

Quick Help

Help About This Page

Case Listing

The following are the case reports associated to Account ID: **99999**.

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.

To remove a case from displaying on your Case Listing page, select the case(s) you wish to remove and click the **Remove Case(s)** button. This action will only remove the cases from displaying on this page. The selected cases will still be associated to your account.

To close a case on your account, select the case(s) you wish to close and click the **Close Case(s)** button. Only cases that have been reported via the MSPRP "Report A Case" process that are not yet demanded can be closed. Please note: A case should only be closed if it was reported in error as the case will be closed and recovery will cease.

Case ID: _____   Search Hint

Medicare ID: _____

Beneficiary SSN: ____ - ____ - _____

Beneficiary Last Name: _____   Search Hint

Search

Cases

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

Select	Case ID	Bene Last Name	Medicare ID	Bene Date of Birth	Case Status	Authorization Level	Authorization Status	Case Access
☐	################	Last	##########	MM/DD/YYYY	Demand	Beneficiary Proof of Representation	Verified	Manage Access
☐	################	Last	##########		Closed			Manage Access
☐	################	Last	##########		DEMAND IN PROGRESS	Beneficiary Consent to Release	Verified	Manage Access
☐	################	Last	##########		Open	Case Debtor		Manage Access

Cancel ✖   Remove Case(s) ▶   Close Case(s) ▶

Figure 12-16: Manage Case Access

Figure 12-17: Case Access Confirmation

12.3   Beneficiary

The *Case Listing* page displays information for all cases that you previously requested access to on the *New Case Request* page, any cases that you have reported using the *Report a Case* action, and includes any cases that you accessed directly from the Medicare.gov website (by clicking the **Case ID** on the *Payment Details* tab on the Medicare 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, PO Box 138832, Oklahoma City, OK 73113. See Chapter 16 for details regarding the *Final Conditional Payment* process.

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

1. Log in to your Medicare account via the Medicare.gov website at https://medicare.gov/.

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

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

   The *Welcome!* Page appears.

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

   The *Case Listing* page appears (Figure 12-19). This page allows you to:

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

   Note: This link and other case functionality on the *Welcome!* page are not available during nightly system processing cycles.

Figure 12-18: Welcome! Page (Beneficiary)
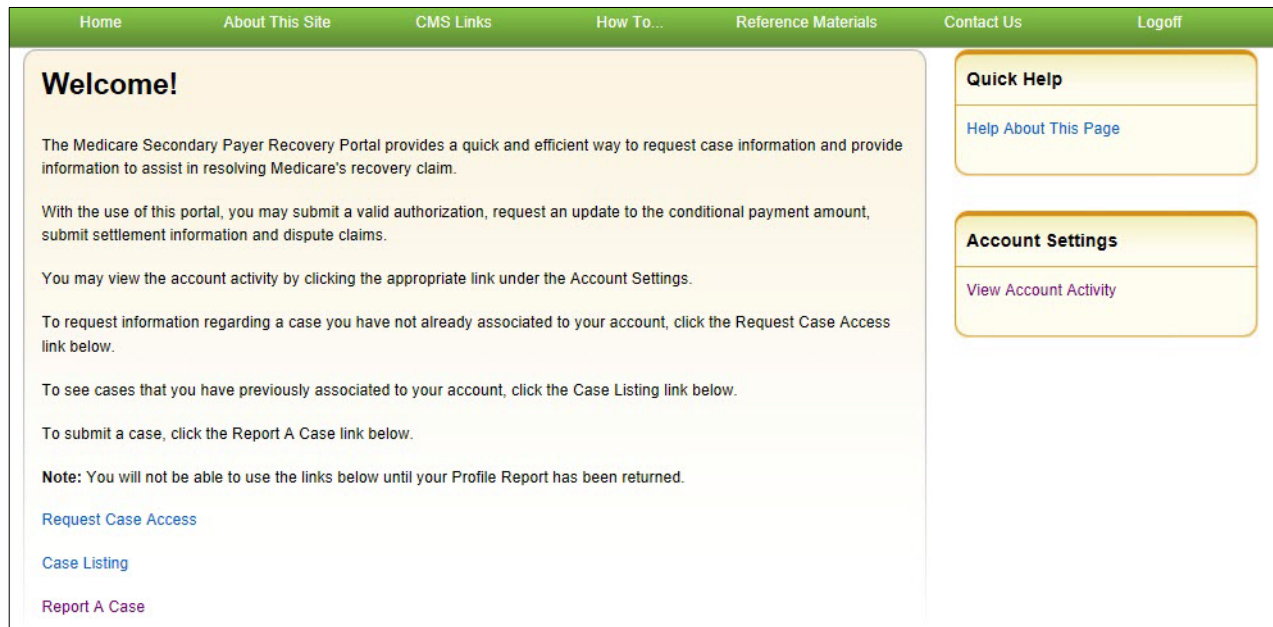
Figure 12-19: Case Listing (Beneficiary)

Table 12-5: Case Listing

Field	Description
Case ID	Enter the unique identifier assigned by Medicare to the case. If the Case ID is available, it should be entered to help ensure your case is found. The Case ID is located on any case specific correspondence received from Medicare such as the Rights and Responsibilities Letter or Conditional Payment Letter. It is a 15-digit number and is displayed as ##### ##### ##### on the correspondence from Medicare. BCRC Case IDs begin with the number two (2), and CRC Case IDs begin with the number three (3).
Search	Command button. Click to search for the Case ID that was entered.
Case ID	The Case ID for the recovery case. Click to view case details on the *Case Information* page. **Note:** An asterisk indicates that the case was reported using the MSPRP *Report a Case* process.
Cancel	Command button. Click to return to the *Welcome!* Page.

12.3.1 Locate a Case

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

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

If the MSPRP is able to locate the case based on the search criteria entered, the Case ID for the case will be listed on the bottom half of the page under the *Cases* heading. Click the **Case ID** for the desired case. The MSPRP will display the *Case Information* page for the selected case (see Chapter 15).

12.3.2 View Detailed Case Information

Scroll through (if applicable) the list of cases under the *Cases* heading until you see the desired case. Click the desired **Case ID**. The MSPRP will display the *Case Information* page for the selected case (see Chapter 15).

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

The **Case ID** link is not available during nightly system processing cycles.

12.3.3 Close a Case

The MSPRP allows you to close case(s) from your *Case Listing* page through the use of the **Close Case(s)** button. When you (the beneficiary) perform the **Close Case(s)** action, the case will be removed from your *Case Listing* and *Account List* pages and recovery will cease.

Note: Only cases that have been reported via the MSPRP *Report A Case* process that are not yet demanded can be closed. A case should only be closed if it was reported in error as the case will be closed and recovery activities will cease.

1. To close a case, click the checkbox next to each Case ID that you want to close, and click **Close Case(s)**.

   The *Close Cases Verification* page displays the list of cases selected for closure (Figure 12-20).

2. Verify the list of cases to ensure that it only includes cases you wish to close 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 close, click **Continue**.

   The *Close Cases Confirmation* page appears confirming that the cases have been closed (Figure 12-21).

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

Figure 12-20: Close Case Verification

Figure 12-21: Close Case Confirmation

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.

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

This link and other case functionality on the *Welcome!* page are not available during nightly system processing cycles.

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

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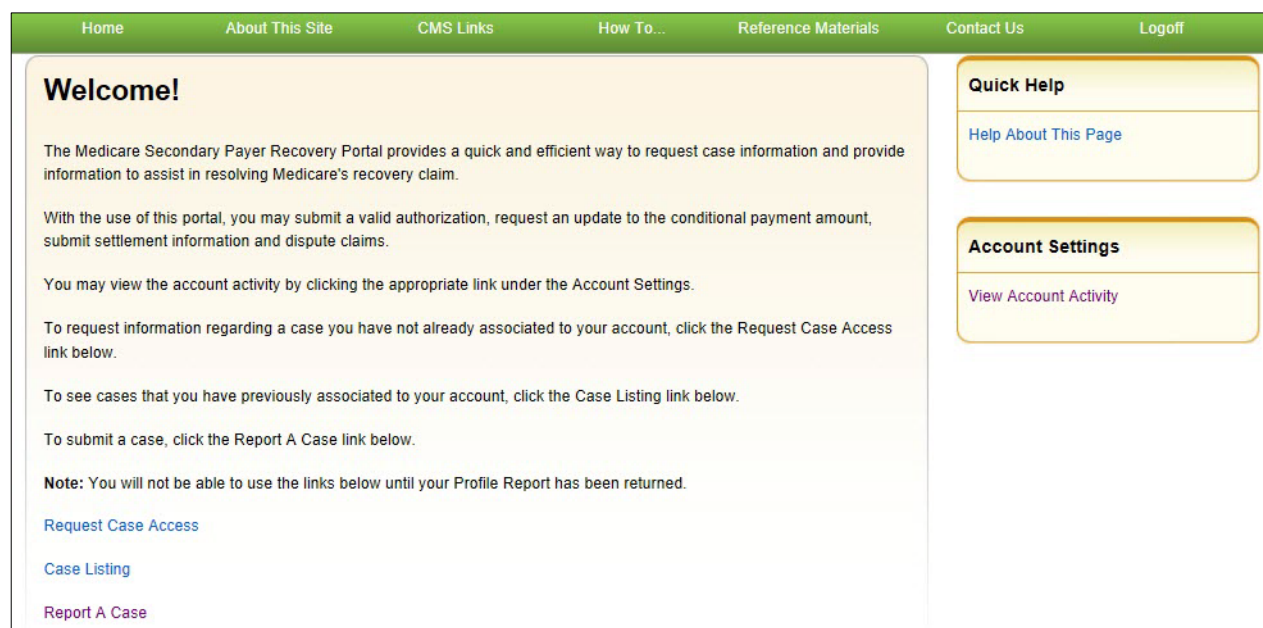
13.1 Case Reporting

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

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

13.1.1 Report a Case

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

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

Note: You should only report a case if ongoing responsibility for medicals (ORM) has not been accepted for the case and there is a pending settlement, but settlement has not yet been reached. To prevent inaccurate case creations and recoveries, the MSPRP will only accept reports that are related to physical trauma. If your case is not related to physical trauma, it requires additional review and must be submitted via mail or fax.

Figure 13-2: Report a Case

Table 13-1: Report a Case

Field	Description
Beneficiary Representative	Select the *Beneficiary Representative* radio button if you are reporting the case on behalf of a beneficiary.
	Note: Required if the *Insurer or Insurer Representative* radio button is not selected.
Insurer or Insurer Representative	Select the *Insurer or Insurer Representative* radio button if you are reporting the case on behalf of an insurer.
	Notes: Required if the *Beneficiary Representative* radio button is not selected. Three additional questions will appear and must be answered if you select the *Insurer or Insurer Representative* radio button.

Field	Description
Question 1: Has the insurer accepted ORM?	Select the "Yes" or "No" radio button to indicate whether the insurer has accepted ORM. **Note:** If you select "Yes," your case is not eligible for reporting on this page.
Question 2: Has a settlement been reached for the accident/incident you are reporting?	Select the "Yes" or "No" radio button to indicate whether a settlement has been reached for the accident/incident you are reporting. **Note:** If you select "Yes," your case is not eligible for reporting on this page.
Question 3: Is there a pending settlement for the accident/incident you are reporting?	Select the "Yes" or "No" radio button to indicate whether there is a pending settlement for the accident/incident you are reporting. **Note:** If you select "No," your case is not eligible for reporting on this page.
Continue	Command button. Click to proceed to the *Case Creation* page. **Note:** This button is not available during nightly system processing cycles.
Cancel	Command button. Click to cancel the reporting process and return to the *Account List* page.

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

1. Select the **Beneficiary Representative** radio button.

2. Click **Continue**.

    The *Case Creation* page appears.

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

1. Select the **Insurer or Insurer Representative** radio button.

2. Answer the three questions that appear.

3. Click **Continue**.

    If your case is eligible for submission, you will be redirected to the *Case Creation* page (Figure 13-3). If your case is not eligible for submission, you will receive an error message and you will not be able to continue the reporting process.

13.1.2 Case Creation

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

Figure 13-3: Case Creation

Table 13-2: Case Creation

Field	Description
Beneficiary's Medicare ID	Enter the beneficiary's Medicare ID (HICN or MBI). This can be found on the beneficiary's Medicare card. **Note:** This field is required if the SSN is not entered. You must enter either the Medicare ID or the SSN, but not both.
Social Security Number (SSN)	Enter the beneficiary's SSN. This can be found on the beneficiary's Social Security card. This field can only accept numbers. Do not enter dashes or spaces. **Note:** This field is required if the Medicare ID is not entered. You must enter the Medicare ID or the SSN, but not both.
Beneficiary's Last Name	Enter the beneficiary's last name. Required. **Note:** You must enter at least the first five characters.
Beneficiary's Date of Birth	Enter the beneficiary's date of birth. Required.
Date of Accident/Incident	Enter the date of accident or incident for the case. Required.

Field	Description
Insurance Type	Select the insurance type (liability [including self-insurance], or workers' compensation). Required. **Note:** To report a no-fault case, contact the BCRC at 855-798-2627.
Continue	Command button. Click to continue the reporting process.
Cancel	Command button. Click to cancel the reporting process and return to the *Welcome!* page (if you are a beneficiary) or return to the *Account List* page (if you are a non-beneficiary user).

Note: You must enter a date on or after 1/1/1990 in MMDDYYYY format, within the current and/or previous Part A or Part B entitlement period, and less than the current date. This is also known as the Date of Incident (DOI).

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 Medicare.gov. Data entered in these fields must match an active Medicare beneficiary exactly or you will receive an error.

Note: To report a no-fault case, contact the BCRC by phone at 855-798-2627 or by mail at:

NGHP

PO Box 138832

Oklahoma City, OK 73113

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**.

   A pop-up message will appear, asking you to acknowledge that you are requesting the creation of a beneficiary-debtor case. Click **OK** to continue with your request.

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

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

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

   See Section 13.1.2.1 for case eligibility details.

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 the Centers for Medicare & Medicaid Services (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

Table 13-3: Case Creation Continued

Field	Description
Beneficiary Medicare ID	The beneficiary's Medicare ID (HICN or MBI). Read-only.
Beneficiary's Last Name	The beneficiary's last name. Read-only.
Beneficiary's Date of Birth	The beneficiary's date of birth. Read-only.
Date of Accident/Incident	The date of accident or incident. Read-only.
Insurance Type	The insurance type (liability (including self-insurance), or workers' compensation). Read-only.

