Workers' Compensation Medicare Set-Aside Portal (WCMSAP) User Guide

Version 7.3

Rev. 2025/14 July
COBR-Q3-2025-v7.3

Confidentiality 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.

Table of Contents

List of Figures

List of Tables

Chapter 1: Summary of Version 7.3 Updates

The following updates have been made in Version 7.3 of the Workers' Compensation Medicare Set-Aside Portal (WCMSAP) User Guide:

Clarification has been added to the *Add Files* section to inform users that an "Invalid File Size" error may be due to an incorrect page size (Section 12.13.1).

To streamline the new-user registration process, the system now sends manual vetting instructions to the user's AR when an account is not vetted during registration (Sections 4.1.1, 4.1.2, 4.1.3).

Web addresses changed during upgrades to the CMS.gov site have been updated throughout the guide.

Chapter 2: Introduction

2.1 Overview

The Centers for Medicare & Medicaid Services (CMS) requires a mechanism to receive and evaluate future medical and future prescription drug costs for inclusion in Workers' Compensation Medicare Set-Aside Arrangements (WCMSAs). The Workers' Compensation Medicare Set-Aside Portal (WCMSAP) is a web-based application that allows attorneys, beneficiaries, claimants, insurance carriers, representative payees, and WCMSA vendors to:

- Create a Work-in-Progress (WIP) case
- Submit WCMSA cases
- Perform case lookups
- Append documentation to a case
- Receive alerts relating to case activity
- Submit a re-review request
- Report to CMS on the use of established WCMSA accounts

This user guide was written to help the user understand the WCMSAP and how to complete the registration and case submission processes.

All implementation instructions are available at https://www.cob.cms.hhs.gov/WCMSA/ on the WCMSAP dedicated web page:

Note: Beneficiaries, your Medicare.gov login grants you direct access to WCMSAP. See Section 13.6 for instructions on logging in through Medicare.gov. The sections that follow those instructions explain what you can do on the site in detail.

2.2 Account Types

Before beginning the registration process, you must determine your account type. There are four types of WCMSAP accounts: Corporate, Professional Administrator, Representative, and Self. Account types are mutually exclusive; you can only select one account type.

- **Corporate** account type indicates that the submitter is registering as a corporate entity with an Employer Identification Number (EIN). Those registering as a Corporate account will regularly submit WCMSAP cases.
- **Professional Administrator** accounts are for corporate entities administering WCMSA funds after settlement who are responsible for reporting to Medicare. These account holders may submit WCMSA transactions via input file submissions and download response files.
- **Representative** account type is for non-corporate WCMSAP users. These submitters do not have an EIN but will submit multiple cases.
- **Self**-submitters are Medicare beneficiaries, or individuals with a reasonable expectation of becoming a Medicare beneficiary within 30 months, who wish to submit a case for themselves.

The account type selected determines both the basic information that is captured during the registration process and the level of vetting that is subsequently undertaken.

2.3 User Roles

The WCMSAP permits multiple users per account to take part in the account registration and case submission processes. Each user is defined by one of three possible roles.

2.3.1 Account Representative (AR) Role

The Account Representative (AR) role is for Corporate and Professional Administrator account types only. Your AR is the individual who has the legal authority to bind the company to a contract and the terms of WCMSAP requirements and processing. Your AR has ultimate accountability for the company's compliance with WCMSAP submission or WCMSA administration requirements.

Although the AR does not have direct access to the WCMSAP application and cannot be a user on the portal, the AR must approve the organization's profile during the initial account setup and through any subsequent changes. The AR is also the recipient of the more severe error notifications, such as non-compliance. An AR cannot also be defined as an Account Manager (AM) or Account Designee (AD) for any account.

The AR:

- Performs the New Registration step on the WCMSAP but is not provided with a login ID. They cannot be an actual user of the system.
- Designates the AM.
- Must approve the account setup, by physically signing the Profile Report, including the Data Use Agreement and returning it to the Benefits Coordination & Recovery Center (BCRC).
- May be associated with more than one account, but only as an AR.

Change your AR by using the Update Corporate Information process, as described in Chapter 8.

2.3.2 Account Manager (AM) Role

Each WCMSAP Account must have an assigned Account Manager (AM). The AM is established during the account setup process. Each WCMSAP 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 case access.

The AM is a registered user of the system. AMs have unlimited access to WCMSAP functionality and cases. The submitter for Self account types is, by default, the AM for the account. For Corporate, Representative, and Professional Administrator account types, the AM is assigned during the Account Setup process. (For Representative accounts, the submitter may be the AM, but they have the option to assign the AM role to another person).

The AM:

- Reviews, signs, and returns the Profile Report upon its receipt in order to be granted full access to all WCMSAP functionality. (For Representative and Self account types.) **Note:** For Corporate and Professional Administrator account types, the AM will only be granted access after the Profile Report is signed and returned by the AR.
- Manages the WCMSAP account's profile information and updates general account information.
- Submits new cases for the WCMSAP account they are associated with (Corporate account types only).
- Can view and update all cases for the WCMSAP account they are associated with (Corporate account types only).

- Can add or replace documentation to a specific case for the account.

  Note: Professional administrators can only add final settlement documents.
- Can upload WCMSA account transaction files and download response files (Professional Administrator account types only).
- Can submit attestations for accounts for which they are the administrator (Self and Representative account types, and beneficiaries logged in through Medicare.gov).
- Can invite other users to function as Account Designee (AD) and can be an AD in another account. (ADs are for Corporate, Professional Administrator, or Representative account types only.)
- Can associate an AD to cases.
- Can revoke an AD's access to cases and/or an entire WCMSAP account.
- Can submit a single case, as an AM or as a Representative Payee (for Self account types only).

To replace an AM, the AR for Corporate or Professional Administrator accounts, or the original submitter for Representative accounts, must contact your Electronic Data Interchange (EDI) Representative.

2.3.3 Account Designee (AD) Role

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

The AD:

- Must register on the WCMSAP and obtain a login ID and password.
- Can be associated with multiple WCMSAP accounts but only if invited by the AM for those accounts.
- Can be an AM for other accounts.
- Can change their personal information on the WCMSAP.
- Cannot be an AR for any WCMSAP account.
- Cannot be the AM for the same WCMSAP account.
- Cannot invite other users to the WCMSAP account.
- Cannot update WCMSAP account information.
- Can submit new cases for a given WCMSAP account (Corporate and Representative account types only).
- Can perform case lookups and view cases that they are associated with (cases submitted by the AD or assigned to the AD by the AM).

  Note: Professional administrator account types can perform case lookups but will only be able to view case information, including the current WCMSA balance.
- Can update (append documentation to) a case that they have been associated with.
- Can replace documentation for cases that they have been associated with.
- Can upload WCMSA account transaction files and download response files (Professional Administrator account types only).

- Can access alerts for cases that they have been associated with (Corporate and Representative account types only).
- Can update WIP case information for cases that they have created or are associated with, as assigned by the AM.

AMs can add, remove, or delete ADs using the Designee Maintenance process, as outlined in Chapter 10. You can also change an AD into an AM by calling your EDI Representative (see Section 2.4.)

2.3.4 Login ID and Password Limits

Each user of the WCMSAP can have only one login ID and password. Unless previously registered, all registrants are directed to the WCMSAP URL to register for a Web Portal account. Users of the Mandatory Reporting (S111) application must use that same login ID and password to access the WCMSAP application.

2.4 Electronic Data Interchange (EDI) Representative Support

Users of the WCMSAP may need assistance with managing an account or managing their personal information within the application. If necessary, you may contact an EDI Representative for such assistance.

Contact an EDI Representative if:

- The Personal Identification Number (PIN) email is not received within seven business days after completing the New Registration step. The EDI Representative can resend the email, allowing you to complete the account setup.
- Any of the information entered during initial registration must be changed after the initial registration email has been received.
- 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 resend your login ID to your registered email address.
- You forget your password and cannot remember the answers to your security questions. The EDI Representative can generate a temporary password and send it to your registered email address.
- You incorrectly entered your PIN three times and locked the account. The EDI Representative can reset the PIN, unlocking the account.
- You have questions about case submission errors. The EDI Representative will work with you to understand the error and determine whether the case should be deleted and resubmitted or processed as submitted.
- You need to replace an AM or change an AD into an AM.

Contact the EDI Department by phone 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 a.m. to 5 p.m., Eastern Time.

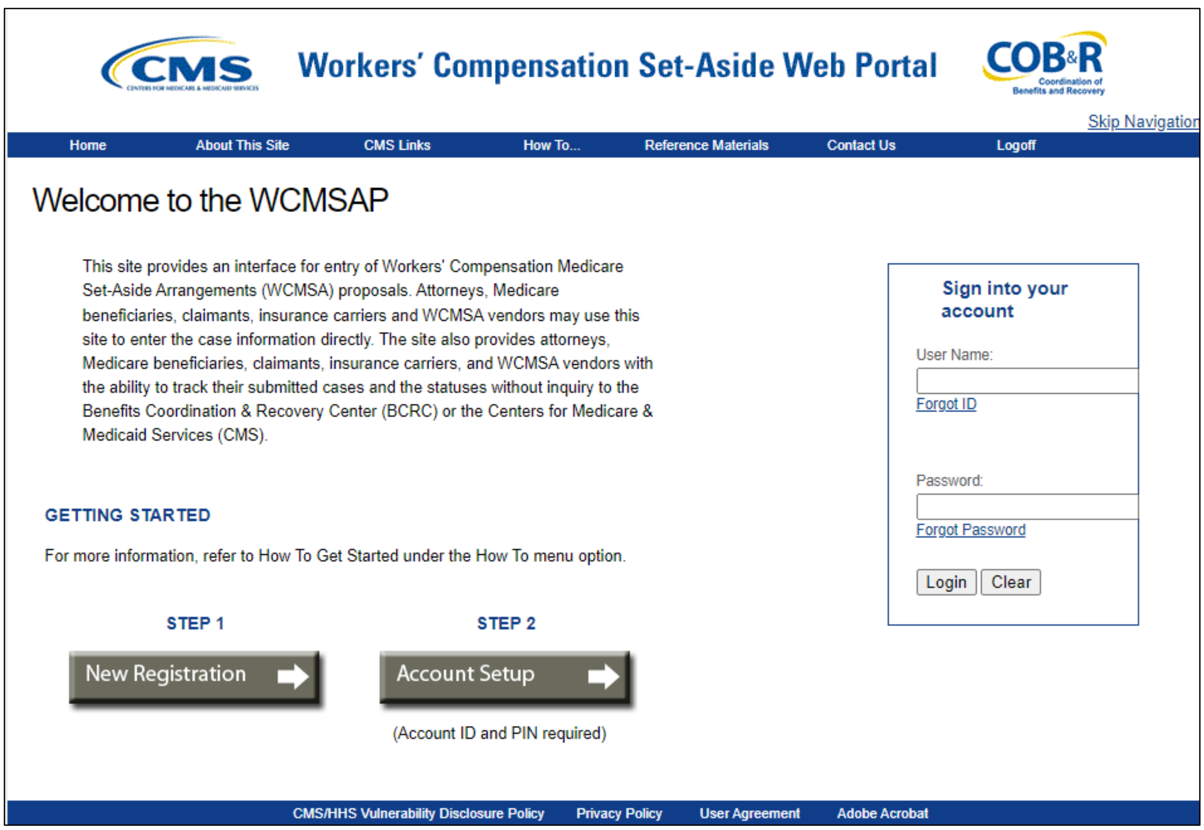
Chapter 3: WCMSAP Welcome Page

The *Welcome* page is the portal to the WCMSAP for all Workers' Compensation Medicare Set-Aside Arrangement (WCMSA) case functions. Before the case submission process can begin, the following steps must be taken, and are done using this page:

- For Corporate and Professional Administrator account types, the organization must be registered and given an account ID.
- For Corporate and Professional Administrator account types, the Account Representative (AR) must be named.
- For Representative and Self account types, the submitter must register and receive an account ID.
- The designated Account Manager (AM) must perform the Account Setup step for the account ID.
- The AM must self-register, obtain a login ID, and create a password.

Once the account ID account and all users are registered, the *Welcome* page is used to log in to the WCMSAP to manage the case submission process.

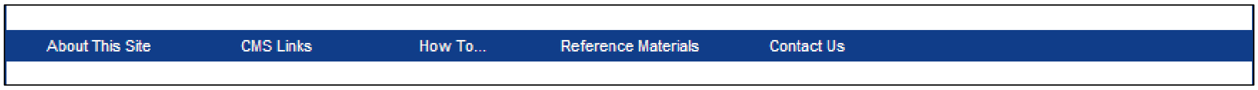
Figure 3-1: Welcome to the WCMSAP



3.1 Navigation Menu

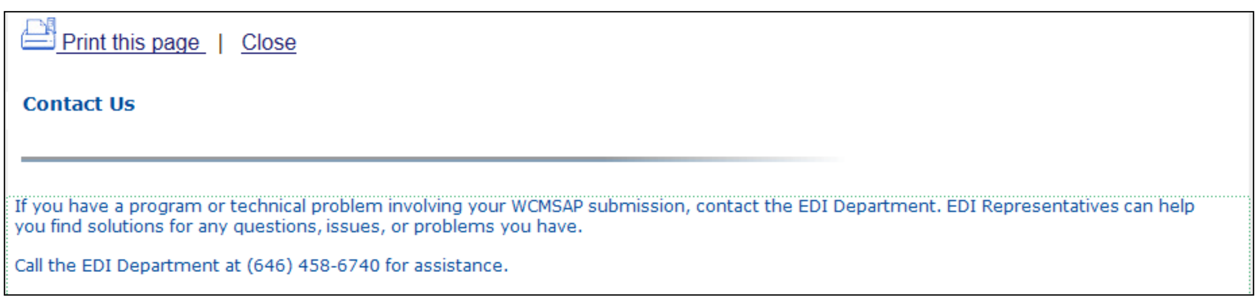
The navigation menu at the top of each page gives the user access to various parts of the WCMSAP to facilitate using the application.

Figure 3-2: Navigation Menu



- **About This Site** navigates to the *How to Use This Site* link, offering general information on how to use the WCMSAP application.
- **CMS Links** provides links to the Workers' Compensation Agency Services page, CMS.gov, Medicare.gov, and the Coordination of Benefits website.
- **How To** provides detailed information on performing the following functions:
    - Getting Started
    - Requesting your Login ID
    - Requesting your Password
    - Changing your Password
    - Resetting your Personal Identification Number (PIN)
    - Changing your AM
    - Changing your AR
    - Inviting Account Designees (ADs)
- **Reference Materials** provides a link to the WCMSAP User Manual (this guide).
- **Contact Us** displays information for contacting the Electronic Data Interchange (EDI) Department.

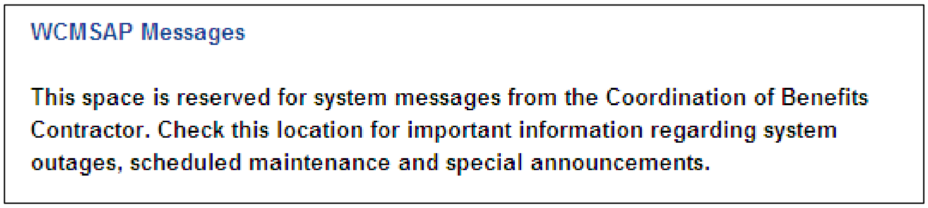
Figure 3-3: Contact Us



3.2 Bulletin Board

Bulletin board messages display on the *WCMSAP Welcome* page. These messages keep users informed of upcoming events, maintenance or other system-specific information.

Figure 3-4: WCMSAP Messages



3.3 New Registration

The designated AR must click on the **New Registration** button under Step 1 to complete and submit the registration information. It is critical that you provide the AR's information (including email address) in this New Registration step and NOT the email address for someone you want to be a user of the WCMSAP (For Corporate and Professional Administrator accounts only. Users registering Representative and Self accounts are permitted to access the WCMSAP). Refer to Chapter 4 for more information on account registration.

3.4 Account Setup

After completion of the New Registration step, the account ID will be shown on the *WCMSA Registration Completed Successfully. Thank You.* page. An Account ID Notification email containing the assigned account ID will also be automatically sent to the AR.

Once the registration information is validated, the Benefits Coordination & Recovery Center (BCRC) will send a confirmation email containing the PIN to the AR (for Corporate and Professional Administrator accounts), or you (for Representative and Self accounts), along with instructions for setting up the account. The assigned AM should click the **Account Setup** button under Step 2 to finish the account setup using the account ID and PIN, and to register themselves as the AM. (For Corporate and Professional Administrator accounts, the AM receives the account ID and PIN from the AR.) Refer to Chapter 4 for more information on account setup and AM registration.

3.5 Account Login

After AMs and ADs have self-registered, and after AMs have completed the Account Setup process, AMs and ADs enter their login IDs and passwords in the *Account Login* fields to enter the WCMSAP and manage the case submission process. AMs can also perform AD maintenance.

Note: AMs and ADs cannot manage or create cases until the BCRC receives a valid, signed copy of the Profile Report. Refer to Chapter 11 for information on the AD self-registration process. Refer to Chapter 6 for more information about the login process, including information on the *Forgot Login ID* and *Forgot Password* links on the *Welcome* page.

Chapter 4: New Registration

4.1 New Registration

Before beginning the registration process, read this entire chapter and gather all necessary information. Once you have started registration you must complete the process. 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.

It is critical that you provide accurate information in this step.

Starting from the *Welcome* page, you must provide basic information to start the registration process:

For Corporate and Professional Administrator Accounts:

- The Employer Identification Number (EIN) for the company
- Company name and mailing address
- Account Representative (AR) contact information (name, job title, address, email address, phone number)

For Representative Accounts:

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

For Self Accounts:

- Contact information (name, mailing address, email address, phone)
- SSN or Medicare ID (HICN or MBI)

  The Medicare ID is also known as the Medicare Number to the Centers for Medicare & Medicaid Services' (CMS') Medicare beneficiaries.
- Date of birth
- Gender

It is imperative that all email addresses entered are correct.

To successfully register yourself or your organization and create an account ID, follow the steps outlined below:

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

   The *Login Warning* page appears, detailing the Data Use Agreement (DUA) (Figure 4-1).
   The *Login Warning* page can be printed by clicking the **Print this Page** link in the upper right of the page.

2. Review the DUA. To proceed, click the **I Accept** link at the bottom of the page. You will be denied access to the WCMSAP site if you click **I Decline**.

   The *Welcome to the WCMSAP* page appears (Figure 4-2).

Figure 4-1: Login Warning

Login Warning

Print this page

UNAUTHORIZED ACCESS TO THIS COMPUTER SYSTEM IS PROHIBITED BY LAW

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

This system is provided for Government authorized use only.

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

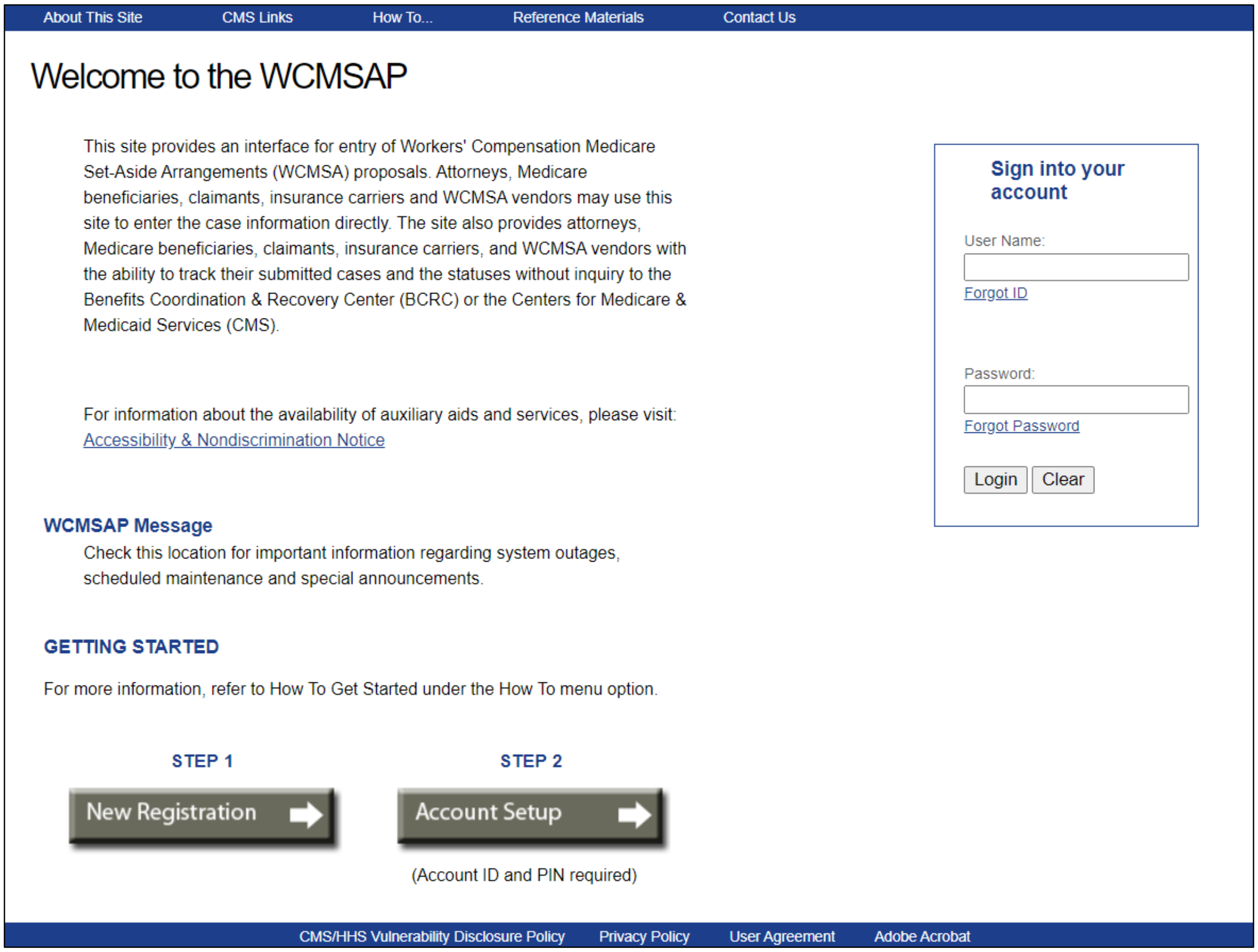
LOG OFF IMMEDIATELY if you do not agree to the conditions stated in this warning.

I Accept

Decline

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

Figure 4-2: Welcome to the WCMSAP



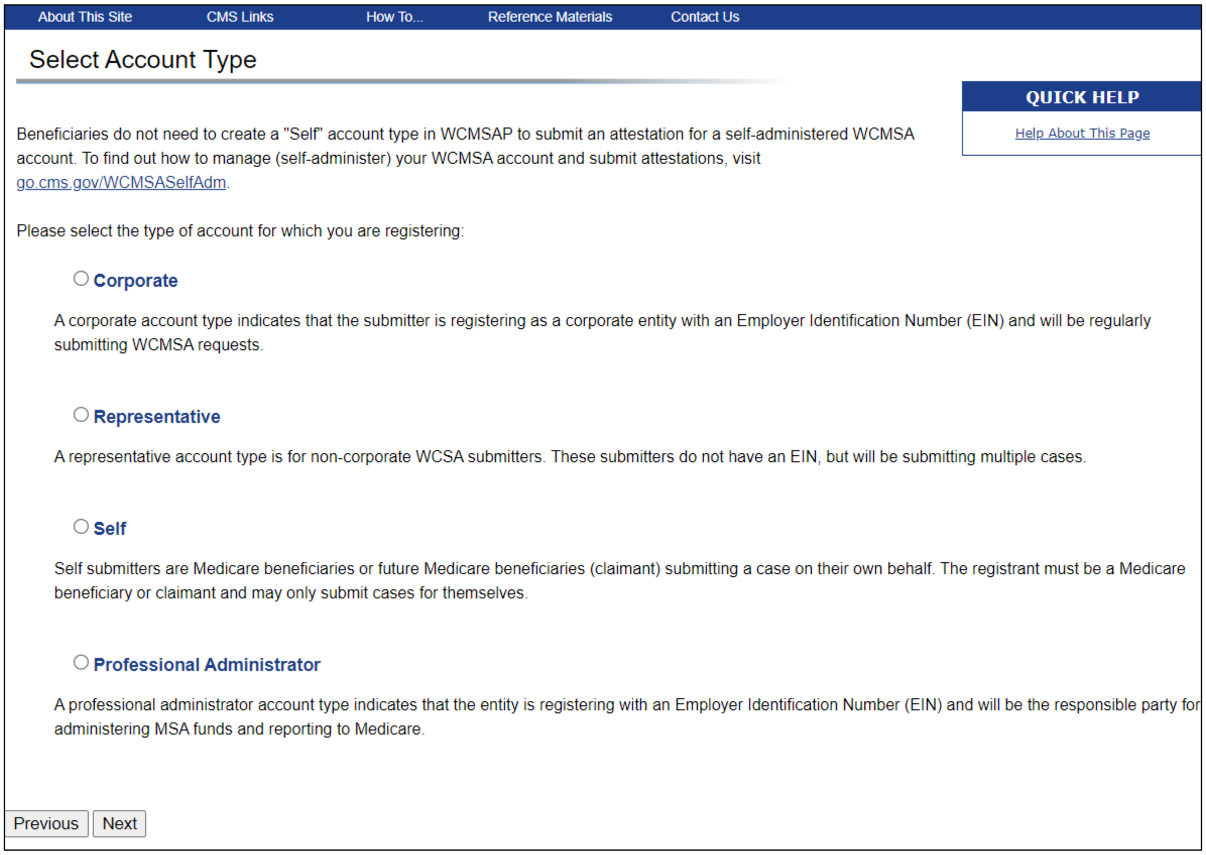
3. Click the **New Registration** link.

The Select *Account Type* page appears (Figure 4-3). This page describes the differences between each account type.

Corporate Account Type: This submitter is registering as a corporate entity with an Employee Identification Number (EIN). Those registering as a Corporate account type will regularly submit WCMSAP requests.
Representative Account Type: This submitter is a non-corporate WCMSAP user. This submitter does not have an EIN but will be submitting multiple cases.
Self Account Type: This submitter is a Medicare beneficiary or a claimant who has a reasonable expectation of becoming a Medicare beneficiary within 30 months and is submitting a case on their own behalf. The registrant can only submit cases for themselves. If you are a beneficiary and need to submit an attestation, please log in through Medicare.gov.
Professional Administrator Account Type: This submitter is registering as a corporate entity with an EIN. Those registering as a Professional Administrator account type will regularly submit Workers' Compensation Medicare Set-Aside Arrangement (WCMSA) account transactions.

4. Select an account type and click **Next**. The next page that appears depends on the account type selected.

Figure 4-3: Select Account Type



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

Select Account Type

QUICK HELP

Help About This Page

Beneficiaries do not need to create a "Self" account type in WCMSAP to submit an attestation for a self-administered WCMSA account. To find out how to manage (self-administer) your WCMSA account and submit attestations, visit go.cms.gov/WCMSASelfAdm.

Please select the type of account for which you are registering:

○ Corporate

A corporate account type indicates that the submitter is registering as a corporate entity with an Employer Identification Number (EIN) and will be regularly submitting WCMSA requests.

○ Representative

A representative account type is for non-corporate WCSA submitters. These submitters do not have an EIN, but will be submitting multiple cases.

○ Self

Self submitters are Medicare beneficiaries or future Medicare beneficiaries (claimant) submitting a case on their own behalf. The registrant must be a Medicare beneficiary or claimant and may only submit cases for themselves.

○ Professional Administrator

A professional administrator account type indicates that the entity is registering with an Employer Identification Number (EIN) and will be the responsible party for administering MSA funds and reporting to Medicare.

Previous Next

4.1.1 Corporate and Professional Administrator Account Types

For Corporate account types, the *Corporate Information* page appears (Figure 4-4) and for Professional Administrator account types, the *Professional Administrator Information* page appears (Figure 4-5). (The fields on these pages are identical.)

1. Enter the corporation's EIN and mailing address on this page. This address will be used to send the Profile Report and any correspondence from the Benefits Coordination & Recovery Center (BCRC) regarding this account ID. Fields marked with an asterisk (*) are required.
2. Enter the requested information then click the **Next** button.

   The *Account Representative (AR) Information* page appears (Figure 4-6). This page captures information related to the AR. As the AR, you must enter your personal information on this page. **Note:** An AR can only have that one role; the AR cannot function as an Account Manager (AM) or an Account Designee (AD). Email addresses for each user role will be verified upon entry, and any address matches between AM, AD, and AR roles will be denied.
   Fields marked with an asterisk (*) are required.
3. Enter the required information then click **Next**.

   The *Registration Summary* page appears (Figure 4-7). This page lists all the information that was previously entered. All information should be reviewed and verified before continuing.

Figure 4-4: Corporate Information

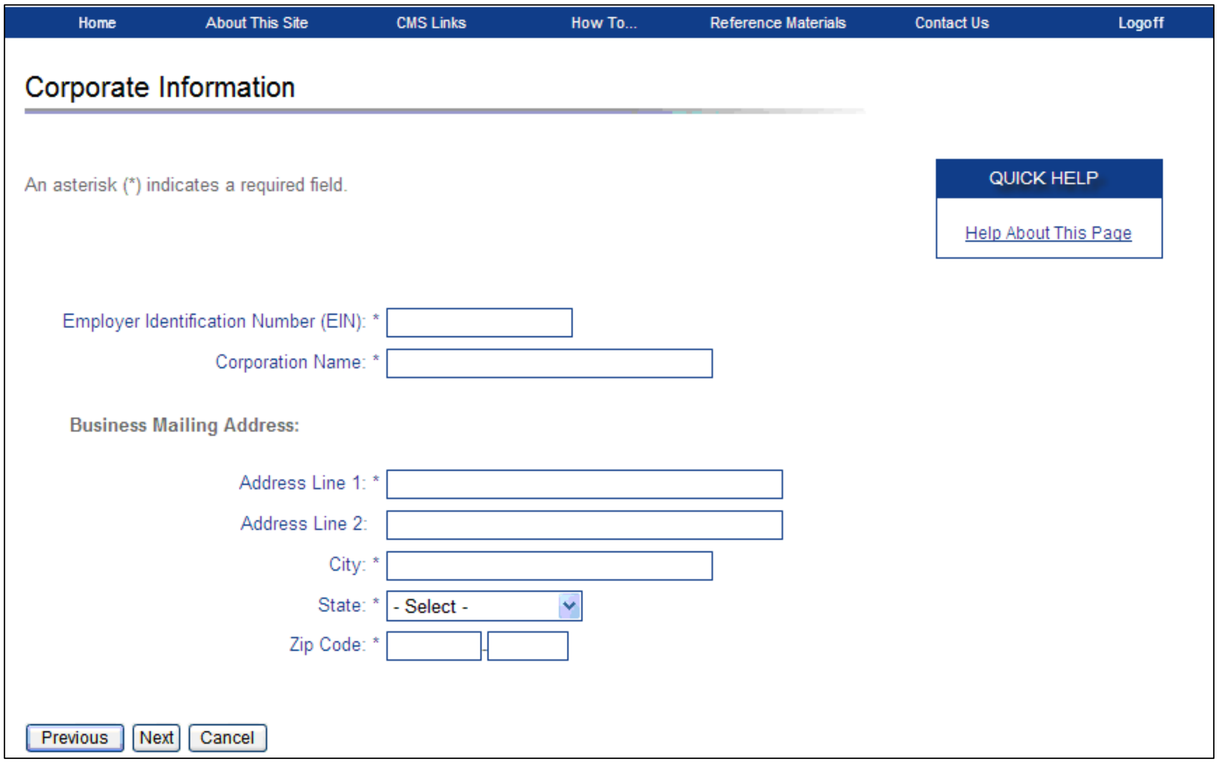


Figure 4-5: Professional Administrator Information

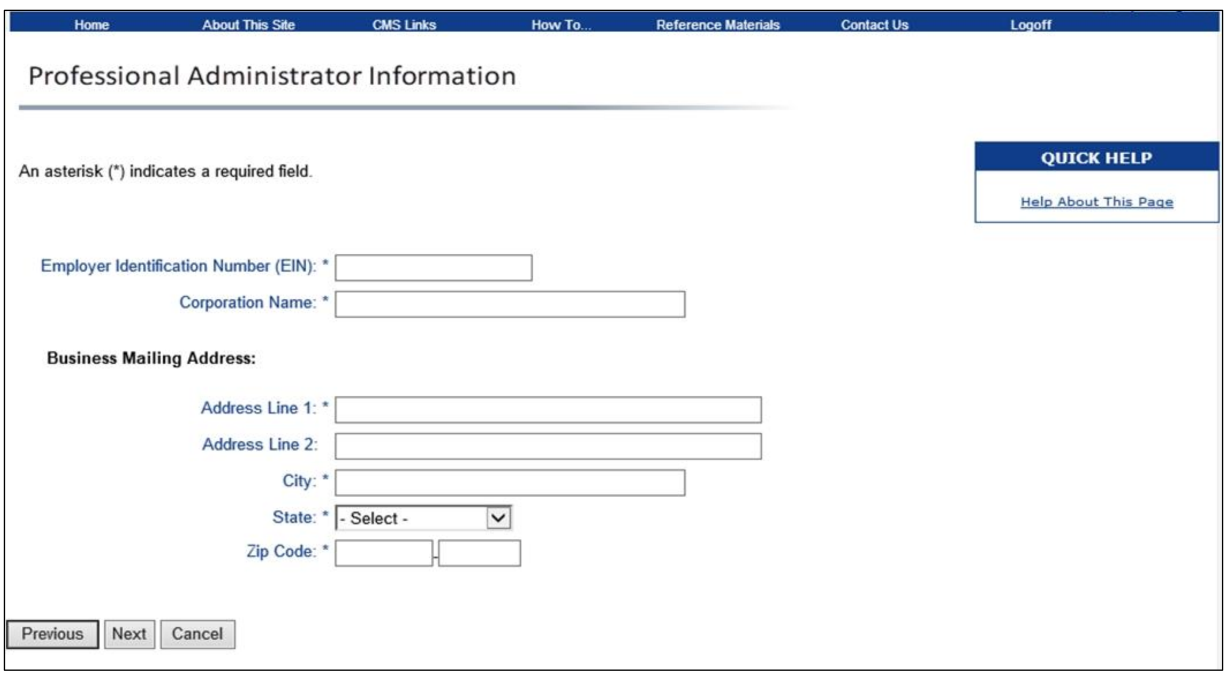


Table 4-1: Corporate or Professional Administrator Information Fields

Field	Description
Employer Identification Number (EIN)	The Internal Revenue Service (IRS)-assigned Employer Identification Number (EIN) associated with the organization. If you have more than one EIN, you may submit this registration with any one of those EINs.
Corporation Name	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	Click to return to the Select *Account Type* page.
Next	Click to save changes and continue to the next page.
Cancel	Click to cancel the registration process. Information entered on the current page and any previous pages is NOT saved.

Figure 4-6: Account Representative Information

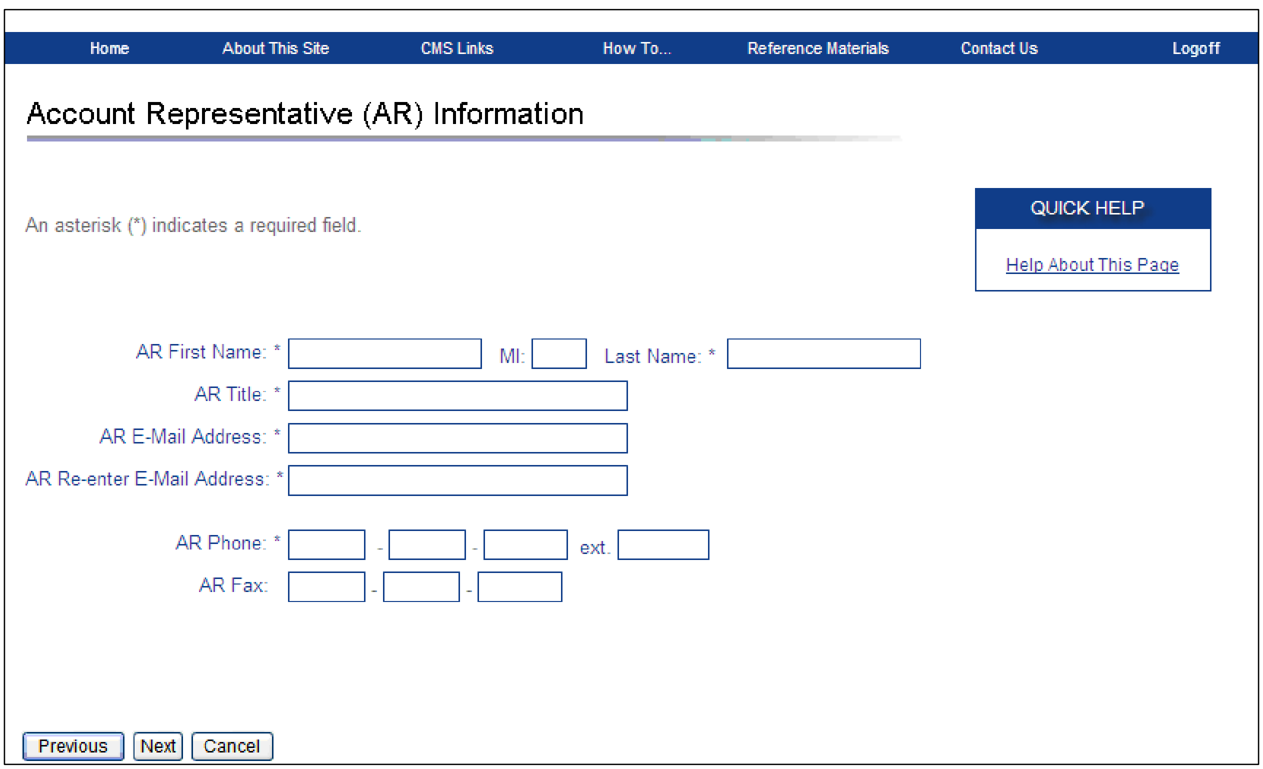
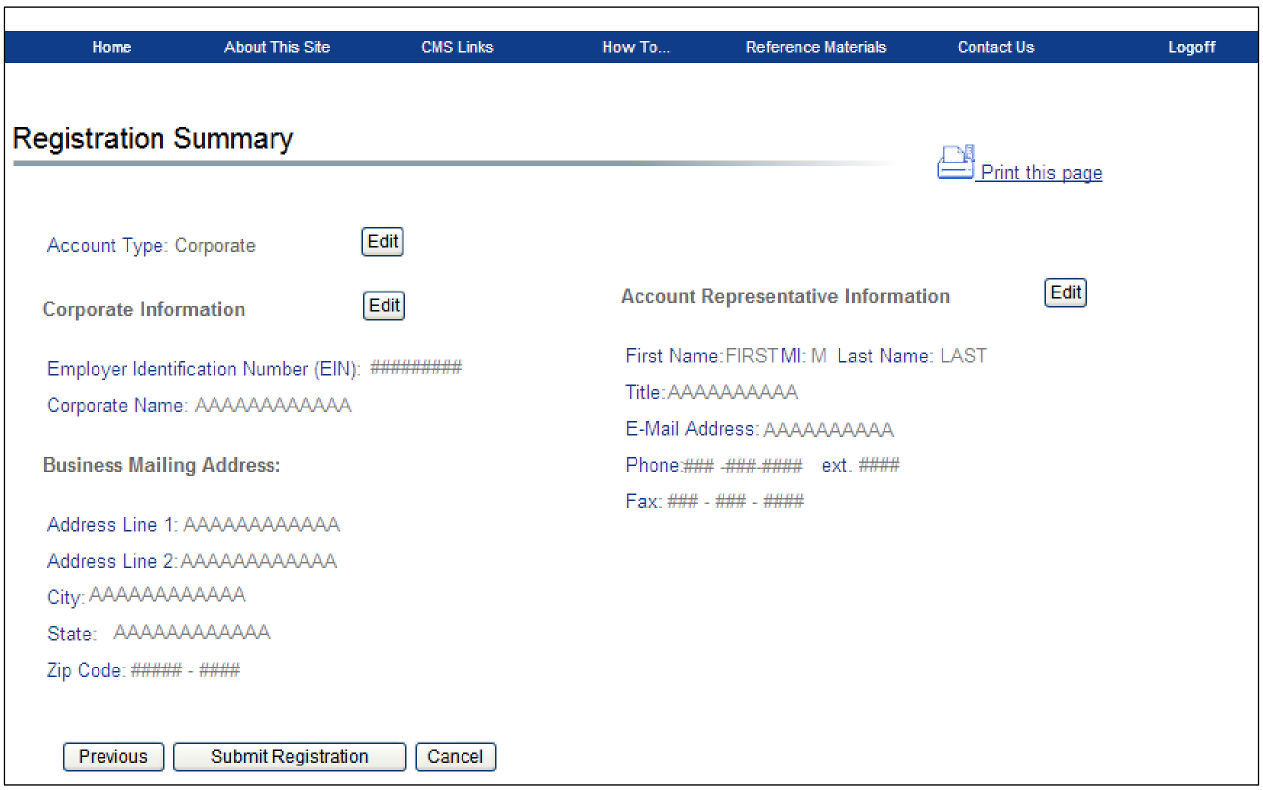


Table 4-2: Account Representative (AR) Information Fields

Field	Description
AR First Name	Enter your first name.
MI	Enter your middle initial (Optional).
Last Name	Enter your last name.
AR Title	Enter your job title.
AR E-Mail Address	Enter your email address. **Note:** If your email address is found in the system as an existing user, you will NOT be allowed to continue the registration process.
AR Re-enter E-Mail Address	Enter your email address a second time for verification purposes.
AR Phone	Enter your work phone number. The Extension field is optional.
AR Fax	Enter your work fax number (Optional).
Previous	Click to return to the *Corporate Information* page.
Next	Click to save changes and continue to the next page.
Cancel	Click to cancel the registration process. Information entered on the current page and any previous pages is NOT saved.

Figure 4-7: Registration Summary



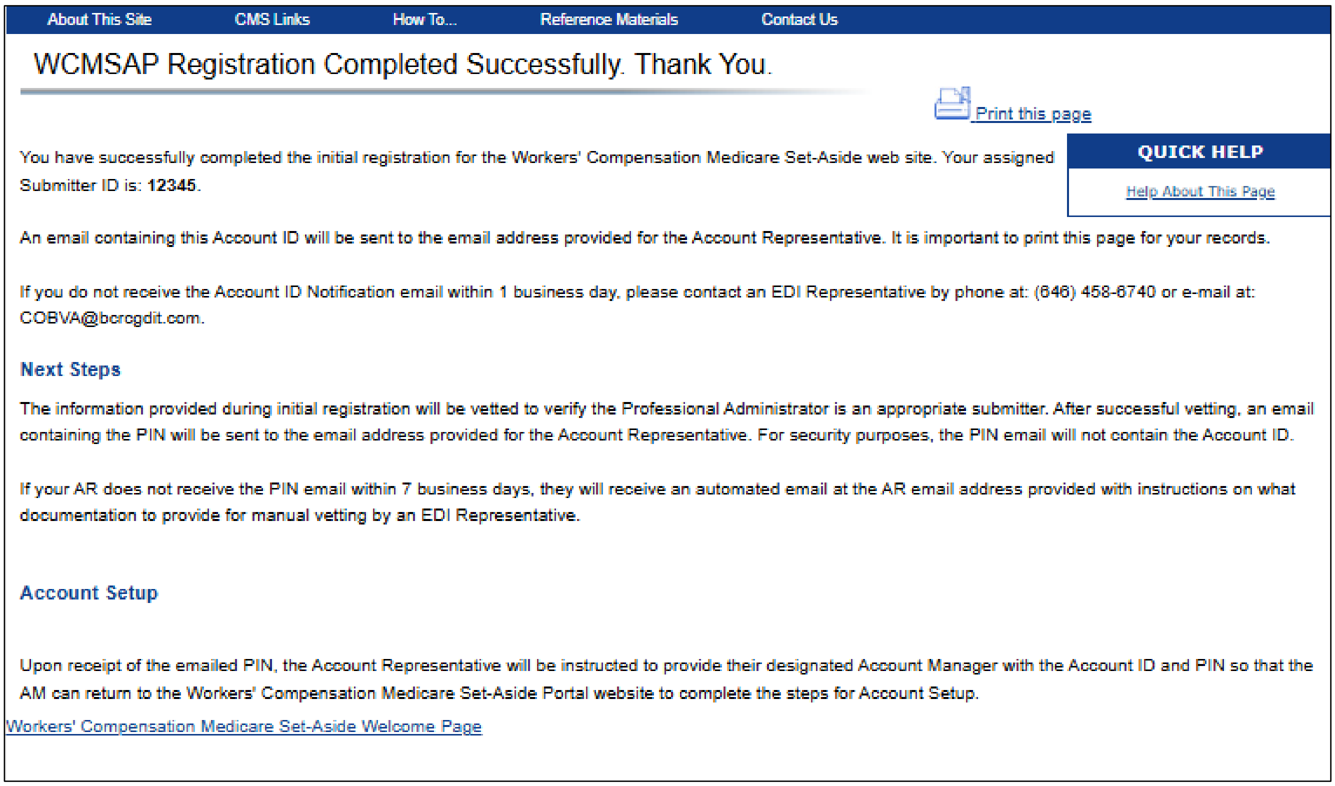
4. Verify that all information is correct.
5. To make any corrections, click the **Edit** button next to the proper section to return to that page. Once all corrections have been made, click **Next** at the bottom of that page to navigate back to the *Summary* page. After you have returned to the *Registration Summary* page, click the **Submit Registration** button.

Click **Previous** to return to the *Account Representative (AR) Information* page. If you click **Cancel**, you will exit the registration process. All information entered during the registration process is deleted.

After you click **Submit Registration**, the *WCMSA Registration Completed Successfully. Thank You.* page appears, showing the account ID and outlining the next steps in the registration process. An Account ID Notification email containing the assigned account ID will also be automatically sent to the AR. Please print this page for your records. You will need to provide this information to your AM so they can complete account setup.

6. Click the **Workers' Compensation Medicare Set-Aside Welcome Page** link to return to the *Welcome* page.

Figure 4-8: WCMSA Registration Completed Successfully. Thank You. (Professional Administrators)


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

WCMSAP Registration Completed Successfully. Thank You.

Print this page

QUICK HELP

Help About This Page

You have successfully completed the initial registration for the Workers' Compensation Medicare Set-Aside web site. Your assigned Submitter ID is: **12345**.

An email containing this Account ID will be sent to the email address provided for the Account Representative. It is important to print this page for your records.

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.

Next Steps

The information provided during initial registration will be vetted to verify the Professional Administrator is an appropriate submitter. After successful vetting, an email containing the PIN will be sent to the email address provided for the Account Representative. For security purposes, the PIN email will not contain the Account ID.

If your AR does not receive the PIN email within 7 business days, they will receive an automated email at the AR email address provided with instructions on what documentation to provide for manual vetting by an EDI Representative.

Account Setup

Upon receipt of the emailed PIN, the Account Representative will be instructed to provide their designated Account Manager with the Account ID and PIN so that the AM can return to the Workers' Compensation Medicare Set-Aside Portal website to complete the steps for Account Setup.

Workers' Compensation Medicare Set-Aside Welcome Page

Next Steps

You, the AR, will receive a PIN email that contains instructions for setting up the account (to be completed by the AM) you are able to be vetted. Refer to Chapter 17 for a sample email. If not, you will receive an automated email with instructions on what documentation to provide for manual vetting by an EDI Represenative.

Once the AM has completed the account setup, an email notification will be sent to you, including a Profile Report denoting all information previously recorded during registration, and any additional information provided during the account setup. Refer to Chapter 17 for a sample notification email and Profile Report. It may take up to ten business days to receive the Profile Report.

You will have 60 business days to review, sign, and return the Profile Report to the BCRC. When returning the signed Profile Report via email, use "WCMSAP 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.

Refer to Chapter 5 for more information on completing the account setup.

4.1.2 Representative Account Type

For Representative account types, the *Representative Information* page appears (Figure 4-9).

1. Enter your personal information on this page.

   The address you enter on this page will be used to send the Profile Report and any correspondence from the BCRC regarding this account ID. Fields marked with an asterisk (*) are required.

2. Enter the required information then click the **Next** button.

   The *Beneficiary Information* page appears (Figure 4-10).

3. Enter information on this page for a beneficiary associated with the case(s) that will be created using this account ID.

   Fields marked with an asterisk (*) are required.

4. Enter the required information then click **Next**.

   The *Registration Summary* page appears (Figure 4-11). This page lists all the information that was previously entered. All information should be reviewed and verified before continuing.

Figure 4-9: Representative Information

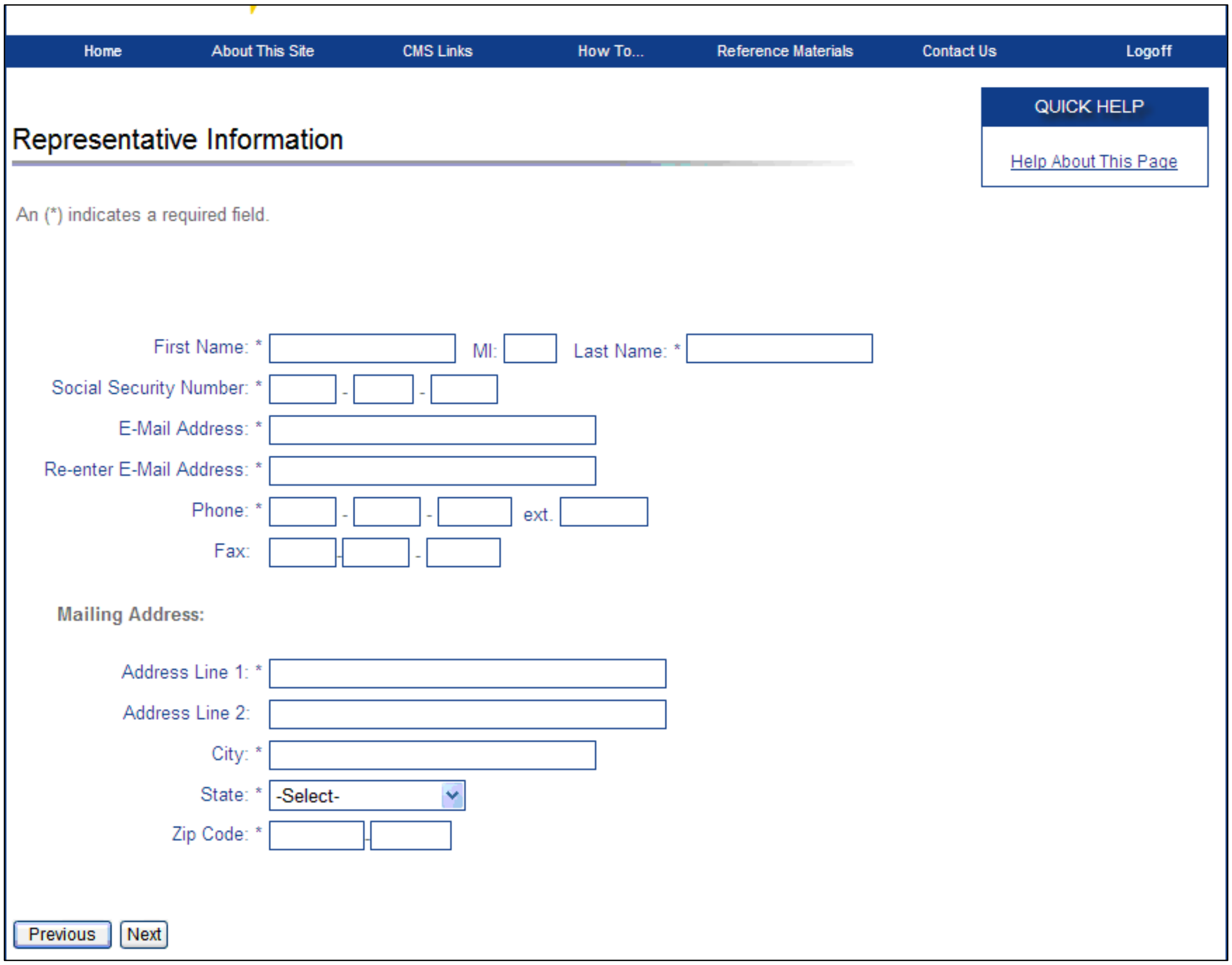


Table 4-3: Representative Information Fields

Field	Descriptions
First Name	Enter your first name.
MI	Enter your middle initial (Optional).
Last Name	Enter your last name.
Social Security Number	Enter your Social Security Number
E-Mail Address	Enter your email address. **Note:** If your email address is found in the system as an existing user, you will NOT be allowed to continue the registration process.
Re-enter E-Mail Address	Enter your email address a second time for verification purposes.
Phone	Enter your phone number. The Extension field is optional.
Fax	Enter your fax number (Optional).
Address Line 1	Enter the first line of your mailing address.
Address Line 2	Enter the second line of your mailing address (Optional).
City	Enter the city where you are located.
State	Select the state where you are 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 your ZIP code (required) plus the four-digit ZIP-code suffix (Optional).
Previous	Click to return to the *Select Account Type* page.
Next	Click to save changes and continue to the next page.
Cancel	Click to cancel the registration process. Information entered on the current page and any previous pages is NOT saved.

Figure 4-10: Beneficiary Information

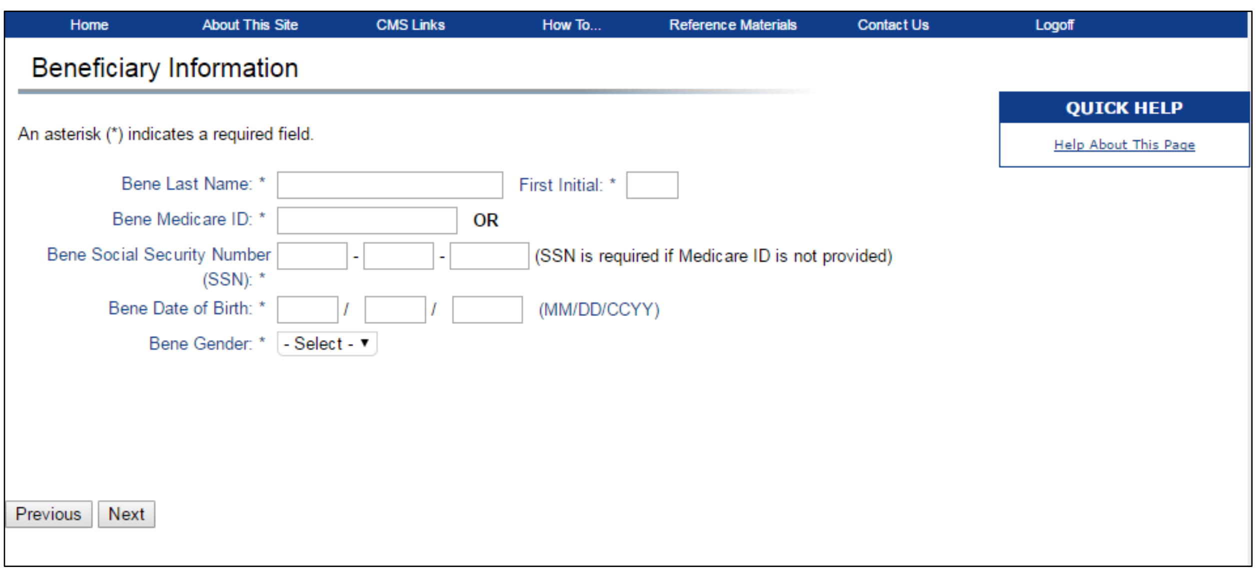
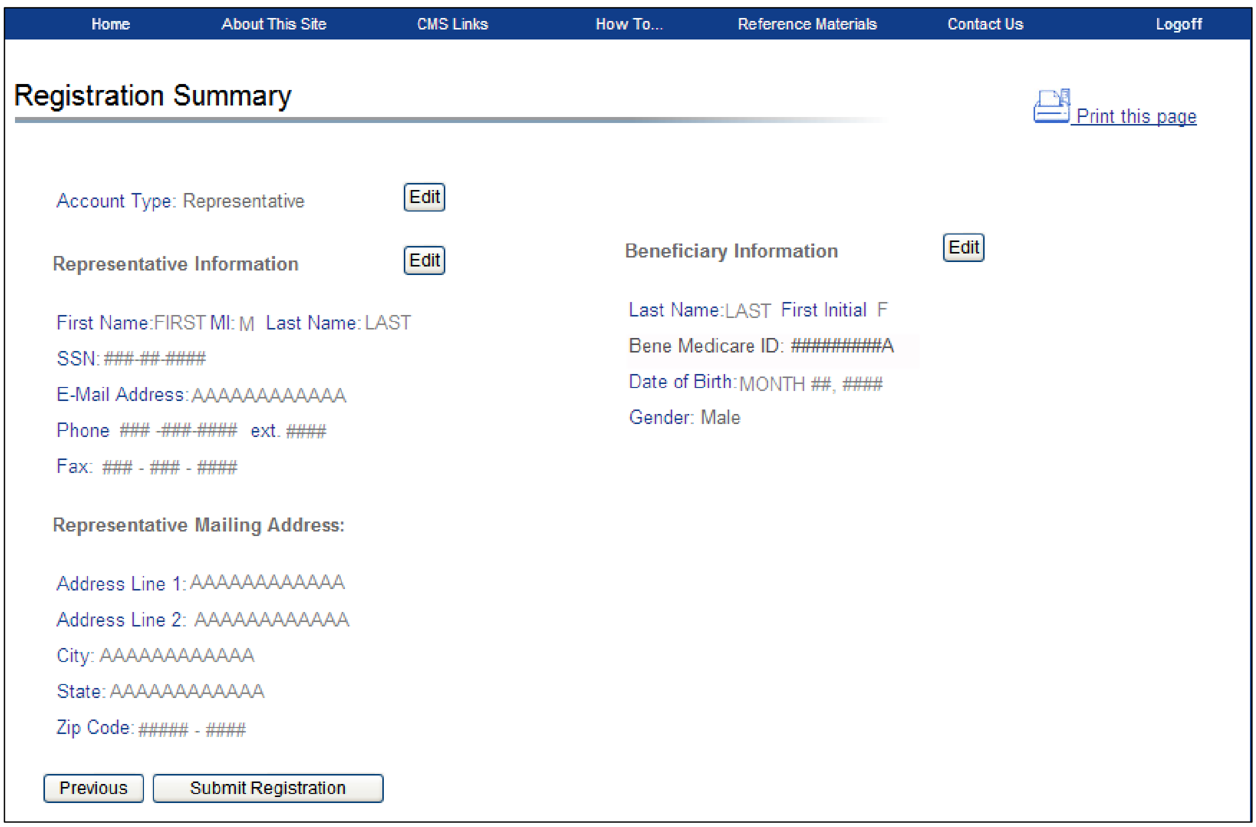


Table 4-4: Beneficiary Information Fields

Field	Description
Bene Last Name	Enter the beneficiary’s last name.

Field	Description
First Initial	Enter the beneficiary's first initial.
Bene Medicare ID	Enter the beneficiary's Medicare ID (HICN or MBI). If you enter the Medicare ID, you **cannot** enter an SSN.
Bene Social Security Number (SSN)	Enter the beneficiary's SSN. If you enter the SSN, you **cannot** enter a Medicare ID.
Bene Date of Birth	Enter the beneficiary's date of birth.
Bene Gender	Select the beneficiary's gender from the drop-down list.
Previous	Click to return to the *Representative Information* page.
Next	Click to save changes and continue to the next page.

Figure 4-11: Registration Summary



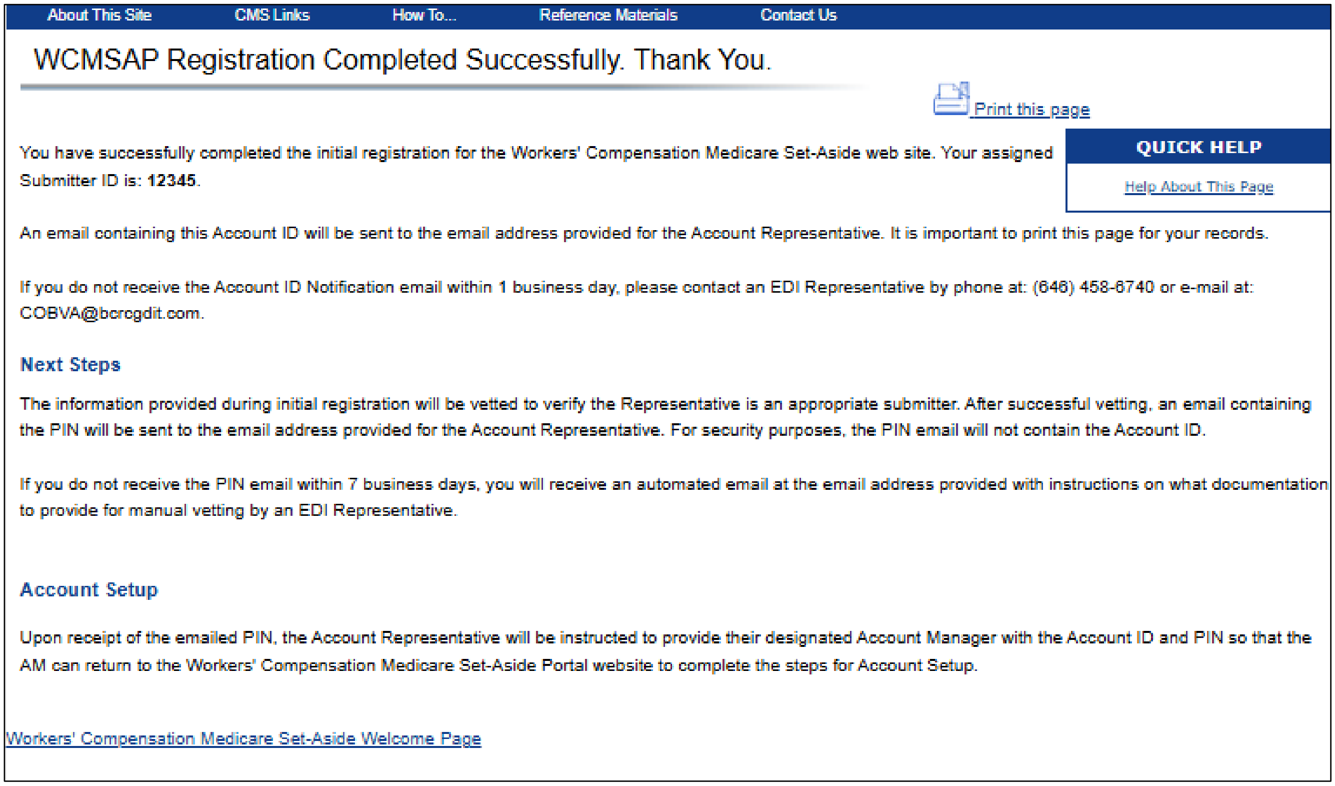
5. Verify that all information is correct.

6. To make any corrections, click the **Edit** button next to the proper section to return to that page. Once all corrections have been made, click **Next** at the bottom of that page to navigate back to the *Summary* page. After you have returned to the *Registration Summary* page, click the **Submit Registration** button.

   Click **Previous** to return to the *Beneficiary Information* page.
   After you click **Submit Registration**, the *WCMSA Registration Completed Successfully. Thank You.* page appears, showing the account ID and outlining the next steps in the registration process (Figure 4-12). An Account ID Notification email containing the assigned account ID will also be automatically sent to the AR. Please print this page for your records. You will need to provide this information to your AM so they can complete account setup.

7. Click the **Workers' Compensation Medicare Set-Aside Welcome Page** link to return to the *Welcome* page.

Figure 4-12: WCMSA Registration Completed Successfully. Thank You. (Representatives)



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

WCMSAP Registration Completed Successfully. Thank You.

Print this page

QUICK HELP

Help About This Page

You have successfully completed the initial registration for the Workers' Compensation Medicare Set-Aside web site. Your assigned Submitter ID is: **12345**.

An email containing this Account ID will be sent to the email address provided for the Account Representative. It is important to print this page for your records.

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.

Next Steps

The information provided during initial registration will be vetted to verify the Representative is an appropriate submitter. After successful vetting, an email containing the PIN will be sent to the email address provided for the Account Representative. For security purposes, the PIN email will not contain the Account ID.

If you do not receive the PIN email within 7 business days, you will receive an automated email at the email address provided with instructions on what documentation to provide for manual vetting by an EDI Representative.

Account Setup

Upon receipt of the emailed PIN, the Account Representative will be instructed to provide their designated Account Manager with the Account ID and PIN so that the AM can return to the Workers' Compensation Medicare Set-Aside Portal website to complete the steps for Account Setup.

Workers' Compensation Medicare Set-Aside Welcome Page

Next Steps

You will receive a PIN email that contains instructions for setting up the account (to be completed by the AM) if you are able to be vetted. Refer to Chapter 17 for a sample email. If not, you will receive an automated email with instructions on what documentation to provide for manual vetting by an EDI Represenative.

Once you have completed the account setup, an email notification will be sent to you, including a Profile Report denoting all information previously recorded during registration and any additional information provided during the account setup. Refer to Chapter 17 for a sample notification email and Profile Report. 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 BCRC, who is listed on the report. When returning the signed Profile Report via email, use "WCMSAP 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.

Refer to Chapter 5 for more information on completing the account setup.

4.1.3 Self Account Type

For Self account types, the *Beneficiary/Claimant Information* page appears (Figure 4-13).

Note: Beneficiaries do not need to create a "Self" account type in the WCMSAP to submit an attestation for a self-administered WCMSA account. To find out how to manage (self-administer) your WCMSA account and submit attestations, visit https://www.cms.gov/medicare/coordination-benefits-recovery/workers-comp-set-aside-arrangements/self-administration.

1. Enter your personal information on this page.

   The information you enter on this page is for the beneficiary or claimant associated with the case that will be created using this account ID, and the address entered will be used to send the Profile Report and any correspondence from the BCRC regarding this account ID.
   Fields marked with an asterisk (*) are required.

2. Enter the required information then click **Next**.

   The *Registration Summary* page appears (Figure 4-14). This page lists all the information that was previously entered. All information should be reviewed and verified before continuing.

Figure 4-13: Beneficiary/Claimant Information

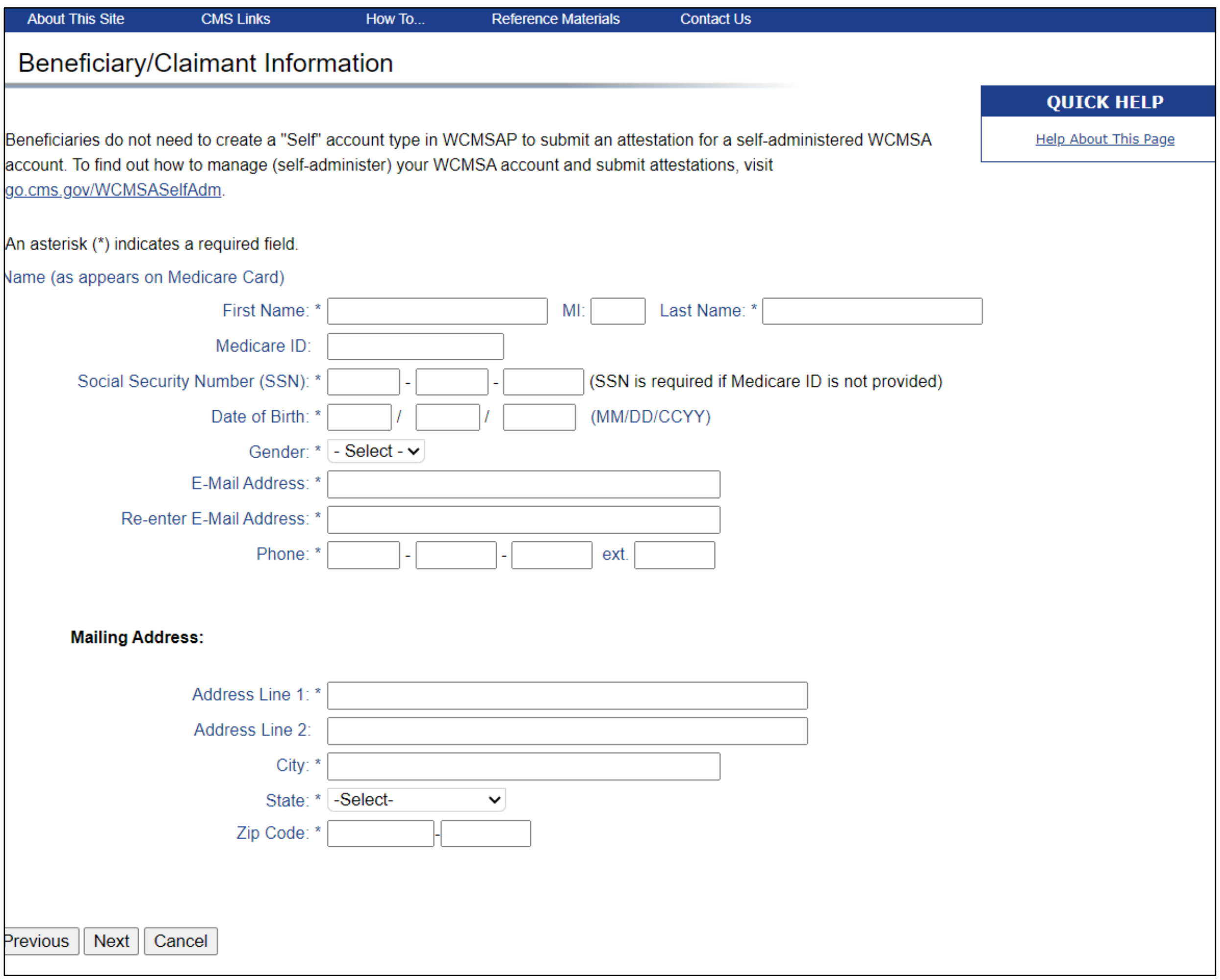
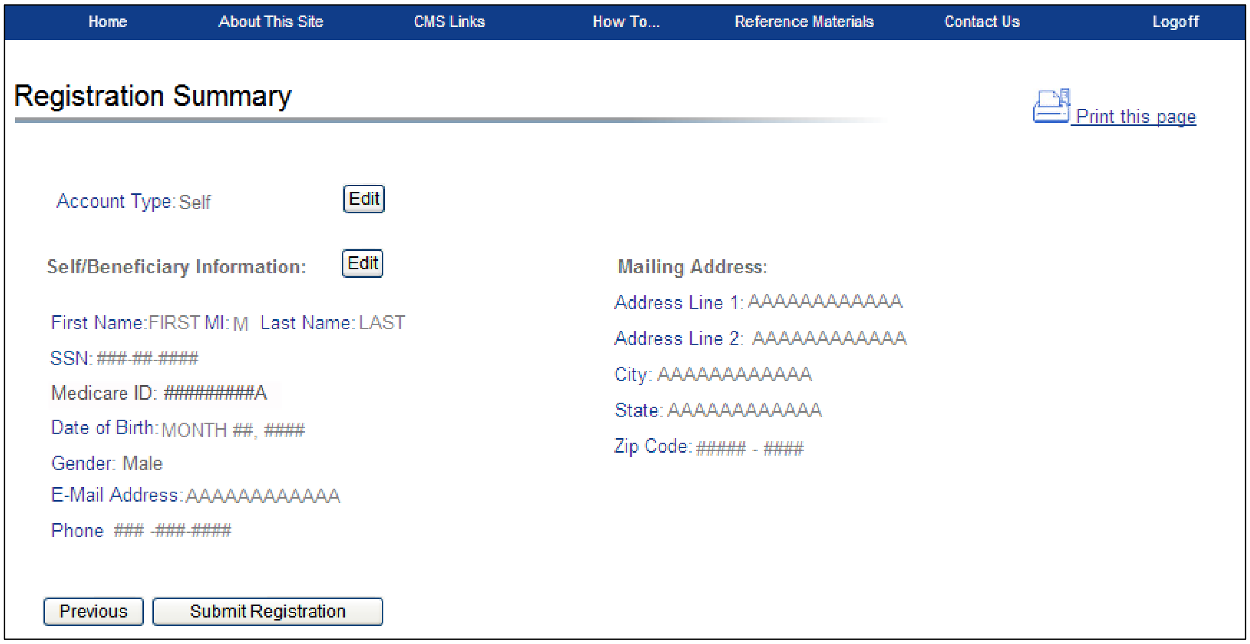


Table 4-5: Beneficiary/Claimant Information Fields

Field	Description
First Name	Enter your first name as it appears on your Medicare Card, if you are a Medicare Beneficiary. If you are not a Medicare Beneficiary, enter your legal first name.
MI	Enter your middle initial as it appears on your Medicare Card, if you are a Medicare Beneficiary. If you are not a Medicare Beneficiary, enter your legal middle initial. (Optional).
Last Name	Enter your last name as it appears on your Medicare Card, if you are a Medicare Beneficiary. If you are not a Medicare Beneficiary, enter your legal last name.
Medicare ID	Enter your Medicare ID (HICN or MBI) if applicable. If you enter a Medicare ID, you **cannot** enter an SSN.
Social Security Number (SSN)	Enter your SSN. If you enter the SSN, you **cannot** enter a Medicare ID.
Date of Birth	Enter your date of birth.
Gender	Select your gender from the drop-down list.
E-Mail Address	Enter your email address. **Note:** If your email address is found in the system as an existing user, you will NOT be allowed to continue the registration process.
Re-enter E-Mail Address	Enter your email address a second time for verification purposes.
Phone	Enter your phone number. The Extension field is optional.
Address Line 1	Enter the first line of your mailing address.
Address Line 2	Enter the second line of your mailing address (Optional).
City	Enter the city where you are located.
State	Select the state where you are 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 your ZIP code (Required) plus four-digit ZIP-code suffix (Optional).
Previous	Click to return to the Select *Account Type* page.
Next	Click to save changes and continue to the next page.