Field	Description
DX Code Search	Click this button to open the *Diagnosis Code Search* page and begin the process of searching for diagnosis codes to add. **Note:** Once a diagnosis code is selected and added, it will appear in the diagnosis code table.
Injury Category DX Code Search	Click this button to open the *Diagnosis Code Selection by Injury Category* page and begin the process of searching for diagnosis codes to add. **Notes:** You may search for diagnosis codes by injury category, view a list of available diagnosis codes, add a list of selected diagnosis codes, and add diagnosis codes on the *Diagnosis Code Search* page. Once a diagnosis code is selected and added, it will appear in the diagnosis code table.
Related Diagnosis (DX) Code(s)	Enter a diagnosis code related to the accident/incident. **Notes:** You may only enter one diagnosis code at a time. To prevent inaccurate case creations and recoveries, the MSPRP will only accept reports that are related to physical trauma. If your case is not related to physical trauma, it requires additional review and must be submitted via mail or fax.
DX Ind	Select the ICD indicator (ICD-9 or ICD-10). **Note:** If the Date of Accident/Incident is on or after 10/1/2015, the *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.
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. **Note:** To prevent inaccurate case creations and recoveries, the MSPRP will only accept reports that are related to physical trauma. If your case is not related to physical trauma it requires additional review and must be submitted via mail or fax..
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 13-4: Diagnosis Code Search

Field	Description
Diagnosis Code Search Criteria	Use this section to enter search criteria for a single code, a range of codes, a list of codes, or a code description to enter with your file submission.
Date of Accident/Incident	Displays the date of loss or injury.
Current Count on Case	Displays the number of diagnosis codes already attached to the record.
Total Count	Displays the number of diagnosis codes currently attached to the record added to the number of codes selected on this page.
Selected Count	Displays the number of diagnosis codes selected in the checkbox sections of this page, not yet added to the record.
Total Diagnosis Codes Remaining	Displays the number of diagnosis codes you may add before you reach the 25-code limit, determined by subtracting the Total Count from 25.
Enter Single Code	Select this radio button to search using a single diagnosis code. **Note:** Selecting this radio button will disable all text fields except *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*.

Field	Description
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.
Search	Click this button to run the search with the criteria you specified.
Diagnosis Code Search Results	The results of your search appear in this section of the page.
Select	Select the checkboxes of the diagnosis code(s) that you wish to add. Check or uncheck the box in the header to select all or un-select all, respectively.
DX Code	Displays the diagnosis code.

DX Ind	Displays the indicator for the ICD version. Possible values:
	  9
	  10

Description	Displays the description for the diagnosis code.
Cancel	Command button. Click to cancel your search and return to the *Case Creation Continued* page without adding any diagnosis codes.
Add Selected Codes	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.

Figure 13-7: Diagnosis Code Selection by Injury Category

Table 13-5: Diagnosis Code Selection by Injury Category

Field	Description
Date of Accident/Incident	Displays the date of accident or injury for the record.

ICD Version	Displays the ICD version of the record. Possible values:
	
	  ICD-9
	  ICD-10
	
	Note: ICD Version 9 only appears if the date of accident/incident or date of loss is before 10/01/2015. ICD Version 10 only appears if the date of accident/incident or date of loss is on or after 10/01/2015.

Diagnosis Code Count on Case	Displays the number of diagnosis codes already attached to the record.
Total Count	Displays the number of diagnosis codes currently attached to the record added to the number of codes selected on this page.
Selected Count	Displays the number of diagnosis codes selected in the checkbox sections of this page, not yet added to the record.
Total Diagnosis Codes Remaining	Displays the number of diagnosis codes you may add before you reach the 25-code limit, determined by subtracting the Total Count from 25.

Injury Category	Open an injury category using the plus signs next to the category name. Open categories show minus signs next to the category name; click the minus sign to close the list again. Possible categories:
	
	  Conditions
	  Diseases
	  Head & Neck
	  Lower Extremities
	  Mid-Section
	  Organs
	  Upper Extremities

Field	Description
Code List	Open categories display a list of available diagnosis codes with descriptions, based on the ICD version displayed at the top of this page. Check the checkbox next to any codes you wish to add to the record.
Add Selected Codes	Command button. Click to add the diagnosis code(s) and return to the *Case Creation Continued* page, which will display your code selections in the *Diagnosis Codes* table.
Cancel	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.

Figure 13-8: Case Submission Confirmation

Table 13-6: Case Submission Confirmation

Field	Description
Case ID	Displays the case ID for the submitted case.
	Click the hyperlinked case ID to access the *Case Information* page for the submitted case.
Beneficiary Medicare ID	Displays the beneficiary's Medicare ID (HICN or MBI).
Beneficiary Last Name	Displays the beneficiary's last name.
Continue	Command button. Click to return to the *Welcome!* page.
Provide Authorization	Command button. Click to submit an authorization for yourself or someone else to access the new case (if you are a beneficiary or an authorized beneficiary representative). See Section 15.1.2.1 for more details on authorizations.

Chapter 14: Other Welcome Page Actions

14.1   View Open Debt Report

The *Open Debt Report* page shows the status for open debts on demand, including identified debts for which demand letters may have not yet been mailed (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. For recovery agents, cases will appear on their report when the TIN submitted on the case matches the recovery agent's TIN. Otherwise, the report will be blank when displayed. All information is read-only and refreshed nightly. The report will display a maximum of 1000 cases.

Notes: Information on this page is refreshed nightly and may differ from what is shown on individual case pages, which show information in real time.

If a case is shown on your open debt report but it is not included on your *Case Listing* page, please be sure to request case access to see the information on both pages.

If the account is associated with at least one address that has opted in to Go Paperless, a green leaf icon appears next to the account ID. To get information on your account's paperless addresses, please contact your Section 111 file submitter or reporting agent.

To view the Open Debt Report:

1. Log into **MSPRP**, the *Account List* (Figure 14-1) page appears.

2. From the *Account List* page, click on an **Associated Account ID**. The *Welcome* (Figure 14-2) page appears.

Figure 14-1: Account List

Figure 14-2: Welcome!

3. Click on the **Open Debt Report** link.

    The *Open Debt Report* appears (Figure 14-3). It will display up to 1000 cases. To narrow the results shown, enter search criteria and click **Search**.

    Notes: The *From Demand Date* and *To Demand Date* may be future dates.

    This link and other case functionality on the *Welcome!* page are not available during nightly system processing cycles.

4. To export the list of all cases associated with the account and any search criteria entered to Excel, regardless of the number of cases returned, click **Export All Results.**

5. Click **Cancel** to return to the MSPRP *Welcome* page.

Figure 14-3: Open Debt Report

Table 14-1: Open Debt Report

Field	Description
RRE ID	The BCRC-assigned Section 111 Responsible Reporting Entity Identification Number (RRE ID) you want to search for. Valid RRE IDs may consist of up to 9 digits.
Insurer TIN	Federal Tax Identification Number of the insurer, applicable plan(s), workers' compensation law/plan(s), or self-insured entities you want to search for. Valid TINs may consist of up to 9 digits.
From Demand Date	The date from which you wish to search.
To Demand Date	The date to which you wish to search. Not required, but if *From Demand Date* is entered, *To Demand Date* must be greater than *From Demand Date*.
Search	Click this button to search for open debt cases that match this account and the search criteria entered.
Open Debt Cases	The table showing open debt cases for this account, modified by any entered search criteria.
Case ID	The unique case identifier assigned by the Centers for Medicare & Medicaid Services (CMS).
Insurer Name	The name of the insurer associated with the case.
Insurer TIN	The insurer Tax Identification Number (TIN).

Field	Description
RRE ID	The Responsible Reporting Entity (RRE) ID number.
Recovery Agent/TPA Name	The name of the Recovery Agent or the Third-Party Administrator (TPA), if any.
Bene First Name	The first name of the beneficiary listed on the case.
Bene Last Name	The last name of the beneficiary listed on the case.
Demand Letter ID	The demand letter or correspondence ID.
Demand Letter Date	The date on the demand letter (mm/dd/yyyy).
Claim Count	The current number of claims on the case.
Insurance Claim Number	The insurance claim number provided by the case lead, if available.
Original Demand Amount	The original demand amount sent by CMS.
HIGLAS Balance	The debt amount as reported by the Healthcare Integrated General Ledger Accounting System (HIGLAS).
Treasury Ref Date	The date the debt was referred to Treasury (mm/dd/yyyy), if any. This field is blank if the debt has not been referred.
Status of Debt	The status of the debt as reported by HIGLAS.
Last Letter	The description of the last letter mailed or sent via Go Paperless for the case in the report.
Last Letter Date	The date the last letter was mailed or sent via Go Paperless (mm/dd/yyyy).
Fed Agency ID	The federal agency debt ID, if any. This field is blank if the case has not been referred.

14.2   Go Paperless Letter Notifications

You can view and print letter notification emails and letters sent to the account within the last 30 business days for Go Paperless addresses using the *Go Paperless Letter Notifications* page. You may also view these letters at any time on the *Correspondence Activity* tab of the *Case Information* page.

To view Go Paperless letter notification emails and letters:

1. From the *Account List* page, click the **Associated Account ID** for the paperless account you want to view.

   The *Welcome!* page appears (Figure 14-2).

2. Click the **Go Paperless Letter Notifications** link.

   The *Go Paperless Letter Notifications* page appears (Figure 14-4).

   Note: This link only appears if you are an AM or AD viewing an account that is associated with at least one address that has opted in to Go Paperless or the account has at least one letter notification email that was sent within the last 30 business days.

Figure 14-4: Go Paperless Letter Notifications
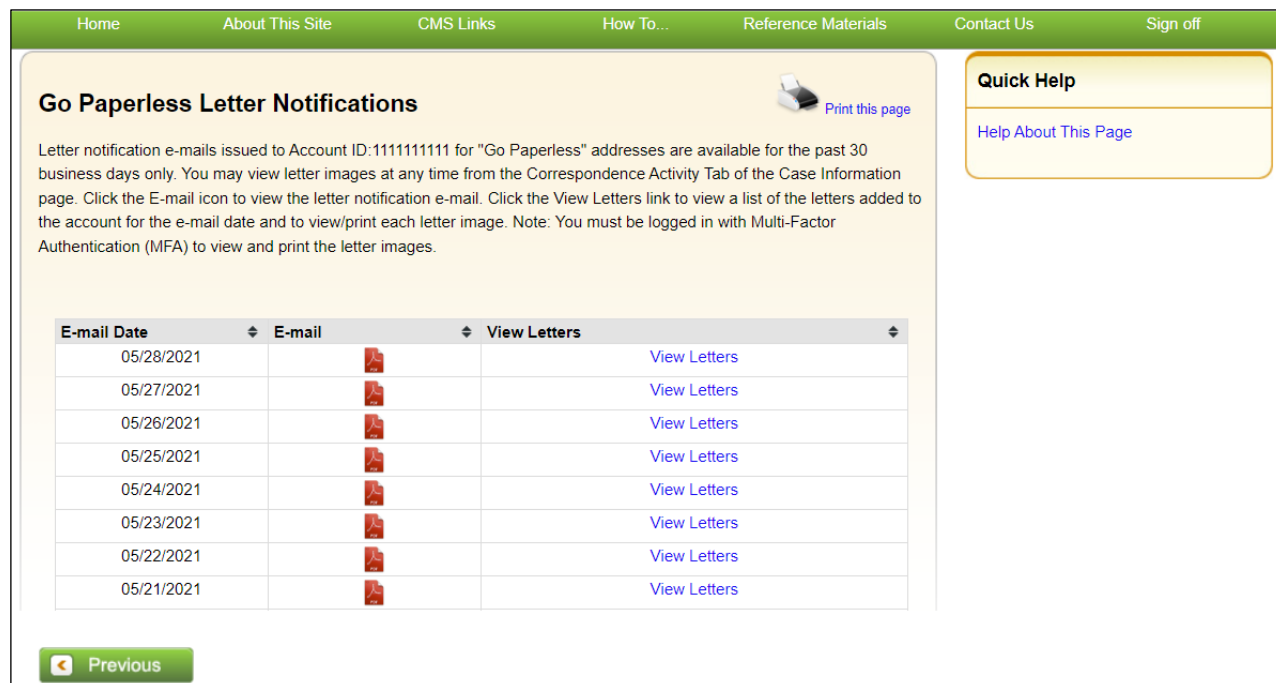
Table 14-2: Go Paperless Letter Notifications

Field	Description
E-mail Date	The date the letter notification email was sent.
E-mail	PDF icon for each letter notification email. Click the icon to open the PDF of the email in a new window.
View Letters	Hyperlink to a list of letters added to the account for the selected email date. Click the link to open the *Letters for E-mail Date* page. **Note:** You must be logged in with multi-factor authentication (MFA) to view, print, and save the letter images.
Previous	Command button. Click to return to the previous page.

3. Click the PDF icon to view a PDF of the letter notification email in a new window.

   Note: Close or minimize this window to return to the *Go Paperless Letter Notifications* page.

4. Click the **View Letters** link to view a list of letters added to the account for the selected email date.

   The *Letters for E-mail Date* page appears (Figure 14-5).

   Note: You must be logged in with MFA to view, print, and save the letters and their associated images.

5. To download individual letters, click the hyperlinked filename in the *Associated Images* column to open a PDF of the associated letter image in a new window.

6. To download multiple letters, click one or more of the *Select Letter* checkboxes or click the **Select All** link and click **Continue** to save.

   Notes: You may only save files of up to 100 MB (megabytes) total at one time.

You can deselect all the letters by clicking **Deselect All** link.

Figure 14-5: Letters for E-mail Date

Table 14-3: Letters for E-mail Date

Field	Description
Account ID	The ID of the account and the account name.
E-mail Date	The date the letter notification email was sent.
Clear	Click to remove any sorting or filtering and restore the default display of letter information.
Select Letter	Checkbox for selecting documents to save.
	Click one or more checkboxes to indicate which letters you wish to save to a folder. Clicking **Continue** will save your selections to a zipped file.
	Note: You may only save files of up to 100 MB (megabytes) total at one time. This column will only appear if you are logged in with MFA and there is an image associated with the correspondence.

Field	Description
Downloaded	Indicates whether the letter has been downloaded. Possible values: Yes – A user has downloaded the letter (i.e., by selecting the letter and clicking **Continue** or by selecting the hyperlinked filename for an individual letter in the *Associated Images* column.) No – A user has not downloaded the letter. Blank – The letter was added to the page prior to the *Downloaded* column being displayed on January 9, 2023. Sortable and filterable column: click the arrows in the header to sort or reverse sort order; select from the drop-down menu to show only letters with the selected downloaded filter.
RRE ID/Name	The ID and name of the associated Responsible Reporting Entity (RRE), up to 50 characters. Sortable and filterable column: click the arrows in the header to sort or reverse sort order; type in the text box to show only the letters containing the entered text.
Case ID	The ID of the case. Sortable column.
Correspondence Type	The description of the correspondence. Sortable column.
Associated Images	The filename for the letter image. **Notes:** The filename is an active hyperlink if the user is logged in with MFA and there is an image associated with the correspondence. Click the hyperlink to open the PDF of the image in a new window. The last five characters of the filename include the RRE ID associated with the image.
Image Size	The file size of the image.
Select All/Deselect All	Links for either selecting or deselecting all letters listed. **Note:** These links will only appear if you are logged in with MFA.
Previous	Command button. Click to return to the previous page.
Continue	Command button. Click to create a zipped file of your selected letter(s). **Note:** This button only appears if you are logged in with MFA.