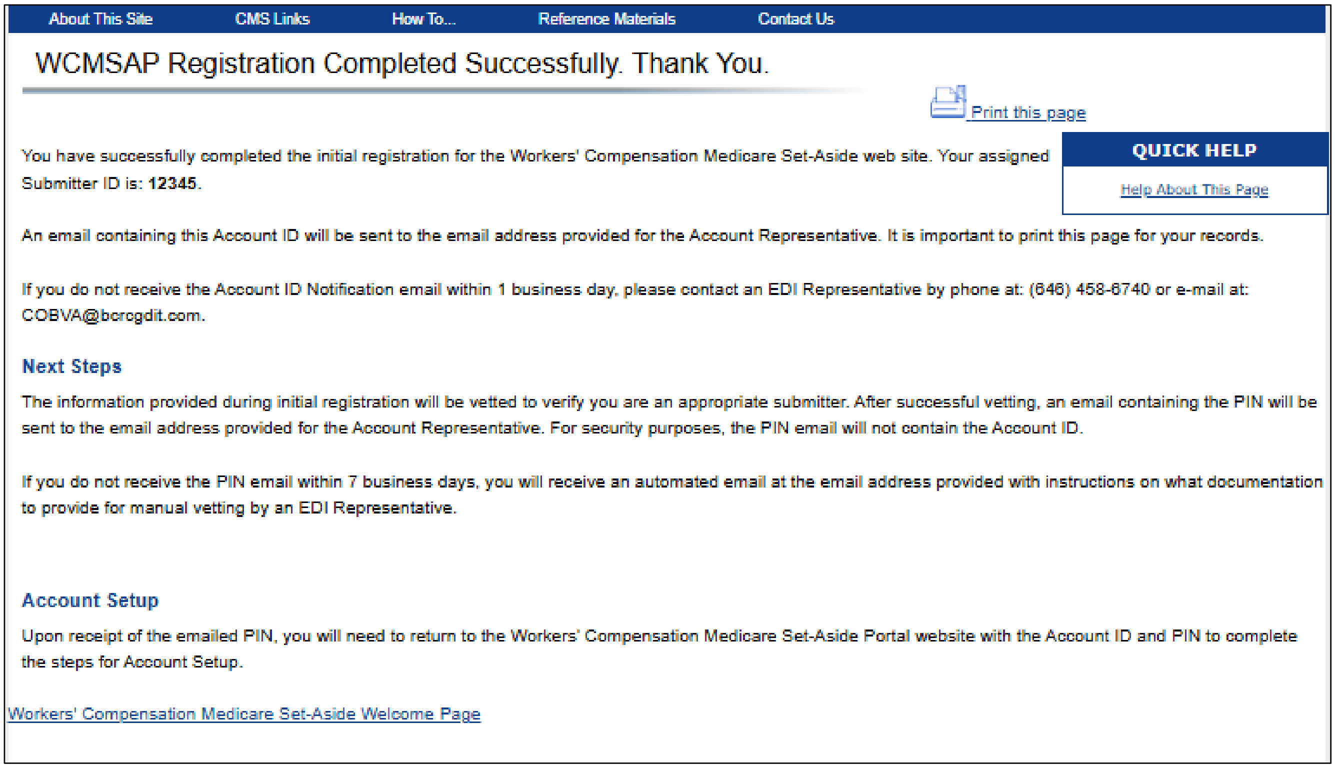
Figure 4-14: Registration Summary



3. Verify that all information is correct.
4. To make any corrections, click the **Edit** button next to the proper section to return to that page. Once all corrections have been made, click **Next** at the bottom of that page to navigate back to the *Summary* page. After you have returned to the *Registration Summary* page, click the **Submit Registration** button.

   Click **Previous** to return to the *Beneficiary/Claimant Information* page.
   After you click **Submit Registration**, the *WCMSA Registration Completed Successfully. Thank You.* page appears, showing the account ID and outlining the next steps in the registration process, see Figure 4-15. An Account ID Notification email containing the assigned account ID will also be automatically sent to the AR. Please print this page for your records. You will need this information to complete account setup.
5. Click the **Workers' Compensation Medicare Set-Aside Welcome Page** link to return to the *Welcome* page.

Figure 4-15: WCMSA Registration Completed Successfully. Thank You. (Self Account)



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

WCMSAP Registration Completed Successfully. Thank You.

Print this page

QUICK HELP

Help About This Page

You have successfully completed the initial registration for the Workers' Compensation Medicare Set-Aside web site. Your assigned Submitter ID is: **12345**.

An email containing this Account ID will be sent to the email address provided for the Account Representative. It is important to print this page for your records.

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.

Next Steps

The information provided during initial registration will be vetted to verify you are an appropriate submitter. After successful vetting, an email containing the PIN will be sent to the email address provided for the Account Representative. For security purposes, the PIN email will not contain the Account ID.

If you do not receive the PIN email within 7 business days, you will receive an automated email at the email address provided with instructions on what documentation to provide for manual vetting by an EDI Representative.

Account Setup

Upon receipt of the emailed PIN, you will need to return to the Workers' Compensation Medicare Set-Aside Portal website with the Account ID and PIN to complete the steps for Account Setup.

Workers' Compensation Medicare Set-Aside Welcome Page

Next Steps

You will receive a PIN email that contains instructions for setting up the account. Refer to Chapter 17 for a sample email. If your account is not able to be vetted, you will receive an automated email with instructions on what documentation to provide for manual vetting by an EDI Represenative..

Once you have completed the account setup, an email notification will be sent to you, including a Profile Report denoting all information previously recorded during registration and any additional information provided during the account setup. Refer to Chapter 17 for a sample notification email and Profile Report. 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 BCRC. When returning the signed Profile Report via email, use “WCMSAP 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.

Refer to Chapter 5 for more information on completing the account setup.

Chapter 5: Account ID Setup & Account Manager Registration

5.1 Account Setup

The account ID and Personal Identification Number (PIN) are both needed to complete the account setup process. The account ID is shown on the *WCMSA Registration Completed Successfully. Thank You.* page at the end of the new registration process, and an Account ID Notification email containing the assigned account ID will also be automatically sent to the AR. The PIN is emailed upon submission and approval of the new registration process.

Corporate and Professional Administrator Account Types:

Once you have the account ID and the Personal Identification Number (PIN), you must provide the information to the designated Account Manager (AM), who must then access the WCMSAP to complete the account setup process.

Representative Account Types:

Once you have the account ID and the PIN, you can provide the information to a designated AM, or assign yourself to the AM role. The AM must then access the WCMSAP to complete the account setup process.

Self Account Types:

By default, you will be the AM for this account ID. Once you have the account ID and PIN , you must return to the WCMSAP site to complete the account setup process.

All Account Types:

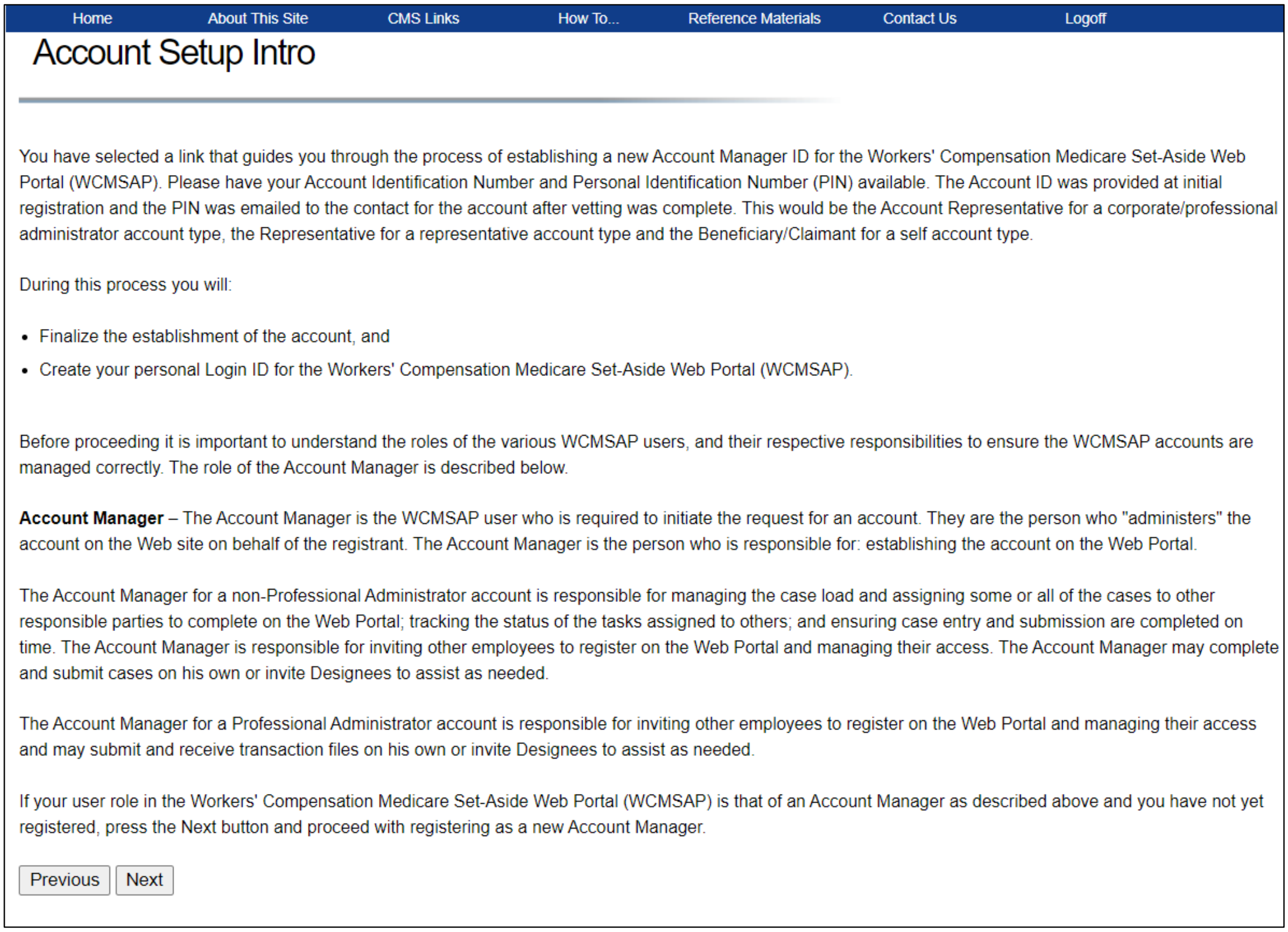
The following section details the information that must be entered by the AM. Contact the Electronic Data Interchange (EDI) Department if you have any questions or problems regarding the account ID at any time during account setup. To successfully set up the WCMSAP account and register yourself as the AM, follow the steps outlined below.

1. Go to https://www.cob.cms.hhs.gov/WCMSA/.
2. The *Login Warning* page appears, detailing the Data Use Agreement (DUA) (Figure 4-1). The *Login Warning* page may be printed by clicking the **Print this Page** link in the upper right of the page.
3. Review the DUA. To proceed, click the **I Accept** link at the bottom of the page. You will be denied access to the WCMSAP site if you click **I Decline**.

   The *Welcome* page appears (Figure 4-2).
4. Click the **Account Setup** button.

   The *Account Setup Intro* page appears (Figure 5-1). This page describes what steps you will be taking in the account setup process, and informs you of your duties as the AM.

Figure 5-1: Account Setup Intro



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

Account Setup Intro

You have selected a link that guides you through the process of establishing a new Account Manager ID for the Workers' Compensation Medicare Set-Aside Web Portal (WCMSAP). Please have your Account Identification Number and Personal Identification Number (PIN) available. The Account ID was provided at initial registration and the PIN was emailed to the contact for the account after vetting was complete. This would be the Account Representative for a corporate/professional administrator account type, the Representative for a representative account type and the Beneficiary/Claimant for a self account type.

During this process you will:

- Finalize the establishment of the account, and
- Create your personal Login ID for the Workers' Compensation Medicare Set-Aside Web Portal (WCMSAP).

Before proceeding it is important to understand the roles of the various WCMSAP users, and their respective responsibilities to ensure the WCMSAP accounts are managed correctly. The role of the Account Manager is described below.

Account Manager – The Account Manager is the WCMSAP user who is required to initiate the request for an account. They are the person who "administers" the account on the Web site on behalf of the registrant. The Account Manager is the person who is responsible for: establishing the account on the Web Portal.

The Account Manager for a non-Professional Administrator account is responsible for managing the case load and assigning some or all of the cases to other responsible parties to complete on the Web Portal; tracking the status of the tasks assigned to others; and ensuring case entry and submission are completed on time. The Account Manager is responsible for inviting other employees to register on the Web Portal and managing their access. The Account Manager may complete and submit cases on his own or invite Designees to assist as needed.

The Account Manager for a Professional Administrator account is responsible for inviting other employees to register on the Web Portal and managing their access and may submit and receive transaction files on his own or invite Designees to assist as needed.

If your user role in the Workers' Compensation Medicare Set-Aside Web Portal (WCMSAP) is that of an Account Manager as described above and you have not yet registered, press the Next button and proceed with registering as a new Account Manager.

Previous | Next

5. Read the introduction then click **Next** to continue with the account setup process.

   The *Account Setup* page appears (Figure 5-2). Enter the account ID and PIN. You must also enter your email address. All fields are required.
   Note: If the email address you enter here is found in the system, you will be prohibited from continuing the account setup process.

6. Enter the required information then click the **Next** button.

Figure 5-2: Account Setup

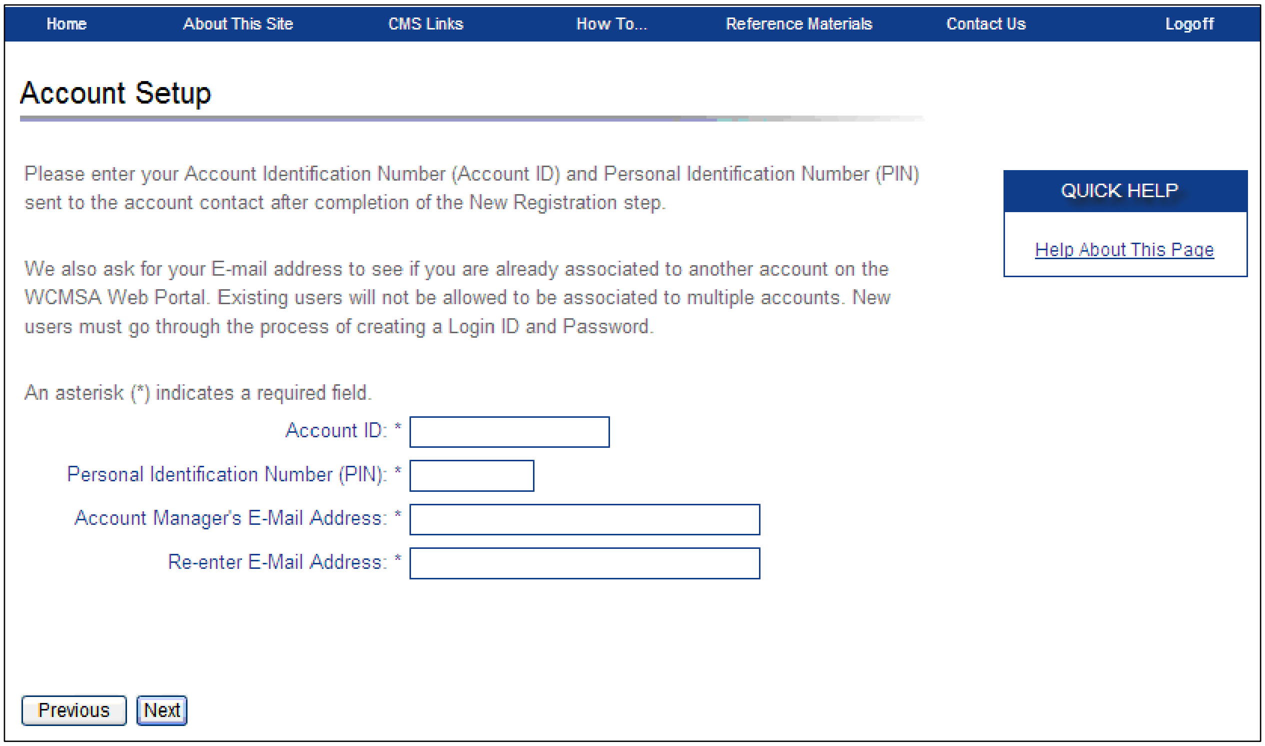


Table 5-1: Account Setup Fields

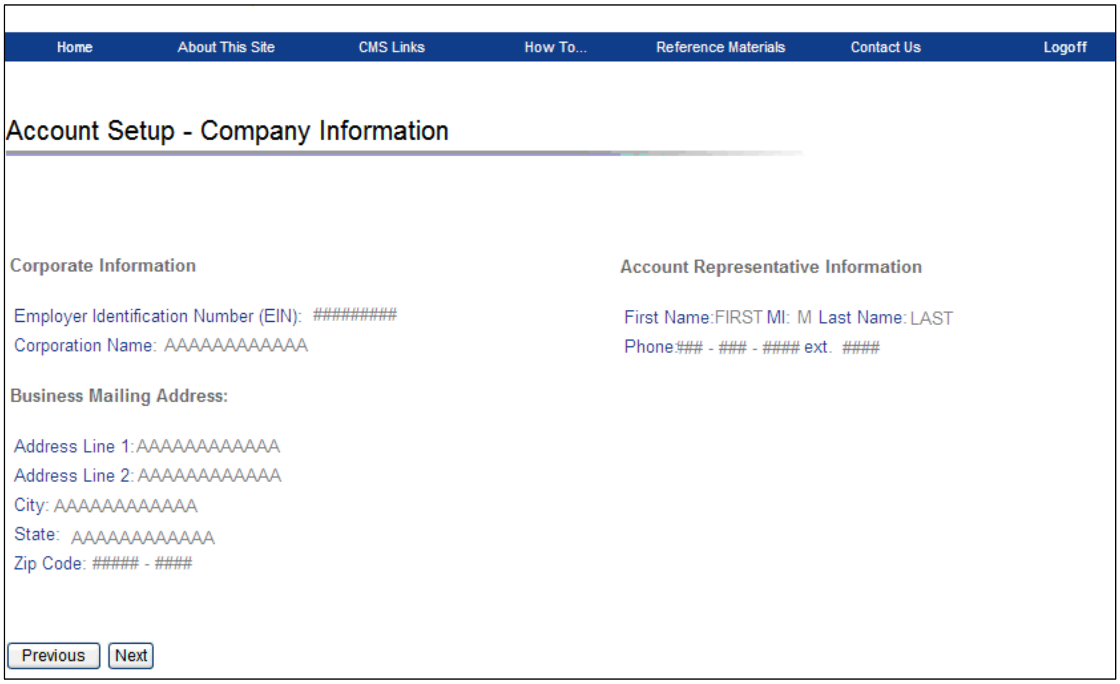
Field	Description
Account ID	Enter the account ID listed on the *WCMSA Registration Completed Successfully. Thank You.* page at the end of the registration process or the Account ID Notification email.
Personal Identification Number (PIN)	Enter the PIN listed on the email received from the BCRC.
Account Manager's E-Mail Address	Enter your email address. **Note:** If your email address is found in the system as an existing user, you will NOT be allowed to continue the account setup process.
Re-enter E-Mail Address	Enter your email address a second time for verification purposes.
Previous	Click to return to the *Account Setup Intro* page.
Next	Click to save changes and continue to the next page.

5.1.1 Corporate and Professional Administrator Account Types

After all information has been verified by the system, the *Account Setup – Company Information* page appears (for Corporate account types) and the *Account Setup – Professional Administrator* page appears (for Professional Administrator account types) (Figure 5-3). This page displays information entered during the initial registration process.

Review the listed information and click the **Next** button. If any of the listed information is incorrect, contact an EDI Representative to have it corrected.

Figure 5-3: Account Setup – Company Information

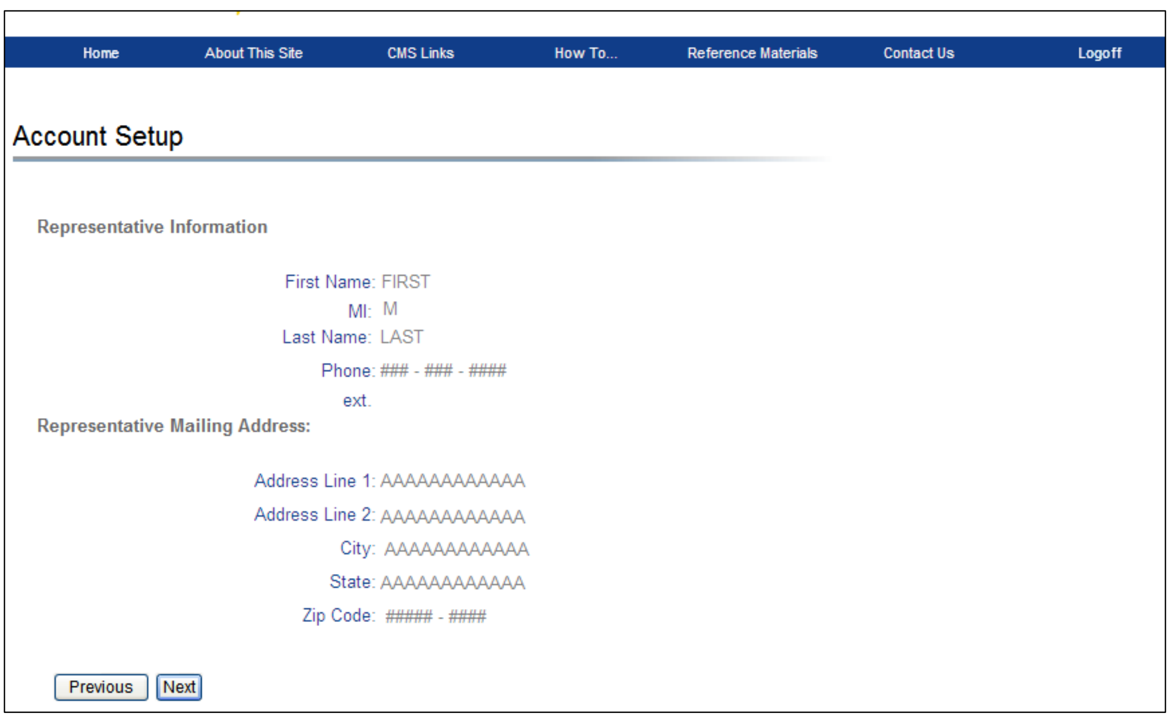


5.1.2 Representative Account Type

After all information has been verified by the system, the *Account Setup (Representative Information)* page appears. This page displays information entered during the initial registration process.

Review the listed information and click the **Next** button. If any of the listed information is incorrect, contact an EDI Representative to have it corrected.

Figure 5-4: Account Setup (Representative)

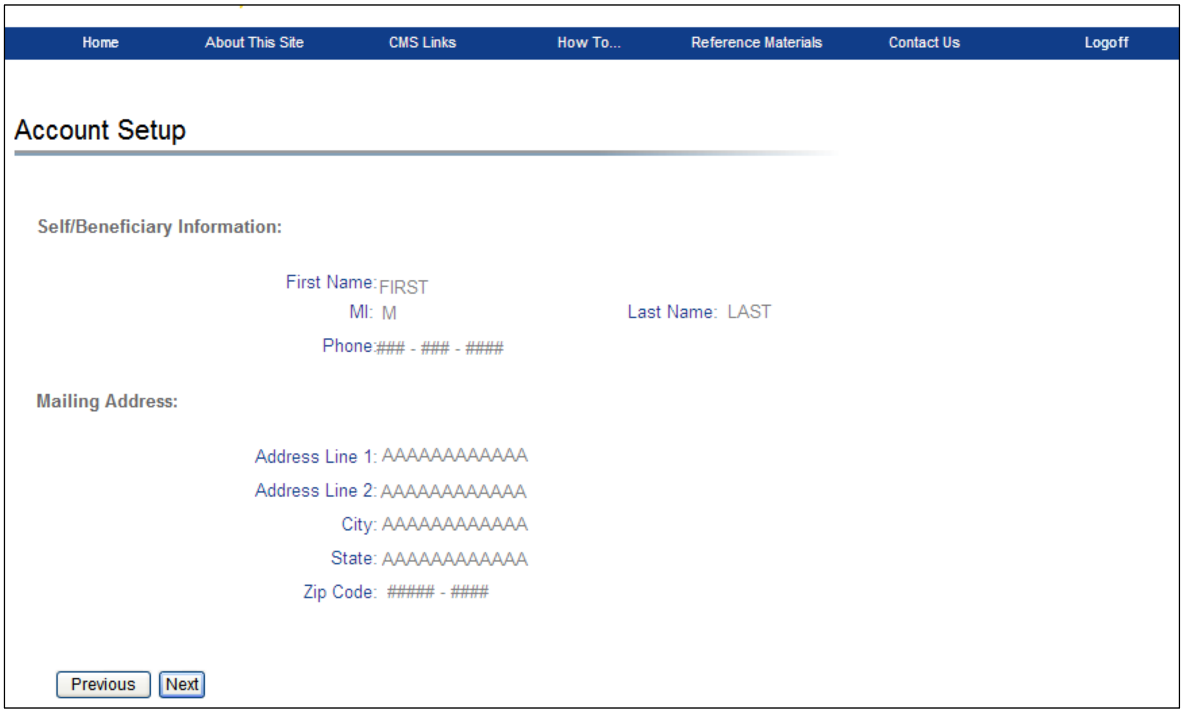


5.1.3 Self Account Type

After all information has been verified by the system, the A*ccount Setup (Self/Beneficiary Information)* page appears. This page displays information entered during the initial registration process.

Review the listed information and click the **Next** button. If any of the listed information is incorrect, contact an EDI Representative to have it corrected.

Figure 5-5: Account Setup (Self/Beneficiary Information)



5.2 Account Manager (AM) Self-Registration

The Account Manager (AM) controls the administration of a WCMSAP account. The AM has the following responsibilities:

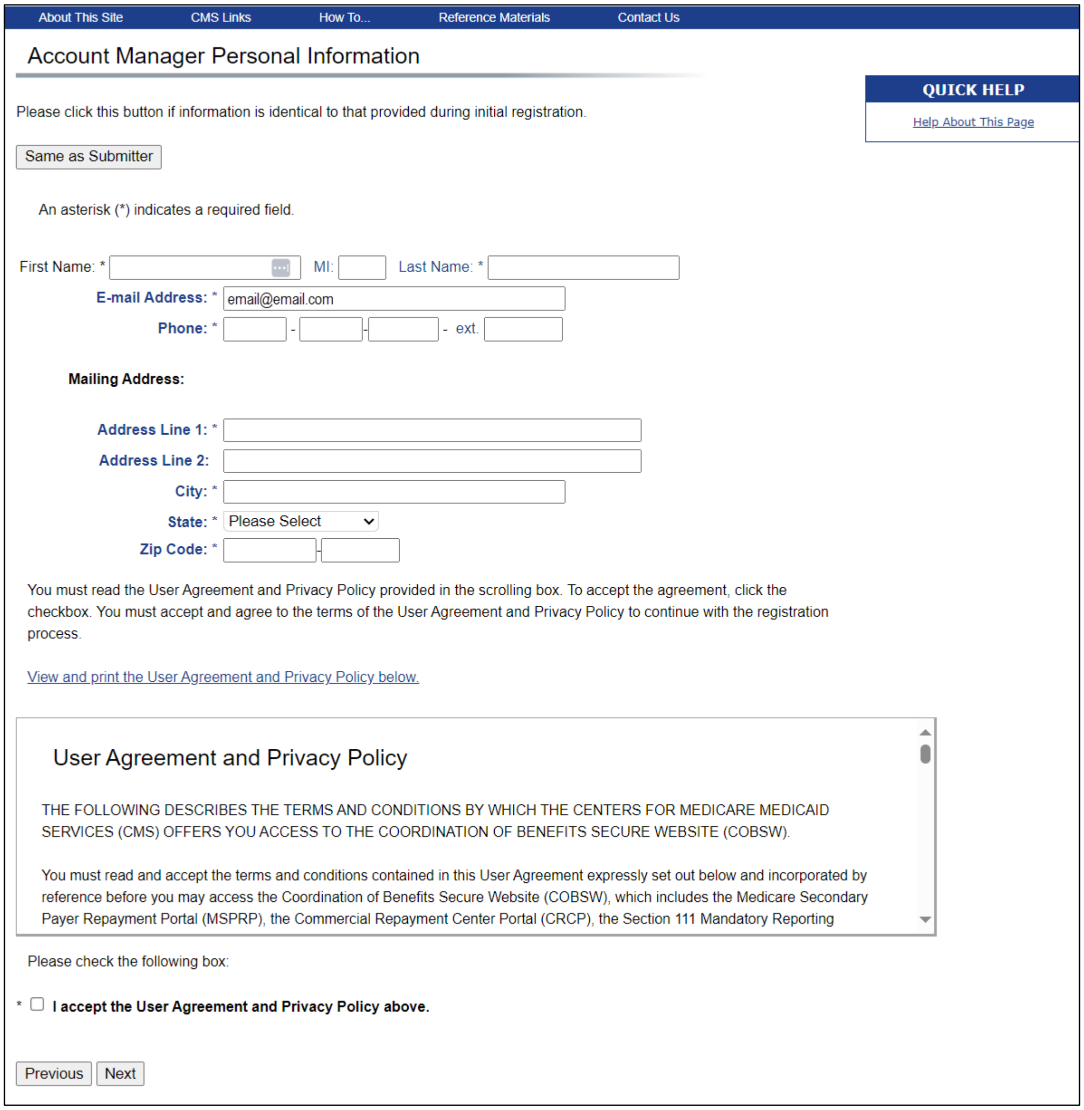
- Reviews, signs, and returns the Profile Report upon its receipt in order to be granted full access to all WCMSAP functionality. (For Corporate and Professional Administrator accounts, the AR signs the Profile Report.)
- Manages the WCMSAP account's information and updates general account information.
- Invites other users to function as Account Designees (ADs). ADs are for Corporate, Professional Administrator, or Representative accounts only.
- Associates ADs to cases.
- Revokes ADs' access to cases and/or an entire WCMSAP account.
- Can submit new cases for the WCMSAP account they are associated with.
- Can view and update all cases for the WCMSAP account they are associated with.
- Can add or replace documentation in a specific case for the WCMSAP account they are associated with.
- Submits a single case, for themselves or as a Representative Payee (for Self accounts only).

Your personal information must be entered at this point to register yourself as the AM.

1. Click **Next** on the applicable *Information* page.

   The *Account Manager Personal Information* page appears. The information you enter here is required for subsequent communications.

Figure 5-6: Account Manager Personal Information



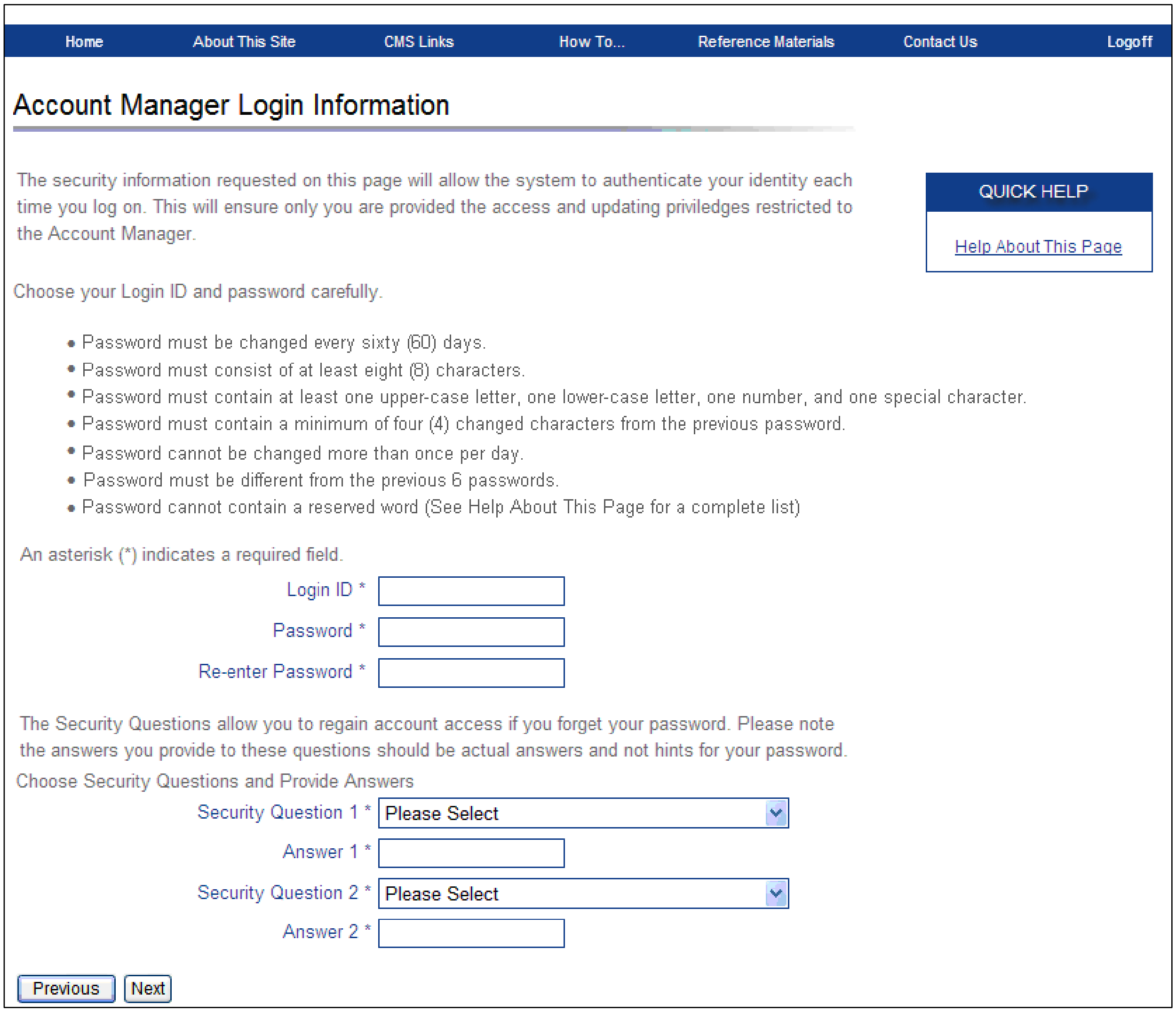
2. Enter the required personal information, accept the User Agreement and Privacy Policy; then click **Next**.

   For Representative accounts, all fields will be populated with the contact information you entered earlier if you click the **Same as Submitter** button (This button does not display for Corporate, Professional Administrator, or Self accounts.). For Self accounts, all fields will be automatically populated with the contact information you entered earlier.
   Note: You can register as an AM for an account if you are already a registered Medicare, Medicaid, and SHIP Extension Act 2006 (MMSEA) Mandatory Reporting user.
   If you are a new user, the *Account Manager Login Information* page appears (Figure 5-7). This page allows you to set up a login ID and password using the guidelines listed below. Additionally, you must select two Security Questions. (If you are not a new user, this page will not appear.)

- 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 six 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

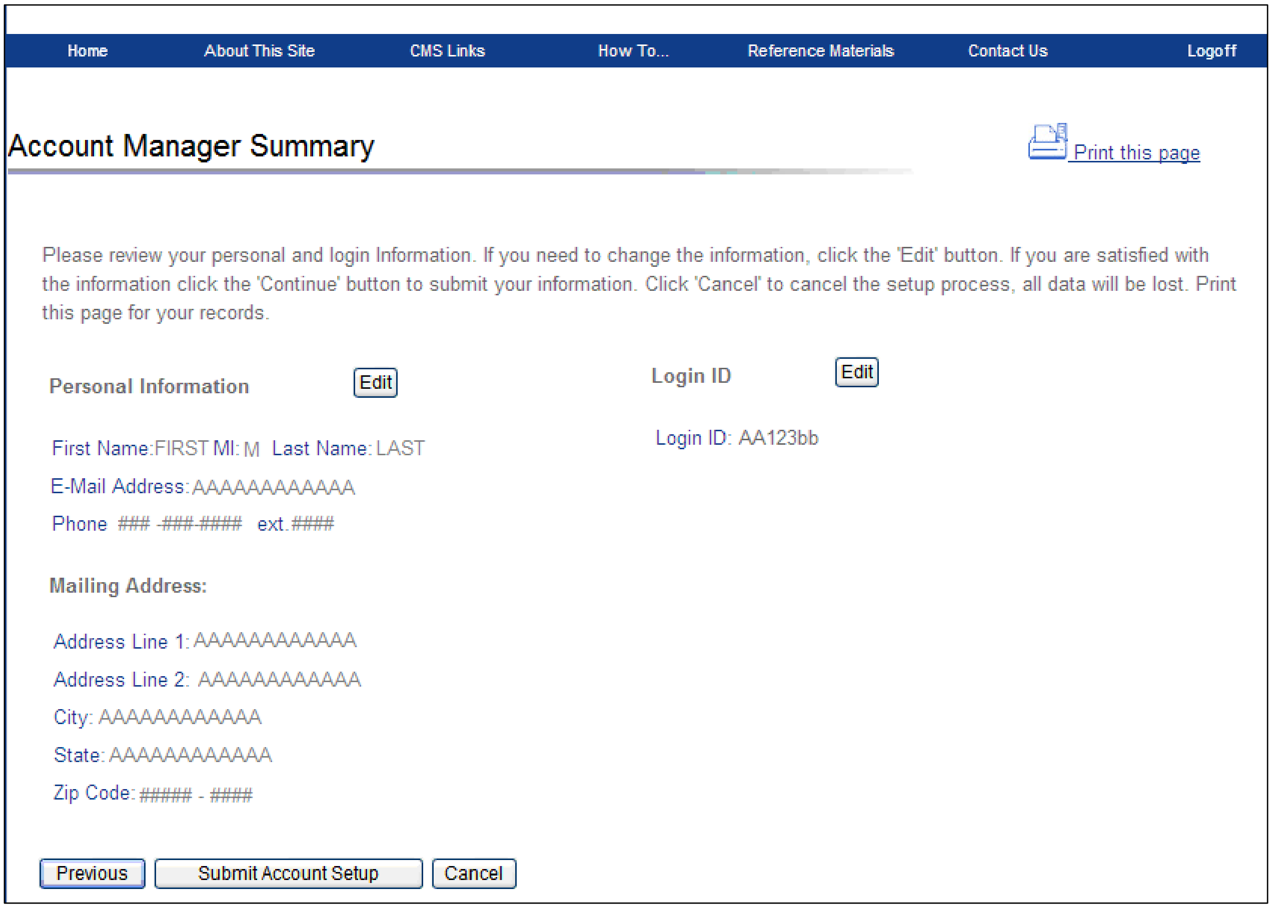
Figure 5-7: Account Manager Login Information



3. Using the posted guidelines, create a login ID, and enter and re-enter a password. Select two Security Questions and Answers and click the **Next** button.

   You will use your login ID and password to enter the WCMSAP site and manage the account, manage designees, create and view cases, and upload file attachments. The Security Questions will allow you to access your login ID and reset your password in the event you forget either one. The *Account Manager Summary* page appears. This page lists information that was previously entered during the account setup process. All information should be reviewed and verified before continuing.

Figure 5-8: Account Manager Summary



4. Verify that all information is correct. To make any corrections, click the **Edit** button next to the proper section to return to that section. Once all corrections have been made, click **Next** at the bottom of that page to navigate back to the *Summary* page. After you have returned to the *Account Manager Summary* page, click the **Submit Account Setup** button.

   Click **Previous** to return to the *Account Manager Login Information* page.
   After you click **Submit**, the *Thank You* page appears (Figure 5-9 or Figure 5-10), outlining the next steps in the account setup process.

5. Click the **Workers' Compensation Medicare Set-Aside Welcome Page** link to return to the *Welcome* page.

Figure 5-9: Thank You

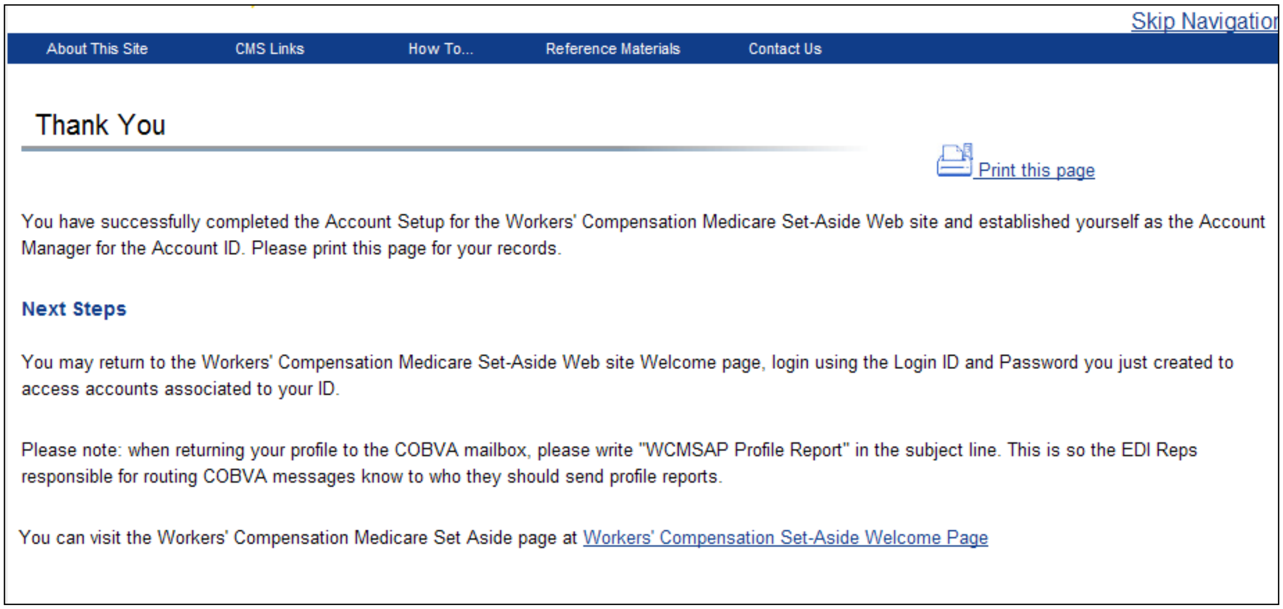
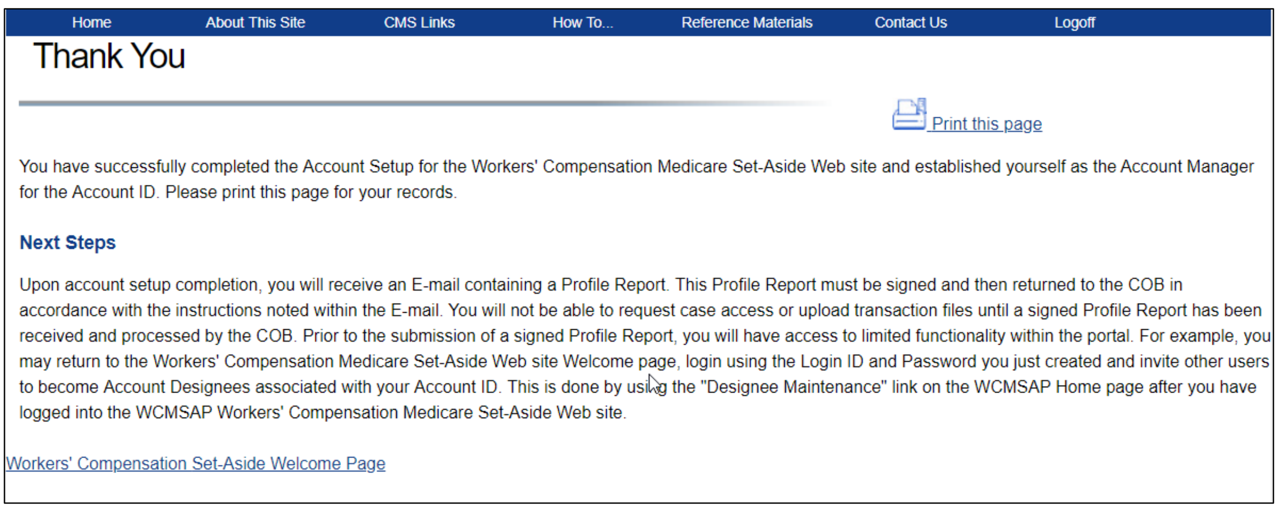


Figure 5-10: Thank You (Professional Administrators)



You have successfully set up the account and registered yourself as the AM. As the AM, you control the administration of the WCMSAP account. You will receive a Profile Report from the BCRC via email, which must be reviewed for accuracy then signed and returned to the BCRC. You cannot submit, view, or create cases until the signed Profile Report is received by the BCRC. After the report has been received by the BCRC, you can login to the account to maintain account and case information, upload and replace documents, submit cases, and manage designee access.

You may choose to manage the entire account, or you may invite other company employees to assist as ADs (Corporate, Professional Administrator, and Representative accounts only).

To add ADs to a WCMSAP account, you must login to the WCMSAP site using the login ID and password you created during the Account Setup process. Refer to Chapter 10 for the steps you must take as the AM to invite users to be AD. Refer to Chapter 11 for details about the AD self-registration process, once they have received an invitation email from the BCRC and after you have added them to your account.

5.3 Profile Report

Upon completion of all information for the account setup, an email notification will be sent to you and the AR (for Corporate and Professional Administrator accounts), or to you only (for Representative and Self accounts). The email will also include a Profile Report, noting all information previously recorded during registration and any additional information provided during the account setup. Refer to Chapter 17 for a sample notification email and Profile 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.

You or the AR will have 60 business days to review, sign, and return the Profile Report to the BCRC. When returning the signed Profile Report via email, use “WCMSAP 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.

Chapter 6: Login

6.1 Log In to the WCMSAP Site

Note: You 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 or reactivate your account.

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

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

2. Review the DUA. To proceed, click the **I Accept** link at the bottom of the page. You will be denied access to the WCMSAP site if you click **I Decline**.

   The WCMSAP *Welcome* page appears.

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

   For Self account users, the *WCMSAP Home* page appears. This page functions as the main processing page to initiate any WCMSAP functions. Refer to Chapter 7 for more information about the *Home* page.
   For Corporate, Professional Administrator, and Representative account users, the *Account List* page appears (Figure 6-2). Select an account ID from the list to display the *WCMSAP Home* page for that account.

Figure 6-1: WCMSAP Home Page (Self Account)

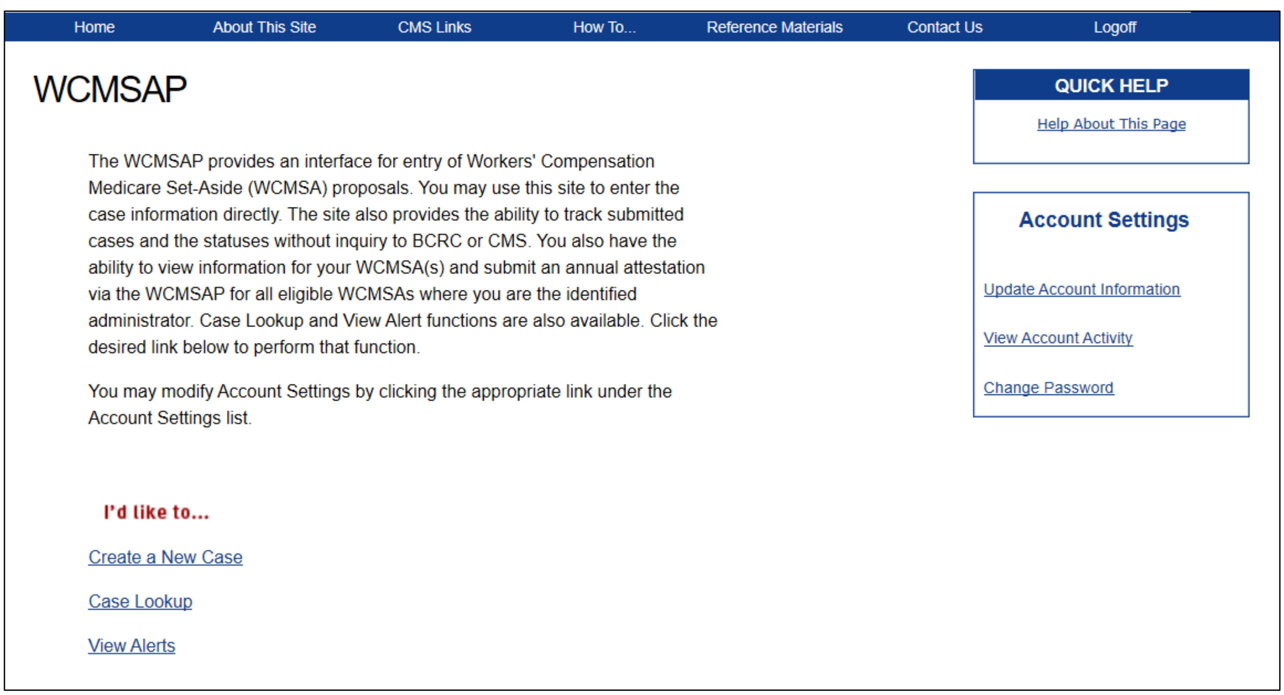
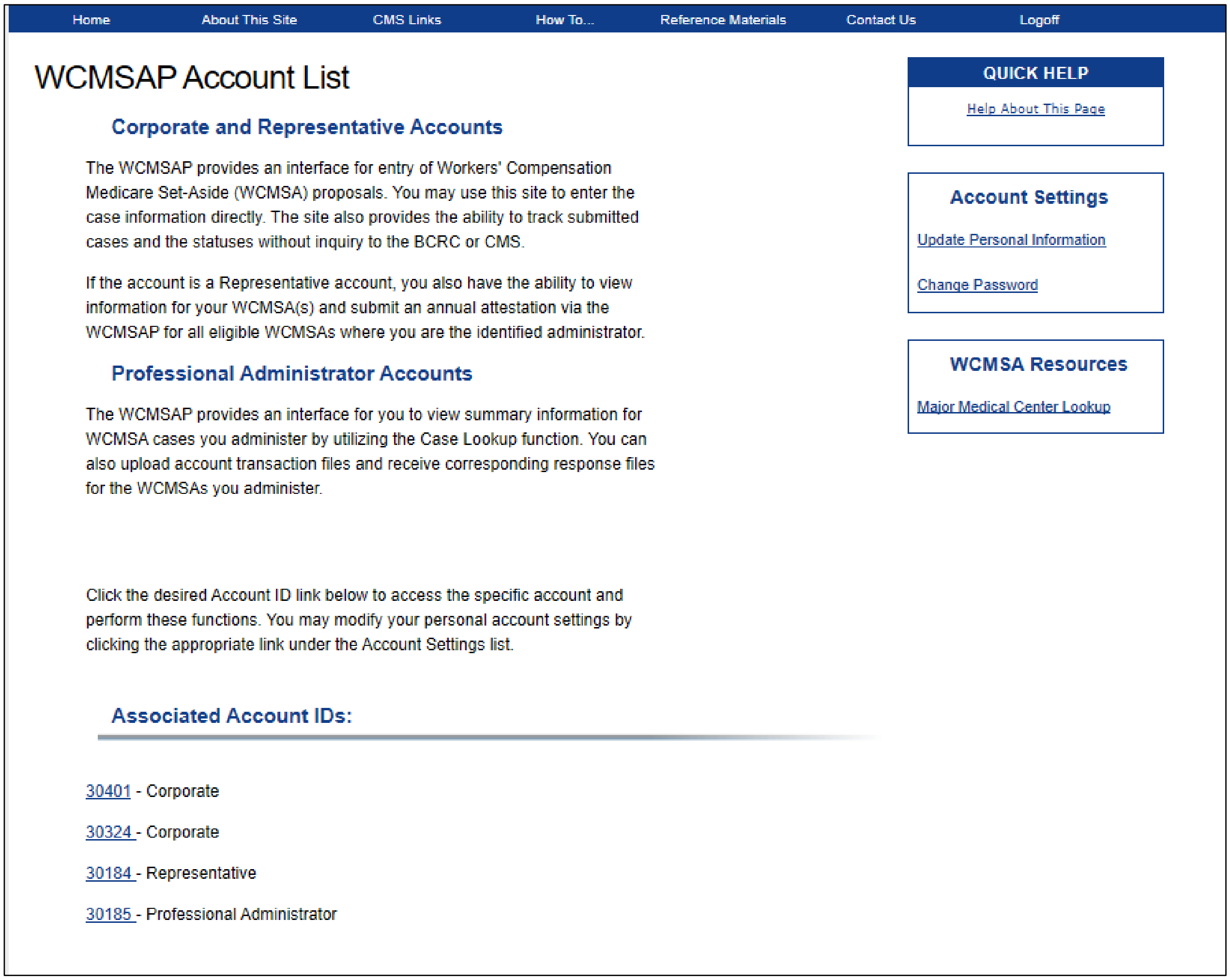


Figure 6-2: WCMSAP Account List ("home" for non-Self accounts)



6.2 Forgot Login ID

If you have forgotten your login ID, you can request it by clicking the **Forgot ID** link from the *Welcome to the WCMSAP* 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* page, click the **Forgot ID** link in the *Account Sign-In* box (Figure 6-3).

   The *Forgot Login ID* page appears (Figure 6-4).

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

   The *Preliminary Security Questions* page appears (Figure 6-5).
   Note: Click **Cancel** to stop and return to the *Welcome to the WCMSAP* page without requesting your login ID.

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

The *Security Questions* page appears (Figure 6-6).
Note: Click **Cancel** to stop and return to the *Welcome to the WCMSAP* page without requesting your login ID.

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

   The *Thank You* page appears if your answers are correct (Figure 6-7). 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 re-enter. 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 **Workers' Compensation Medicare Set-Aside Welcome Page** link to return to the *Welcome* page.

You will receive an email containing your login ID. After receipt of the email, return to the WCMSAP 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 6-3: Forgot ID Link

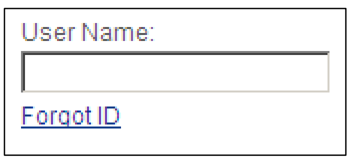


Figure 6-4: Forgot Login ID

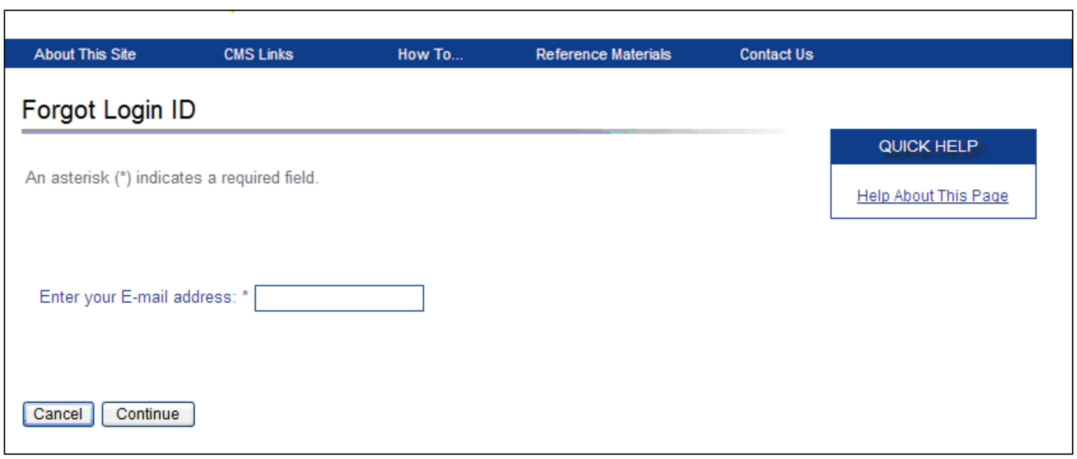


Figure 6-5: Preliminary Security Questions

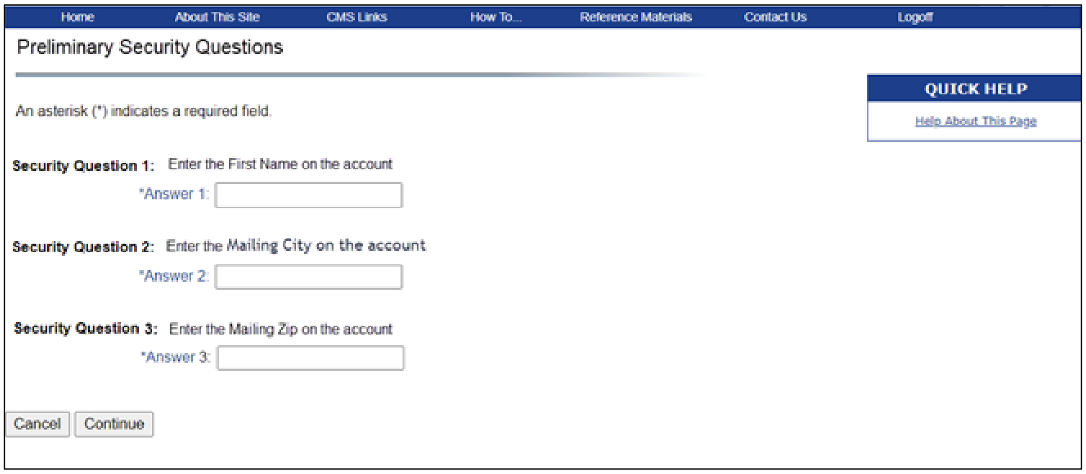


Figure 6-6: Security Questions

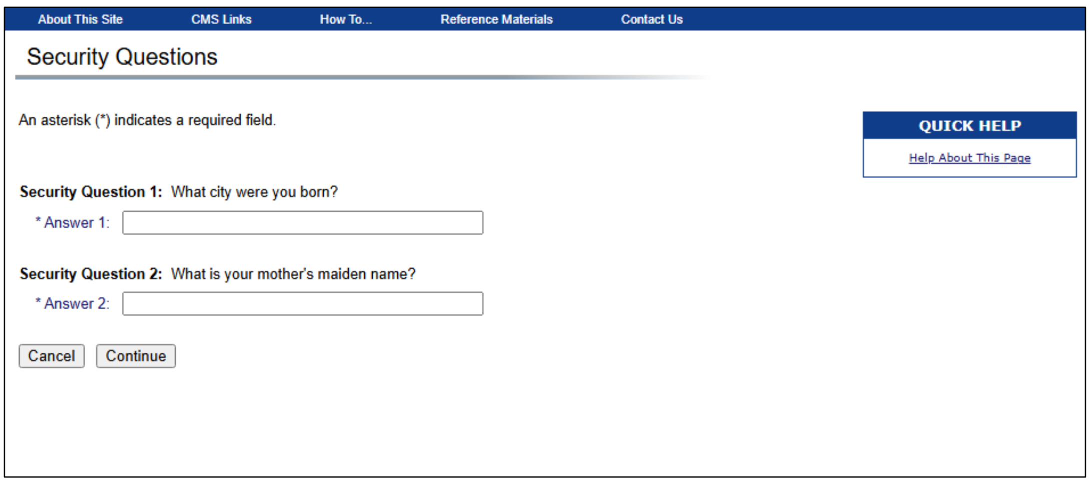
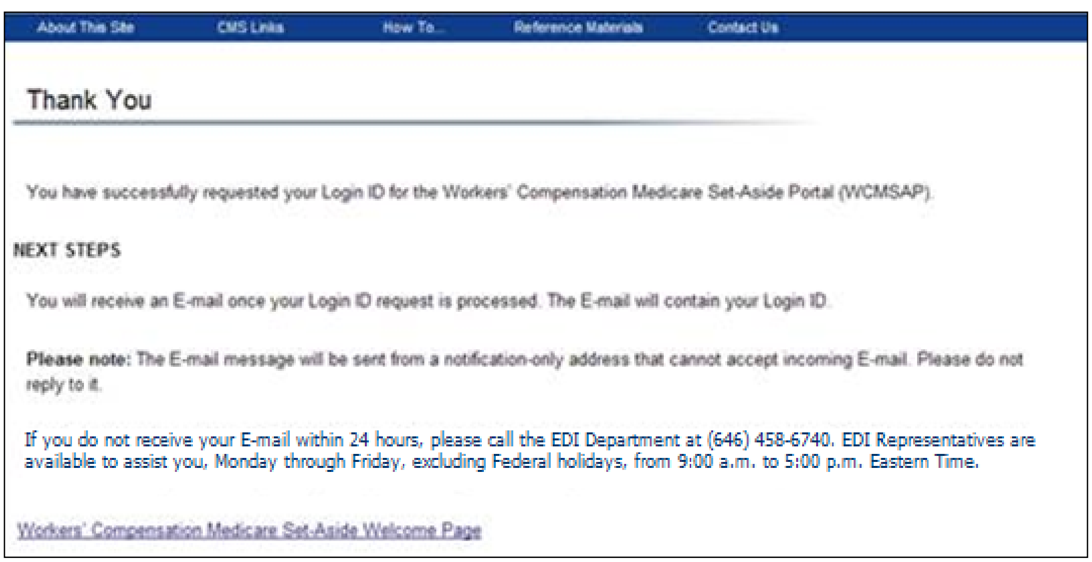


Figure 6-7: Thank You (Request Login ID)



6.3 Forgot Password

If you forgot your password to log in to the WCMSAP, or need to unlock or reactivate your account, 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* page, click the **Forgot Password** link below the *Password* field (Figure 6-8).

   The *Forgot Password* page appears (Figure 6-9).

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

   The *Preliminary Security Questions* page appears (Figure 6-10).
   Note: Click **Cancel** to stop and return to the *Welcome to the WCMSAP* page without requesting your password.

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

   The *Security Questions* page appears (Figure 6-11).
   Note: Click **Cancel** to stop and return to the *Welcome to the WCMSAP* page without requesting a temporary password.

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

   The *Thank You (Reset Password)* page appears if your answers are correct (Figure 6-12). 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 your answers are incorrect, check your answers and re-enter. 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 **Workers' Compensation Medicare Set-Aside Welcome Page** link to return to the *Welcome* page.

You will receive an email containing your temporary password. After receipt of the email, return to the WCMSAP 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 WCMSAP. See Section 8.4 for more information.

Figure 6-8: Forgot Password Link

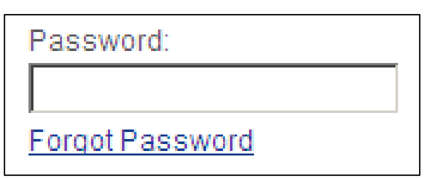


Figure 6-9: Forgot Password

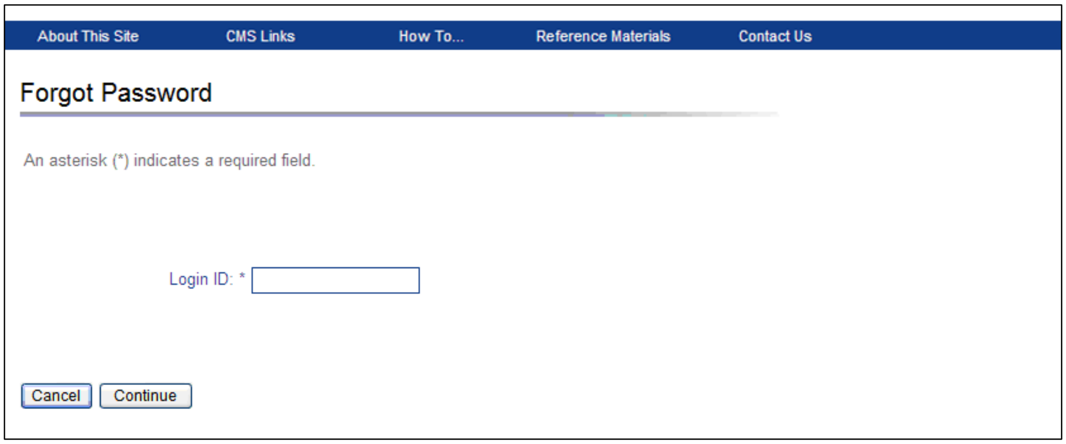


Figure 6-10: Preliminary Security Questions

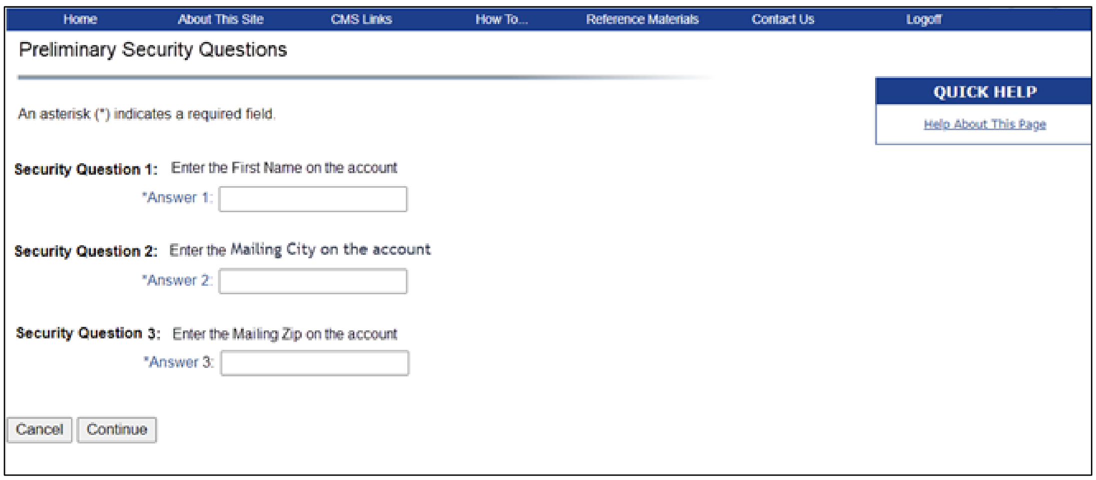


Figure 6-11: Security Questions

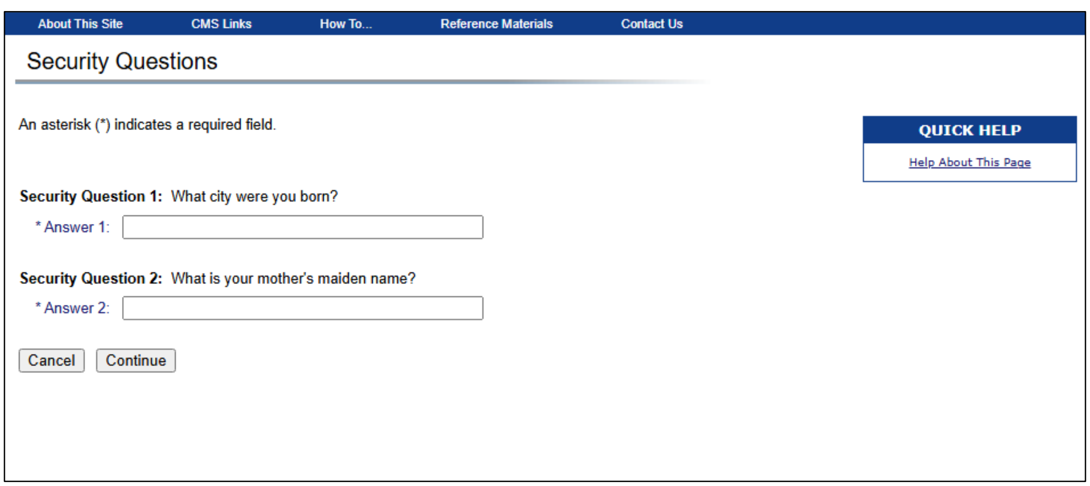
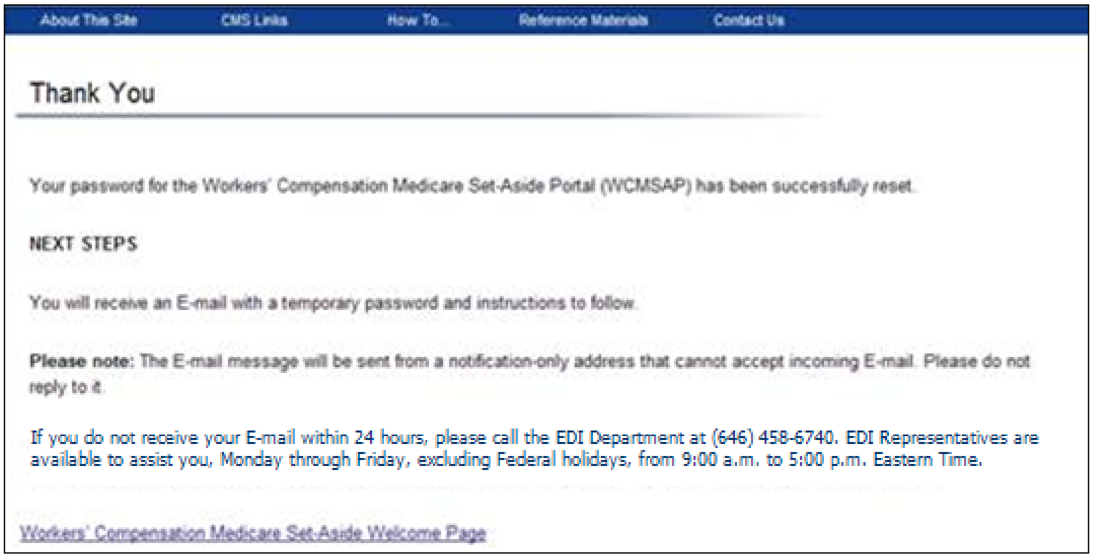


Figure 6-12: Thank You (Reset Password)



Chapter 7: WCMSAP Home Page

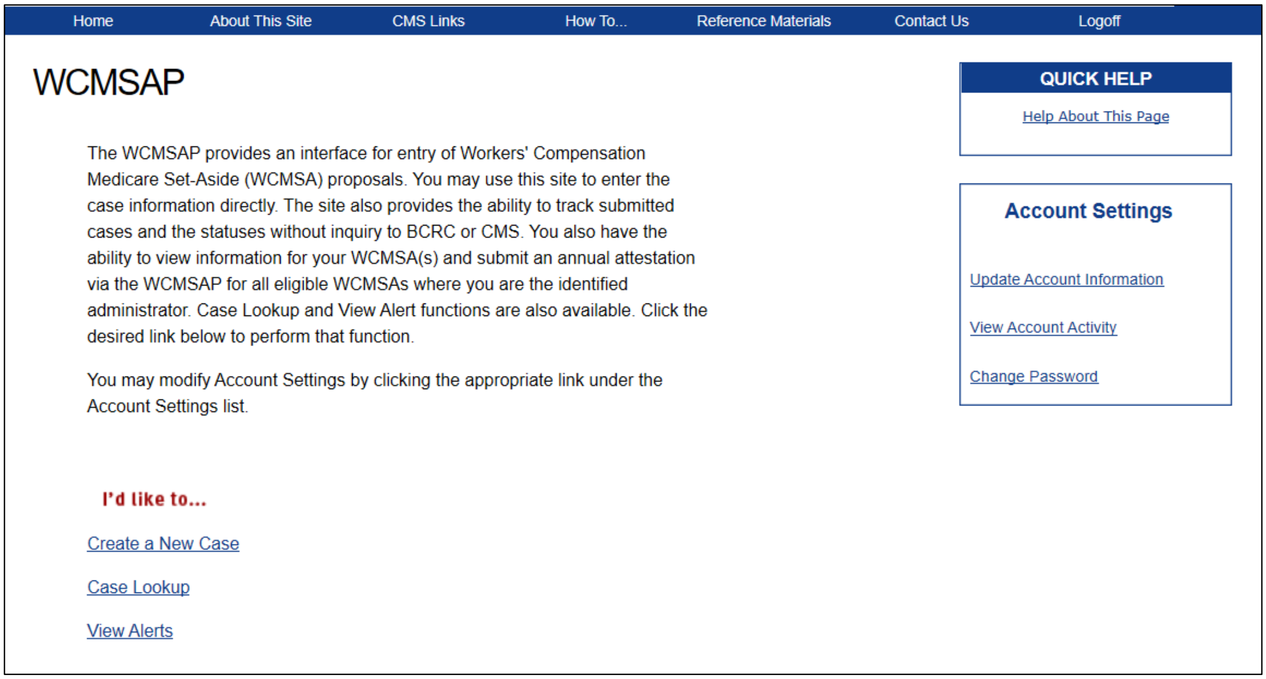
For Self submitters, the *WCMSAP Home* page is the first page displayed after a successful login. This page functions as the main processing page to initiate all WCMSAP functions. In addition to the original Navigation Menu options, a **Log Off** link appears, which will log you out of the WCMSAP and return you to the *Login Warning* page.