Chapter 15: Retrieve a Recovery Case

The MSPRP requires the Account Designee (AD) or the Account Manager (AM) to perform an initial request for access for each recovery case that must be managed on the MSPRP (see Chapter 11). The Case ID displayed will either be the "BCRC Case ID" (Benefits Coordination & Recovery Center [BCRC] insurer cases and all beneficiary cases) or the "CRC Recovery ID" (Commercial Repayment Center [CRC] insurer cases).

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

Once this initial request has been performed, the user can retrieve the recovery case as follows:

1. Log in to the MSPRP and access the *Case Listing* page.

   For more information on how to access this page, please see the applicable section for your user role: Sections 12.1 (Account Designee), 12.2 (Account Manager), or 12.3 (Beneficiary).

2. From the *Case Listing* page, click the **Case ID** of the case you want to access or manage.

   The *Case Information* page appears (Figure 15-1).

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

   The **Case ID** link is not available during nightly system processing cycles.

15.1   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.

Where noted, data on this page is shown in real time each time the page is loaded.

When the following message appears—"Some data fields are temporarily unavailable. Please try back later."—the data could not be retrieved in real time, but some normally real-time fields may show recent data instead.

Figure 15-1: Case Information: Header Fields

Table 15-1: Case Information: Header Fields

Field	Description
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. **Notes:** BCRC case IDs begin with the number two (2), and CRC Case IDs begin with the number three (3). If the account receives letter notification emails instead of mailed letters for the case, a green leaf icon appears next to the case ID. You may view letter notification emails for cases that are paperless on the MSPRP via the *Go Paperless Letter Notifications* page.
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.

Field	Description
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 or Demand in Progress • Extended Repayment • Bill Issued • Closed For CRC cases, it can be any of the following: • In Development • Open • Claim Retrieval • Transitioned • Demand or Demand in Progress • Extended Repayment • Closed For a complete description of all statuses, please see Table 15-11.
Current Status of Debt	If case was referred or is being referred to Treasury, this field appears. Possible values: • Intent to Refer Letter Sent • Debt Referral Pending • Debt Referred to Treasury • Debt Recalled from Treasury (Referral Exemption) • Debt Returned from Treasury • Debt Resubmitted to Treasury
RRE Name	Name of the Responsible Reporting Entity (RRE) who reported the case. **Note:** This field only appears when the case was reported via S111.
Date of Incident	The Date of Incident (DOI) (or Date of Injury) is the date defined by the Centers for Medicare & Medicaid Services (CMS).
Industry Date of Incident	The Industry DOI is a self-reported date used by the insurance/workers' compensation industry.
ORM	If ORM exists, this field appears, showing a value of "Yes". If no ORM exists, this field does not appear.
Medicare ID	The Medicare ID (Health Insurance Claim Number [HICN] or Medicare Beneficiary Identifier [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.
Beneficiary DOB	The date of birth of the Medicare beneficiary associated to the case.
Beneficiary Last Name	The beneficiary's last name as it appears on the Medicare card.
Treasury Account Number	The unique number assigned to a debt that has been referred to Treasury.
Treasury Referral Date	The date the debt was referred to Treasury or will be referred if the date is in the future. This field only appears if the Intent to Refer to Treasury letter has been sent.

Field	Description
Authorization Level	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.
Authorization Status	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: • Verified • Unverified • Invalid Please see the Authorization Status Definitions help page for a full description of these statuses. **Note:** Only one authorization type and authorization status will appear on this page. To view all submitted authorizations associated to the user who is currently logged in, select the **View/Request Authorizations** (i.e., Beneficiary POR, Beneficiary CTR, or Recovery Agent Authorization) action and then click **Continue**.
ORM Termination Date	The date ORM ended, if ORM has been terminated, or blank, if ORM has not been terminated. If no ORM exists, this field does not appear.

15.1.1 Case Tabs

The *Case Information* page tabs organize the case data (Table 15-2 to Table 15-10). Generally, the tabs and, in some cases, the tables under each tab, will appear to a user only if information has been submitted for that information category.

The tabs include:

• Payment Information

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

• Electronic Payment History

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

   Note: To verify if a paper check was received, please click the *Correspondence Activity* tab and select *Correspondence Received*.

• 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).

• Correspondence Activity

   This tab displays correspondence that has been received or letters that have been sent related to a BCRC or CRC case. It also allows you to select how you want to view the list of case correspondence. Options include: *All Correspondence Received and All Letters Sent*; *Correspondence Received*, and *Letters Sent*. The default view is *All Correspondence Received and All Letters Sent*. If you are a beneficiary or are logged in using MFA and have a verified

authorization (Proof of Representation [POR], Consent to Release [CTR], or Recovery Agent Authorization; see Chapter 10), you may also view and print PDFs of outgoing correspondence using this tab.

The *Correspondence 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/Appeal/Compromise

This tab appears only when a waiver, redetermination, appeal, 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/Appeal" when viewing this case type. If you are viewing a BCRC case, the tab label will display "Waiver/Redetermination/Appeal/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, appeal, and/or compromise submissions, but will only appear when there is data to display in a table.

- Final Conditional Payment Process

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

15.1.1.1   Payment Information Tab

Figure 15-2: Payment Information Tab

Table 15-2: Payment Information Tab Fields

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. An asterisk (*) and a note that explains the current state of claims processing will appear below this field, indicating that claims are retrieved daily. If any claims have been processed, the note gives the date the conditional payment amount was last calculated. If claim processing has started but not yet finished, the note gives the expected timeframe of 3-5 days, and lists a number to call if an updated amount is needed sooner.
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 Amount	The conditional payment amount listed in the Conditional Payment Letter (CPL). This amount will be zero if No Claims Paid by Medicare Letter (NCP) was sent instead of a CPL. This field is blank when neither letter was sent.

Field	Description
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 for BCRC cases. It may be sent subsequently upon request.
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 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.
Total Interest Accrued	The real-time total interest accrued on the debt.
Section 111 No-Fault Policy Limit Reported	The reported policy limit. **Notes:** This field only appears for Section 111 No-Fault CRC cases. If the policy limit submitted consists of all 9s (i.e., indicating no dollar limit), this field will display "Unlimited."
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 real-time total Accounts Receivable (AR) balance amount for the case. **Note:** If the demand letter has not been issued, this field will appear as blank.
Balance as of Date	The current date (as data is retrieved in real time). **Note:** If no data is available, this field will appear as blank.
Remaining Principal Balance Amount	The real-time total AR remaining principal balance amount for the demand. **Note:** If the demand letter has not been issued, this field will appear as blank.
Principal Activity Amount	The real-time amount the principal has been adjusted, whether through payment or successful appeal.
Remaining Interest Balance Amount	The real-time total AR remaining interest balance amount for the demand. **Note:** If the demand letter has not been issued, this field will appear as blank.
Interest Activity Amount	The real-time amount the interest has been adjusted, whether after payment or successful appeal.

Field	Description
Make a Payment	Click this button to begin the process of submitting an electronic payment for a demand. See Electronic Payments for more details.
	Note: This button is only enabled if you are the debtor, an insurer representative (with a verified Recovery Agent Authorization for an insurer-debtor case), or a user with a verified POR on file. Additionally, the demand letter must have been previously generated and the demand balance amount minus any pending electronic payments must be more than zero ($0.00).

Electronic Payments

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

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

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

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

To make an electronic payment:

1. Select the case ID that you wish to make a payment for on the *Case Listing* page.

    The *Payment Information* tab on *Case Information* page appears.

2. Click **Make a Payment**.

    The *Make a Payment* page appears (Figure 15-3).

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, appeal, or compromise request action. See Chapter 17 for details.

4. Click **Continue** to proceed.

    You will be redirected to the Pay.gov website (Figure 15-4).

    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 15-5).

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 15-6).

Figure 15-3: Make a Payment Page

Table 15-3: Make a Payment Fields

Field	Description
Case ID	The primary identifier assigned by CMS to the case. The Case ID is located on any case-specific correspondence received from Medicare such as the demand letter. The Case ID is a 15-digit number in ##### ##### ##### format. Read-only.
Debtor Name	The name of the debtor. Read-only.
Remaining Principal Amount	The real-time total remaining principal balance amount for the case. Read-only.
Remaining Interest Amount	The real-time total remaining interest balance amount for the case. Read-only.
Total Remaining Balance Amount	The real-time total remaining balance amount for the case. Read-only.
	Note: This amount does not include pending electronic payments. If no data is available for this field, it will appear as blank. If the following message appears—"Some data fields are temporarily unavailable. Please try back later."—the data was not available in real time, but this field may show recent data instead.

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

Figure 15-4: Pay.Gov (Example Payment Page)

Figure 15-5: Payment Status Page (Accepted Example)

Table 15-4: Payment Status Fields

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

15.1.1.2   Electronic Payment History Tab

Figure 15-6: Electronic Payment History Tab

Table 15-5: Electronic Payment History Tab Fields

Field	Description
Demand Letter Mail Date	The date the Demand Letter was sent by CMS.
Demand Amount	The final amount the debtor is required to repay Medicare. This amount is noted in the Demand Letter.
Remaining Principal Balance Amount	The real-time total remaining principal balance amount for the demand.
Remaining Interest Balance Amount	The real-time total remaining interest balance amount for the case.
Total Remaining Balance Amount	The real-time total remaining balance amount for the case. This amount includes principal and interest.
Payment Date	The date the electronic payment was submitted on Pay.gov.

Payment Method	The type of payment submitted on Pay.gov. Possible values:
	   ACH (Automated Clearing House)
	   Debit Card
	   PayPal
	   Unknown

Account Holder Name	The name on the account used to make the payment.
Payment Amount	The amount of the payment submitted on Pay.gov.

Field	Description
Pay.gov Payment Status	The status of the payment submitted on Pay.gov. Possible values: Accepted – The payment has been accepted or completed successfully Cancelled – The payment was voided or cancelled before it was submitted Declined – The transaction failed Pending – The transaction was successfully submitted Reversal – The payment was reversed; full or partial refund completed Unknown – Unknown response from PayPal
Pay.gov Confirmation Number	The transaction ID number for the payment submitted on Pay.gov.
Demand Balance Status	The status of the demand balance. Possible values: Blank – Payment not accepted or in process at Pay.gov. In Process – Payment is accepted at Pay.gov, but not applied to the AR balance. Complete – Payment is accepted at Pay.gov, applied to the AR balance, and the balance is updated on the MSPRP.
Demand Balance Update Date	The date the demand balance Status changed to Complete.

15.1.1.3   Refund Information Tab

Figure 15-7: Refund Information Tab

Table 15-6: Refund Information Tab Fields

Field	Description
Demand Letter Mail Date	The date the Demand Letter was sent by CMS.
Balance Amount	The real-time total AR balance amount for the case. **Note:** If no data is available, this field will appear as blank.
Demand Amount	The final amount the debtor is required to repay Medicare. This amount is noted in the Demand Letter.
Balance as of Date	The current date (as data is retrieved in real time). **Note:** If no data is available, this field will appear as blank.
Refund Date	The refund date (MM/DD/YYYY).
Refund Amount	The refund amount ($0.00).
Check Number	The check number (numeric up to 10 characters).

Field	Description
Payee Name	The payee name (first and last, up to 60 characters).

15.1.1.4   Correspondence Activity Tab

Figure 15-8: Correspondence Activity Tab

Table 15-7: Correspondence Activity Tab Fields

Field	Description
Select the correspondence option you wish to view	Options for viewing correspondence. Possible values: • All Correspondence Received and All Letters Sent • Correspondence Received • Letter Sent
Correspondence Type	The description of the correspondence. **Note:** For outgoing correspondence, click the hyperlinked correspondence type to open the *Images for Correspondence Type* page. This page will allow you to view details for the outgoing letter and PDFs of all available images of the letter and its attachments. See the Images for Correspondence Type section for more details. This hyperlink is only available on the Beneficiary/MFA version of the *Correspondence Activity* tab.
Uploaded Document Name	Displays the filename of the uploaded documents. **Note:** This column will be blank for documents not uploaded on the MSPRP.
Date Received	The date the correspondence was received or uploaded on the MSPRP (MM/DD/CCYY).
Date Sent	The date the correspondence was sent (MM/DD/CCYY). **Note:** This column is blank for documents received through mail or fax or uploaded on the MSPRP.

Field	Description
Status	The status of the correspondence. Possible values: • Open – New or Pending (incoming only) • Closed – Resolved (incoming only) • Sent (outgoing only)
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.*

Images for Correspondence Type

Click the hyperlinked correspondence type on the *Correspondence Activity* tab to open the *Images for Correspondence Type* page. Use this page to view details for an outgoing letter and PDFs of all available images of the letter and its attachments.

Figure 15-9: Images for Correspondence Type

Table 15-8: Images for Correspondence Type

Field	Description
Case ID	The primary identifier assigned by CMS.
Medicare ID	The Medicare ID (Health Insurance Claim Number [HICN] or Medicare Beneficiary Identifier [MBI]) of the beneficiary who is associated to the case.
Correspondence Type	The description of the correspondence.
Date Sent	The date the correspondence was sent.

Field	Description
Associated Images	The filename for each image associated with the letter. Click the hyperlinked filename to open the PDF of the image in a new window.
	Notes: Once you open a PDF, you can print or save it. You can also have more than one PDF open at a time.
	The last five characters of the filename include the Responsible Reporting Entity (RRE) ID associated with the image.
Continue	Command button. Click to return to the *Case Information* page.

15.1.1.5 Waiver/Redetermination/Appeal/Compromise Tab

Figure 15-10: Waiver/Redetermination/Appeal/Compromise Tab

Table 15-9: Waiver/Redetermination/Appeal/Compromise Tab (BCRC case)/Redetermination/Appeal Tab (CRC case) Fields

Field	Description
Waiver Information	-
Received	The date the waiver request was received (MM/DD/YYYY).
Decision	The decision made regarding the waiver request, as applicable. Values may include: • Denial (Hardship Criteria) • Denial (Equity and Good Conscience Criteria) • Denied (Ineligible for waiver request) • Dismissed • Dismissed – Missing/Invalid POR • Dismissed – Medicare Demand not issued • Duplicate Request • Fully Favorable (Hardship Criteria) • Fully Favorable (Equity and Good Conscience Criteria) • Partially Favorable (Hardship Criteria) • Partially Favorable (Equity and Good Conscience Criteria) **Note:** Until a decision has been made, the decision status "*Pending Review*" will display in this field.
Decision Date	The date a decision was made regarding the waiver request (MM/DD/YYYY).
Redetermination Information	Displays information for each submitted redetermination request. For authorized users (see "Who Can View a Redetermination?" in Section 15.1.2.11), click the hyperlinked title to open the *View Submitted Redeterminations* page.
Received	The date the redetermination was received either on the MSPRP or by mail.