The *Home* page gives you access to all functions in the WCMSAP. From this page you can:

- Update your Personal Information (your name, address, email, phone)
- Update Account Information (organization name, address, email, phone; Account Manager (AM) function only)
- Manage Account Designees (ADs) (AM function for Corporate, Professional Administrator, and Representative accounts only)
- View Account Activity
- Change Password
- Create a New Case (except Professional Administrator accounts)
- Search for an Existing Case
- Submit a Work-In-Progress (WIP) case (except Professional Administrator accounts)
- Add or replace files on a submitted case

  Note: Professional administrators can only add final settlement documents.
- Manage Designee access to cases
- Request case access (Professional Administrator accounts)
- View Case Alerts (except Professional Administrator accounts)
- Submit attestations (Self and Representative accounts)
- View summary information about Workers' Compensation Medicare Set-Aside Arrangement (WCMSA) balances for your cases (Professional Administrator accounts)
- Upload WCMSA account transaction files and download response files (Professional Administrator accounts)

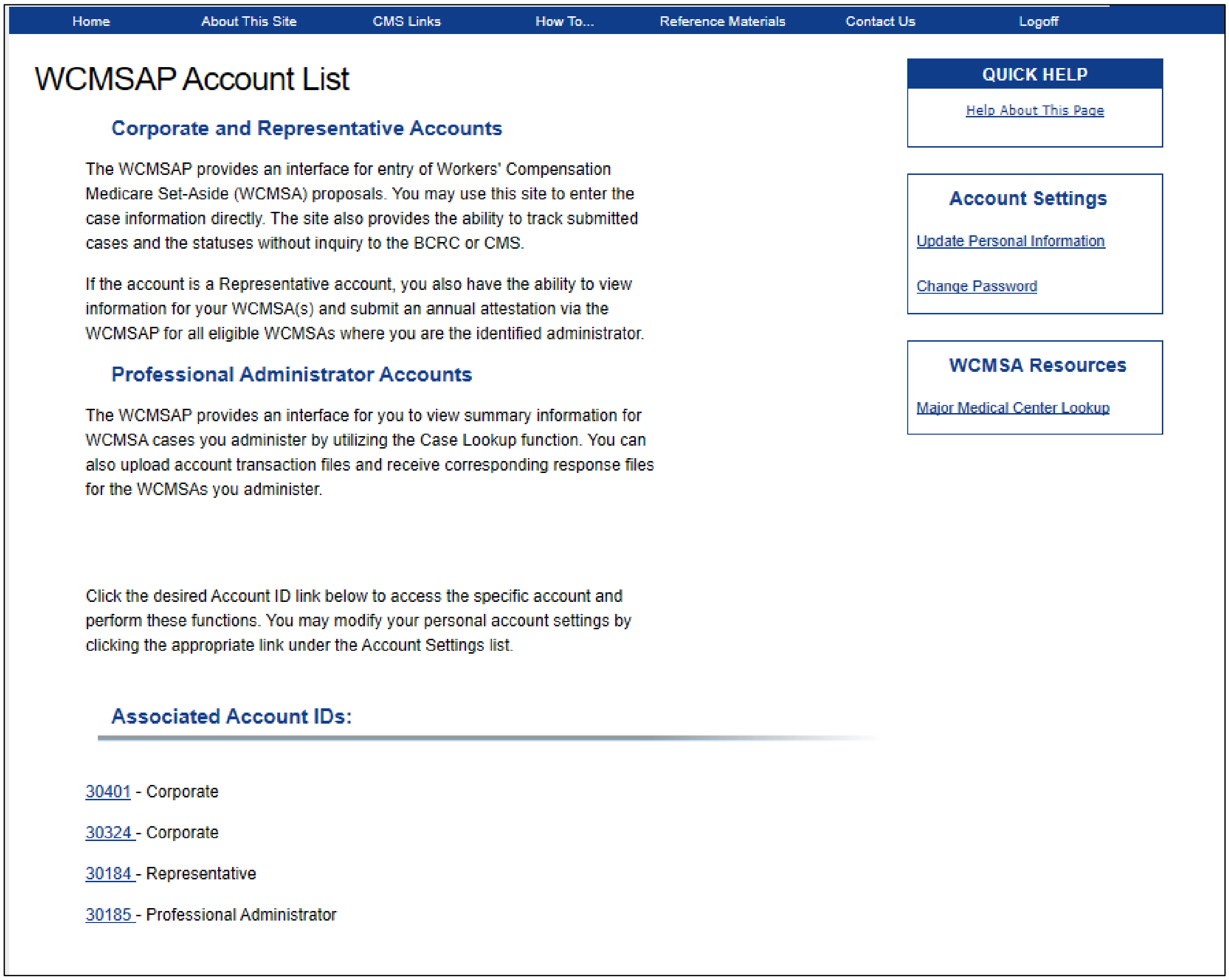
Figure 7-1: WCMSAP Home (Self account)



For Corporate, Professional Administrator, and Representative account users, the *Account List* page functions as your home page. From the *Account List* page, you can update your personal information or change your password. AMs can access additional functions under the *Account Settings* menu (Update Account Information, Designee Maintenance (for Corporate, Professional Administrator, and Representative accounts only), and View Account Activity). Submitters may also access the Major Medical Center Lookup tool from the *WCMSA Resources* section.

To access all other features of the site, select an associated account ID from the list.

Figure 7-2: WCMSAP Account List (AD)



Chapter 8: Account Settings

Access to functions in the *Account Settings* box is limited by user role:

Account Managers (AMs)

- Update Personal Information
- Update Account Information
- Designee Maintenance (Corporate, Professional Administrator, and Representative accounts only)
- View Account Activity
- Change Password

Account Designees (ADs) (Corporate, Professional Administrator, and Representative account types)

- Update Personal Information
- View Account Activity
- Change Password

The *Account Settings* box also changes for AMs based on your location within the portal. The box includes links to Update Personal Information, View Account Activity, and Change Password on the *Account List* page, and shows the complete set of options on the *Home* page after you've selected an account ID. For ADs, the box will always contain the listed links.

8.1 Update Personal Information

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

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

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

2. Your current personal information is displayed, with all fields except Date of Birth open for editing. After making any necessary changes, click the **Next** button.

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

3. Click the **Return to Home** button to return to your homepage.

   The system then sends you an email, indicating that your personal information has been changed.

Figure 8-1: Account Settings Box

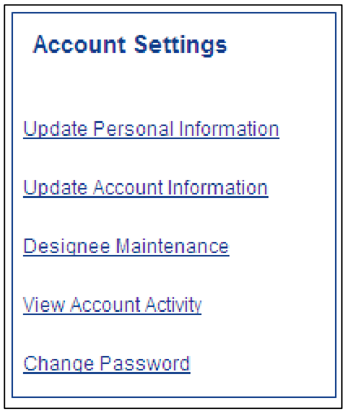


Figure 8-2: Update Personal Information

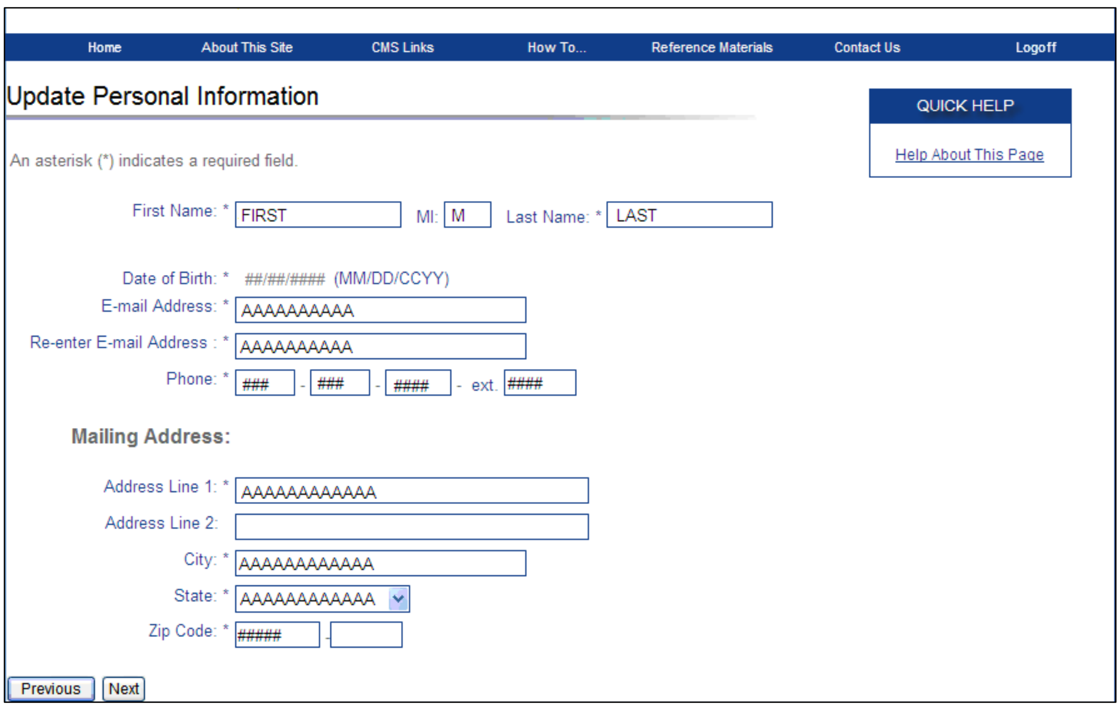
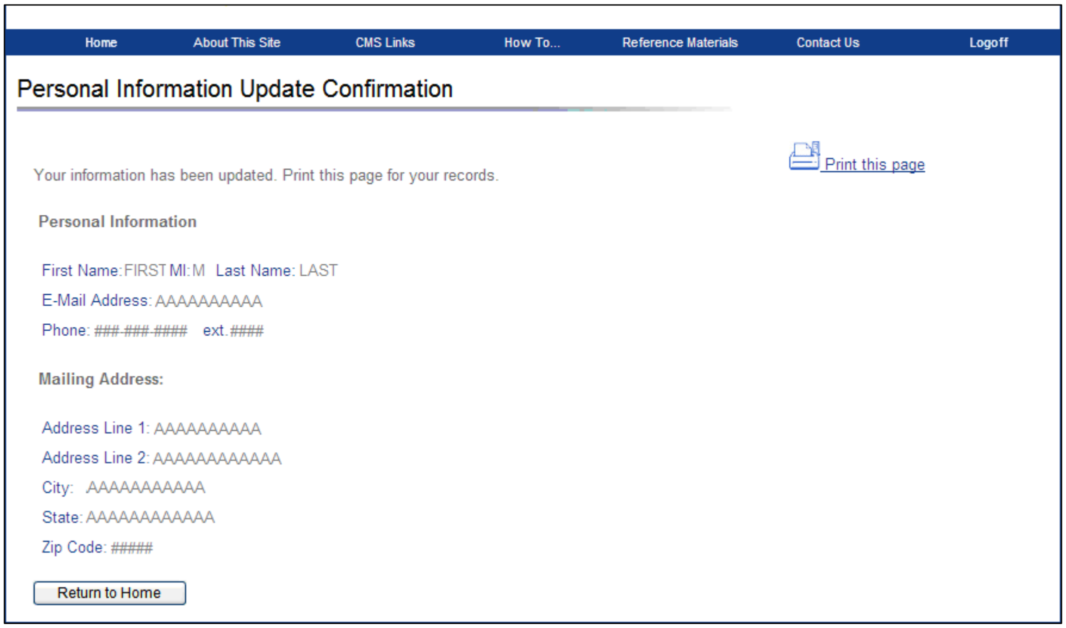


Figure 8-3: Personal Information Update Confirmation



8.2 Update Account Information

1. On the *Home* page, click the **Update Account Information** link in the *Account Settings* box. (AMs only) (Figure 8-4).

   The *Update Corporate Information* page (Figure 8-5) or the *Update Professional Administrator Information* page (identical except for page name) appears. Your account's mailing and contact information is displayed on this page. You can also update your Account Representative (AR) contact information or replace them with another person.

2. To make any corrections, click the **Edit** button next to the proper section to return to that section. Once all corrections have been made, click **Next** at the bottom of that page to navigate back to the *Update Corporate Information* page or *Update Professional Administrator Information* page (Figure 8-5).

3. After you have returned to the update page, click the **Next** button (Corporate accounts) or the **Submit Update** button (Professional Administrator accounts).

   The *Corporate Information Update Confirmation* page or the *Professional Administrator Information Update Confirmation* page appears, showing what information has been updated (Figure 8-6).

4. Click the **Return to Home** button to return to the *Account List* page. The system then sends you an email, indicating that the account information has been changed.

Figure 8-4: Account Settings Box

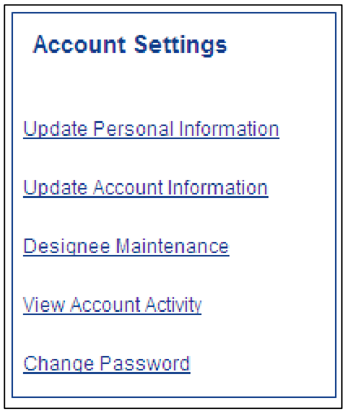


Figure 8-5: Update Corporate Information

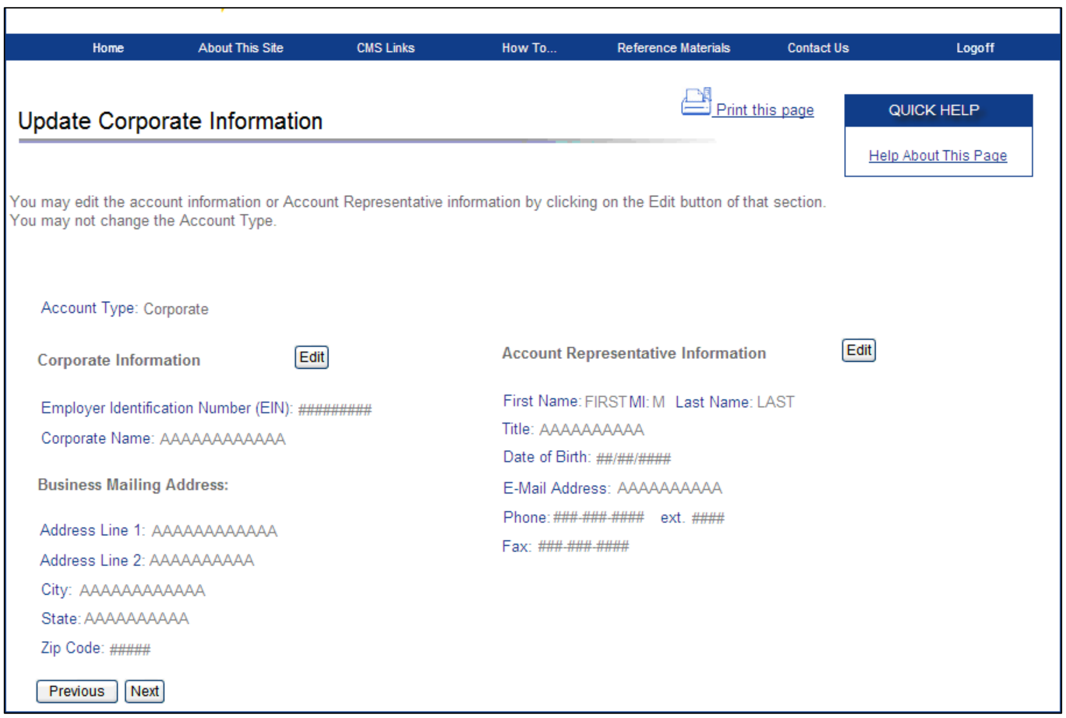
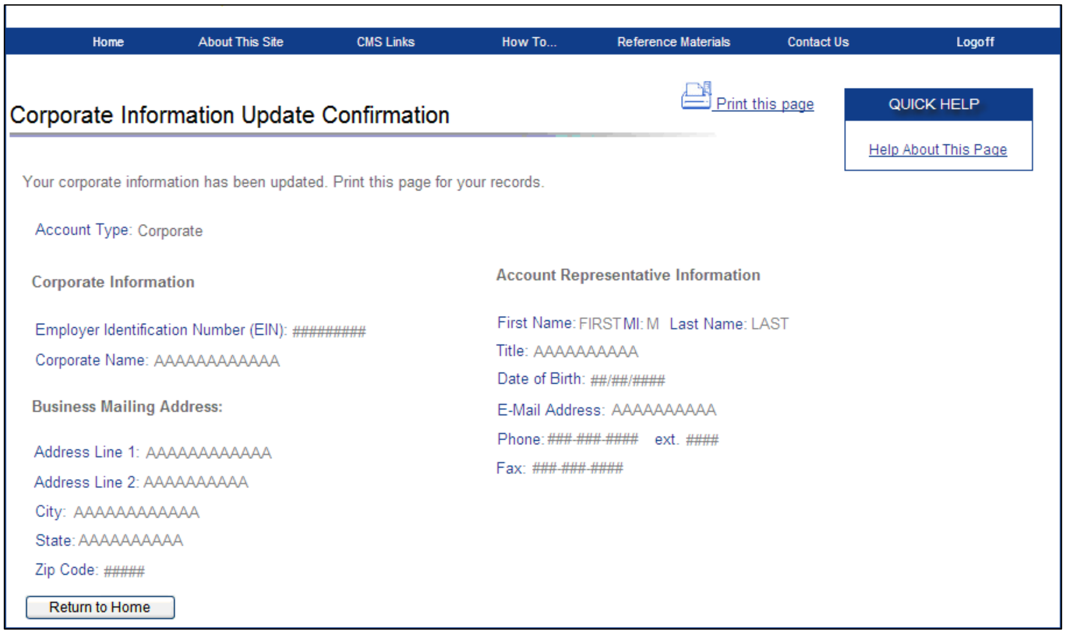


Figure 8-6: Corporate Information Update Confirmation



8.3 View Account Activity

All activity performed for an account ID can be reviewed. The system provides an Account Activity history page that lists Activity Date, Description, and User. Typical activity recorded includes:

- Initial Registration
- Account Setup (Account Manager Registration)
- Designee Invitation
- Add Designee
- Delete Designee
- Update Account Information
- Case Submitted
- Document Replaced
- Submitted Workers' Compensation Medicare Set-Aside Arrangement (WCMSA) Attestation
- Submitted WCMSA Transaction File

Take the following steps to view account activity:

1. Click the **View Account Activity** link in the *Account Settings* box (Figure 8-7).

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

2. After reviewing account activity history, click the **Return to Home** button to go back to your home page.

Figure 8-7: Account Settings Box

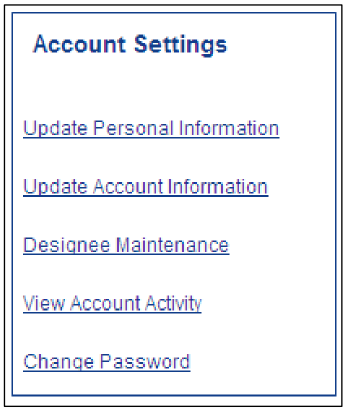
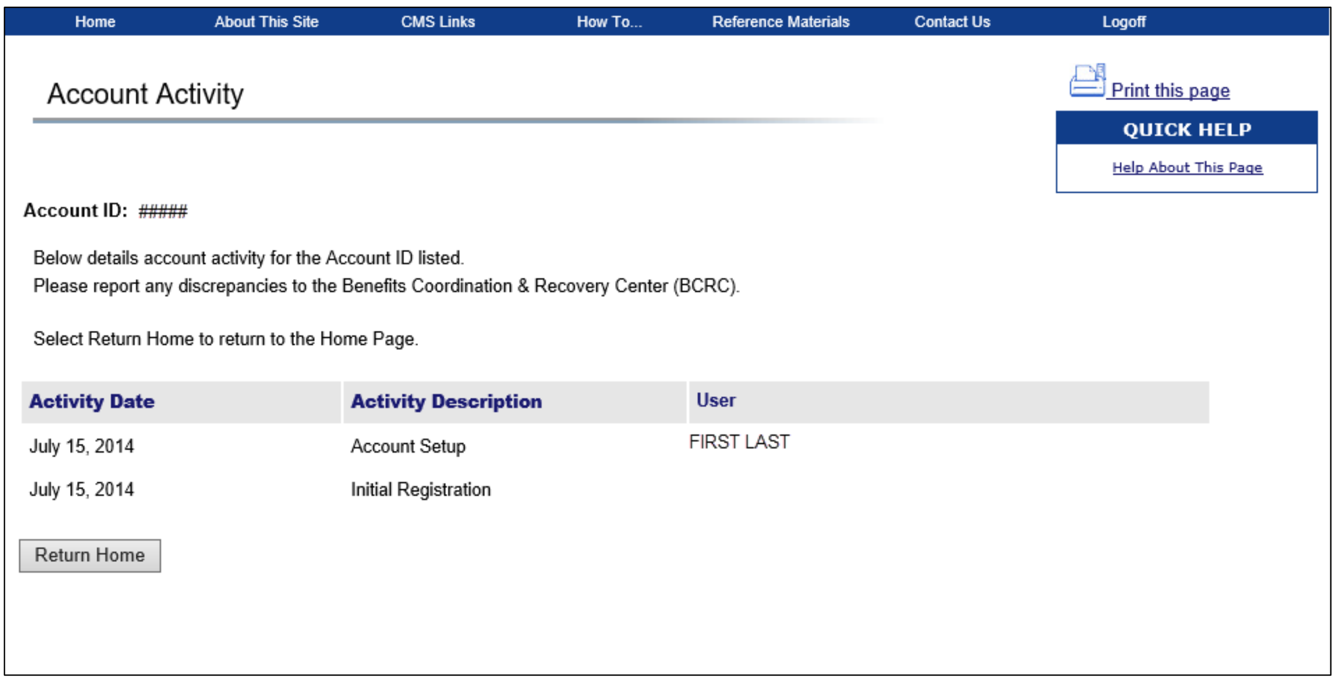


Figure 8-8: Account Activity



8.4 Change Password

The system requires you to change your password every 60 days. The following details the steps to successfully change your password, whether it has expired or it is a temporary password issued after you completed the Forgot Password process. Your password can only be changed once every 24 hours.

1. Click the **Change Password** link in the *Account Settings* box.

   The *Change Password* page appears (Figure 8-10).

2. Enter your current or temporary password, as applicable.
3. Enter and re-enter a new password following the listed guidelines.

   If you received a temporary password from an EDI Representative, then review your security questions. You can elect to keep or change your questions and answers.

4. Click **Continue**.

   The *Change Password Confirmation* page appears (Figure 8-11).

5. Click **Continue** to return to your home page. Use your new password the next time you log into the WCMSAP.

Figure 8-9: Account Settings Box

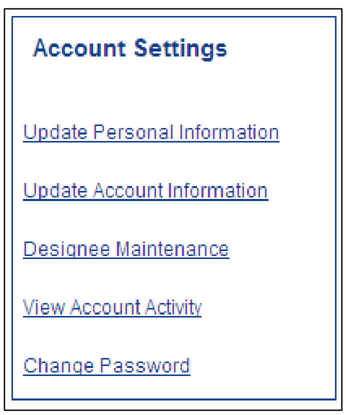


Table 8-1: Change Password Fields

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

Field	Description
Cancel	Command button. Click to return to the *Account Setup Introduction* page.

Figure 8-10: Change Password

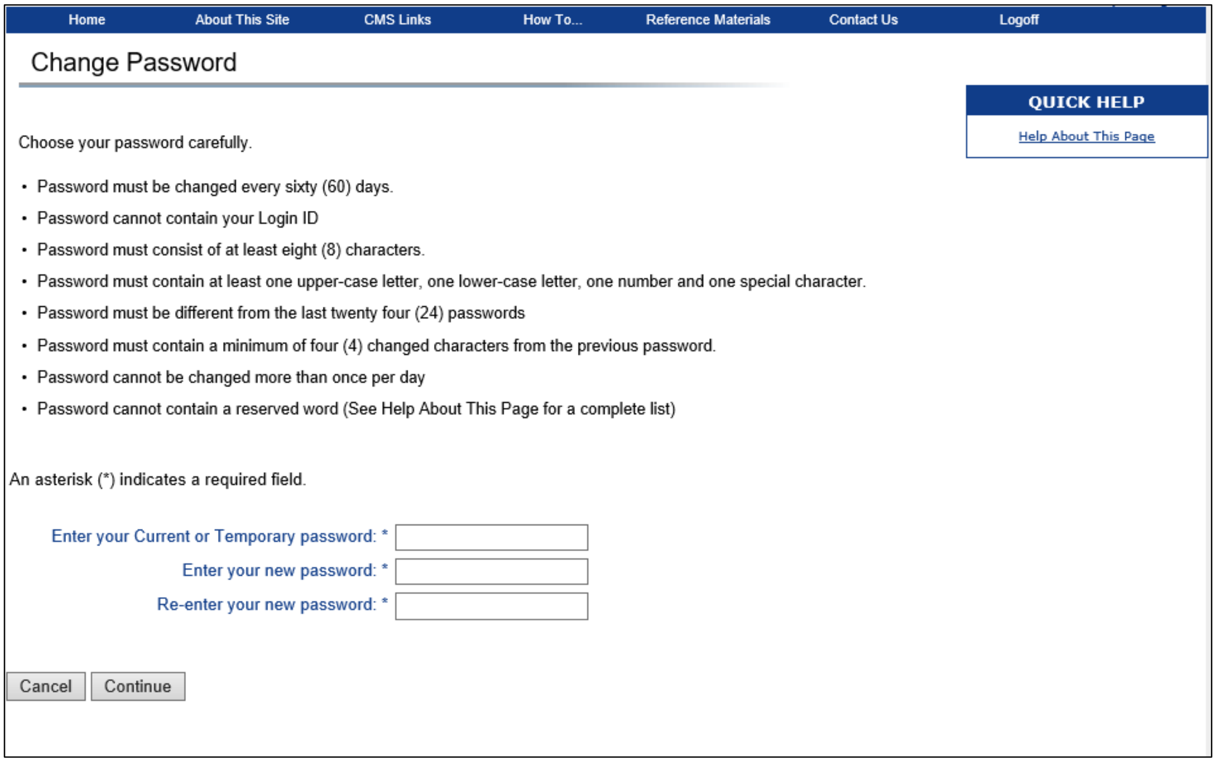
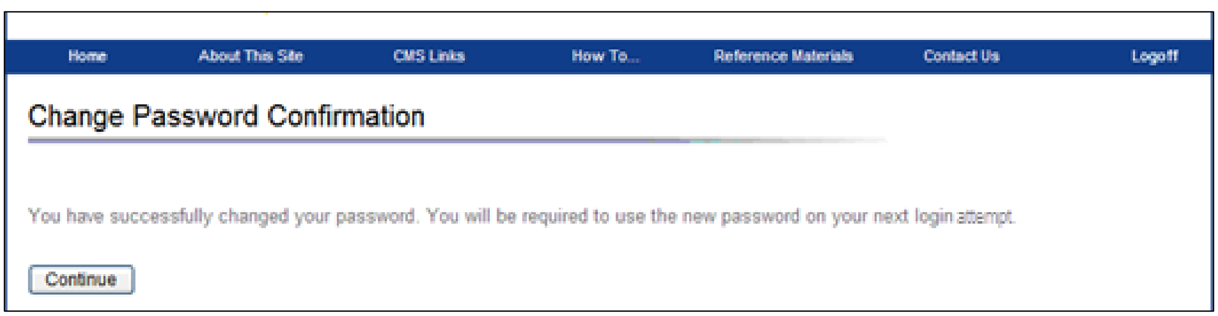


Figure 8-11: Change Password Confirmation



Chapter 9: WCMSA Resources

The *WCMSA Resources* box allows you to access the *Major Medical Center Lookup* tool as a submitter before a new case is created. From the *Account List* page, click the **Major Medical Center Lookup** link under the *WCMSA Resources* box to access this tool. You can use this tool to identify the major medical center to be used as part of your Workers' Compensation Medicare Set-Aside (WCMSA) proposal, should the expected future treatment for the work injury, illness, or condition require the use of one.

9.1 Major Medical Center Lookup

1. On the *Account List* page, click the **Major Medical Center Lookup** link in the *WCMSA Resources* box.

   The *Major Medical Center Lookup* page appears (Figure 9-2).

2. Enter the ZIP code and click **Search**.

   Your search results will appear in the *Major Medical Center Results* section at the bottom of the page.

3. To return to the *Account List* page without making any changes, click **Cancel**.

Figure 9-1: WCMSA Resources Box

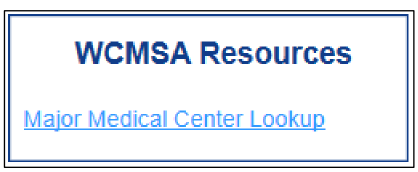


Figure 9-2: Major Medical Center Lookup (from Account List page)

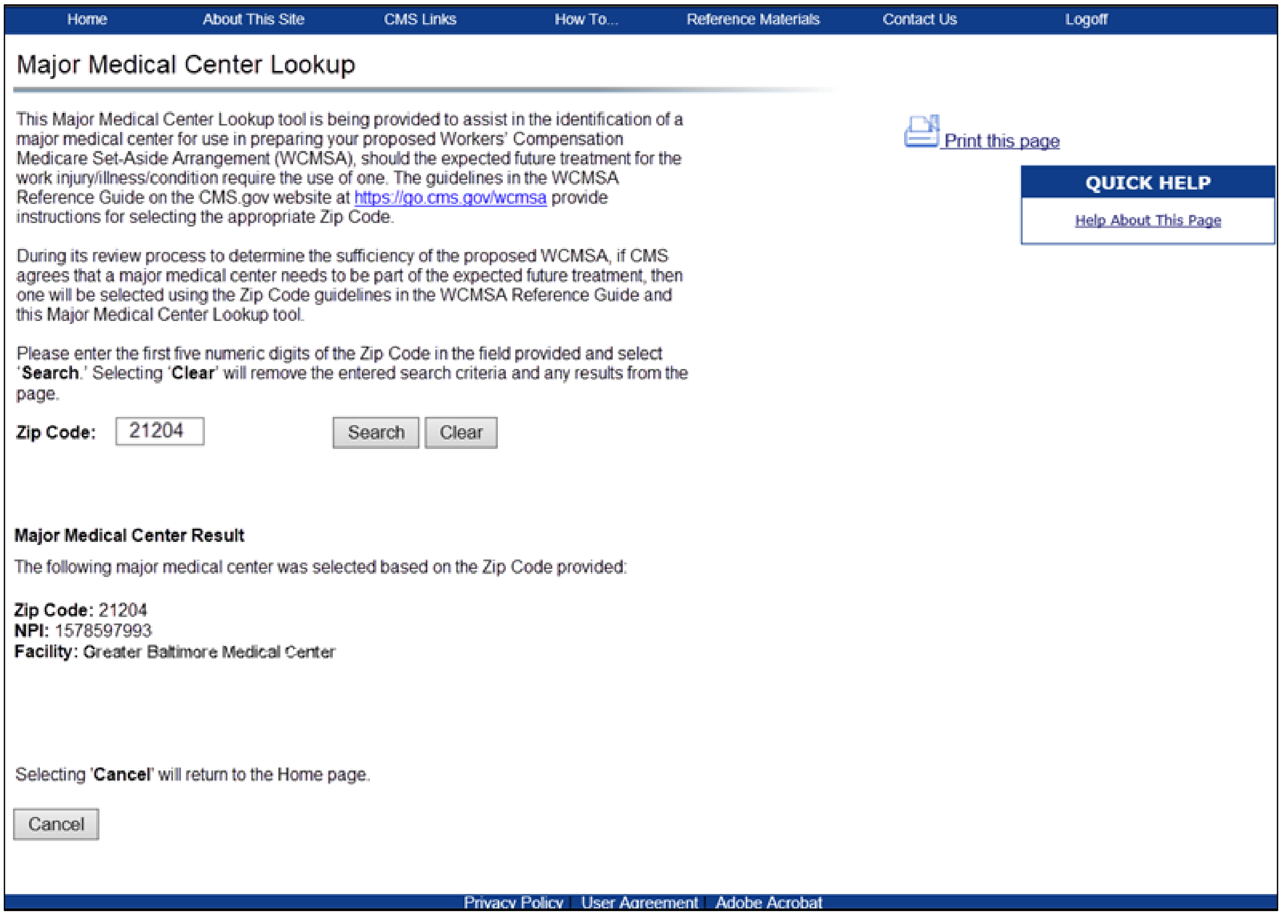


Table 9-1: Major Medical Center Lookup (from Account List page)

Field	Description
Zip Code	Enter a ZIP code for the major medical center used in the calculation of the proposed WCMSA. For guidelines on determining the correct ZIP code, see the WCMSA Reference Guide.
Search	Click this button to search for a major medical center that is associated with the ZIP code. If no match is found for a valid ZIP code, an error message will direct you to contact your EDI Representative for further assistance.
Clear	Click this button to clear the entered ZIP code and results.
Major Medical Center Result	Displays the search results. This information is read-only.
Zip Code	Displays the ZIP code of the major medical center.
NPI	Displays the National Provider Identifier (NPI) number of the major medical center.
Facility	Displays the name of the major medical center.
Cancel	Click this button to return to the *WCMSAP Account List* page.

Chapter 10: Designee Maintenance

For Corporate, Professional Administrator, and Representative accounts, the Account Manager (AM) may designate one or more Account Designees (ADs) to assist with case submission and management. The AM can perform the following Designee Maintenance functions:

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

10.1 Add a Designee

1. On the *Account List* page, select an account from the list, then click the **Designee Maintenance** link in the *Account Settings* box.

   The *Designee Listing* page appears, with the total number of ADs, their names, and their associated statuses (Pending, Active, Locked, Expired, Revoked) listed (Figure 10-2).
   Note: The *Last Name*, *Account Status*, and *Last Login Date* fields are sortable. The *Last Login Date* list automatically sorts blank values to the top.

2. To print the *Designee Listing* page, click the **Print this Page** icon in the upper right corner. To return to the *Account List* page without making any changes, click the **Return to Home** button.

3. To add an AD, click the **Add a Designee** button under the Account Designee List. The *Designee Information* page appears (Figure 10-3).

Figure 10-1: Account Settings Box

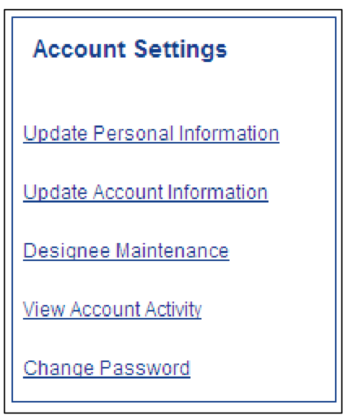


Figure 10-2: Designee Listing

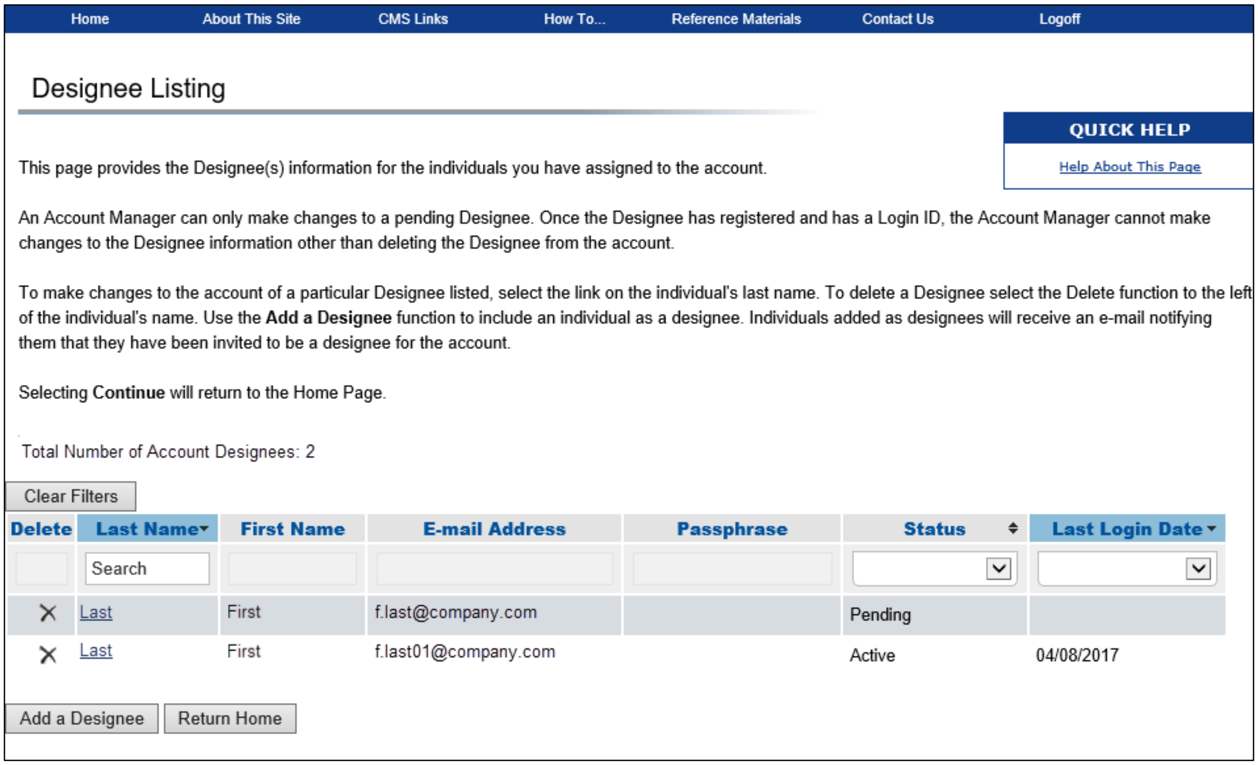
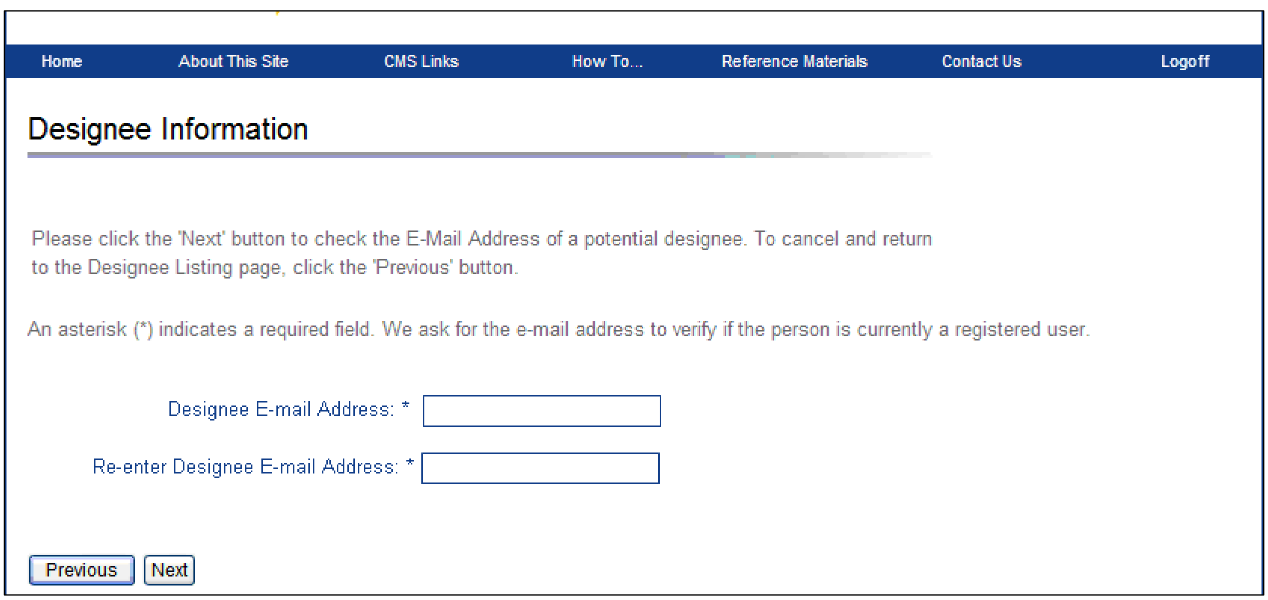


Figure 10-3: Designee Information



4. Enter and re-enter the email address of the AD you wish to invite and click **Next**. Or click **Previous** to return to the *Designee Listing* page without adding an AD.

   The system then verifies that the entered email address is not in the database for an existing user. An existing, registered user can be an AD for your account ID as long as they are not already registered as an AR for any account ID, or the AM for the same account ID.
   If the entered email address is found in system (if the invited AD is already a registered user), the *Designee Invitation* page appears (Figure 10-4).

5. If the information you entered is for the AD you intended to invite, click **Next** to continue. Otherwise, click **Cancel**.

   The *Designee Confirmation* page appears, indicating that the invited AD has been sent an email notifying them that they have been added to this account ID and will be able to access it the next time they log in to the WCMSAP.

Figure 10-4: Designee Invitation

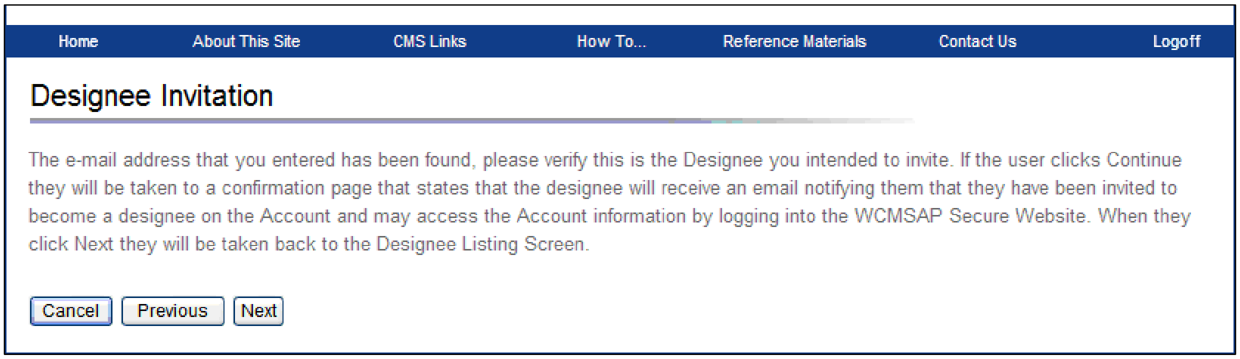
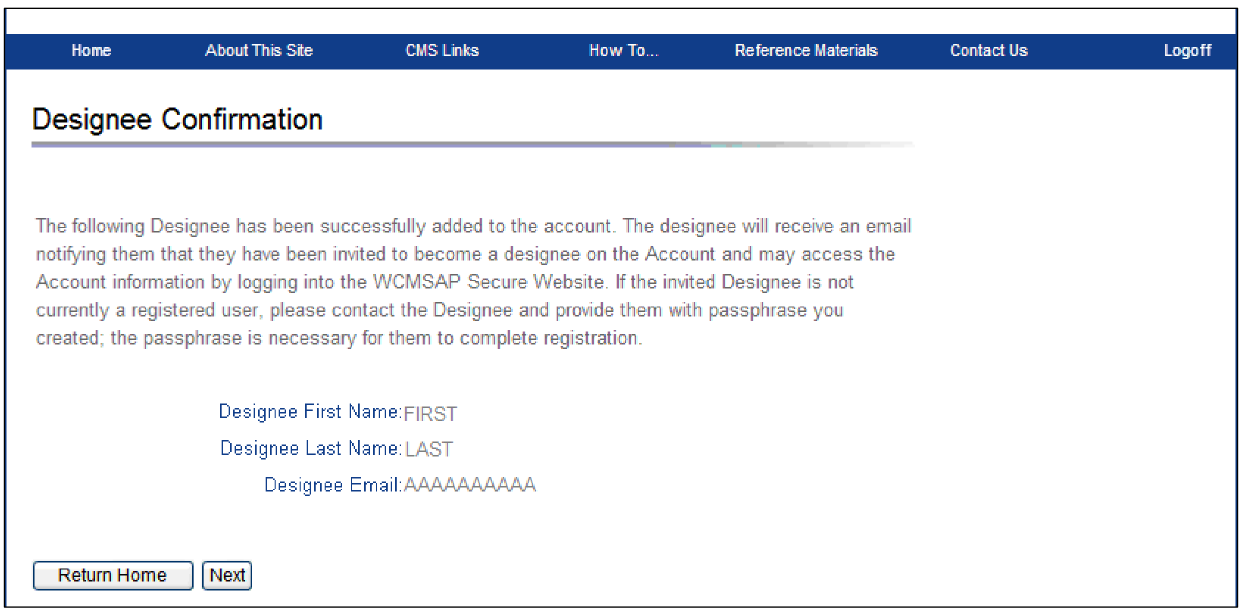


Figure 10-5: Designee Confirmation

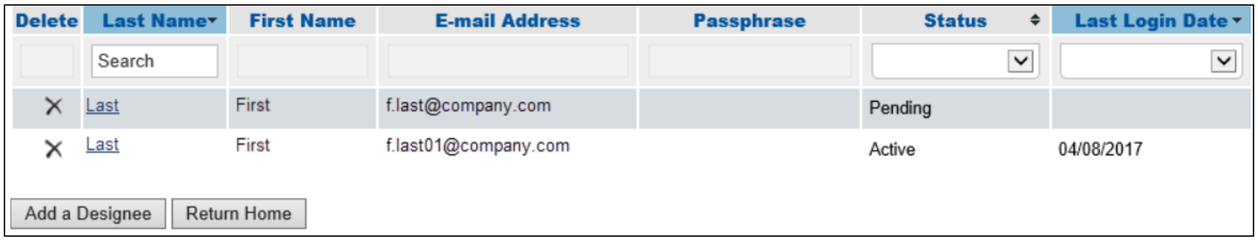


6. Click the **Return to Home** button to go back to the *Account List* page, or click **Next** to go to the *Designee Listing* page.

   If you click **Next**, the *Designee Listing* page reappears with the new AD listed, with the status of “Active” (Figure 10-6).

7. **If the entered email address is NOT found in the system,** the *Designee Invitation* page appears (Figure 10-7). Enter the invited Designee’s First Name, Last Name, create a passphrase, and then click **Next**. The passphrase should be a short case-sensitive phrase of your creation.

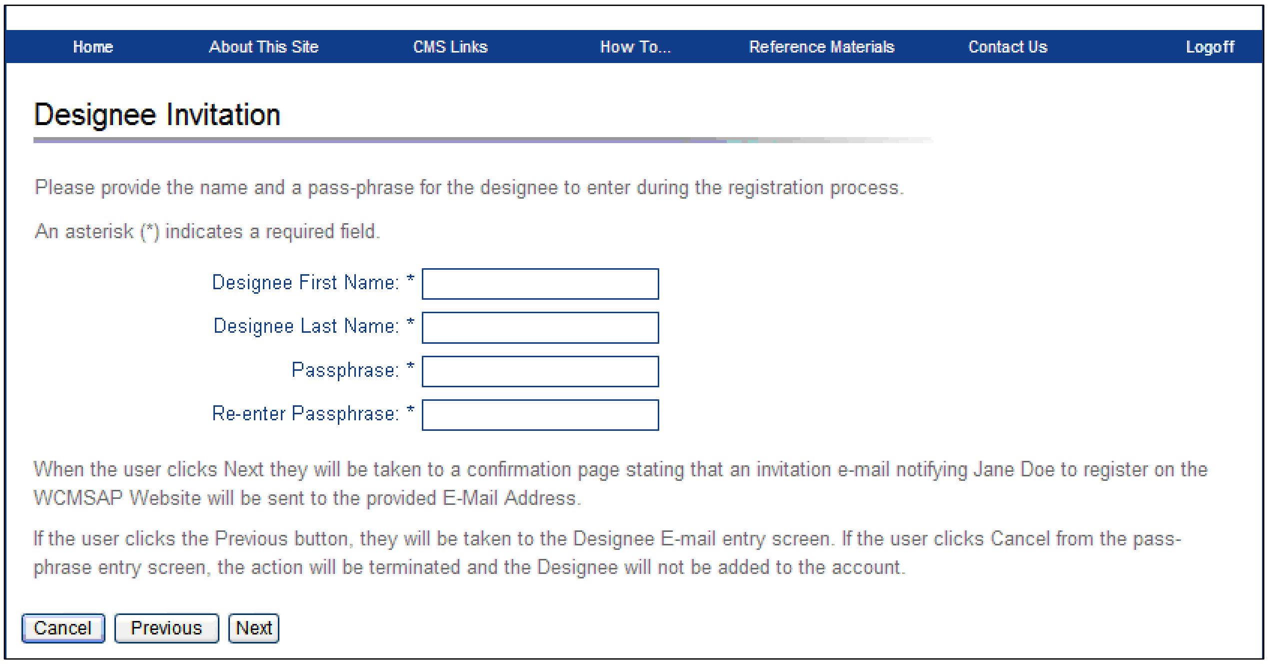
Figure 10-6: Designee Listing (Active Status)



Delete	Last Name	First Name	E-mail Address	Passphrase	Status	Last Login Date
	Search					
X	Last	First	f.last@company.com		Pending	
X	Last	First	f.last01@company.com		Active	04/08/2017

Add a Designee | Return Home

Figure 10-7: Designee Invitation



8. Enter a word or words up to 30 characters. After you complete the invitation process, contact your AD and provide them with the passphrase. They will need to enter it exactly as you did when they follow the link in their invitation email to register for the WCMSAP.

   This ensures that only the people you invite will have access to your account. Do not share this passphrase with anyone else. It will not be sent to the AD in the invitation email. You must give it to them outside the system.

9. After clicking **Next**, the *Designee Confirmation* page appears (Figure 10-8).

   This page indicates that the invited AD has been sent an email notifying them that they have been added to this account ID and must use the token link in that email, in addition to the passphrase you provide them, to register for the WCMSAP and access this account ID.
   The invitation email will come from COBVA@mail.cms.hhs.gov. Inform your AD to allow email deliveries from this address.

10. Click the **Return to Home** button to go back to the *Account List* page, or click **Next** to go to the *Designee Listing* page.

    If you click **Next**, the *Designee Listing* page reappears with the new AD listed, with the status of “Pending” (Figure 10-9).

Figure 10-8: Designee Confirmation

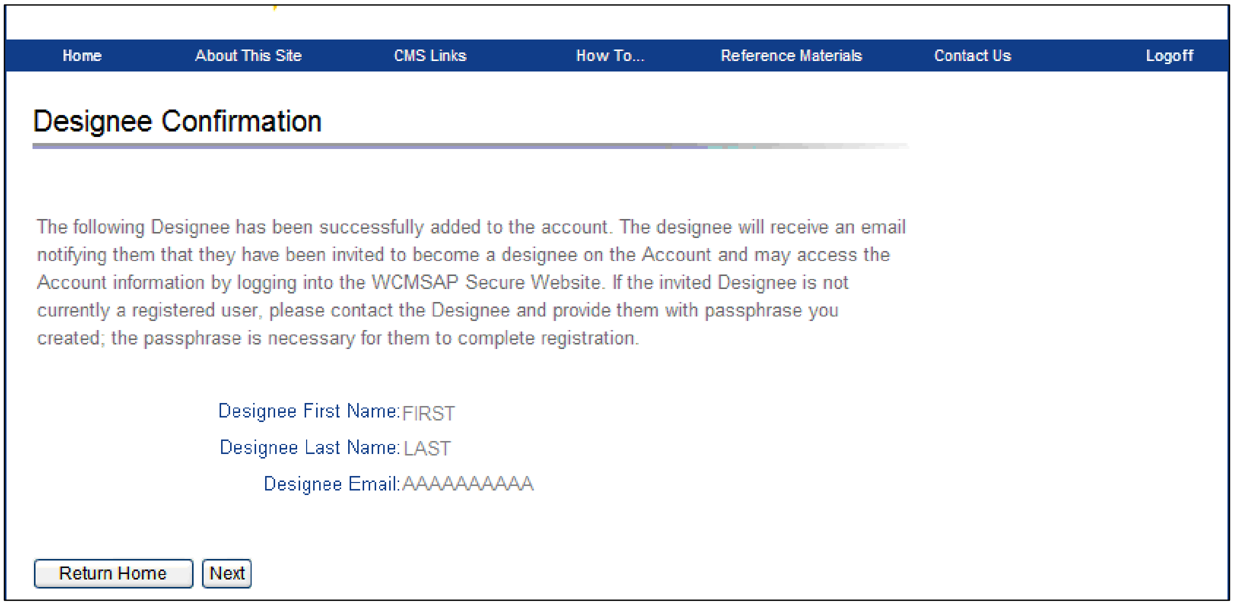


Figure 10-9: Designee Listing (Pending Status)

10.2 Delete a Designee

Note: To help determine which currently active designees should be deleted because of long inactivity on an account, select one of the filter options on the the *Last Login Date* field on the *Designee Listing* page. The filter range values include:

- 0-14 days inactive
- 15-29 days inactive
- 30-44 days inactive
- 45+ days inactive

On the *Designee Listing* page, click the **Delete** icon **[X]** next to the AD you wish to delete from the account (Figure 10-10).

The *Delete Designee Confirmation* page appears (Figure 10-11).
If you do not want to delete the selected AD, click **Cancel** to return to the *Designee Listing* page, which will show the AD still listed with their status unchanged.
If you do want to delete the selected AD, click **Continue**.

The system disassociates the AD from the account and re-displays the *Designee Listing* page 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 10-10: Designee Listing Delete Designee

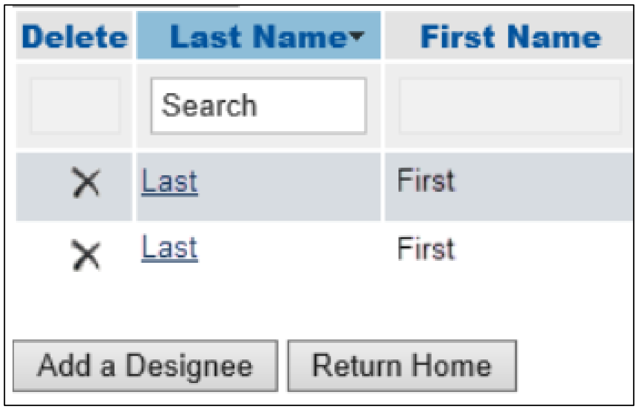
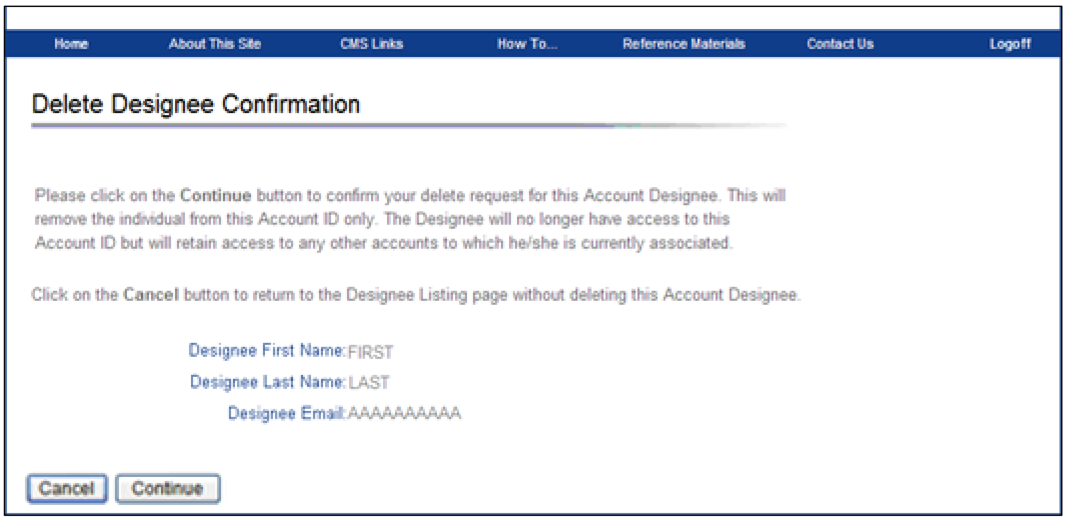


Figure 10-11: Delete Designee Confirmation



10.3 Edit Designee Information

An AM can edit personal information for ADs in “Pending” status. ADs in “Pending” status have not yet registered on the WCMSAP. AMs can only view personal information for ADs in “Active” status.

1. On the *Designee Listing* page (Figure 10-12), click the last name of the AD whose information you wish to update.

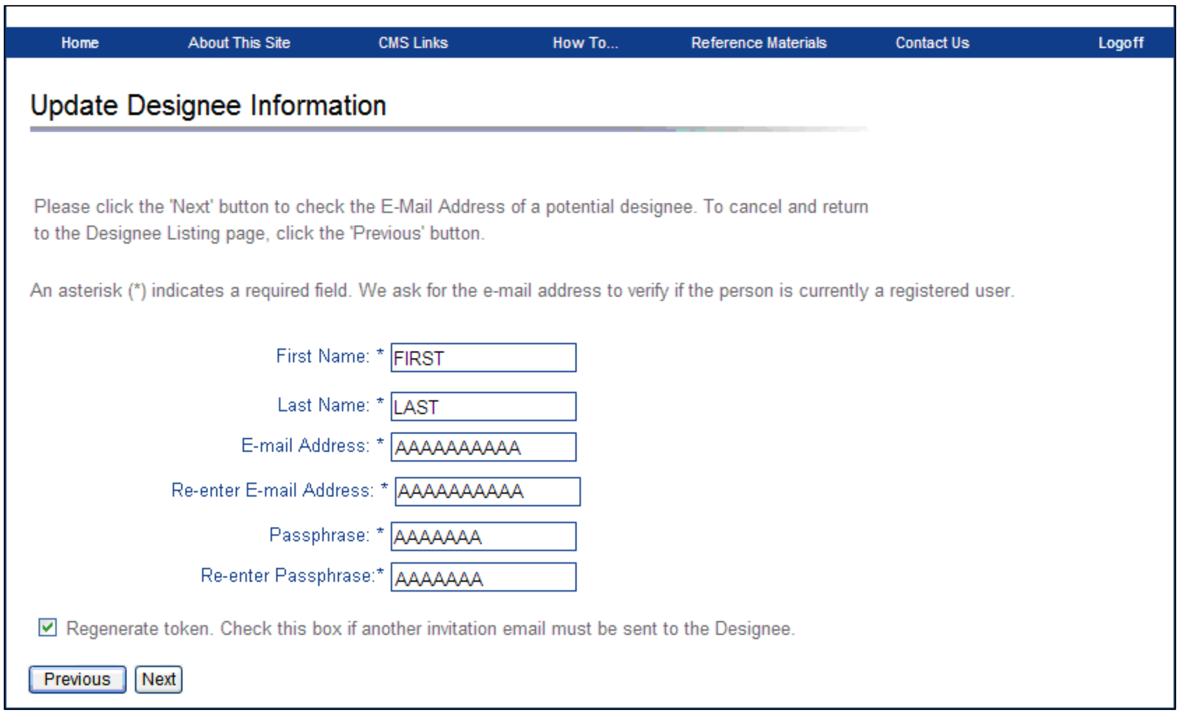
   Note: The *Last Name* field is a searchable and filterable column: click the arrows in the header to sort or reverse the sort order; type a search term into the box at the top of the column to filter for names beginning with that value. Blank fields will default to the top.
   The *Update Designee Information* page appears, with the AD’s personal information open for editing (Figure 10-13).

2. Make the necessary changes and click **Next**.

   The *Designee Listing* page refreshes with the AD’s information updated.

Figure 10-12: Designee Listing (Edit)

Figure 10-13: Update Designee Information



10.4 Regenerate Invitation Email

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

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

The previously generated token link will not work once a new email is generated. Invitation emails can only be regenerated for ADs in Pending status. The email will come from COBVA@mail.cms.hhs.gov. Inform your AD to allow email deliveries from this address.

1. On the *Designee Listing* page, click the last name of the preferred AD (Figure 10-14).

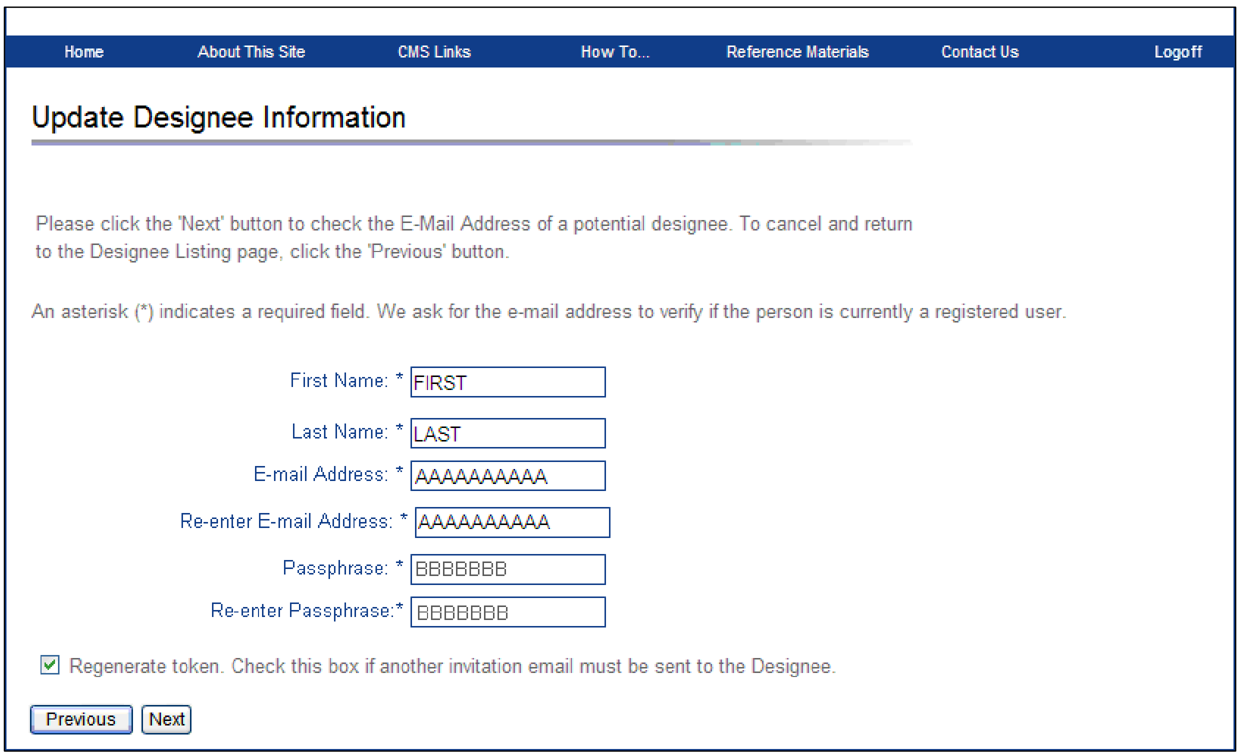
   Note: The *Last Name* field is searchable and filterable. Blank fields will default to the top.
   The *Update Designee Information* page appears, with the AD's personal information open for editing (Figure 10-15).

2. Check the Regenerate token checkbox beneath the AD's personal information then click **Next**.

   The *Designee Listing* page reappears, with the AD's information unchanged. However, the system re-generates the invitation email and sends it to the email address registered for the AD.

Figure 10-14: Designee Listing (Regenerate Email)

Figure 10-15: Update Designee Information



Chapter 11: Account Designee Registration

Account Designees (ADs) are optional users associated with an account ID, who assist the Account Manager (AM) in managing a Corporate, Professional Administrator, or Representative account. As an AD, you will be able to perform most of the functions on the site, including submitting cases, but will not be able to invite additional users to be associated with the account ID or 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 which grants access to the registration site. You will also verbally 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 WCMSAP, using the information contained in the system-generated email sent and the passphrase given to you by the 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 on the token URL provided in the email sent by the Benefits Coordination & Recovery Center (BCRC). The email will come from COBVA@mail.cms.hhs.gov. You must allow email deliveries from this address.

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

2. Review the DUA. To proceed, click the **I Accept** link at the bottom of the page. You will be denied access to the WCMSAP registration process if you click **I Decline**.

   The *Designee Registration* page appears (Figure 11-1).

3. The *Designee Registration* page informs you that you have been assigned as an AD for the listed account ID. Enter the passphrase given to you earlier by the AM, check the **I Accept** box beneath the User Agreement and Privacy Policy, and click the **Next** button.

   The *Designee Personal Information* page appears (Figure 11-2).
   Note: The passphrase is case-sensitive. Enter it exactly as it was given to you. If you have forgotten the passphrase, contact your AM. The passphrase is not included in the designee invitation email.

Figure 11-1: Designee Registration

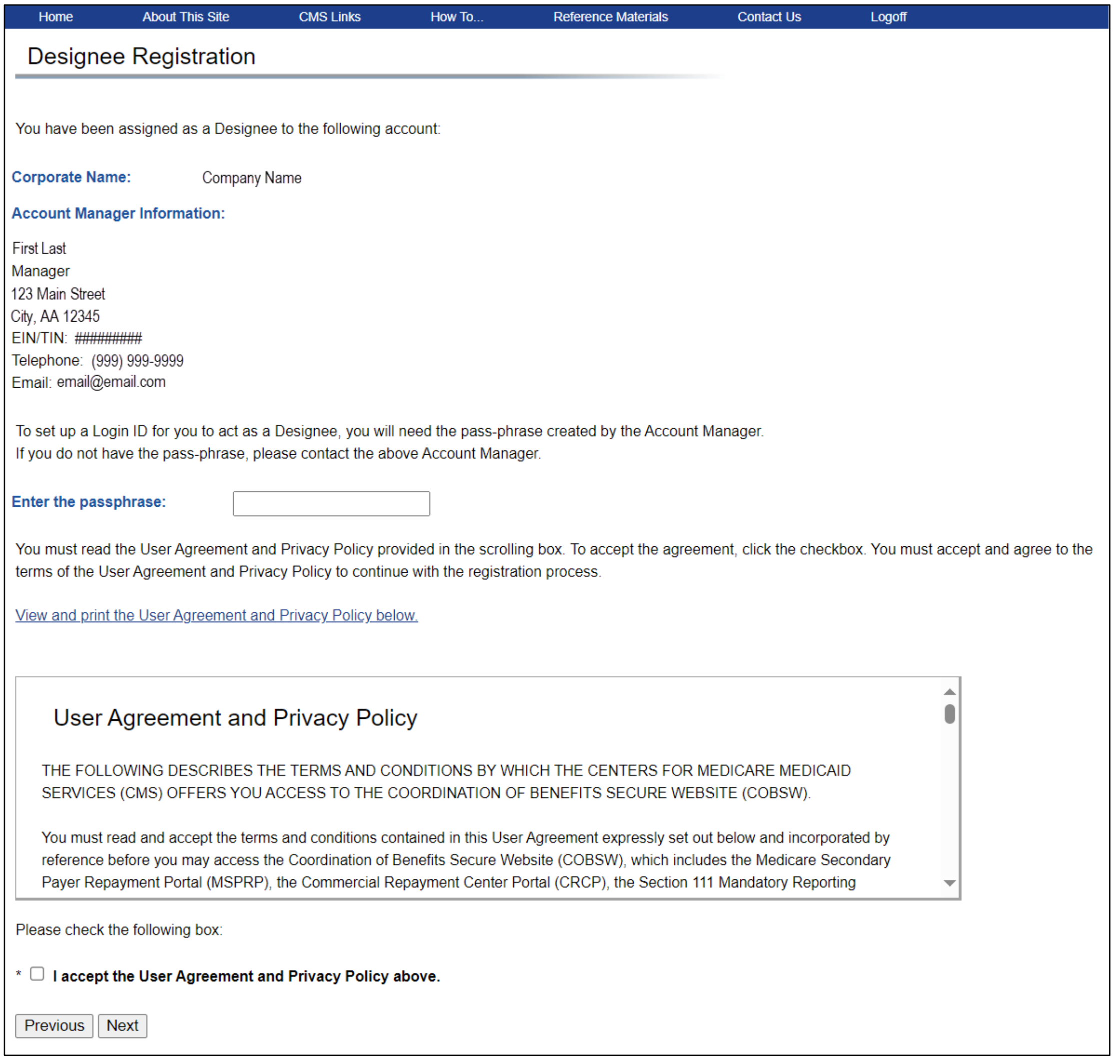
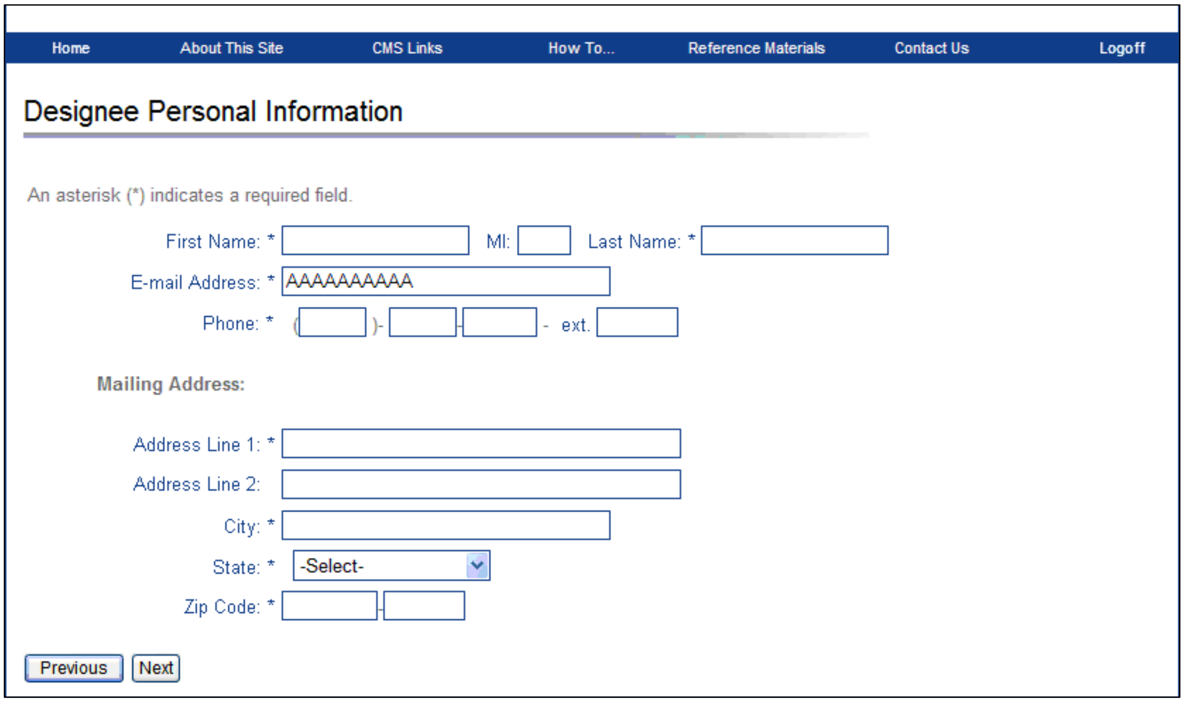


Figure 11-2: Designee Personal Information



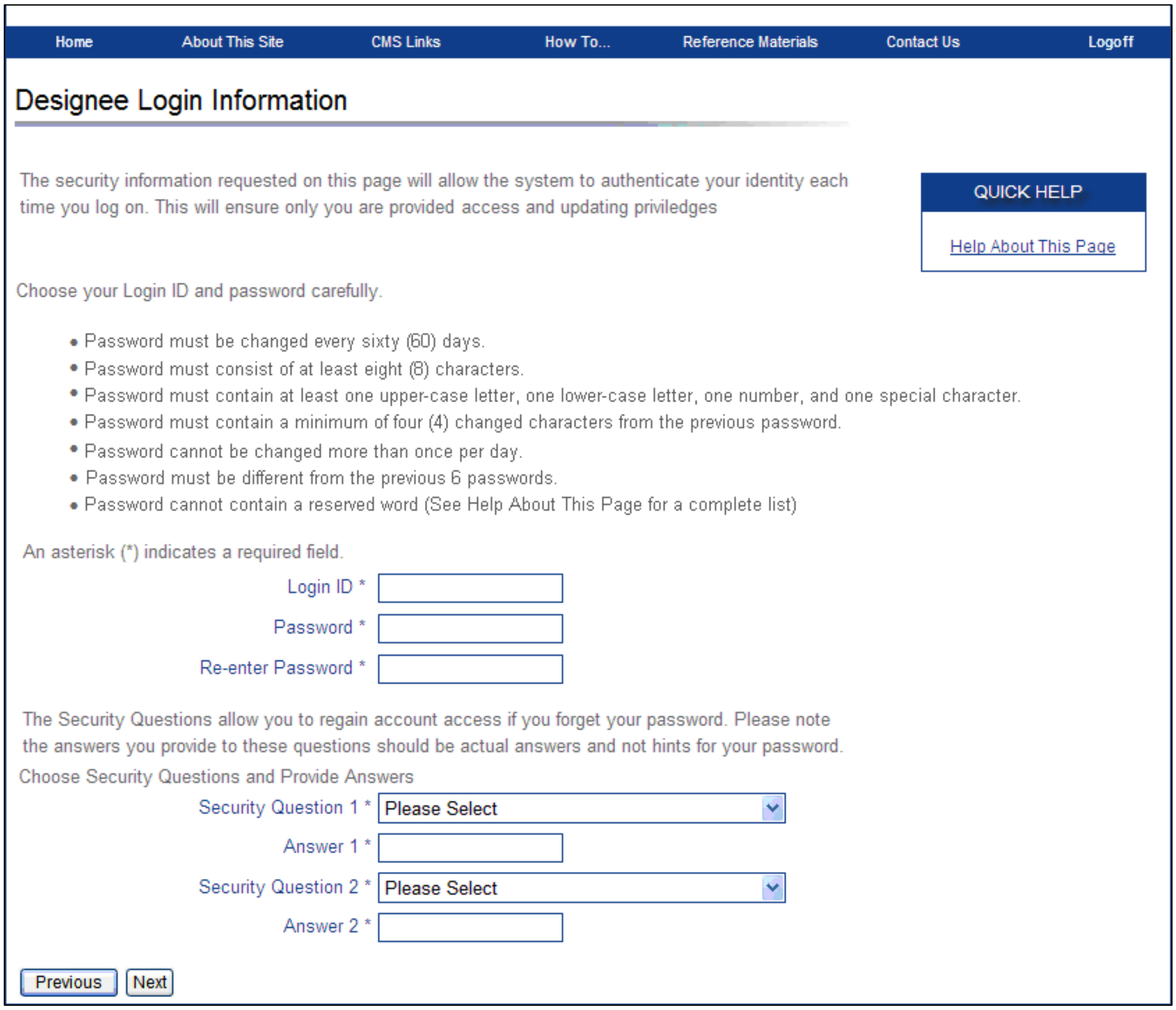
4. Enter the requested information and click the **Next** button.

   The *Designee Login Information* page appears (Figure 11-3).

5. Select two Security Questions and set up a login ID and password (using the following guidelines):

   - 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 six passwords.
   - Password cannot contain a reserved word (see Section 5.2 for the list).

Figure 11-3: Designee Login Information



6. Enter the required information and click the **Next** button.

   The *Designee Summary* page appears (Figure 11-4). The page provides a summary of all the information you have entered.

7. To make any corrections, click the **Edit** button next to the proper section to return to that section. Once all corrections have been made, click **Next** at the bottom of that page to navigate back to the *Designee Summary* page. After you have returned to the *Designee Summary* page, click the **Submit Registration** button.

   The *Thank You* page appears (Figure 11-5).

8. Click the **Workers' Compensation Medicare Set-Aside Welcome Page** link to go to the *WCMSAP Welcome* page to log in to the site and manage account information.

You have successfully completed self-registration on the WCMSAP site.