Field	Description

Decision	The decision regarding the redetermination. Values may include:
	
	• Pending Review: The redetermination decision is under review.
	• Denied
	• Dismissals: We have considered and reviewed your request. However, based on the information submitted, we were not able to process it.
	    • Dismissed – Missing documentation
	    • Dismissed – Not authorized to appeal
	    • Dismissed – Untimely filing
	    • Dismissed – Due to interest
	    • Dismissed – Missing/Invalid POR
	• Favorable: All of the claims submitted with your request have been removed from your case and will no longer be included with the amount owed to Medicare.
	• Partially Favorable: Some of the claims submitted with your request have been removed from your case and the rest will continue to be included with the amount owed to Medicare.
	• Unfavorable: None of the claims submitted with your request have been removed from your case and will continue to be included with the amount owed to Medicare.
	• Duplicate Request

Decision Date	The date the redetermination decision was made. If a decision has not been made, this field will be blank.
Qualified Independent Contractor (QIC) Information	- **Note:** This section only populates when a request for QIC review has been submitted.
Received	The date the QIC appeal was recieved (MM/DD/CCYY).
Decision	The decision regarding the QIC appeal request. Values may include: • Pending Review: The QIC appeal decision is under review. • Dismissals: We have considered and reviewed your request. However, based on the information submitted, we were not able to process it. • Favorable: All of the claims submitted with your request have been removed from your case and will no longer be included with the amount owed to Medicare. • Partially Favorable: Some of the claims submitted with your request have been removed from your case and the rest will continue to be included with the amount owed to Medicare. • Unfavorable: None of the claims submitted with your request have been removed from your case and will continue to be included with the amount owed to Medicare. • Duplicate Request
Decision Date	The date the QIC appeal decision was made (MM/DD/CCYY).
Administrative Law Judge (ALJ) Information	- **Note:** This section only populates when a request for ALJ review has been submitted.
Received	The date of submission of the ALJ review (MM/DD/CCYY).

Field	Description
Decision	The decision regarding the ALJ review request. Values may include: • Pending Review: The ALJ review decision is under review. • Dismissals: We have considered and reviewed your request. However, based on the information submitted, we were not able to process it. • Favorable: All of the claims submitted with your request have been removed from your case and will no longer be included with the amount owed to Medicare. • Partially Favorable: Some of the claims submitted with your request have been removed from your case and the rest will continue to be included with the amount owed to Medicare. • Unfavorable: None of the claims submitted with your request have been removed from your case and will continue to be included with the amount owed to Medicare. • Duplicate Request • Hearing Scheduled (for CRC cases only)
Decision Date	The date the ALJ review decision was made (MM/DD/CCYY).
Compromise Information	-
Received	The date of submission of the compromise (MM/DD/YYYY).
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 Regional Office (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.
Decision Date	The date the compromise decision was made (MM/DD/YYYY).

15.1.1.6 Final Conditional Payment Process Tab

Figure 15-11: Final Conditional Payment Process Tab

| Payment Information | Electronic Payment History | Refund Information | Correspondence Activity | Waiver/ Redetermination/ Compromise | Final Conditional Payment Process |

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 15-10: Final Conditional Payment Process Tab Fields

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

15.1.2 Case Actions

The bottom half of the *Case Information* page (Figure 15-12) lists the actions that can be performed on a case. The ability to perform these actions depends on your authorization level and the case status. Note that the *Submit Waiver Request*, *View/Provide the Notice of Settlement*

Information (view only), *Submit Compromise Request*, and the *View/Submit Redetermination (First Level Appeal)* actions will all be available post-demand (case status is *Demand* or *Demand in Progress*). When one or more actions are not available for any of the above reasons, the action is grayed out and disabled.

Notes: The *View/Request Authorizations*, *Request an update to the conditional payment amount*, and *Request a mailed copy of the conditional payment letter* actions cannot be selected for a BCRC or CRC NGHP ORM case related to a deleted Section 111 lead. Contact the BCRC or CRC for additional information.

None of the case actions can be selected for a case when the Fixed Percentage Option has been elected.

The *Request an electronic conditional payment letter with Current Conditional Payment Amount*, *Request a mailed copy of the conditional payment letter* , and *Initiate Demand Letter* actions cannot be selected for a case that has an Insurer debtor that has been placed on a Debtor Hold.

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 **Submit Case Documentation** button cannot be selected for CRC cases that were referred to Treasury.

The actions listed are as follows:

- View/Request Authorizations
- Request an update to the conditional payment amount
- Request an Electronic Copy of the Conditional Payment Letter with Current Conditional Payment Amount
- Request a (mailed) copy of the conditional payment letter
- Begin Final Conditional Payment Process and Provide 120 Days' Notice of Anticipated Settlement
- Calculate Final Conditional Payment Amount
- Request an Electronic Dispute Denial for Final Conditional Payment Case Letter with Current Conditional Payment Amount
- View/Dispute Claims Listing
- View/Provide the Notice of Settlement Information (view-only available post demand where Case Status is *Demand*)
- Initiate Demand Letter
- View/Submit Redetermination (First Level Appeal) (available post demand where Case Status is *Demand* and a Demand letter has been sent for the case (as determined by the Demand Letter Mail Date)
- Submit Compromise Request (available post demand where Case Status is *Demand* or *Demand in Progress*)
- Submit Waiver Request (available post demand where Case Status is *Demand*)
- Submit Case Documentation

Figure 15-12: Case Actions (Example)

> Please select an action from the following list, if the option is disabled (grayed out) it may not be available for the case at this time:
>
> ○ View / Request Authorizations
>
> ○ Request an update to the conditional payment amount   What is this?
>
> ○ Request an electronic conditional payment letter with Current Conditional Payment Amount   What is this?
>
> ○ Request a mailed copy of the conditional payment letter   What is this?
>
> ○ Begin Final Conditional Payment Process and Provide 120 Days' Notice of Anticipated Settlement What is this?
>
> ○ Calculate Final Conditional Payment Amount What is this?
>
> ○ Request an electronic Dispute Denial for Final Conditional Payment Case Letter with Current Conditional Payment Amount What is this?
>
> ○ View / Dispute Claims Listing   What is this?
>
> ○ View/Provide the Notice of Settlement Information   What is this?
>
> ○ Initiate Demand Letter   What is this?
>
> ○ View / Submit Redetermination (First Level Appeal)   What is this?
>
> ○ Submit Waiver Request   What is this?
>
> ○ Submit Compromise Request   What is this?
>
> ○ Submit Case Documentation   What is this?
>
> ◄ Previous   Continue ▷   Cancel ☒

Table 15-11: Case Status Definitions

Status	Description
In Development	CMS has been notified of a BCRC or CRC case and is in the process of gathering the information needed about the case
Open	The recovery efforts for the case are in process by Medicare.
Claim Retrieval	CMS is in the process of obtaining claim information for payments made by Medicare that are related to the injuries/illnesses sustained by the beneficiary.
Demand (or Demand in Progress)	CMS has issued/or is in the process of issuing a formal demand letter advising the debtor of their payment responsibility. The demand letter is sent to formally advise the debtor of the amount of money owed to the Medicare program (recovery claim). It includes the following: a summary of conditional payments made by Medicare, the total demand amount, and, in letters to beneficiary-debtors, it includes information on applicable waiver and administrative appeal rights.
Extended Repayment	The demand has been issued, and CMS has authorized an extended repayment plan (ERP) in monthly installments for the amount due.

Status	Description
Bill Issued	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. **Note:** This status is only applicable to BCRC cases where the beneficiary has opted to resolve Medicare's recovery claim using the Fixed Percentage Option or the Self-Calculated Conditional Payment Option.
Transitioned	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. **Note:** This status applies to CRC cases only.
Closed	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. **Note:** If you feel that a case should not have been closed or if you want to take further action (such as filing an appeal), please contact customer service at (855)-798-2627 to speak with a customer service representative.

15.1.2.1 View/Request Authorizations

This action allows you to view the list of authorizations currently on file that are associated with this case for the user who is currently logged in, submit a new authorization for yourself or another party, and upload supporting documentation. AMs, ADs, and beneficiaries who have logged in through the Medicare.gov website may all submit or request authorizations on behalf of someone else.

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

Who Can Access?

Available to all users.

Other Requirements?

This action is not available for a BCRC or CRC NGHP case related to a deleted Section 111 lead.

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 15-13).

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

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

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

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

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

5. Enter the **End Date of Authorization**.

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

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

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

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 **Choose File** to locate the document you want to upload; then click **Continue**.

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

    - The file format must be a PDF.
    - The file must be virus free and not encrypted.
    - The file size must be less than or equal to 40 MB (megabytes) in size.
    - The filename (naming convention) must only include up to 80 of the following valid characters: alphanumeric (any letter: A-Z, a-z), any number (0-9), and any of the following special characters: hyphen (-), period (.) and underscore (_).
    - The filename does not include spaces.
    - The page size must not be larger than 8.5 by 11 inches.

    The uploaded document or documents (up to five) will be displayed on the bottom of the *Authorization Documentation* page (Figure 15-15). Repeat the process if you have more than five files to upload.

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

Figure 15-13: Authorization Documentation

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

Authorization Documentation

Print this page   **Quick Help : Help About This Page**

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

Authorizations

Authorization Type	Status What is this?	Start Date	End Date
Beneficiary Consent to Release	Verified	01/01/2018	12/31/4000

Submit New Authorization:

An asterisk (*) indicates a required field.

*Select the authorization type:

○ Beneficiary Consent to Release   What is Beneficiary Consent to Release?

○ Beneficiary Proof of Representation   What is Beneficiary Proof of Representation?

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

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

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

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

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Representative Information

* Is this authorization being submitted for someone other than yourself/your company?   ◉Yes ○No
Submitting an authorization for another party will allow them to perform actions on the case and permit them to receive correspondence related to the case. This action will not make them an account designee.

*Last Name: [   ] MI: [ ] *First Name: [   ] OR *Company/Firm Name: [   ]

*Address Line 1: [   ] Address Line 2: [   ]

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

---

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

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

[Continue ▶]   [Cancel ✖]

Figure 15-14: Authorization Documentation Upload

10. Click **Continue**.

If you are submitting an authorization for yourself, the *Authorization Documentation Confirmation* page appears (Figure 15-16). The first five characters of a beneficiary HICN will be masked (hidden from view) unless you have logged in using multi-factor authentication.

If you are submitting an authorization for another party and have entered the required representative information, the *Representative Information Verification* page appears (Figure 15-17). The MSPRP will conduct a search to determine if the party you entered already exists in the system. If the system does not find a matching party, a message indicating that a matching party was not found and the representative information you entered will be displayed. If the system finds a matching party, that information and the representative information you entered will be displayed. Select the party you wish to add as a representative to the case and click **Continue** to submit your files to CMS; the *Authorization Documentation Confirmation* page will appear.

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

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

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

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

Figure 15-15: Sample of Uploaded Document

Figure 15-16: Authorization Documentation Confirmation

Figure 15-17: Representative Information Verification

15.1.2.2   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.
- This action is not available for a BCRC or CRC NGHP case related to a deleted Section 111 lead.

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.

15.1.2.3   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 15-18) unless the overpayment amount equals zero ($0.00), in which case an *Electronic No Claims Paid by Medicare* letter is sent without a *Payment Summary Form*. See "Other Requirements?"

This action also allows insurers, recovery agents who are on the TIN reference file, and insurer representatives with a verified Recovery Agent Authorization, who also log in using multi-factor authentication, to request an eCPL, on insurer-debtor cases only. Again, the eCPL will include the associated case and claims information as displayed on the *Case Information* page, in .PDF format. The eCPL will also include a *Payment Summary Form* unless the overpayment amount equals zero ($0.00).

Who Can Access?

- BCRC Beneficiary-Debtor Cases: Beneficiaries and their authorized representatives who have an existing verified POR and who have logged in to the MSPRP using multi-factor authentication.
- BCRC or CRC Insurer-Debtor Cases: Insurers, recovery agents on the Tax Identification Number (TIN) reference file, and insurer representatives with a verified recovery agent authorization who have logged in to the MSPRP using multi-factor authentication. Beneficiaries and their authorized representatives who have an existing verified POR on the MSPRP and who have logged in to the MSPRP using multi-factor authentication also have access.

Other Requirements?

- The Case Status on the *Case Information* page is *Open*,
- Automated processing and initial claims retrieval are complete for the case,
- A Conditional Payment Notice (CPN):
  - Has not been issued previously or is not pending, or
  - Was previously issued in error, and
- No claims on the *Claims Listing* page are in dispute,
- The total count of Part-A claims and Part-B claim lines actively associated to the case is less than or equal to 1,500,
- Beneficiary must not have accepted the self-calculated conditional payment option or entered into a Fixed Percentage Agreement.

Notes: If the overpayment, or Current Conditional Payment Amount, is equal to zero ($0.00) and the case is not in the *Final Conditional Payment* (Final CP) process (that is, Status is not *Active*, *Pending NOS*, or *Complete*) (BCRC cases only), an *Electronic No Claims Paid by Medicare* letter is generated (Figure 15-20). A Payment Summary Form is not displayed with this letter.

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

If this action is selected for a case in the *Final Conditional Payment* process, the electronic version of the traditional conditional payment letter will **not** be generated. See Chapter 16 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 15-19), or the *Electronic No Claims Paid by Medicare Letter Confirmation* page appears if the overpayment = $0 (Figure 15-20). Both confirmation pages confirm that you have successfully submitted a request for an eCPL.

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

Figure 15-18: Payment Summary Form

Table 15-12: Payment Summary Form Table Fields

Field	Description
TOS	A two-digit identifier that represents the type of service received for the line item on the claim. It can be any of the following: 10 – Home Health Agency 20 – Skilled Nursing Facility (SNF) Non-swing 30 – SNF Swing 40 – Outpatient 41 – Outpatient Full Encounter 42 – Outpatient Abbreviated Encounter 50 – Hospice 60 – Inpatient 61 – Inpatient Full Encounter 62 – Inpatient Abbreviated Encounter 71 – Carrier 72 – Carrier Durable Medical Equipment Prosthetics/Orthotics & Supplies (DMEPOS) Claim) 73 – Carrier Full Encounter Claim 81 – Durable Medical Equipment Regional Carriers (DMERC) Non-DMEPOS 82 – DMERC DMEPOS
Claim Control ID (ICN)	Claim Number (Internal Control Number) assigned to the claim by the Medicare processing contractor. **Note:** A red asterisk (*) will appear next to this number for claims that are either disputed or denied during a redetermination. A message will appear at the bottom of the form that explains the asterisk.
Line	Reference to the individual service rendered on the claim.
Processing Contractor	Identification number for the Medicare contractor that processed the claim.
Provider Name/NPI#	Name of the institutional or individual provider that submitted the claim for the service and provider's NPI number.
ICD Indicator	The type of ICD diagnostic code used, whether ICD-9 or ICD-10.
DX Codes	A code that represents the reason for the office visit or medical test. The diagnosis codes used by Medicare are known as ICD-9 or ICD-10 (ICD-9-CM or ICD-10-CM) codes which mean the International Classification of Diseases 9th or 10th Revision (respectively), Clinically Modified. If you need assistance in understanding these codes, go to the following links: https://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/codes.html for more information of ICD-9 diagnosis codes. https://www.cms.gov/medicare/coding-billing/icd-10-codes for more information of ICD-10 diagnosis codes. **Note:** This column will also show the Primary Diagnosis Code, when used.
HCPCS/CPT/DRG	The five-character Healthcare Common Procedure Coding System/Current Procedural Terminology (HCPCS/CPT) codes for the Part-B Claims, or the three-digit Diagnosis Related Group (DRG) codes for the Part-A Claims.
From Date	The start date of service for the claim.
To Date	The end date of service for the claim.

Field	Description
Total Charges	Amount billed by the provider.
Reimbursed Amount	Amount Medicare paid the provider.
Conditional Payment	Amount due Medicare.
Sum of Total Charges	Sum total dollar amount of the *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 15-19: Electronic Conditional Payment Letter Confirmation

Figure 15-20: Electronic No Claims Paid by Medicare Letter Confirmation

15.1.2.4   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 15-18) that lists each claim that is included in the

Current Conditional Payment Amount. The date of the new letter will be the date the letter was requested plus five (5) business days.

Who Can Access?

- BCRC Cases: No authorization required. Letter goes to the authorized beneficiary and authorized parties on the case. Option is not available for a case in the *Final Conditional Payment* process if the **Final Conditional Payment Status** is set to *Pending NOS* or *Complete.*

- CRC Cases: No authorization required.

Other Requirements?

- The Case Status on the *Case Information* page is *Open*,

- Case has completed the initial claims retrieval and automation process,

- Current Conditional Payment Amount must be greater than or equal to zero ($0.00),

  Note: If the overpayment or Current Conditional Payment Amount is equal to zero ($0.00) and the case is not in the *Final Conditional Payment* (Final CP) process (that is, Status is not *Active*, *Pending NOS*, or *Complete*) (for a BCRC case), then a *No Claims Paid by Medicare* letter is generated (Figure 15-22).

- A CPN or demand:
  - Has not been issued previously or is not pending, or
  - Was previously issued in error, and

- No claims are in dispute (i.e., no claims have a faded checkmark in the Dispute checkbox on the *Claims Listing* page).

- The case is not in bankruptcy proceedings.

- Not available for a BCRC or CRC NGHP case related to a deleted Section 111 lead.

Note: This is not a request for an updated conditional payment amount.

For BCRC cases, the MSPRP will send the conditional payment letter to each authorized individual/entity associated to the case (i.e., the beneficiary and each individual/entity with a verified POR or verified CTR on file for the case). The letters will be mailed to the address/addresses Medicare has on file which may not necessarily be the same address that is listed on the MSPRP. Please allow three to five days for the system to process this request and additional time for postal delivery.

To request a mailed copy of the conditional payment letter, perform the following steps:

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

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

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

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

If this action is selected for a BCRC case in the *Final Conditional Payment* (Final CP) process with a Final Conditional Payment Status set to Active, a mailed copy of the *Notice of Anticipated Settlement* letter and *Payment Summary Form* will be created instead. See Chapter 16.

Figure 15-21: Conditional Payment Letter Confirmation

Figure 15-22: No Claims Paid by Medicare Letter Confirmation

15.1.2.5   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 15-18) that is mailed with the Conditional Payment Letter. The claims listed on the *Claims Listing* page may differ from the last-issued statements if there has been any recent case activity between the date of the statement and the current date.

Note: The *Claims Listing* page will continue to display all claims that are included with your submitted dispute even after a dispute is denied. However, if a claim was disputed and the dispute was approved, the claim will automatically be removed from the *Claims Listing* page.

Disputing a claim means that you are requesting CMS to remove the claim from the Current Conditional Payment Amount because it is not related to the injury/illness sustained by the beneficiary. If CMS agrees that the claims are not related to the case, the claims will be removed from the *Claims Listing* page and the conditional payment amount will be adjusted accordingly.

Pre-Demand

After a CPN or CPL has been issued for a case, but prior to that case being demanded, when you click **View/Dispute Claims Listing**, the MSPRP retrieves all claim information that is included in the Current Conditional Payment Amount and display that information on the *Claims Listing* page. The retrieval of this information may be slightly delayed depending on the volume of claim information returned. After the *Claims Listing* page appears, you can review all claims associated to the case.

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

Post-Demand

After a case has been demanded, or if a case has completed or is pending notice of settlement in the *Final Conditional Payment* process (BCRC cases only), clicking **View/Dispute Claims Listing** redirects you to the *Demand Claims Listing* page (Figure 15-25) instead of the *Claims Listing* page. This read-only page displays information regarding the demanded claims for the selected case, such as the date the Demand letter was sent and the Demand Amount (or amount the debtor is required to pay Medicare).

Disputes related to Final CP cases are addressed within 11 business days. See Chapter 16.

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).
- A CPN or CPL has been issued (i.e., recovery has been initiated).

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

Who Can View Claims?

- BCRC Cases: Beneficiaries, case debtors, or users with a verified Beneficiary POR, a Beneficiary CTR, or Recovery Agent Authorization, as long as their credentials pass all other existing rules for allowing access to the *View/Dispute Claims* option.
- CRC Cases: Case beneficiaries, users with verified Beneficiary POR or Beneficiary CTR, case debtors (insurers) and insurer representatives with a verified Recovery Agent Authorization.

Who Can Dispute Claims?

- BCRC Cases: Users must be the case beneficiary, the case debtor, or have verified Beneficiary POR or Recovery Agent Authorization.
- CRC Cases: Users must be an insurer debtor or an authorized insurer representative with a verified Recovery Agent Authorization (or be the recovery agent associated with the debtor). Beneficiaries, or their representatives, cannot dispute claims.

Other Requirements?

The overpayment amount must be greater than zero ($0.00)

To view/dispute claims (Pre-Demand)

1. Click **View/Dispute Claims Listing** on the *Case Information* page for the applicable Case ID and click **Continue**.

    The *Claims Listing* page displays a list of claims associated with the case. You can print the list by clicking the **Print this page** link.

    Because of the requirements of the Centers for Medicare & Medicaid Services (CMS) Department of Health & Human Services (DHHS) Privacy Rule, all protected health information (PHI) will not be included on the *Claims Listing* page. The content displayed on the *Claims Listing* page will differ for a non-beneficiary vs. a beneficiary (Figure 15-23 and Figure 15-24).

    Note: If a case has been demanded has completed or is pending settlement in the *Final CP* process (BCRC cases only), clicking this action redirects you to the *Demand Claims Listing* page (Figure 15-25) instead of the *Claims Listing* page. This read-only page displays information regarding the demanded claims for the selected case, such as the Total Charges, Reimbursed Amounts, and Conditional Payments.

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

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

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

    The *Claims Dispute Verification* page appears showing the list of claims in dispute (Figure 15-26).

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

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

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

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

    The *Dispute Claims Documentation Upload* page appears (Figure 15-27).

5. Click **Choose File** to locate the document you want to upload, up to five documents, and click **Continue**.

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

- The file format must be a PDF.
- The file must be virus free and not encrypted.
- The file size must be less than or equal to 40 MB (megabytes) in size.
- The filename (naming convention) must only include up to 80 of the following valid characters: alphanumeric (any letter: A-Z, a-z), any number (0-9), and any of the following special characters: hyphen (-), period (.) and underscore (__).
- The filename does not include spaces.
- The page size must not be larger than 8.5 by 11 inches.

The uploaded document or documents (up to five) will be displayed at the bottom of the *Claims Dispute Verification* page. Repeat the upload process if you have more than five files to upload.

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 15-28).

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

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

Figure 15-23: Example Claims Listing for a Non-Beneficiary or Viewed without MFA

Figure 15-24: Example Claims Listing for a Beneficiary or Viewed with MFA

Figure 15-25: Demand Claims Listing

Table 15-13: Claims Listing (All Fields)

Field	Description
Clear	Click this button to remove any formatting and restore the default display of claims information.
Export	Click this button to export a spreadsheet of the claims information shown.
Case ID	Displays the current case ID.
Demand Amount	Displays the amount currently being demanded. This field only appears on the *Demand Case Listing* page.
Demand Letter Date	Displays the date of the demand letter. This field only appears on the *Demand Case Listing* page.
Reported Diagnosis Codes	Displays a list of the diagnosis codes reported on the case, with code version (ICD-10 or ICD-9). This section only appears for the Beneficiary/MFA version of the *Claims Listing* page.
Dispute	Checkbox that indicates whether the claim is/is not being disputed or the claim was disputed during the final CP process and denied. 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 15.1.2.5 for authorization details.

Field	Description
TOS	A two-digit identifier that represents the type of service received for the line item on the claim. It can be any of the following: 10 – Home Health Agency 20 – Skilled Nursing Facility (SNF) Non-swing 30 – SNF Swing 40 – Outpatient 41 – Outpatient Full Encounter 42 – Outpatient Abbreviated Encounter 50 – Hospice 60 – Inpatient 61 – Inpatient Full Encounter 62 – Inpatient Abbreviated Encounter 71 – Carrier 72 – Carrier Durable Medical Equipment Prosthetics/Orthotics & Supplies (DMEPOS) Claim) 73 – Carrier Full Encounter Claim 81 – Durable Medical Equipment Regional Carriers (DMERC) Non-DMEPOS 82 – DMERC DMEPOS
Claim Control ID (ICN)	Claim Number/Internal Control Number assigned to the claim by the Medicare processing contractor. Sortable and filterable column: click the arrows in the header to sort or reverse sort order; type in the text box to show only claims containing the entered text.
Line Number	For Part A (Institutional claims) this number will always be "0." For Part B, this number indicates one or more services that were billed on a single claim per Date of Service.
Processing Contractor	Identification Number of the Medicare claims contractor who processed the claim for payment.
Provider Name	Name of the Institutional or Individual Provider that submitted the claim for the service. Sortable and filterable column: click the arrows in the header to sort or reverse sort order; type in the text box to show only claims containing the entered text.
Diagnosis Codes	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 for more information of ICD-9 diagnosis codes. https://www.cms.gov/medicare/coding-billing/icd-10-codes for more information of ICD-10 diagnosis codes. **Note:** Hover over the field to view a description.
DRG Cd	The three-digit Diagnosis Related Group codes for the Part-A Claims. **Note:** Hover over the field to view a description.
*CPT/HCPCS	The Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) code for the Part-B Claims (up to five characters). **Note:** Hover over the field to view a description.

Field	Description
From Date	The start date of service for the claim. Sortable and filterable column: click the arrows in the header to sort or reverse sort order: select from the drop-down menu to show only claims in the selected date range.
To Date	The end date of service for the claim. Sortable and filterable column: click the arrows in the header to sort or reverse sort order: select from the drop-down menu to show only claims in the selected date range.
Total Charges	Amount billed by the provider. Sortable and filterable column: click the arrows in the header to sort or reverse sort order: type in the text box to show only claims containing the entered text.
Reimbursed Amount	Amount Medicare paid the provider.
Conditional Payment	Amount due Medicare.
Dispute Submitted Date	The (most recent) date the dispute was submitted on a case. Sortable and filterable column: click the arrows in the header to sort or reverse sort order: select from the drop-down menu to show only claims in the selected date range. **Note:** The field will remain blank for any disputes submitted prior to the implementation of this feature.
Dispute Decision Date	The (most recent) date for the dispute decision. Sortable and filterable column: click the arrows in the header to sort or reverse sort order: select from the drop-down menu to show only claims in the selected date range. **Note:** The field will remain blank for any disputes submitted prior to the implementation of this feature.
Previous	Command button. Click to return to the *Case Information* page. Your dispute selections will not be saved.
Continue	Command button. Click to save changes and continue to the next page.
Cancel	Command button. Click to end this transaction and return to the *Welcome* page. Any dispute selections will not be saved.

Table 15-14: Demand Claims Listing

Field	Descriptions
Claim Control ID	Claim Number/Internal Control Number assigned to the claim by the Medicare processing contractor.
Line Number	For Part A (Institutional claims) this number will always be "0." For Part B, this number indicates one or more services that were billed on a single claim per Date of Service.
Total Charges	Amount billed by the provider.
Reimburses Amount	Amount Medicare paid the provider.
Conditional Payment	Amount due Medicare.

Figure 15-26: Claims Dispute Verification (BCRC)

Table 15-15: Claims Dispute Verification

Field	Description
Previous	Command button. Click to return to the *Claims Listing* page. Your dispute selections will not be saved. Additionally, any and all notes entered in the *Supporting Information Notes* text box will not be saved.
Continue	Command button. Click to save changes and continue to the next page. Any and all notes entered in the *Supporting Information Notes* text box and any additional documents will be saved. You will be redirected to the *Claims Dispute Confirmation* page.
Cancel	Command button. Click to end this transaction and return to your home page. Any dispute selections will not be saved, and all notes entered in the *Supporting Information Notes* text box and any additional documents will not be saved.

Figure 15-27: Dispute Claims Documentation Upload

Figure 15-28: Claims Dispute Confirmation (BCRC)

15.1.2.6 Begin Final Conditional Payment Process and Provide 120 Days' Notice of Anticipated Settlement

This option allows users to notify the BCRC that a specific case is approaching settlement and request that the case be a part of the Final CP process. This option can only be selected **once**. See Chapter 16.

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.

15.1.2.7 Calculate Final Conditional Payment Amount

This action allows a user to request a Final CP amount for a case in the Final CP process and is enabled for a Final CP case where the Final Conditional Payment Status is set to Active. This option is unavailable if the Final Conditional Payment amount has already been calculated. See Chapter 16.

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.

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

This action is available on Final CP cases in which at least one submitted dispute was denied after the *Final CP* process was initiated. It allows users to request an *Electronic Dispute Denial for Final Conditional Payment Case* letter that displays the current Conditional Payment Amount. See Chapter 16.