Figure 11-4: Designee Summary

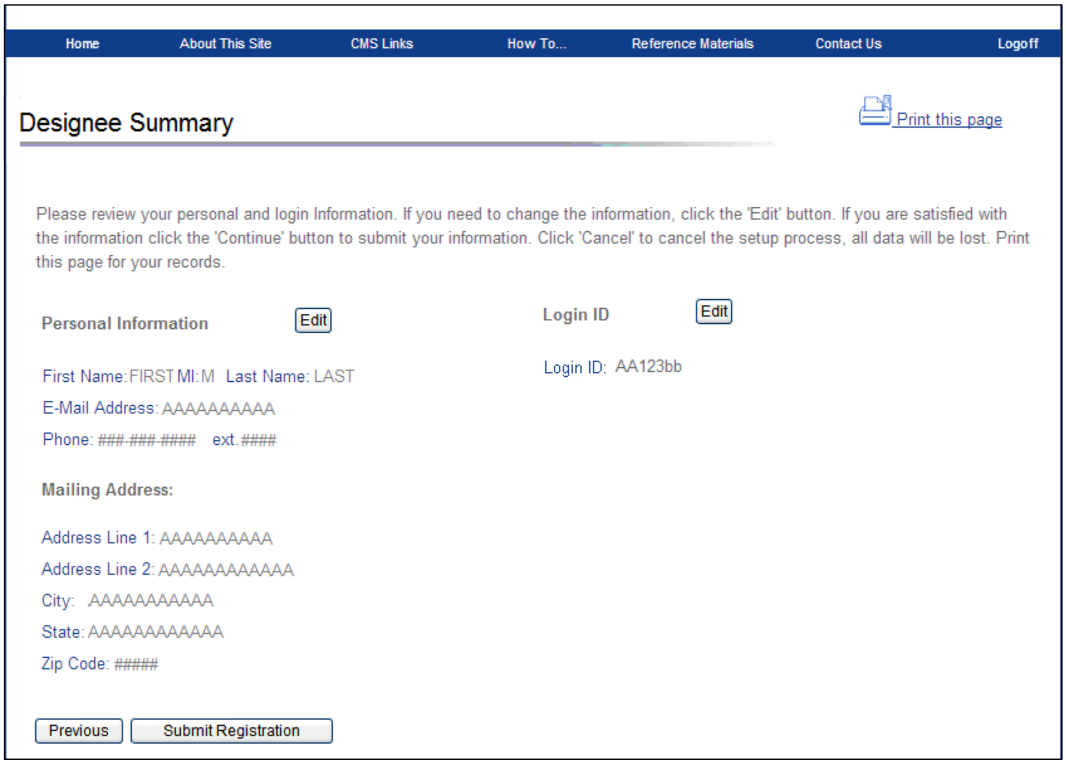
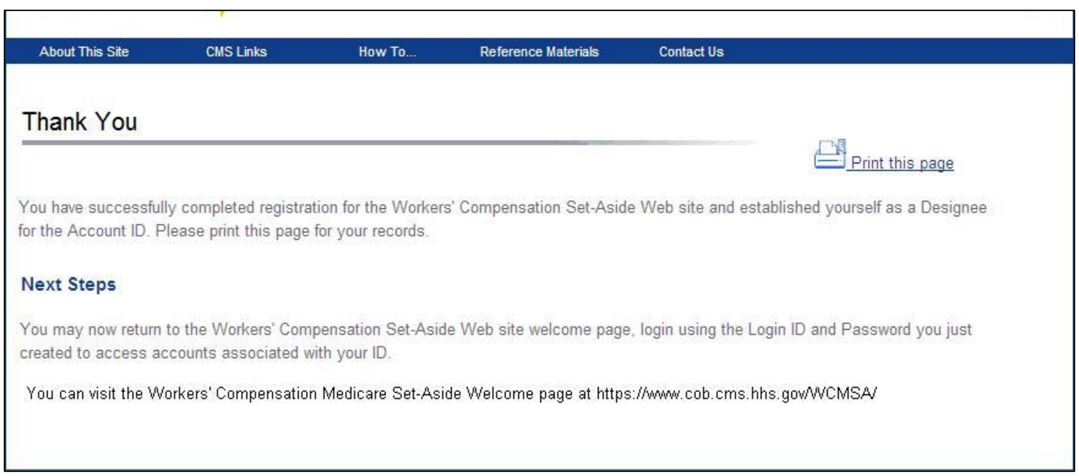


Figure 11-5: Designee Thank You



Chapter 12: Create a New Case

12.1 Case Creation Overview

Use the case creation process to input Workers' Compensation Medicare Set-Aside Arrangement (WCMSA) case information and all relevant documentation. Before you begin, read this chapter in its entirety and gather all required information.

Once a case has been created, neither the Social Security Number (SSN) nor Medicare ID (Health Insurance Claim Number [HICN] or Medicare Beneficiary Identifier [MBI]) can be changed within the case.

If the SSN and/or Medicare ID are incorrect, the case must be:

- Canceled if it has not been saved as a Work-In-Progress (WIP),
- Deleted if it has been saved as a Work-In-Progress or
- Updated by Workers' Compensation Recovery Contractor (WCRC) staff, as long as it has been submitted, the account is not a Self-Account, and it is not in a completed status.

  Note: Contact the WCRC to update incorrect SSNs and Medicare IDs for cases.

All files being added to a case must be in PDF format, cannot exceed 40 MB per file, must be virus-free, cannot be password-protected, and the file name cannot exceed 80 characters.

Ensure that all files related to a case have been converted to that format, and do not exceed the file size limits. This is especially important for medical records. You may upload files for the same document or file type as long as each meets the file size requirements. All PDF files that meet the noted criteria can be added to a case.

12.1.1 Save a Work-In-Progress Case

You do not have to complete the case creation process immediately. You can save the entered information at any time after the initial case creation page by clicking the **Save Work-In-Progress** button that appears at the bottom of most pages. If you do so, the case is saved and the *Work-In-Progress* page appears.

Figure 12-1: Case Saved as Work-In-Progress (WIP)

You can return to the WCMSAP later and finish creating the case. Then submit the case, using the case lookup process and utilizing the case number provided on the W*ork-In-Progress* page. See the next chapter for more information on the case lookup process.

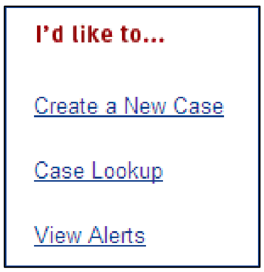
If you click the **Cancel Case Creation** button, the case will **not** be saved. Cancelling the case deletes any entered information from the WCMSAP; you must start the case creation process from the beginning for that case. If the case was previously saved as a Work-In-Progress, only the information entered during that particular WCMSAP session would be deleted.

12.2 New Case Creation

1. Corporate and Representative users select an account ID on the *Account List* page (Figure 12-3). Self submitters can begin directly from their *Home* page.
2. Click the **Create a New Case** link in the "I'd like to…" box.

   The *New Case Creation* page appears (Figure 12-4).

Figure 12-2: I'd like to… Box



3. Use the *New Case Creation* page to enter information for the beneficiary or claimant, and to verify that the case meets all new case requirements. Fields marked with an asterisk (*) are required.

   Note: If any of the following conditions are found, a case cannot be created for this beneficiary or claimant:

   - The proposed settlement amount is less than or equal to $25,000 for beneficiaries
   - The proposed settlement amount is less than or equal to $250,000 for non-beneficiaries
   - The case already exists in the system, and has not expired (use Case Lookup to work the case)
   - The beneficiary is deceased

   Notes: Do not confuse proposed minimum settlement money with minimum (or no) set-aside amounts. Situations involving no MSA (Medicare set-aside) money cannot be submitted.
   A case has expired if it has remained in Closeout status (CLOS) for more than 12 months since the date of the last Closeout Letter. See Section 13.3.5.

4. Enter the required information then click **Continue**.

   If the case meets minimum requirements, the WCMSAP will attempt to match the information you entered to an existing Medicare beneficiary.
   Note: For new cases due to a require resubmission, only the *Proposed MSA* (*Medicare Set-Aside) Amount* field will be active. All other fields will display as read-only with information from the original case displayed. See Section 13.3.5.

Figure 12-3: WCMSAP Account List (“home” for non-Self accounts)

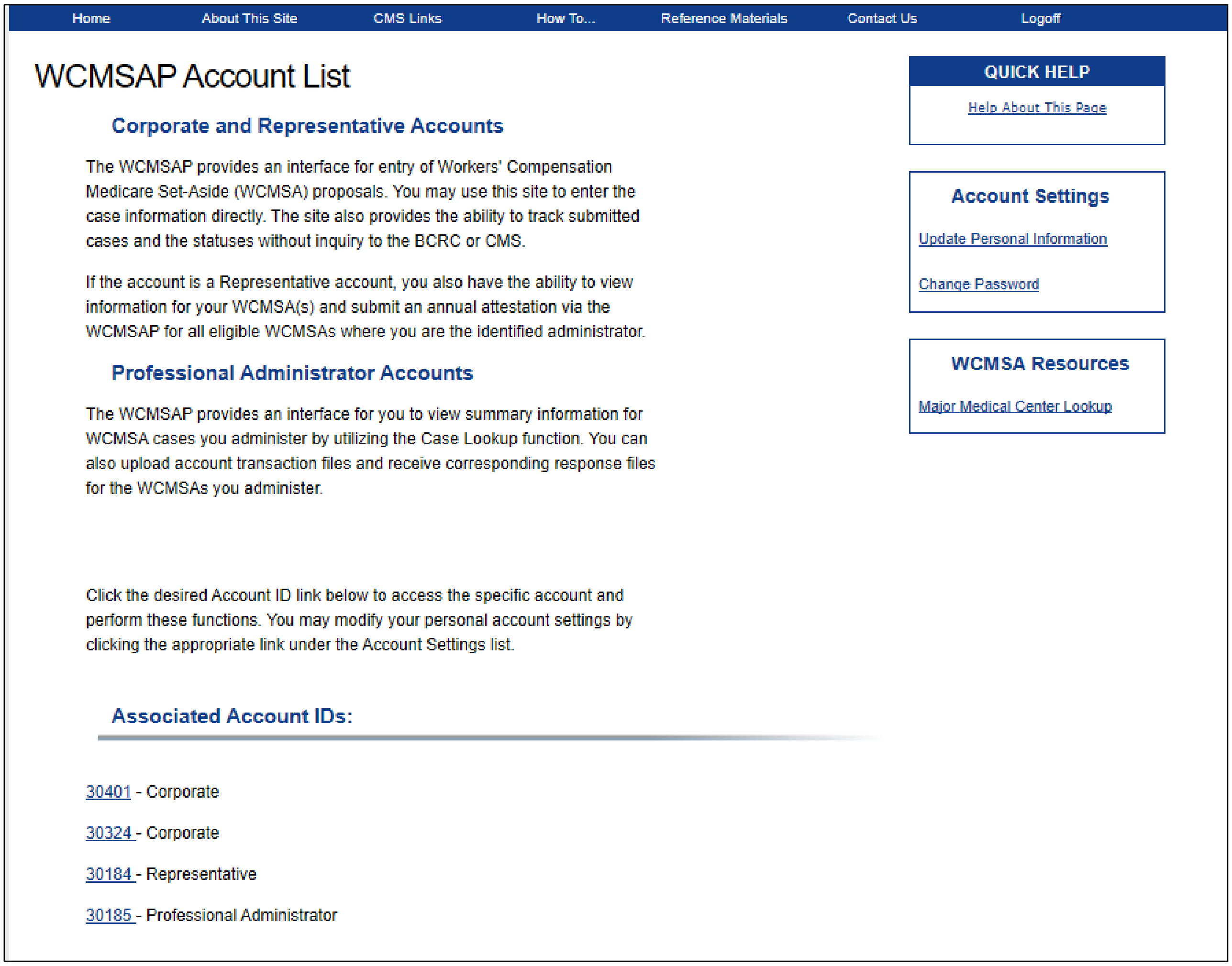
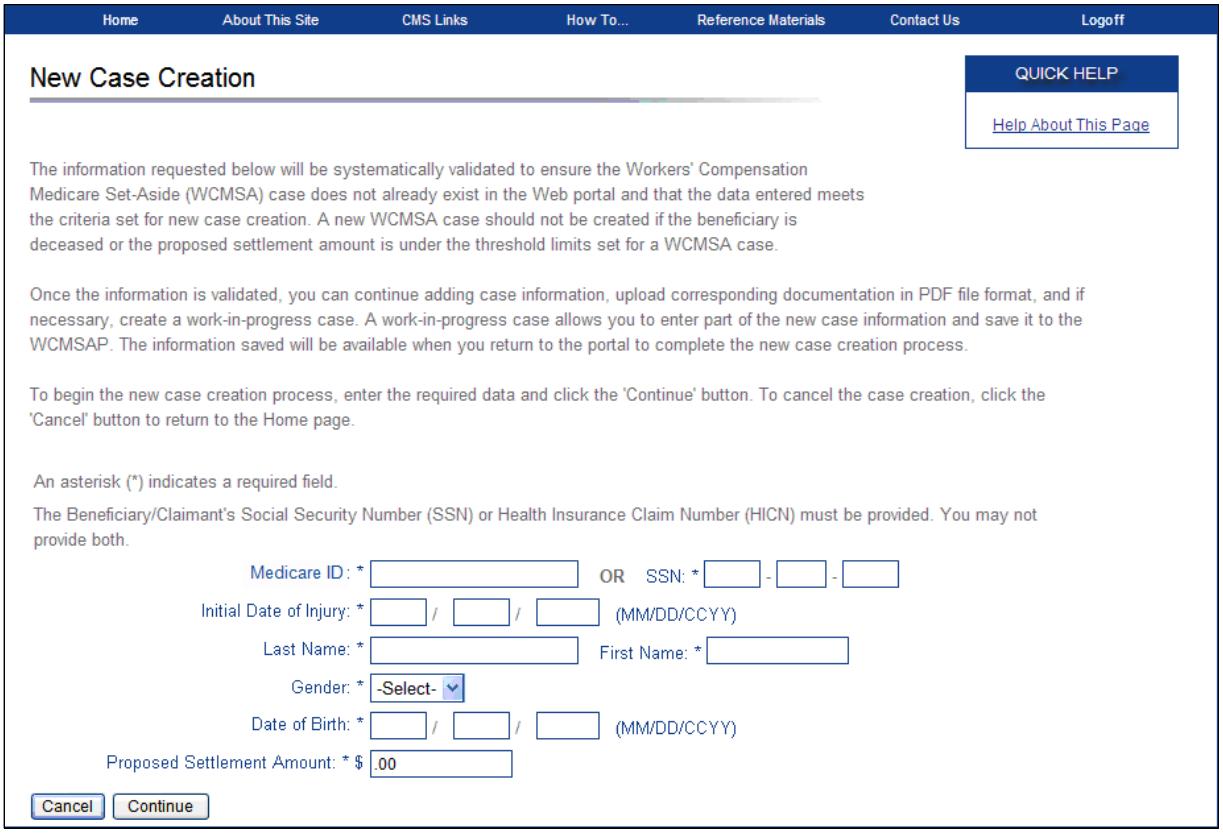


Figure 12-4: New Case Creation



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

New Case Creation

QUICK HELP

Help About This Page

The information requested below will be systematically validated to ensure the Workers' Compensation Medicare Set-Aside (WCMSA) case does not already exist in the Web portal and that the data entered meets the criteria set for new case creation. A new WCMSA case should not be created if the beneficiary is deceased or the proposed settlement amount is under the threshold limits set for a WCMSA case.

Once the information is validated, you can continue adding case information, upload corresponding documentation in PDF file format, and if necessary, create a work-in-progress case. A work-in-progress case allows you to enter part of the new case information and save it to the WCMSAP. The information saved will be available when you return to the portal to complete the new case creation process.

To begin the new case creation process, enter the required data and click the 'Continue' button. To cancel the case creation, click the 'Cancel' button to return to the Home page.

An asterisk (*) indicates a required field.

The Beneficiary/Claimant's Social Security Number (SSN) or Health Insurance Claim Number (HICN) must be provided. You may not provide both.

Medicare ID : * OR SSN: * - -

Initial Date of Injury: * / / (MM/DD/CCYY)

Last Name: * First Name: *

Gender: * -Select-

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

Proposed Settlement Amount: * $ .00

Cancel Continue

Table 12-1: New Case Creation Fields

Field	Description
Medicare ID	Enter the beneficiary or claimant's Medicare ID (HICN or MBI). If you enter the Medicare ID, you **cannot** enter an SSN.
SSN	Enter the beneficiary or claimant's SSN. If you enter the SSN, you **cannot** enter a Medicare ID.
Initial Date of Injury	Enter the date of the beneficiary or claimant's first injury. If there are additional dates of injury for this case, add them on the *Case Notes* page. If there are additional dates of injury for this beneficiary/claimant that are NOT associated with this case, a separate case or cases must be submitted.
Last Name	Enter the beneficiary or claimant's last name.
First Name	Enter the beneficiary or claimant's first name.
Gender	Select the beneficiary or claimant's gender from the drop-down list.
Date of Birth	Enter the beneficiary or claimant's date of birth.
Proposed Settlement Amount	Enter the proposed settlement amount for the case.
Cancel	Click to return to your home page. The information entered on this page will NOT be saved.
Continue	Click to save changes and continue to the next page.

12.2.1 Beneficiary Matching

After you click **Continue** on the *New Case Creation* page, the WCMSAP will attempt to match the information you entered to an existing Medicare beneficiary in the Medicare Beneficiary Database (MBD). To determine if a beneficiary exists on record, matching is performed on the entered Medicare ID (HICN or MBI) or SSN, along with the three out of the following four criteria: First Name (first initial), Last Name (first six letters), and Gender or Date of Birth (DOB).

There are three possibilities when attempting to match a beneficiary:

- If a match is found (that is, the beneficiary information you entered is successfully matched to an existing Medicare beneficiary on record), you will receive a message indicating that an existing beneficiary was found. The system will use stored demographic information about the beneficiary on the ensuing pages.
- If a match is found, but some of the data you entered is incorrect, you will receive a warning page explaining that the system will use the information stored, rather than what you entered, to continue with the case creation process. The system will use the corrected demographic information about the beneficiary on the ensuing pages.
- If a match is not found, you will receive a *Beneficiary Not Matched* message. This page allows you to go back and correct the information you entered, or continue to create the case anyway.

In all three scenarios, you may create a new case, or cancel the case creation process. The following steps provide more details about beneficiary matching.

If a beneficiary match is found:

A *Beneficiary Matched* message appears, confirming that a Medicare beneficiary has been found that matches the information you entered. On this page, you can:

1. Click **Continue** to proceed with case creation and display the *Beneficiary/Claimant Information* page.
2. Click **Cancel** to return to the *Home* page and cancel the case creation process. No data you entered will be saved unless you saved the case as a Work-In-Progress. In this case, only data you entered after saving will be lost.

If a beneficiary match is found, but the Gender or Date of Birth (DOB) was entered incorrectly:

An *Authenticated DOB* or *Authenticated Gender* warning page appears if you enter the DOB or Gender incorrectly, but the data you entered still matches three out of four criteria (First Name [first initial], Last Name [first six letters], and Gender or DOB). These pages confirm that the DOB or Gender from the beneficiary database will be used, instead of what you entered, to create the case. On these warning pages:

1. Click **Continue** to confirm that the existing information will be used to create the case. The *Beneficiary/Claimant Information* page appears.
2. Click **Cancel** to return to the *Home* page and cancel the case creation process. No data you entered will be saved unless you saved the case as a Work-In-Progress. In this case, only data you entered after saving will be lost.

If a beneficiary match is NOT found:

A *Beneficiary Not Matched* message appears, indicating that a Medicare beneficiary could not be found that matches the information you entered. On this page, you can:

1. Click **Previous** to return to the *New Case Creation* page. The information you entered previously reappears, allowing you to review your entries and make any edits necessary.
2. Click **Continue** to create the case anyway, and display the *Beneficiary/Claimant Information* page.
3. Click **Cancel** to return to the *Home* page and cancel the case creation process. No data you entered will be saved unless you saved the case as a Work-In-Progress. In this case, only data you entered after saving will be lost.

Notes:

- For Self accounts, demographic information stored on file will be displayed as read-only on the following pages of the case creation process. For Corporate or Representative accounts, some demographic information will be hidden on the following pages to protect the official beneficiary contact information. See Table 12-3.
- If the information cannot be matched because the claimant is not yet a Medicare beneficiary, you still may create a new case if the claimant has a reasonable expectation of becoming a Medicare beneficiary within the next 30 months (two years and six months).

12.3 New Case Creation Navigation

The following set of navigation buttons appears throughout the case creation process, unless noted otherwise.

Table 12-2: New Case Creation Navigation

Field	Description
Previous	Click to return to the previous page.
Next	Click to save changes and continue to the next page.

Field	Description
Save Work-In-Progress	Click to save all information entered up to this point and exit the case creation process.
Case Summary	Click to go to the *Summary Information* page and view a synopsis of the case information entered.
Cancel Case Creation	Click to delete all information entered for this case and exit the case creation process.

12.4 Beneficiary/Claimant Information

1. Enter the beneficiary or claimant’s contact and injury information on this page (Figure 12-5). Fields marked with a superscript “1” are required.

   For Self accounts: Most fields are pre-populated. If the name, address, or phone number information is no longer correct, click the **Cancel Case Creation** button, make the necessary corrections via the *Update Personal Information* page, then begin the case creation process again. **For Corporate and Representative accounts:** If the information you entered matches an existing Medicare beneficiary on record after entering information on the *New Case Creation* page, several demographic fields on this page are pre-populated, read-only fields, or are hidden from view (to protect the official beneficiary contact information). Hidden fields will also be hidden on the *Case Summary* page. The information from a matched beneficiary is already on file and does need to be entered again. If the beneficiary was not matched, then all required fields display and are open for editing (except the Medicare ID or SSN fields, which display as read-only; HICNs and SSNs appear with the first five digits masked by asterisks).

2. Enter the required information.
3. Click **Next** to save changes and continue to the next page.

Figure 12-5: Beneficiary/Claimant Information

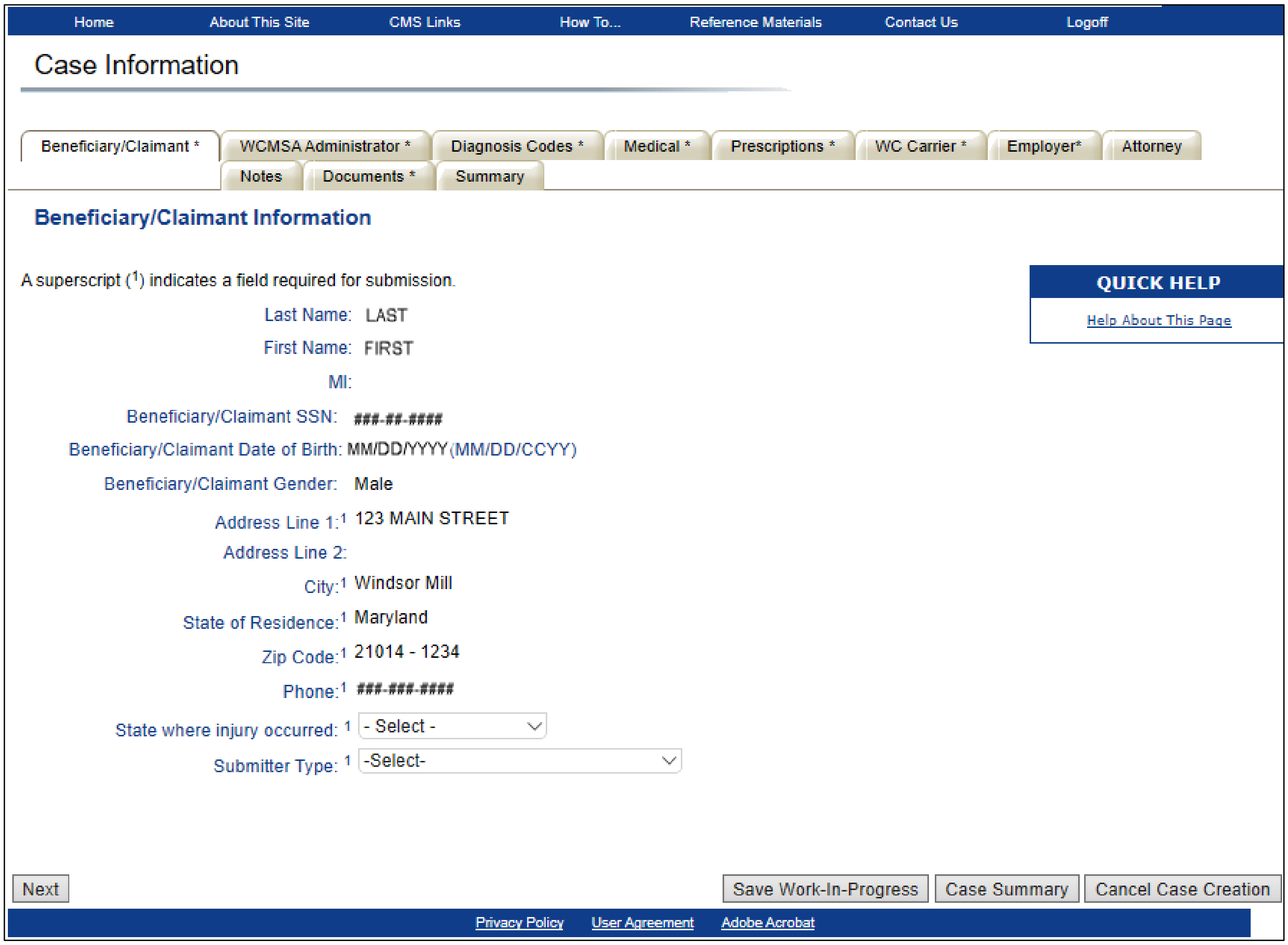


Table 12-3: Beneficiary/Claimant Information Fields

Field	Description
Last Name	Displays the beneficiary or claimant’s last name. This field is pre-populated if the beneficiary was previously matched to an existing beneficiary for Corporate or Representative accounts.
First Name	Displays the beneficiary or claimant’s first name. This field is pre-populated if the beneficiary was previously matched to an existing beneficiary for Corporate or Representative accounts.
MI	Displays the beneficiary or claimant’s middle initial, if previously entered. This field is pre-populated if the beneficiary was previously matched to an existing beneficiary for Corporate or Representative accounts.
Beneficiary Medicare ID	Displays the beneficiary’s Medicare ID (HICN or MBI), if previously entered. The first five digits of a HICN are masked with asterisks. This field is pre-populated if the beneficiary was previously matched to an existing beneficiary for Corporate or Representative accounts. If an SSN was entered instead, this field does not display. **Note:** The beneficiary Medicare ID does not display for Corporate or Representative accounts that were not matched.
Beneficiary/Claimant SSN	Displays the beneficiary or claimant’s social security number, if previously entered. The first five digits are masked with asterisks. This field is pre-populated if the beneficiary was previously matched to an existing beneficiary for Corporate or Representative accounts. If a Medicare ID (HICN or MBI) was entered instead, this field does not display. **Note:** The beneficiary SSN does not display for Corporate or Representative accounts that were not matched.
Beneficiary/Claimant Date of Birth	Displays the beneficiary or claimant’s birth date. This field is pre-populated if the beneficiary was previously matched to an existing beneficiary for Corporate or Representative accounts.
Beneficiary/Claimant Gender	Displays the beneficiary or claimant’s gender. This field is pre-populated if the beneficiary was previously matched to an existing beneficiary for Corporate or Representative accounts.
Address Line 1	Enter the first line of the beneficiary or claimant’s mailing address. This field is pre-populated for Self account types. This field does not display if the beneficiary was previously matched to an existing beneficiary for Corporate or Representative accounts.
Address Line 2	Enter the second line of the beneficiary or claimant’s mailing address. Optional. This field is pre-populated for Self account types, if previously entered. This field does not display if the beneficiary was previously matched to an existing beneficiary for Corporate or Representative accounts.
City	Enter the city where the beneficiary or claimant lives. This field is pre-populated for Self Account types. This field does not display if the beneficiary was previously matched to an existing beneficiary for Corporate or Representative accounts.
State of Residence	Select the state where the beneficiary or claimant lives from the drop-down list. This field is pre-populated for Self account types. This field does not display if the beneficiary was previously matched to an existing beneficiary for Corporate or Representative accounts.

Field	Description
Zip Code	Enter the beneficiary or claimant's ZIP code. The ZIP+4 field is optional. This field is pre-populated for Self account types. This field does not display if the beneficiary was previously matched to an existing beneficiary for Corporate or Representative accounts.
Phone	Enter the beneficiary or claimant's telephone number. The extension field is optional. This field is pre-populated for Self account types. This field does not display if the beneficiary was previously matched to an existing beneficiary for Corporate or Representative accounts.
State where injury occurred	Select the state where the beneficiary or claimant's first injury occurred from the drop-down list.
Submitter Type	Select a submitter type from the drop-down list. (This field is not displayed for Self account types.) Options are: • Beneficiary/Claimant Representative • Claimant Attorney • Defendant Attorney • WC Carrier • Employer • Medical Consultant • Other

12.5 WCMSA Administrator

The *WCMSA Administrator* page allows you to identify the WCMSA case account administrator (Figure 12-6). You must select an administrator type and enter administrator information before you will be able to submit a case.

The administrator type selected determines the type of administrator information that is captured during the case creation process. The default option is "Self." The other administrator types are Rep Payee and Professional Administrator.

Note: When "Professional Administrator" is selected as the administrator type, you will be required to upload a document to the *30 – Set-Aside Administrator or Copy of Agreement* category on the *Case Documents* page before you will be allowed to submit this case.

To identify the administrator:

1. Select an administrator type.
2. Enter the required information.
3. Click **Next** to save changes and continue to the next page.

Figure 12-6: WCMSA Administrator

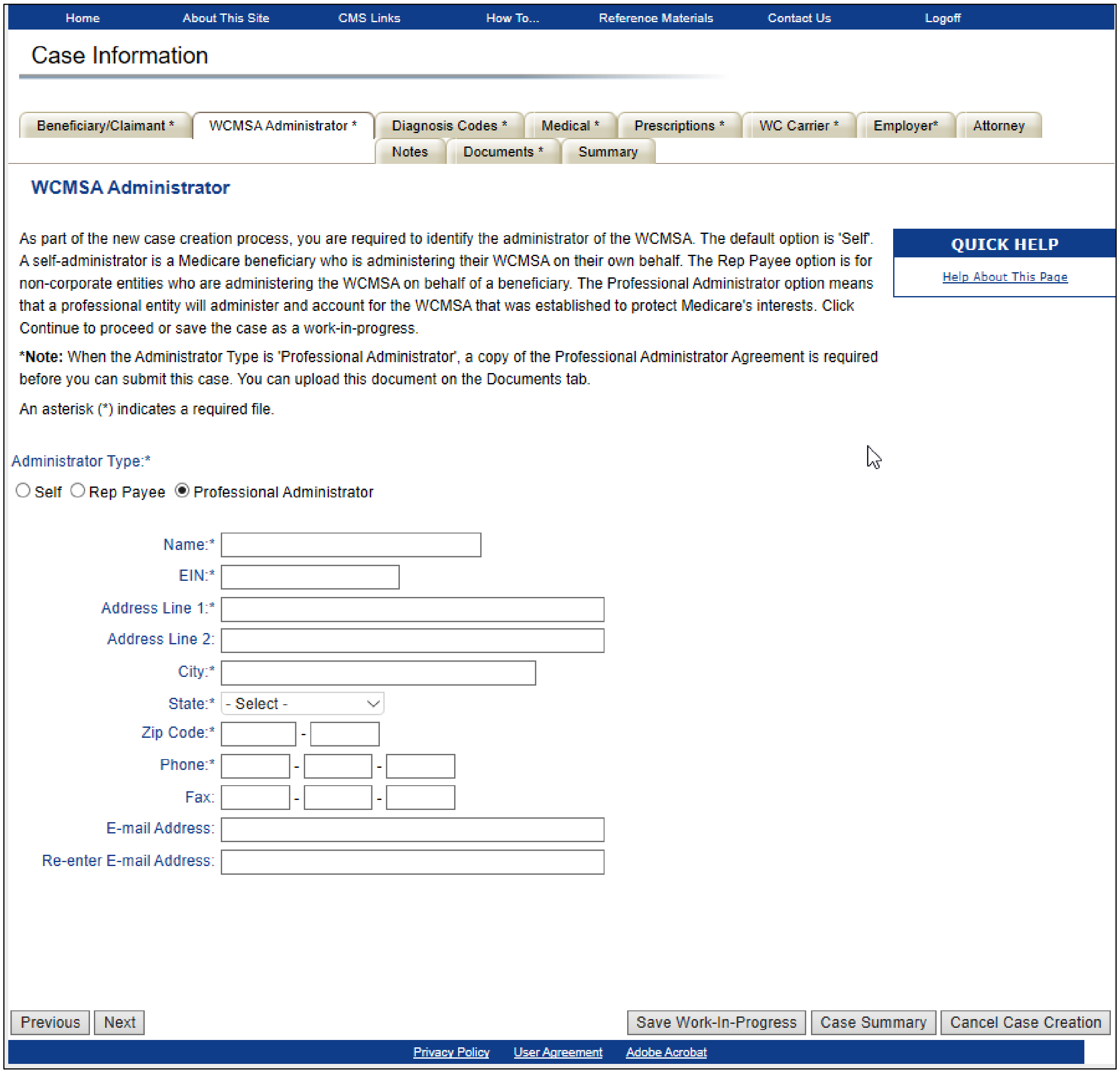


Table 12-4: Administrator Types

Type	Description
Professional Administrator	A professional corporate entity who is administering the WCMSA account and is responsible for reporting to Medicare. **Note:** When selected, a copy of the Professional Administrator Agreement is required before you can submit a case. You can upload this document on the WCMSAP *Documents* tab.
Rep Payee	A non-corporate entity who is administering the WCMSA account on behalf of a beneficiary.
Self	A Medicare beneficiary who is administering the WCMSA account on their own behalf.

Table 12-5: Professional Administrator

Field	Description
Name	Enter the company name of the individual or entity responsible for administering the WCMSA account. Required.
Employer Identification Number	Enter the EIN of the individual or entity responsible for administering the WCMSA account. Required.
Address Line 1	Enter the first line of the mailing address of the individual or entity responsible for administering the WCMSA account. Required.
Address Line 2	Enter the second line of the mailing address of the individual or entity responsible for administering the WCMSA account. Otherwise, displays as blank.
City	Enter the city of the individual or entity responsible for administering the WCMSA account. Required.
State	Select the state of the individual or entity responsible for administering the WCMSA account from the drop-down menu. Required.
Zip Code	Enter the five-digit ZIP code of the individual or entity responsible for administering the WCMSA account (Required) and four-digit extension (Optional).
Phone	Enter the phone number of the individual or entity responsible for administering the WCMSA account, including the area code. Required.
Fax	Enter the fax number of the individual or entity responsible for administering the WCMSA account. Otherwise, displays as blank.
E-mail Address	Enter the email address of the individual or entity responsible for administering the WCMSA account. Otherwise, displays as blank.
Re-Enter E-Mail Address	Re-enter the email address to validate (if email entered).

Table 12-6: Rep Payee

Field	Description
Name	Enter the first and last name of the representative payee for the beneficiary associated to this account. Required.
Address Line 1	Enter the first line of the representative payee’s mailing address. Required.
Address Line 2	Enter the second line of the representative payee’s mailing address. Optional.
City	Enter the representative payee’s city. Required.
State	Select the representative payee’s state from the drop-down menu. Required.
Zip Code	Enter the representative payee’s five-digit ZIP code (Required) and four-digit extension (Optional).
Phone	Enter the representative payee’s phone number, including the area code. Required.
Fax	Enter the representative payee’s fax number. Optional.
E-mail Address	Enter the representative payee’s email address. Required.
Re-Enter E-Mail Address	Re-enter the representative payee’s email address to validate. Required.