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*.

15.1.2.9   View/Provide the Notice of Settlement Information

Pre-Demand

This action will direct you to the *Settlement Information* page where you (the beneficiary or beneficiary representative with a verified POR) can enter NOS information for a beneficiary-debtor case, upload supporting settlement documentation, and if the case qualifies, elect the Fixed Percentage Option.

Completion of this page will result in the issuance of a demand bill. Once a case has settled, notice of the settlement must be transmitted to Medicare so that the reimbursement process can be concluded.

Note: Users cannot provide notice of settlement information for insurer-debtor cases (BCRC or CRC).

For cases that are in the *Final CP* process, notice of settlement information must be submitted within 30 calendar days of requesting the Final CP amount. See Chapter 16.

Post Demand

This action will direct you (the beneficiary or beneficiary representative with a verified POR or beneficiary representative with a verified CTR) to the *View Settlement Information* page (Figure 15-30), a read-only version of the *Settlement Information* page, which displays the notice of settlement information previously submitted. This page appears if the *Case Status* is set to *Demand*, *Demand in Progress*, or *Bill Issued*; or where the *Final Conditional Payment Status* is *Complete*.

Who Can Provide the Notice of Settlement?

- BCRC Beneficiary-Debtor Cases: Users with a verified beneficiary POR authorization and beneficiaries.

- CRC Cases: None. Option is not available (or visible) to any users.

Who Can View Settlement Information?

- BCRC Beneficiary-Debtor Cases: Users with a verified beneficiary POR or verified beneficiary CTR authorization and beneficiaries.

- CRC Cases: None. Option is not available (or visible) to any users.

Other Requirements?

- The overpayment amount must be greater than zero ($0.00).

- No claims are in dispute (i.e., no claims have a faded checkmark in the *Dispute* checkbox on the *Claims Listing* page).

- The case is not in bankruptcy proceedings.

- The Case Status is not *Closed*.

To enter Settlement Information

1. Click **View/Provide the Notice of Settlement Information** on the *Case Information* page for the applicable Case ID and click **Continue**.

   The *Settlement Information* page appears (Figure 15-29).

2. Enter all required information.

3. If you are not uploading additional documents, click **Continue**.

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

   The *Notice of Settlement Documentation Upload* page appears (Figure 15-31).

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

   - The file format must be a PDF.

   - The file must be virus free and not encrypted.

   - The file size must be less than or equal to 40 MB (megabytes) in size.

   - The filename (naming convention) must only include up to 80 of the following valid characters: alphanumeric (any letter: A-Z, a-z; any number 0-9), and any of the following special characters: hyphen (-), period (.) and underscore (__).

   - The filename does not include spaces.

   - The page size must not be larger than 8.5 by 11 inches.

5. Click **Choose File** to locate the documents you want to upload.

   A pop-up box appears. Locate the file that you want to upload.

6. Click the file name, and then click **Open**.

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

   Note: If you have more than five files to upload, you must return to this page from the *Settlement Information* page and repeat the process.

7. Click **Continue** to upload the documents. Click **Cancel** to return to the *Settlement Information* page without uploading any documents.

If any file cannot be uploaded, you will receive an error message. If you receive an error message, none of the files will be uploaded. You must correct the problem(s) and choose new, error-free files to upload.

If the upload was successful, the *Settlement Information* page appears, displaying a list of the supporting documents to be submitted. Click **Delete** next to any document that you want to remove from the list.

8. 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.

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

Figure 15-29: Settlement Information

Table 15-16: Settlement Information

Field	Description
Injury Type	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 in 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.
Settlement Amount	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 $10,000 if the Fixed Percentage Option is selected.
Settlement Date	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 three (3) business days of the Final Conditional Payment Requested date, you will be asked to verify the Settlement Date. If the Settlement Date is not within three (3) business days of the Final Conditional Payment Requested Date, the case will be voided from the *Final Conditional Payment* process.

Field	Description
None	Settlement Detail Option. Indicates that the beneficiary did not incur any attorney fees.
Attorney Fees	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.If this option is selected, you must enter a numeric value in the *Attorney Fees* field (i.e., the total amount charged by the attorney to take the case) and/or *Attorney Expenses* field (i.e., the total amount of additional expenses, not including the Attorney Fees). **Data Entry Requirements:** - Decimals and commas are optional. - Do not enter the '$' as part of your entry. - Cents can be entered. If cents are not entered, the MSPRP will store the amount with zero cents. *Attorney Fees* and/or *Attorney Expenses* cannot both be zero.
Attorney Fee Percentage	Settlement Detail Option. Indicates that there was an agreed-upon percentage of the settlement amount charged by the attorney to the beneficiary. If this option is selected, you must enter a whole number between 1 and 100. You cannot enter a fraction or a percent.
Fixed Percentage Option	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. **Note**: The case must meet specific criteria in order to qualify for this option.
MED/PIP/Other Exclusions	The total coverage amount paid directly to the Medicare beneficiary and/or Medicare from Medical Payments Coverage (MEDPAY), Personal Injury Protection (PIP), or another coverage with respect to the accident/injury/illness/incident being claimed and/or released. **Note:** If Medicare has paid claims in relation to the incident, Medicare's recovery amount will be directly impacted by the amount entered. **Data Entry Requirements:** Cannot be entered if the Fixed Percentage Option has been selected. When entered, it must contain a numeric value (decimals and commas are allowed).
Attestation	A checkbox that indicates you are confirming the accuracy of the submitted settlement information. You must select this box in order to submit your settlement information.
Upload Documentation	Hyperlink. Click to upload settlement related documentation.
Continue	Command button. Click to save changes and continue to the next page.
Cancel	Command button. Click to return to the *Case Information* page.

Figure 15-30: View Settlement Information

Figure 15-31: Notice of Settlement Documentation Upload

Figure 15-32: Notice of Settlement Confirmation

15.1.2.10 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 15-34) allows the beneficiary to verify the settlement information that was previously submitted by viewing information displayed in the following fields: Settlement Amount, Settlement Date, Attorney Fees, Attorney Expenses, and Attorney Fee Percentage. If any of this information is missing or incorrect, the beneficiary/authorized representative has the option to edit the information by clicking the **Update Settlement Information** button, which shows the *Update Settlement Information* page (Figure 15-35).

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

Once this process has been initiated, the demand letter will be processed and you will receive notification within 7-12 business days. If the MSPRP account is currently receiving letter notification emails instead of mailed letters for the case (i.e., a green leaf icon appears to the right of the case ID), you will receive an email notification. If not, you will receive a mailed letter.

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 15-33: Initiate Demand Letter Confirmation (BCRC Case)

Figure 15-34: Initiate Demand Letter Confirmation (Bene-Debtor)

Figure 15-35: Update Settlement Information

15.1.2.11 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/Appeal/Compromise** tab (for BCRC cases) or the *Redetermination/Appeal* tab (for CRC cases) on the *Case Information* page. See Section 17.1 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?

- The case must be in a Demand Issued status and a demand letter has been sent for the case (as determined by the Demand Letter Mail Date).
- 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.

15.1.2.12 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 17.2 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.

15.1.2.13 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 after the case settles and funds have been paid.

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 17.3 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 Bill Issued, Demand, or Demand in Progress status. Compromise requests cannot be submitted when the case status is Claim Retrieval, Closed, In Development, or Transitioned.

- All previous compromise requests associated with the case must be closed.

15.1.2.14 Submit Case Documentation

The *Submit Case Documentation* action allows you to submit documentation for a BCRC or CRC case. This option is unavailable for a CRC case if the case has been referred to Treasury.

You may submit the following documentation for BCRC and CRC cases:

- Additional Redetermination Documentation

- Additional Waiver Documentation (BCRC cases only)

- Exhaust Letter/Insurance Documentation

- Freedom of Information Act Request

- Refund Request (CRC cases only)

- Status Inquiry/Other

Note: You will only be able to select the *Additional Waiver Documentation* or *Additional Redetermination Documentation* document types if a waiver or redetermination was previously submitted and is pending a resolution or if a previous waiver or redetermination was dismissed.

Who Can Access?

- BCRC Beneficiary-Debtor Cases: Users with a verified Beneficiary POR authorization and beneficiaries.

- BCRC Insurer-Debtor Cases: Case debtor and users with a verified Letter of Authority (LOA)

- BCRC or CRC Insurer-Debtor Cases: Case Debtor and Insurer representatives with a verified Letter of Authority (LOA).

Other Requirements?

- This option is available for any BCRC case.
- This option is available for any CRC case if the case has not been referred to Treasury.

To Submit Documentation:

1. From the *Case Information* page, click the **Submit Case Documentation** button.

   The *Submit Case Documentation* page appears (Figure 15-36).

2. Select a document type from the drop-down menu.

3. Click **Upload Documentation** to upload documentation for the selected document type.

   The *Case Documentation Upload* page appears (Figure 15-37).
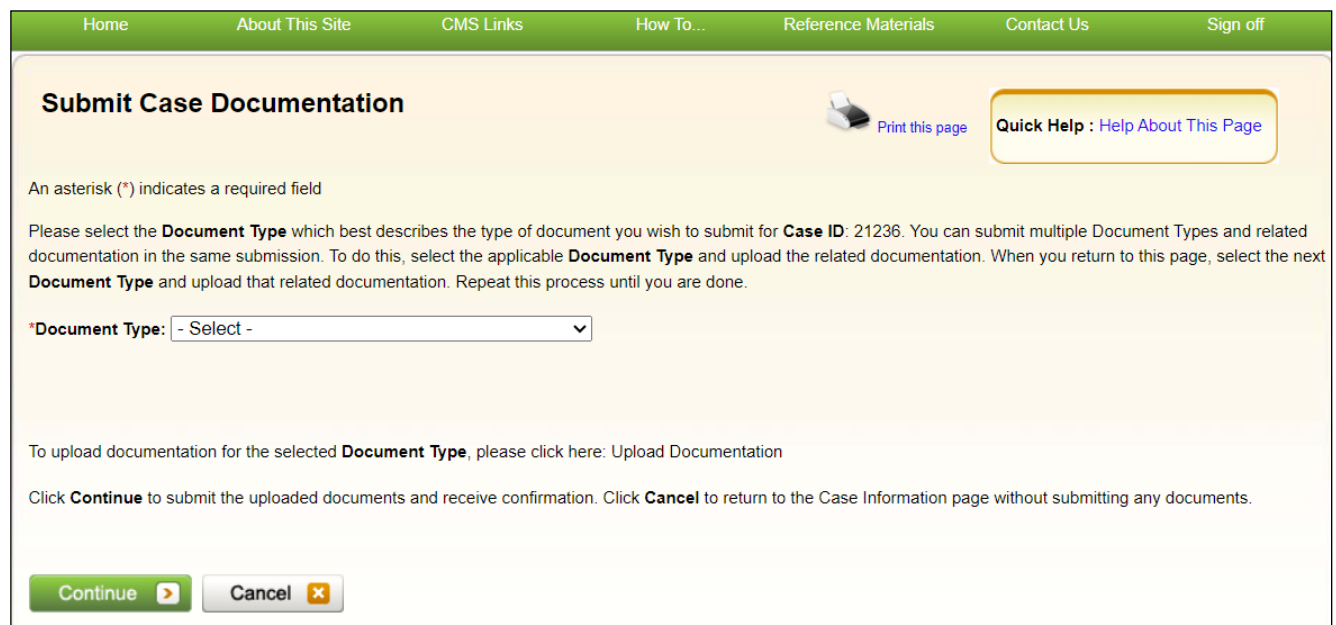
4. Click **Choose File** to locate and select your file(s).

5. Click **Continue** to complete the upload.

   This will return you to the *Submit Case Documentation* page. To submit additional documentation for other document types in the same submission, select the next document type and upload the related documentation. Repeat this process until all documentation is uploaded.

   Once your documents have been uploaded, they will appear at the bottom of the *Submit Case Documentation* page. Click **Delete** to the right of the document name to remove the document, if desired.

6. Click **Continue** to submit the uploaded documents and receive confirmation on the *Case Documentation Submission Confirmation* page (Figure 15-39), or click **Cancel** to return to the *Case Information* page without submitting any documents.

7. Click **Continue** on the *Case Documentation Submission Confirmation* page to return to the *Case Information* page.

Figure 15-36: Submit Case Documentation

Figure 15-37: Case Documentation Upload

Figure 15-38: Submit Case Documentation (Files Loaded)

Figure 15-39: Case Documentation Submission Confirmation

Chapter 16: Obtaining Final Conditional Payment Amount

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

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

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

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

16.1 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.

16.2 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).

16.3 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.

16.4 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.

16.5   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.

16.5.1   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 **15.1.2.6**.

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 16-1).

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 16-2).

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

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

Figure 16-1: Warning – 120 Day Notification Action Can Only Be Selected Once

Figure 16-2: 120 Days' Notice of Anticipated Settlement

16.5.2 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 15.1.2.5 regarding how to view and dispute claims.

16.5.2.1 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 16-3: Electronic Dispute Denial for Final CP Letter Confirmation

16.5.3 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 16-4).

    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.

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

Figure 16-4: Warning – Calculate Final CP Amount Can Only Be Selected Once

Figure 16-5: Calculate Final Conditional Payment Amount Confirmation

16.5.4 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 15.1.2.3 and 15.1.2.4.

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.

16.5.4.1 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 16-6: Notice of Anticipated Settlement Letter Confirmation

16.5.4.2 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 16-7: Electronic Notice of Anticipated Settlement Letter Confirmation

16.5.4.3   Electronic Final Conditional Payment Letter

If the status of your Final CP case is *Pending NOS* (Notice of Settlement) or *Complete*, and you request an electronic copy of the conditional payment letter, you will receive the electronic version of the *Final Conditional Payment Letter* along with a date- and time-stamped *Payment Summary Form* in a separate window.

To request an electronic *Final Conditional Payment Letter*:

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

    The *Electronic Final Conditional Payment Letter Confirmation* page display (Figure 16-8).

    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 16-8: Electronic Final Conditional Payment Letter Confirmation

16.5.5 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 15.1.2.9 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 16-9) 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 16-10).
  - If you click **Continue**, the Final Conditional Payment Amount will be voided and the case will be removed from the *Final CP* process.

Figure 16-9: Final Conditional Payment Amount Voided Confirmation

Figure 16-10: Verify Settlement Date

16.6   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.

16.6.1 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 16-11).

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 16-12).
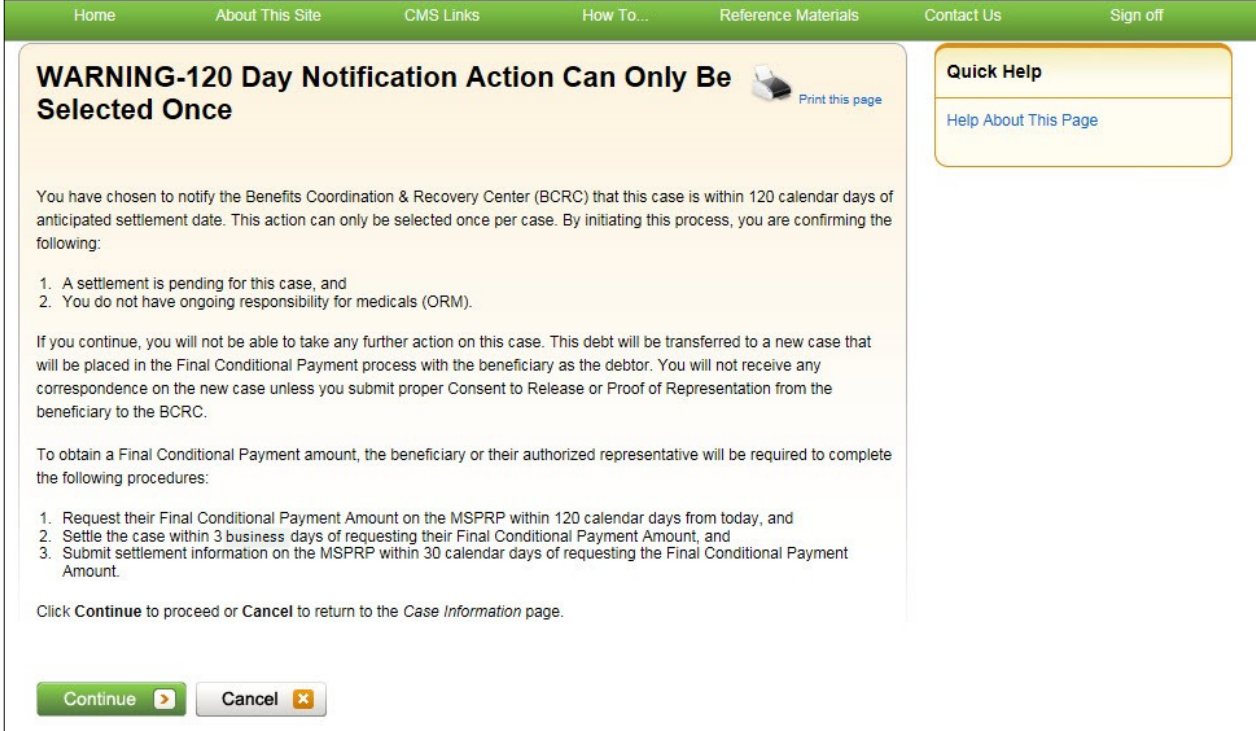
4. Click **Continue** to proceed.

   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 16.2.

Figure 16-11: 120-Day Notification Action Can Only Be Selected Once (Insurer)

Figure 16-12: 120-Day Notice of Settlement Confirmation (Insurer)

Chapter 17: Requesting Redeterminations, Waivers, and Compromises

The MSPRP provides authorized users with the following options if the user disagrees with the balance detailed in the demand letter: The user may submit a request to appeal the demand amount (i.e., Redetermination), to waive the amount (in full or in part), or to reduce the amount (i.e., Compromise), depending on the circumstances.

- **Redetermination (Appeal) Requests**: If you are a beneficiary-debtor or insurer-debtor, or are a verified authorized representative, and you have received a demand letter, you have the right to appeal the determination if you disagree that you owe money, as explained in the demand letter, or if you disagree with the amount that you owe (see Section 17.1).

- **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 17.2). (**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 after the case has settled (see Section 17.3).

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

17.1   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 17-2).

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.

17.1.1 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.

17.1.2 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.

17.1.3 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 17-1).

   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 17-2).

   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 17-7).

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 17-2).

   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).

3. Click the *Select for Redetermine.* checkboxes to select one or more available claims from the list to include with the redetermination request. Clicking **Select All** selects all the available claims, while **Deselect All** deselects all the selected claims.

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 do not 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 17-3).

6. Click **Cancel** to return to the *Case Information* page without saving any data.

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. See Section 17.1.4 for information on uploading redetermination documents and completing submission.

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

   If you need to submit any additional documentation for this request, you may upload it on the MSPRP using the **Submit Case Documentation** action found on the *Case Information* page or mail it. See Section 17.4 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 17-4).

10. Click **Continue** to complete the submission and proceed to the read-only *Redetermination (First Level Appeal) Submission Confirmation* page (Figure 17-5).

11. Click **Continue** on the confirmation page to return to the *Case Information* page.

Figure 17-1: Warning – Confirm Request to Submit a Redetermination (First Level Appeal)

Figure 17-2: Redetermination (First Level Appeal) Submission (Example: Beneficiary/MFA)

Table 17-1: Redetermination (First Level Appeal) Submission Fields

Field	Description
Clear	Click to remove any sorting or filtering and restore the default display of claims information.
Export	Click to export a spreadsheet of claims information shown.
Case ID	Displays the current Case ID.
Demand Amount	Displays the amount currently being demanded.

Field	Description
Demand Letter Date	Displays the date of the demand letter.
Reported Diagnosis Codes	Displays a list of the diagnosis codes reported on the case, with code version (ICD-10 or ICD-9). This section only appears for the Beneficiary/MFA version of the page.
Claims	-
Select for Redeterm.	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 **Select All or Deselect All** link to select or deselect all available claims. **Note:** Claims already submitted for redetermination will be read-only. Redeterminations in your favor will remove the claim from the case, so those will not appear.
Select for Reason	Select the box to add or remove a reason for the redetermination request as it applies to this claim. **Notes:** 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 **Continue** on this page.
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 **Note**: This column only appears for beneficiaries or authorized representatives logged in using MFA.
Claim Control ID (ICN)	Claim Number (Internal Control Number) assigned to the claim by the Medicare processing contractor.
Line #	This number indicates one or more services that were billed on a single claim per Date of Service.

Field	Description
Redeterm. Reason	Reason currently selected for requesting a redetermination of this claim, or the reason submitted with a prior submission. Sortable and filterable column: click the arrows in the header to sort or reverse sort order; select a reason from the drop-down menu to show only claims with that redetermination reason.
Redeterm. Received	For prior redetermination submissions, displays the method of submission (MSPRP or Mail/Fax), and if MSPRP, the date submission was made.
Processing Contractor	Identification number for the Medicare contractor that processed the claim. **Note**: This column only appears for beneficiaries or authorized representatives logged in using MFA.
Provider Name	Name of the institutional or individual provider that submitted the claim for the service. Sortable and filterable column: click the arrows in the header to sort or reverse sort order; type in the text box to show only claims containing the entered text. **Note**: This column only appears for beneficiaries or authorized representatives logged in using MFA.
Diagnosis Codes	The ICD indicator and diagnosis code(s) for each listed claim. A diagnosis code represents the reason for the office visit or medical test. (Example format: ICD-10: E11.9, R51) The diagnosis codes used by Medicare are known as ICD-9 or ICD-10 (ICD-9-CM or ICD-10-CM) codes (i.e., International Classification of Diseases 9th or 10th Revision, Clinically Modified). If you need assistance in understanding these codes, go to the following links: https://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/codes for more information regarding ICD-9 diagnosis codes. https://www.cms.gov/medicare/coding-billing/icd-10-codes for more information regarding ICD-10 diagnosis codes. **Notes**: This column only appears for beneficiaries or authorized representatives logged in using MFA. Hover over the field to view a description.
From Date	The start date of service for the claim. Sortable and filterable column: click the arrows in the header to sort or reverse sort order; select from the drop-down menu at the top of the column to show only claims within the selected date range. **Note**: This column only appears for beneficiaries or authorized representatives logged in using MFA.
To Date	The end date of service for the claim. Sortable and filterable column: click the arrows in the header to sort or reverse sort order; select from the drop-down menu at the top of the column to show only claims within the selected date range. **Note**: This column only appears for beneficiaries or authorized representatives logged in using MFA.
Total Charges	Amount billed by the provider. Sortable and filterable column: click the arrows in the header to sort or reverse sort order; type in the text box to show only claims containing the entered text.
Reimbursement Amount	Amount Medicare paid the provider.
Conditional Payment Amount	Amount due Medicare.

Field	Description

Select a Redetermination Reason to apply to the selected claims:	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:
	-Select-
	    Duplicate Primary Payment
	    Previous Payment to CMS/Treasury/BCRC
	    Relatedness
	    Treatment Ended
	    Wrong Insurer
	    Other
	For CRC cases:
	-Select-
	    Benefits Exhausted
	    Policy Cancelled
	    Previous Payment to CMS/Treasury/CRC
	    Relatedness
	    Services Not Covered
	    Treatment Ended
	    Other

Apply	Click to apply selected reason for redetermination to selected claim(s).
Remove Reason	Click to remove reason for redetermination from selected claim(s).
Continue	Click to display the *Redetermination (First Level Appeal) Verification* page.
Cancel	Click to cancel the redetermination process and return to the *Case Information* page. No data will be saved.

Figure 17-3: Redetermination (First Level Appeal) Verification (Example: Beneficiary/MFA)

Figure 17-4: Redetermination (First Level Appeal) Verification (Uploaded Documents)

Figure 17-5: Redetermination (First Level Appeal) Submission Confirmation (Example: BCRC)

17.1.4 Uploading Redetermination Documents and Completing Submission

The MSPRP requires each uploaded file to be a virus-free, non-encrypted PDF file, less than or equal to 40 MB. The filename must be fewer than 80 characters, which can be letters, numbers, hyphens (-), periods (.), or underscores (_). Spaces are not allowed in the filename. Files that do not meet these criteria will be rejected. You are also limited to uploading five files at a time. The page size must not be larger than 8.5 by 11 inches.

To upload supporting documentation from the *Redetermination (First Level Appeal) Documentation Upload* page:

1. Click **Choose File** to search your computer for the desired file. A pop-up box appears. Locate the file that you wish to upload.

2. Click the file name, and then click **Open**.

   When the file has been selected, the file name and location will appear on the *Redetermination (First Level Appeal) Documentation Upload* page.

Note: If you have more than five files to upload, you must return to this page from the *Redetermination (First Level Appeal) Verification* page and repeat the upload process.

3. Once up to five files have been identified, click **Continue** to upload the documents. Click **Cancel** to return to the *Redetermination (First Level Appeal) Verification* page without uploading any documents.

   If any file cannot be uploaded, you will receive an error message. If you receive an error message, none of the files will be uploaded. You must correct the problem(s) and choose new, error-free files to upload.

   If the upload was successful, the *Redetermination (First Level Appeal) Verification* page appears, displaying a list of the supporting documents to be submitted (Figure 17-4). Click **Delete** next to any document that you want to remove from the list.

Figure 17-6: Redetermination (First Level Appeal) Documentation Upload

17.1.5 Viewing Redetermination Requests

After submitting a redetermination request successfully, whether by mail or on the MSPRP, you can view that request in one of two ways:

When there is still the possibility of submitting further redetermination requests (see below), clicking the **View/Submit Redetermination (First Level Appeal)** action on the *Case Information* page will (after you click through the warning page; beneficiary representatives with a Consent to Release [CTR] will not see the warning page) show you all the claims attached to your case. Any claims with submitted requests will be shown as read-only; any claims with successful (in your favor) redeterminations will not appear (that is, disassociated from the case); and any claims still available for redetermination will be shown as such on the submission version of the page.

At any time in the process, you can view submitted claims by clicking the *Waiver/Redetermination/Appeal/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 15-9). Additionally, you can view activity details for a successful redetermination submitted for a case on the *Account Activity* page (Figure 8-30).

Figure 17-7: View Submitted Redeterminations (Example: BCRC)

17.2   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/Appeal/Compromise* tab of the *Case Information* page.

17.2.1 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.

17.2.2 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 17-8).

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 17-9).

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 17-10). Click **Cancel** to return to the *Case Information* page.

Figure 17-8: Warning – Confirm Request to Submit a Waiver

Figure 17-9: Waiver Submission

Figure 17-10: Waiver Verification

5. Enter an explanation in the text box provided and/or upload at least one document to ensure proper review of the waiver request.

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

6. To upload supporting documentation, click **Upload Documentation** to open the *Waiver Documentation Upload* page. See Section 17.2.3 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.

   If you need to submit any additional documentation for this waiver request, you may upload it on the MSPRP using the **Submit Case Documentation** action found on the *Case Information* page or alternatively, mail it. See Section 17.4 for information on mailing additional documentation.

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

   If the upload was successful, the *Waiver Verification* page appears, displaying any text you entered and a list of the supporting documents to be submitted (Figure 17-11).

Figure 17-11: Waiver Verification (Uploaded Documents)

8. Review the verification page and click **Continue** to complete the submission and proceed to the read-only *Waiver Submission Confirmation* page (Figure 17-12).

9. Click **Continue** on the confirmation page to return to the *Case Information* page.

Figure 17-12: Waiver Submission Confirmation

17.2.3 Uploading Waiver Documents and Completing Submission

The MSPRP requires each uploaded file to be a virus-free, non-encrypted PDF file, less than or equal to 40 MB. The filename must be fewer than 80 characters, which can be letters, numbers, hyphens (-), periods (.), or underscores (_). Spaces are not allowed in the filename. Files that do not meet these criteria will be rejected. You are also limited to uploading five files at a time. The page size must not be larger than 8.5 by 11 inches.

To upload supporting documentation from the *Waiver Documentation Upload* page:

1. Click **Choose File** to search your computer for the desired file.

    A pop-up box appears. Locate the file you wish to upload.

2. 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 one file to upload, repeat the previous steps. If you have more than five files to upload, you must return to this page from the *Waiver Verification* page and repeat the upload.

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 17-11). Click **Delete** next to any document that you want to remove from the list.

If any file cannot be uploaded, you will receive an error message. If you receive an error message, none of the files will be uploaded. You must correct the problem(s) and choose new, error-free files to upload.

Figure 17-13: Waiver Documentation Upload

17.2.4 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/Appeal/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 15-9 for details). Additionally, non-beneficiary users and account managers can view activity details for all successful waivers submitted for a case on the *Account Activity* page (see Figure 8-30).

17.3   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.

17.3.1 Before Requesting a Compromise

When submitting a compromise request, please note the following:

- The case must be in an Bill Issued, Demand, or Demand in Progress status.
- Compromise requests cannot be submitted when the case status is Claim Retrieval,Open, Closed, In Development, or Transitioned.
- All previous compromise requests associated with the case must be closed.

17.3.2 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 17-14).

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.

3. Enter the required information in the fields provided.

   If you are requesting a compromise, you will only need to enter the compromise amount (Figure 17-15). You may also enter the fax number and reason for compromise. The details shown will match the settlement information provided.

Figure 17-14: Warning – Confirm Request to Submit a Compromise

Figure 17-15: Compromise Request

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

Compromise Request

Print this page

This page displays Notice of Settlement information previously submitted for this case. Updates to any previously submitted information are not allowed.

Beneficiary Last Name   **Case ID:**

An asterisk (*) indicates a required field.

Settlement Amount: $45,000.00

Settlement Date: 05/20/2017

Attorney Fees   What are Attorney Fees?

> **Attorney Fees : $14,000.00**
> **Attorney Expenses/Procurement Costs : $7,000.00**
>
> **Or**
>
> **Attorney Fee Percentage : 40%**

Total of Attorney Costs : $21,000.00

Fax Number: [   ] [   ] [   ]

*Compromise Amount: [   ] . [   ] (0.01 - 999,999,999.99)

Reason for Compromise: **What is this?**

You must enter an explanation to justify your compromise request or upload at least one document to ensure proper review. It is in your best interest to provide complete and accurate supporting documentation. You may use the following text box for this purpose.

[   ]

For compromise requests that require additional information, please upload supporting documentation. (Additional information is needed if your reason(s) for requesting a compromise of the amount owed includes any assertion(s) that is not fully supported by the information provided in the field above. Additional information may include (but is not limited to) evidence of mitigating factors such as additional expenses or other hardship related to the underlying incident or illness, or agreements to reduce attorney fees or other procurement costs.) **Failure to appropriately document your compromise request may result in delays or even denial of the request.**

Supporting documentation may be uploaded using the following link: **Upload Documentation** Select **Continue** to submit the files to CMS. Select **Cancel** to return to the Case Information page without submitting your files.

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

[Continue ▶]   [Cancel ✖]

Quick Help

Help About This Page

4. Enter an explanation in the *Reason for Compromise* 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 17.3.3 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 17.4 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, reason for compromise, fax number (if applicable), and a list of the supporting documents to be submitted (**Error! Reference source not found.**).

7. Review the request page and click **Continue** to complete the submission and proceed to the read-only *Compromise Request Confirmation* page (Figure 17-18).

8. Click **Continue** on the confirmation page to return to the *Case Information* page.

Figure 17-16: Compromise Request Confirmation

17.3.3 Uploading Compromise Documents and Completing Submission

The MSPRP requires each uploaded file to be a virus-free, non-encrypted PDF file, less than or equal to 40 MB. The filename must be fewer than 80 characters, which can be letters, numbers, hyphens (-), periods (.), or underscores (_). Spaces are not allowed in the filename. Files that do not meet these criteria will be rejected. You are also limited to uploading five files at a time. The page size must not be larger than 8.5 by 11 inches.

To upload supporting documentation from the *Compromise Request Documentation Upload* page:

1. Click **Choose File** to search your computer for the desired file.

   A pop-up box appears. Locate the file that you want to upload.

2. Click the file name, and then click **Open**.

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

   Note: If you have more than five files to upload, you must return to this page from the *Compromise Request* page and repeat the process.

3. Click **Continue** to upload the documents. Click **Cancel** to return to the *Compromise Request* page without uploading any documents.

   If any file cannot be uploaded, you will receive an error message. If you receive an error message, none of the files will be uploaded. You must correct the problem(s) and choose new, error-free files to upload.

   If the upload was successful, the *Compromise Request* page appears, displaying a list of the supporting documents to be submitted. Click **Delete** next to any document that you want to remove from the list.

Figure 17-17: Compromise Request Documentation Upload

17.3.4 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/Appeal/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 15-7 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 8-30).

17.4   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 1610
Lathrop, CA 95330

For BCRC Cases

Medicare
MSPRP
PO Box 138832
Oklahoma City, OK 73113

Chapter 18: Log Off

From any page in the MSPRP, click the **Logoff** link at the top right side of the page.

The system ends your session and displays the *Sign off successful* page. Once this appears you can close your browser.

Figure 18-1: Sign Off Successful
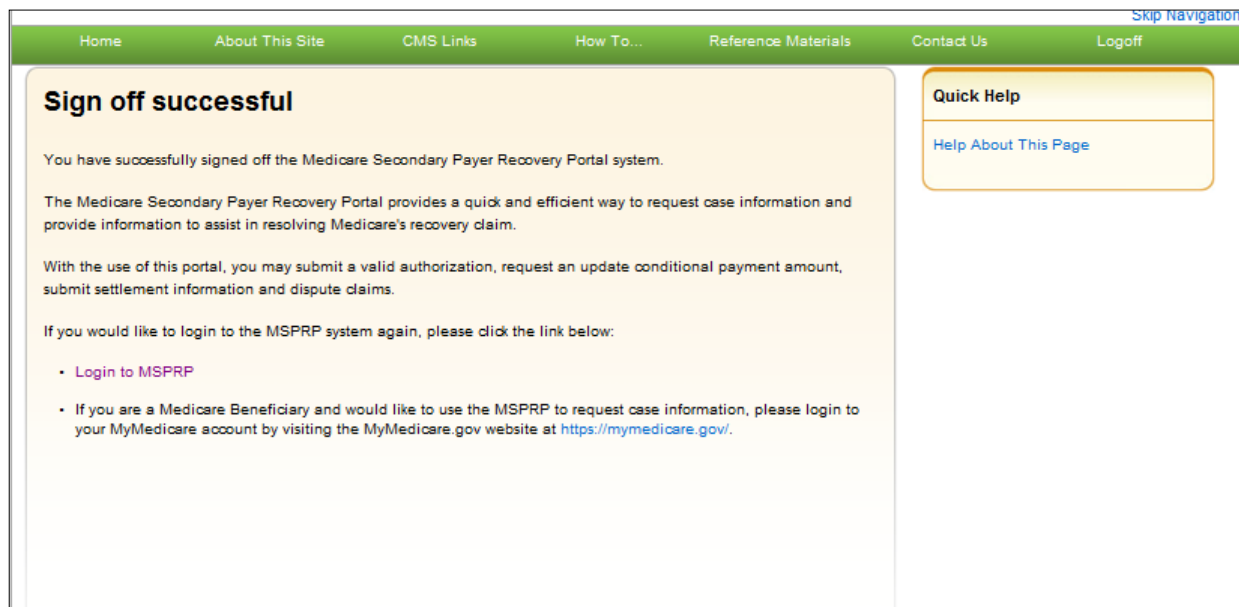
Chapter 19: Troubleshooting

19.1   Replace Account Representative

Use the *Edit* button on the *Update Corporate Information* page. This can be accomplished from the *Account Settings* box on the *Account List* page (see Section 8.2.1).

19.2   Replace Account Manager

If an Account Manager (AM) must be replaced for Corporate accounts, the Account Representative (AR) must contact the Electronic Data Interchange (EDI) department and request replacement. AMs cannot be replaced using the MSPRP site.

19.3   Unsuccessful Account Registration

- **Previously Used EIN:** During initial registration, an error message will display on the *Corporate Information* page if you enter an Employer Identification Number (EIN) that has already been registered. Change the EIN and continue the registration process.

- **Previously Used SSN:** During initial registration, an error message will display on the *Representative Information* or *Beneficiary Information* page if you enter a Social Security Number (SSN) that has already been registered. If you incorrectly entered the SSN, correct it and continue the registration process.

- **Registration Denied:** During initial registration, an error message will display if the beneficiary entered for Representative account type is not found in the database. Registration cannot be completed for this beneficiary.

19.4   Unsuccessful Account Setup

Account PIN Error

The Personal Identification Number (PIN) for the account ID will be emailed to you (for representative accounts) or the AR (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 email received.

An account ID should always contain five digits and a PIN should have four digits. If your numbers are shorter, add leading zeroes to make them the proper length. You have three tries to enter the PIN correctly before the account is locked. Contact an EDI Representative to confirm the account ID/PIN combination or to unlock the PIN.

Account ID Already Registered

During account setup, an error message will display on the *Account Setup* page if you enter an account ID and PIN that has already been registered. The message will indicate that the account is already set up. Because the account is already set up, you cannot self-register as the AM for the account ID or repeat the account setup process. There can be only one AM for each account ID.

If you had previously completed account setup for the account ID and registered as the AM, go back to the *Welcome*! Page and enter your login ID and password to sign in to the MSPRP site. If you are not the AM, contact the existing AM to add you as an AD if you need access to the system.

Account Manager and Account Representative E-mail Addresses Match

An error message will display during account setup if the AM's email matches the email address of any Account Representative (AR) recorded in the system. ARs cannot be users of the MSPRP site for any account ID. Click **Continue** on the error message to be returned to the *Account List* page. If the wrong individual was named as the AR in the New Registration step, contact an EDI Representative to make the necessary correction.

19.5   Unsuccessful Account Designee Invitation

Account Designee E-mail Address Matches Account Representative or Account Manager E-mail Address

An error message will display if, while an AM is adding an Account Designee (AD) to an account ID, it is found that the designee's email address matches the email address of any AR or AM recorded in the system. ARs cannot be users of the MSPRP site for any account ID, and AMs cannot also be designees. Click **Continue** on the error message to be returned to the *Account List* page.

Account Designee E-mail Address Matches Account Designee Already Associated with Account

An error message will display if, while an AM is adding an AD to an account ID, it is found that the designee's email address matches the email address of an AD already assigned to the same account ID. Return to the *Designee Listing* page to manage the AD's case access.

19.6   Unsuccessful Account Designee Registration

Incorrect Passphrase

The passphrase must be provided to the AD by the AM, outside the system. It will not be included in the invitation email. The AM's name is contained in the invitation email and can also be found on the registration page where the error is received. Contact your AM to obtain the passphrase.

If your AM does not remember the passphrase, they can log in to the MSPRP site and create another passphrase by accessing the *Designee Maintenance* page and selecting the details associated with your last name. They can then provide the correct passphrase to you. The passphrase is case-sensitive.

19.7   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.

19.8   Case Request Errors

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

For any additional problems, contact the EDI department at (646) 458-6740 or by email at COBVA@bcrcgdit.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.

19.9   Concurrent Sessions

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

Figure 19-1: Concurrent Sessions Detected
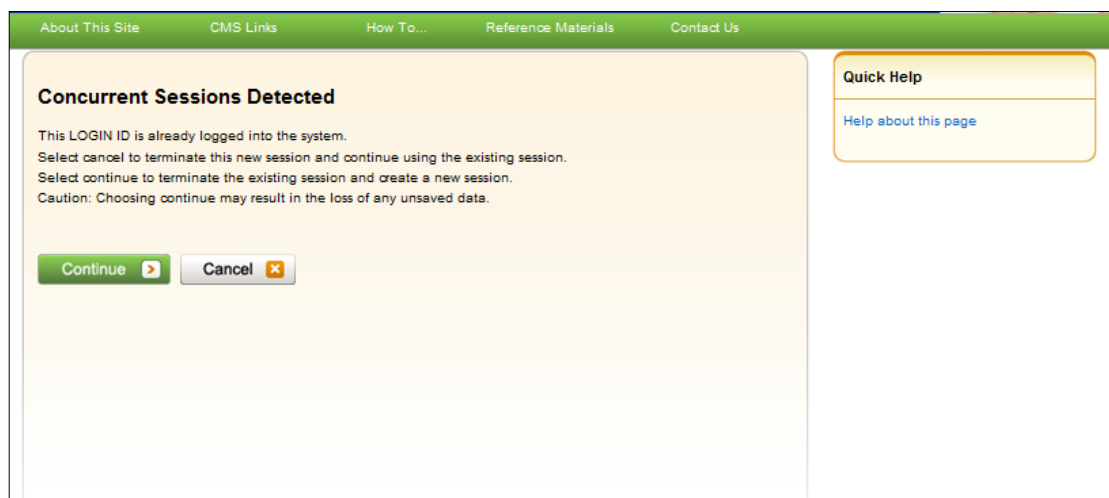
Appendix A: Acronyms

Table A-1: Acronyms

Term	Definition
AD	Account Designee
ACH	Automated Clearing House
AM	Account Manager
AR	Account Representative
BCRC	Benefits Coordination & Recovery Center
CMS	Centers for Medicare & Medicaid
COBSW	Coordination of Benefits Secure Website
CRC	Commercial Repayment Center
CPL	Conditional Payment Letter
CPN	Conditional Payment Notice
CTR	Consent to Release
DFARS	Defense Federal Acquisition Regulation Supplement
DRG	Diagnosis Related Group
DUA	Data Use Agreement
EDI	Electronic Data Interchange
EIN	Employer Identification Number
ERIP	Enterprise Remote Identity Proofing
FAR	Federal Acquisition Regulation
GEM	General Equivalence Mapping
HCPCS	Healthcare Common Procedure Coding System
HICN	Health Insurance Claim Number
IDR	Integrated Data Repository
MBI	Medicare Beneficiary Identifier
MFA	Multi-Factor Authentication
MSP	Medicare Secondary Payer
NOS	Notice of Settlement
NPI	National Provider Identifier
ORM	Ongoing Responsibility for Medicals
PII	Personally Identifiable Information
PIN	Personal Identification Number
POR	Proof of Representation

Term	Definition
RIDP	Remote Identity Proofing
RO	Regional Office
RRE	Responsible Reporting Entity
SSN	Social Security Number
TIN	Tax Identification Number
TOS	Type of Service
TPA	Third Party Administrator
VIP	Validation and Identity Protection

Appendix B: Previous Version Changes

Version 6.4

The login warning prohibiting unauthorized use of the CMS/HHS computer system has been updated (Section 4.1).

To reflect changing security protocols for the Multi-Factor Authentication (MFA) system, Voice Call and SMS will be replaced with new factor options as of March 1, 2025(Section 7.4).

To clarify availability of certain case actions for a case that has an Insurer debtor who is on Debtor Hold, some options have been made inaccessible on the Case Actions page. (Section 15.1.2).

To provide additional confirmation of account ID after successful registration, Account Representatives will receive an email containing the account ID information (Section 4.1.1).

Version 6.3

To avoid erroneous case creation, the ability to create no-fault cases has been limited within the MSPRP (Section 13.1.2).

Contact information for a portion of the multi-factor authentication (MFA) process has been updated (Figure 7 15).

The Login Warning page has been updated (Figure 4 1, Figure 6 1, Figure 9 2).

Version 6.2

To consolidate MSPRP accounts, Account Managers for Corporate accounts can now add additional EINs during or after setup and delete existing EINs (Chapter 4, Chapter 5, Chapter 8). Additionally, the email address for contacting an Electronic Data Interchange (EDI) Representative has changed to COBVA@bcrcgdit.com on the MSPRP Registration Completed Successfully Thank You page (Figure 4-11).

To reflect changes in the ID proofing process, the Contact Experian button has been removed from the ID Proofing Core Credentials page and the total number of attempts to establish identity has been increased from one to three. The Experian contact phone number has also been updated. (Section 7.3).