Table 12-7: Self

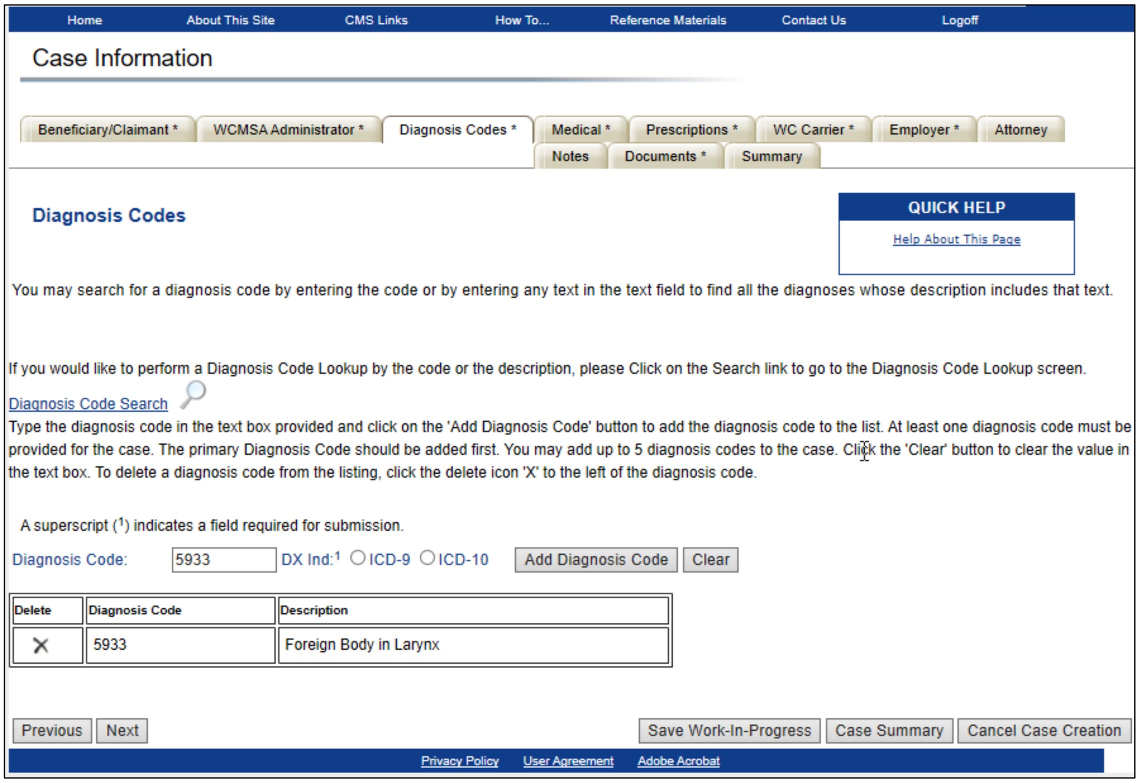
Field	Description
Name	Displays the first and last name of the beneficiary associated to this account. This field is pre-filled with the first and last name of the beneficiary.
Address Line 1	Displays the first line of the beneficiary's mailing address. This field is pre-filled with currently available information related to the beneficiary.
Address Line 2	Displays the second line of the beneficiary's mailing address. This field is pre-filled with currently available information related to the beneficiary, if available. Otherwise, displays as blank.
City	Displays the beneficiary's city. This field is pre-filled with currently available information related to the beneficiary.
State	Displays the beneficiary's state. This field is pre-filled with currently available information related to the beneficiary.
Zip Code	Displays the beneficiary's ZIP code. This field is pre-filled with currently available information related to the beneficiary.
Phone	Displays the beneficiary's phone number. This field is pre-filled with currently available information related to the beneficiary, if available. Otherwise, displays as blank.
E-mail Address	Displays the beneficiary's email address. This field is pre-filled with currently available information related to the beneficiary, if available. Otherwise, displays as blank.

12.6 Diagnosis Codes

Add diagnosis codes to the case by entering a code in the Diagnosis Codes text box (Figure 12-7), selecting the applicable DX Ind (i.e., selecting ICD-9 if the entered code is an ICD-9 diagnosis code or selecting ICD-10 if the entered code is an ICD-10 diagnosis code), then clicking the **Add Diagnosis Code** button. Click the **Clear** button to remove the value in the text box.

Notes: You must add at least one diagnosis code to the case, and a maximum of 25 diagnosis codes. The primary diagnosis code must be added first. You may not use ICD-9 codes for cases with Date of Incidents (DOIs) of 10/1/15 and later. You may not use both ICD-9 and ICD-10 codes on the same case.

Figure 12-7: Diagnosis Codes



If you do not know the exact code, you can search for it by clicking the **Magnifying Glass** icon next to the Diagnosis Code field **Search** button. The *Diagnosis Codes* search page appears (Figure 12-8).

12.6.1 Diagnosis Codes Search

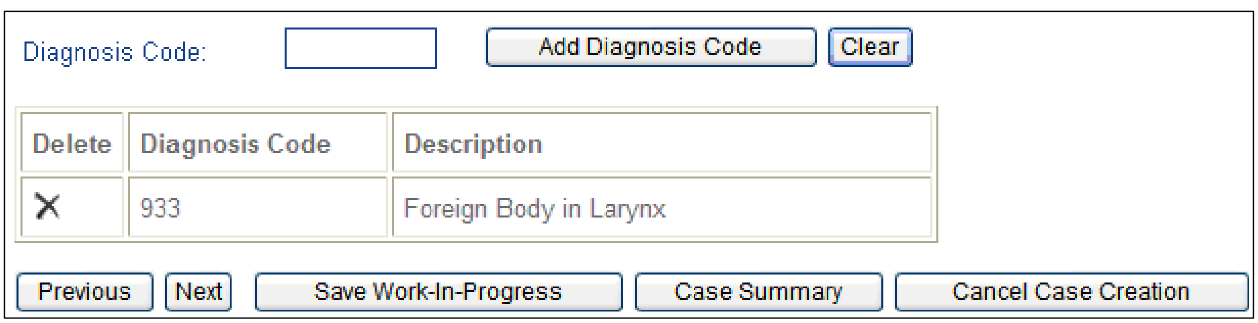
1. Search for codes by entering either a partial diagnosis code in the **Diagnosis Code** text box, or by entering descriptive keywords in the **Diagnosis Keywords** text box. Enter at least three characters in either field. You must also select the applicable diagnosis indicator or DX Ind (i.e., select ICD-9 if the code you are searching for is an ICD-9 diagnosis code or select ICD-10 if the code you are searching for is an ICD-10 diagnosis code). **Note**: You cannot search by both the Diagnosis Code and Diagnosis Keyword fields simultaneously.
2. Click the **Search** icon next to the field you use to find all diagnosis codes that include the text or numbers entered. Click the **Clear** button next to either field to remove any value you have entered in that box.

   After clicking **Search**, a list of diagnosis codes appears near the bottom of the page.
3. Select the desired diagnosis code by clicking the radio button next to it then clicking the **Select Diagnosis Code** button.

   The *Diagnosis Codes* page reappears, with the new code added to the list at the bottom of the page (Figure 12-9). To remove a diagnosis code from a case, click the Delete icon **[X]** next to the code.
4. Once all codes are added to the case, click **Next** to save changes and continue to the next page.

Figure 12-8: Diagnosis Codes Search

Figure 12-9: Diagnosis Codes (Diagnosis Added)



12.7 Medical Care

The *Medical Care* page allows you to look up major medical centers by ZIP code. When creating a case, if you determine that a beneficiary's expected treatment for a work injury, illness, or condition requires the use of a major medical center as a part of the WCMSA, you can use this tool to identify a center by its associated ZIP code.

To use the Major Medical Center Lookup Tool:

1. Select **Yes** or **No** to the question, "Does the proposed WCMSA for this settlement include any costs associated with a major medical center?" If you select *Yes*, proceed to step 2. If you select *No,* click *Next* to continue to the next step in the case creation process.
2. Enter the **ZIP code** and click **Add Zip Code**.

   Your search results appear at the bottom of the screen. If no matching ZIP code is found, an error message will direct you to contact your EDI representative for further assistance.
3. Click **Next** to save changes and continue to the next page.

Figure 12-10: Medical Care

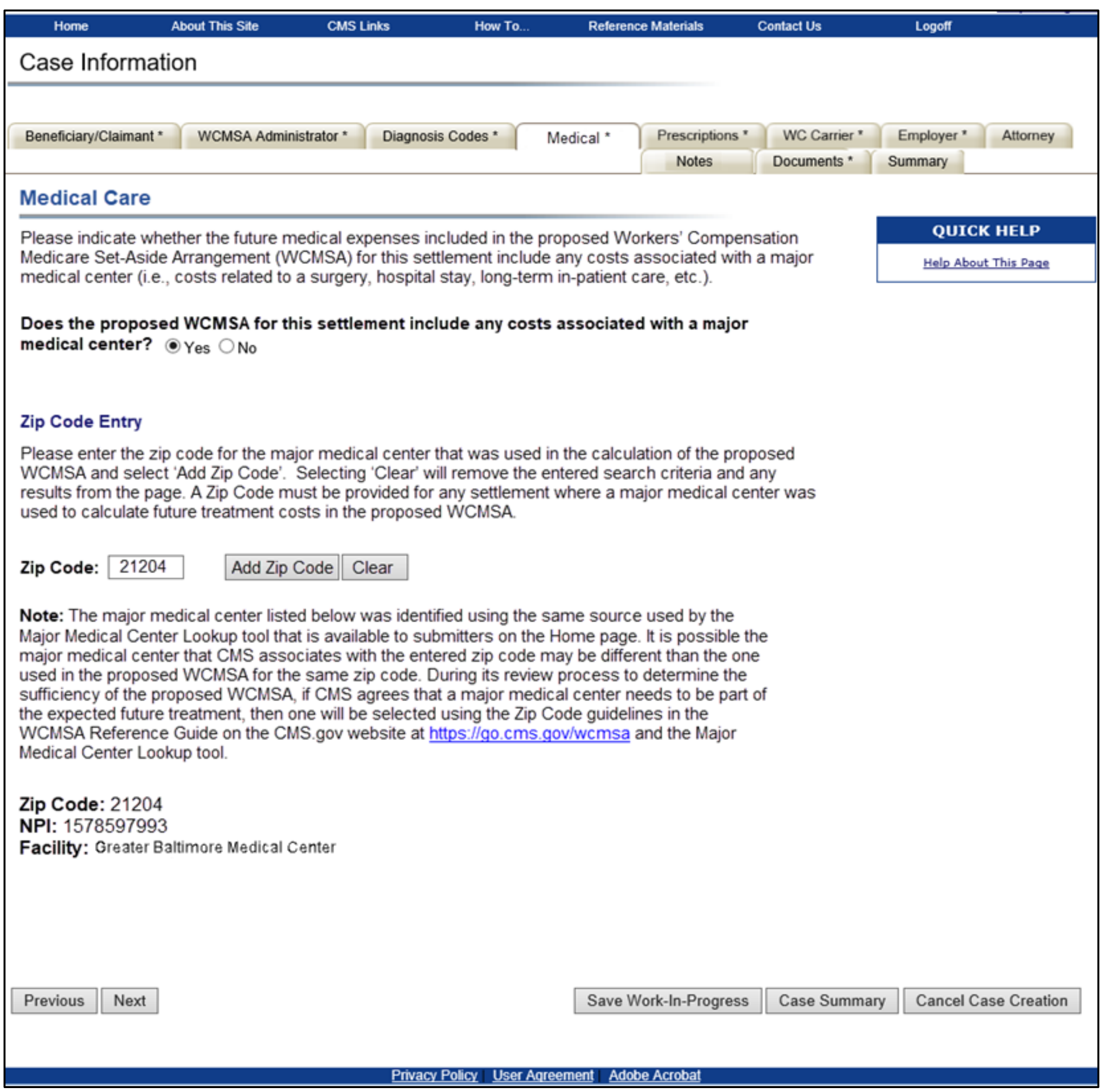


Table 12-8: ZIP Code Entry

Field	Description
Zip Code	Enter a ZIP code for the major medical center used in the calculation of the proposed WCMSA. Required when *Yes* is selected. For guidelines on determining the correct ZIP code, see the WCMSA Reference Guide.
Add Zip Code	Click this button to search for a major medical center that is associated with the ZIP code. If no match is found for a valid ZIP code, an error message will direct you to contact your EDI representative for further assistance.
Clear	Click this button to clear the entered ZIP code and results.
Results	Search results. All information is read-only.
Zip Code	Displays the ZIP code of the major medical center.
NPI	Displays the National Provider Identifier (NPI) number of the major medical center.
Facility	Displays the name of the major medical center.

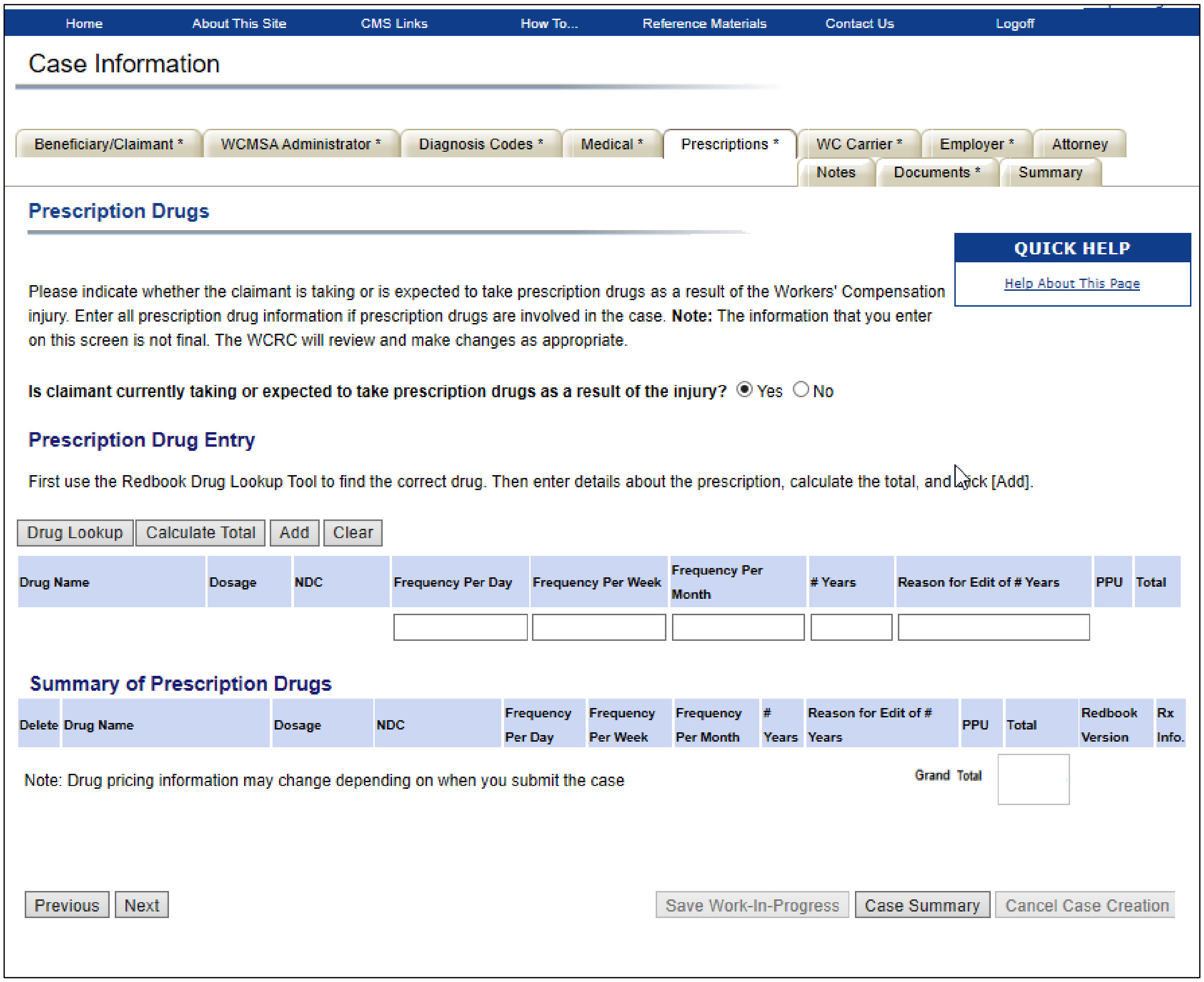
12.8 Prescription Drugs

The *Prescription Drugs* page allows you to enter drug information for a claimant who is currently taking, or is expected to take, prescription drugs as a part of their Workers' Compensation injury.

A drug disposition is required for this page. You must click either **Yes** or **No** to the question: "Is claimant currently taking or expected to take prescription drugs as a result of the injury?" An error asterisk (*) will appear on the *Case Summary* page if no radio button is selected, or if **Yes** is selected and no drug information is provided.

Note: The information that you enter on this screen is not final. The Workers' Compensation Recovery Contractor (WCRC) will review and make changes as appropriate.

Figure 12-11: Prescription Drugs



12.8.1 Drug Lookup (Rx Search) and Selection

To find prescription drugs to add to a claimant's case, start by clicking the *Drug Lookup* button to begin a search for the drugs listed within the Red Book database. When the *Rx Search* page opens, enter your search criteria in one or more of the available fields and then initiate a search.

The *Rx Search* results grid displays all matching criteria up to a maximum of 500 drug entries. The results include the most recent release of the Red Book drug pricing for the lowest priced drug meeting the criteria. Only drugs identified within the Red Book as active and include a manufacturer are considered for lowest price selection.

Note: The results will not include any invalid or discontinued National Drug Codes (NDCs) or repackaged NDCs.

Figure 12-12: Rx Search

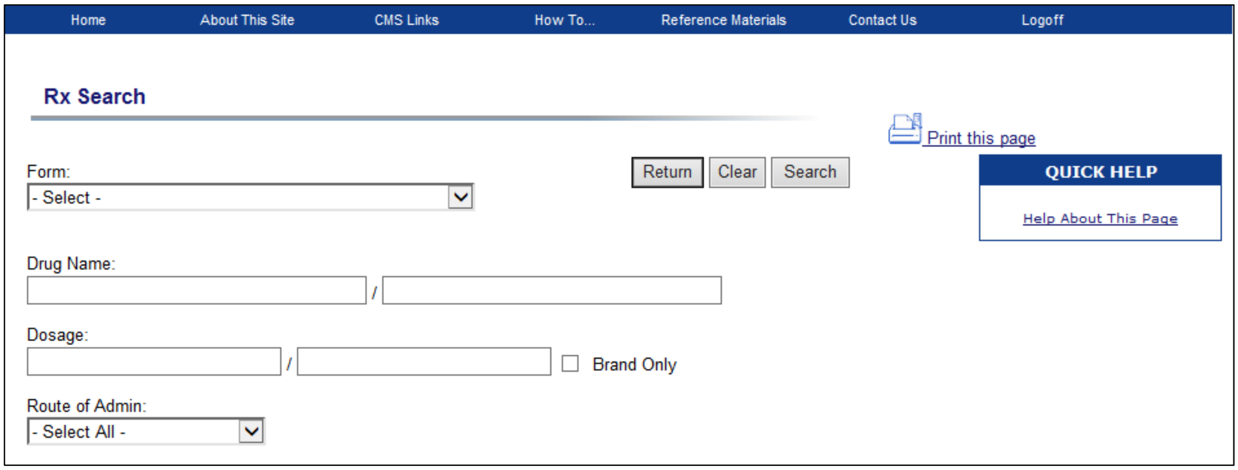


Table 12-9: Drug Search Criteria Fields

Field	Description
Form	Select the form of the drug from the drop-down menu.
Drug Name	Enter the full or partial drug name for the search. The first four characters of the drug name are required as a minimum.
Dosage	Numeric only (i.e., enter "10" for a drug dosage of "10 MG."
Brand Only (checkbox)	Select to limit the results to brand name drugs only. Deselect to include generic drugs.
Route of Admin.	Select the drug route of administration from the drop-down menu.

To search for prescription drugs:

1. Click the **Drug Lookup** button.

   The *Rx Search* page appears.

2. Enter drug criteria for one or more of the search fields:

   Entering full or partial phrases or numbers in the Drug Name and Dosage fields, respectively, retrieves all results that include that phrase or number (i.e., Entering "Aspirin" will retrieve all variants of the drug name containing the term "aspirin").

3. Click the **Search** button to initiate the search or click **Clear** to remove the search criteria.

   The initial search results are sorted by Drug Name first in ascending order; then by Dosage in ascending order. All search results may be sorted using any column.

4. From the *Rx Search* results grid (Figure 12-13), click the **Select** hyperlink for a drug to add it to the *Drug Entry* grid on the *Prescription Drugs* page.

5. Click **Return** to return to the main *Prescription Drugs* page.

   Note: When you click **Return**, neither the search criteria nor the results are saved.

Figure 12-13: Rx Search Results

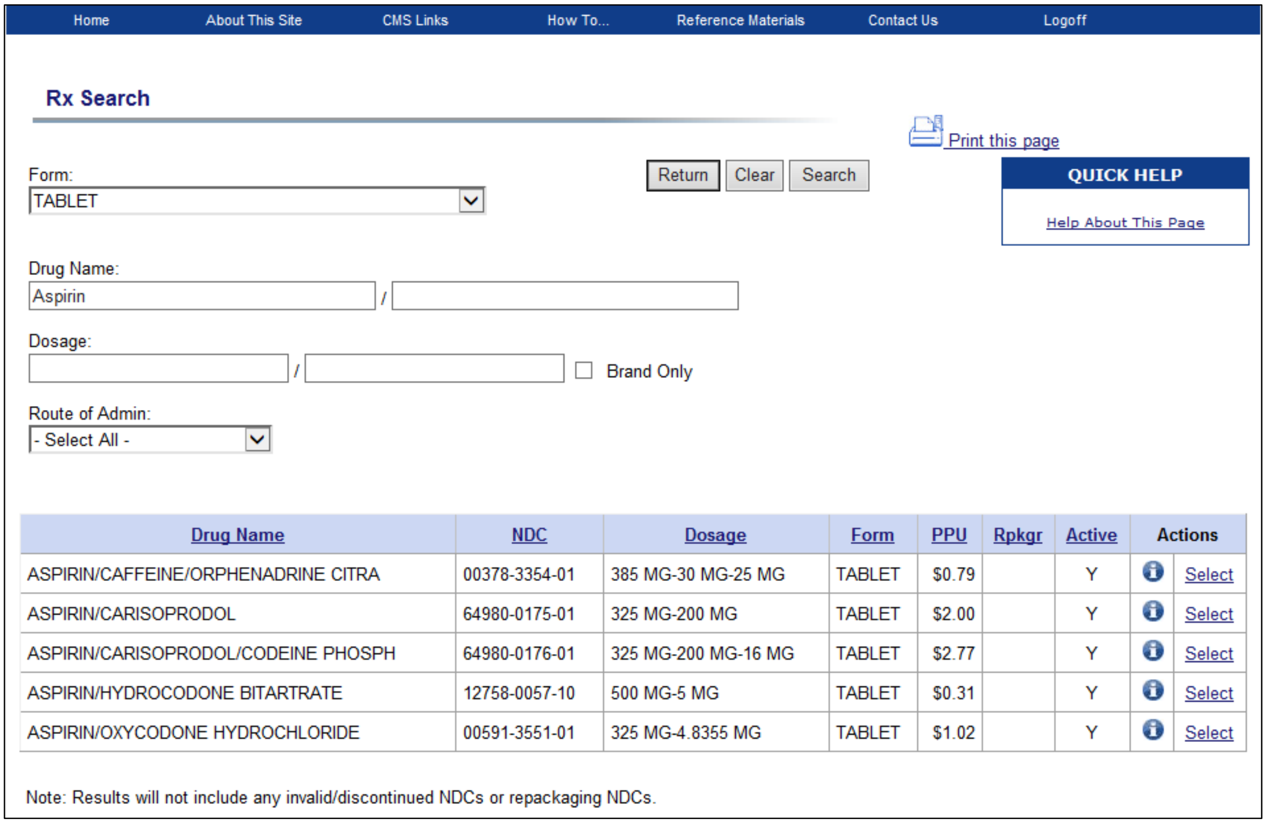


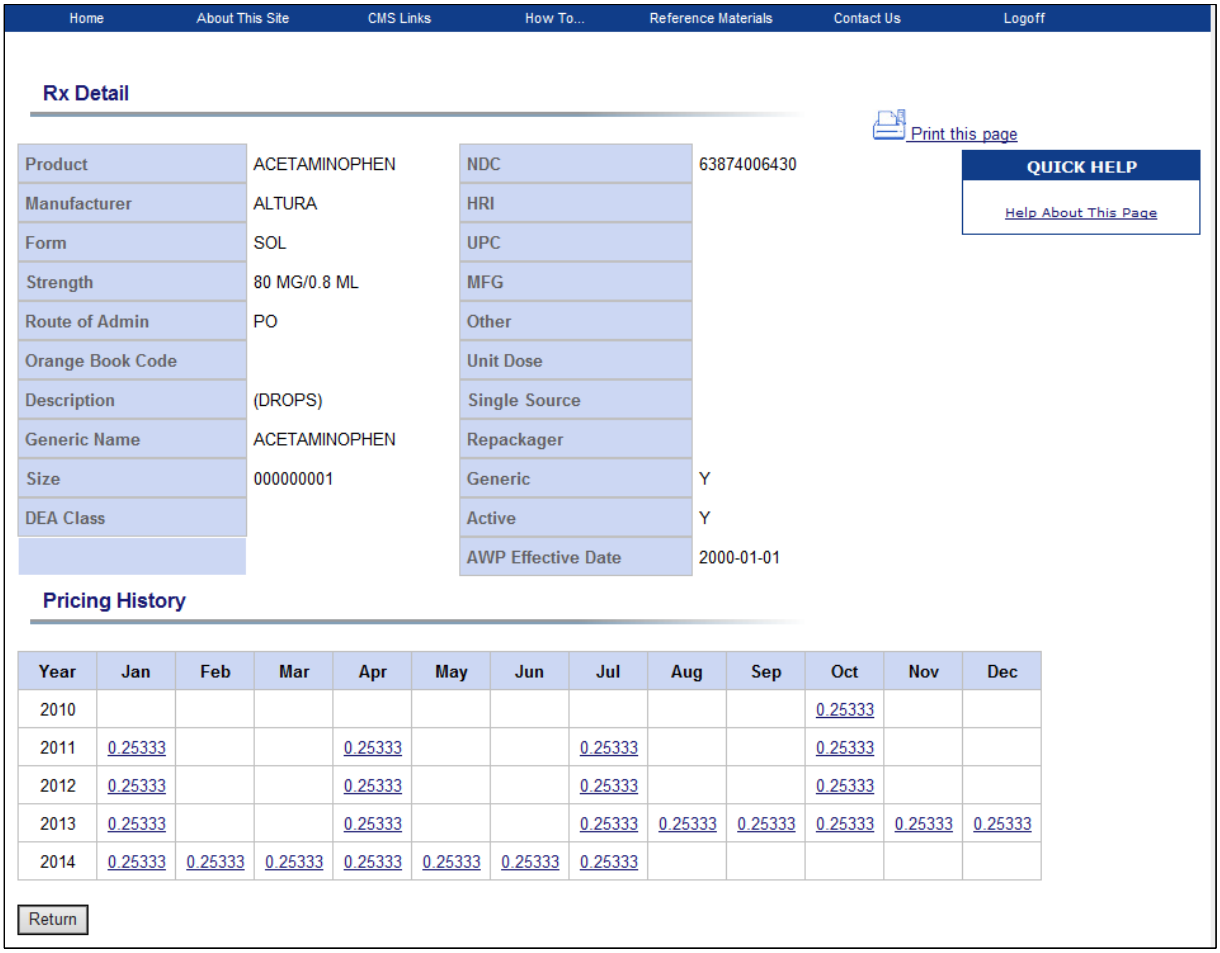
Table 12-10: Rx Drug Search Results Fields

Field	Description
Drug Name	Displays the drug name. This field is alpha-numeric.
NDC	Displays the National Drug Code.
Dosage	Displays the measured dose per unit. This field is alpha-numeric.
Form	Displays the form of the drug (i.e., Tablet, Capsule, Cream, etc.).
PPU	Displays the Price Per Unit.
Rpkgr	"Yes" indicates the drug is from a re-packager; blank or "No" indicates the drug is from a manufacturer.
Active	"Yes" indicates the drug is an active drug; blank or "No" indicates it is inactive.
Rx Information ("i")	Click this icon to view the Red Book details for a drug with current and historical pricing.
Select	Click this hyperlink to add the drug to the Drug Entry grid on the Prescription Drugs page.

12.8.2 Rx Detail Page

When you complete a search, each returned row includes an **Info button.** The **Info** button opens the *Rx Detail* page which allows you to view the Red Book details for a particular drug.

Figure 12-14: Rx Detail and Pricing History



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

Rx Detail

Print this page

QUICK HELP

Help About This Page

Product	ACETAMINOPHEN	NDC	63874006430
Manufacturer	ALTURA	HRI	
Form	SOL	UPC	
Strength	80 MG/0.8 ML	MFG	
Route of Admin	PO	Other	
Orange Book Code		Unit Dose	
Description	(DROPS)	Single Source	
Generic Name	ACETAMINOPHEN	Repackager	
Size	000000001	Generic	Y
DEA Class		Active	Y
		AWP Effective Date	2000-01-01

Pricing History

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2010										0.25333		
2011	0.25333			0.25333			0.25333			0.25333		
2012	0.25333			0.25333			0.25333			0.25333		
2013	0.25333			0.25333			0.25333	0.25333	0.25333	0.25333	0.25333	0.25333
2014	0.25333	0.25333	0.25333	0.25333	0.25333	0.25333	0.25333					

Return

To view current pricing and details, click the **Info** button for a drug on the *Rx Search* results grid. The *Rx Detail* page appears. The current details for that drug appear at the top of the page.

To view **historical pricing** and details:

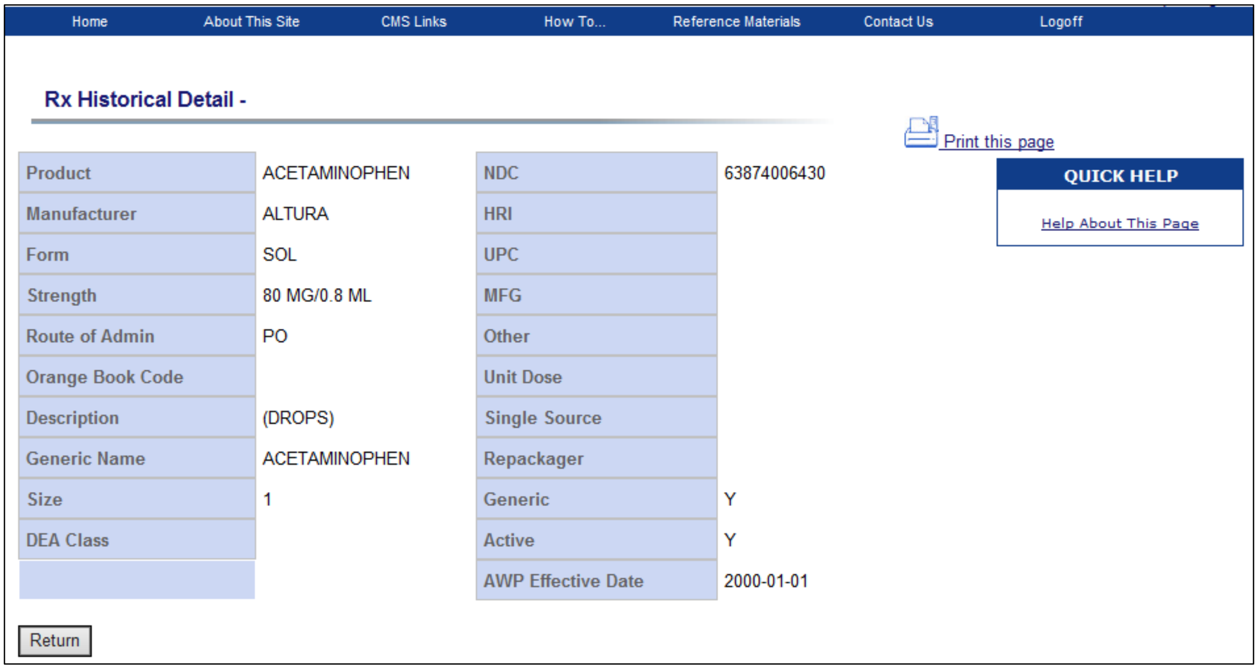
1. On the *Rx Detail* page, go to the *Pricing History* section.

   This page displays the most recent 24 historical prices in a month/year format.

2. For a desired time period, click the price hyperlink.

   The *Rx Historical Detail* page appears, showing the *Rx History Detail – [Year] – [Month]* (Figure 12-15).

Figure 12-15: Rx Historical Detail



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

Rx Historical Detail -

Print this page

QUICK HELP

Help About This Page

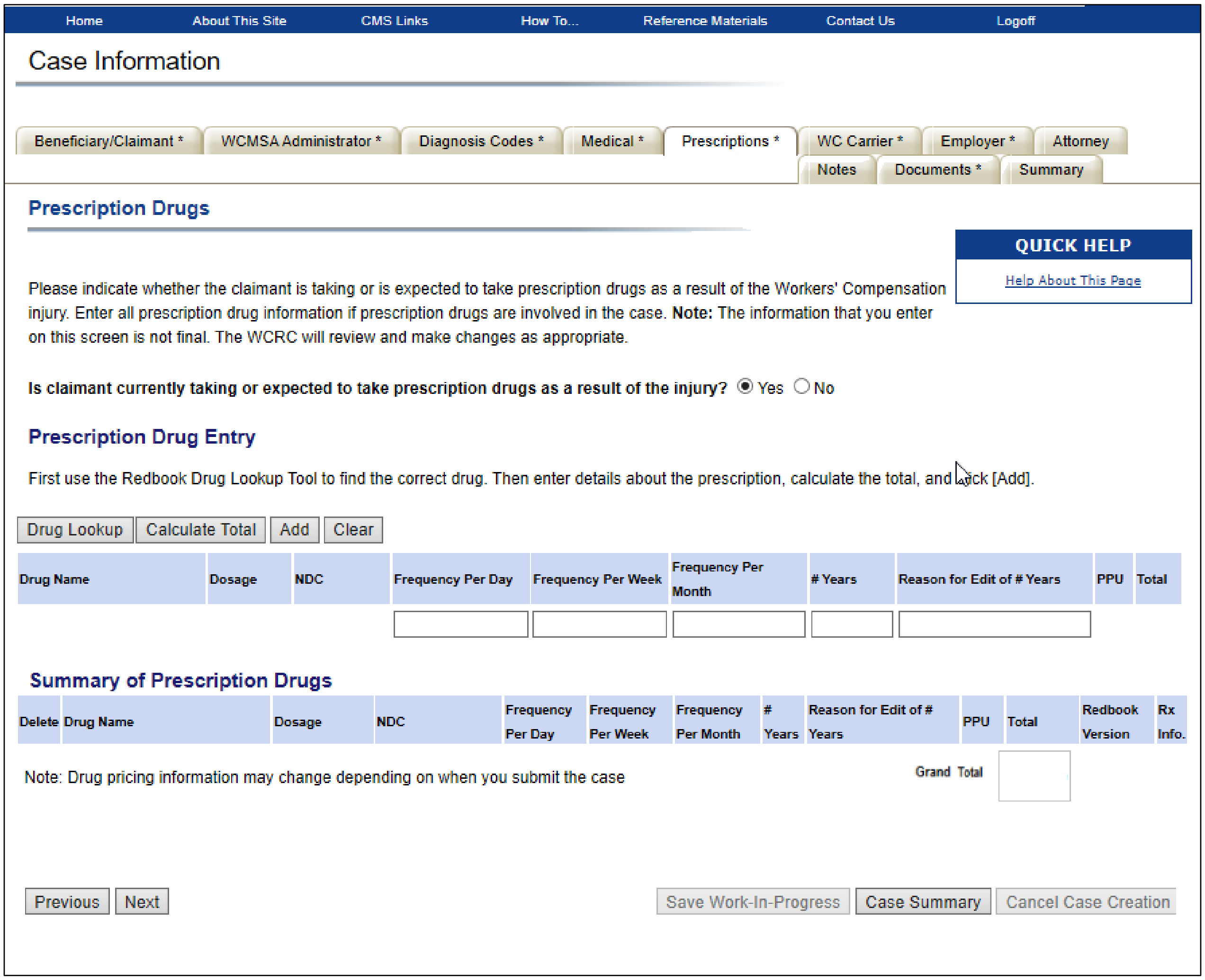
Product	ACETAMINOPHEN	NDC	63874006430
Manufacturer	ALTURA	HRI	
Form	SOL	UPC	
Strength	80 MG/0.8 ML	MFG	
Route of Admin	PO	Other	
Orange Book Code		Unit Dose	
Description	(DROPS)	Single Source	
Generic Name	ACETAMINOPHEN	Repackager	
Size	1	Generic	Y
DEA Class		Active	Y
		AWP Effective Date	2000-01-01

Return

12.8.3 Drug Entry and Summary of Prescription Drugs

The *Prescription Drug Entry* page includes two grids: a *Drug Entry* grid, which displays a single selected drug from a search for which you can calculate pricing, and the *Summary of Prescription Drugs* grid, which displays all drugs added for the claimant and displays a total cost for all the drugs (Figure 12-16).

Figure 12-16: Prescription Drug Entry and Summary



To select and calculate the cost of a single drug:

1. From the results listing on the *Rx Search* page, select a drug by clicking the **Select** button.

   The drug is added to the *Drug Entry* grid on the *Prescription Drugs* page.

2. Enter all details in the *Drug Entry* grid.
3. Click the **Calculate Total** button.

To add a drug to the Summary of Prescription Drugs grid:

1. Complete all required fields in the *Drug Entry* grid.
2. Click the **Add** button.

   After adding the drug to the *Summary of Prescription Drugs* grid, the drug is automatically removed from the *Drug Entry* grid.
   To remove all data from the *Drug Entry* grid, click the **Clear** button.
   Note: The *Summary of Prescription Drugs* grid can display a maximum of 200 drugs. Drug pricing information may change depending on when you submit the case. See Section 12.8.4.

3. Click **Next** to save changes and continue to the next page. to save and move to the next tab or click **Save Work-in-Progress** to save your work and return to the *Case Lookup* page (Figure 13-3).

Table 12-11: Drug Entry and Summary of Prescription Drug Fields

Field	Description
Drug Entry	-
Drug Name	Displays the drug name. This is a 50-character alpha-numeric field, which is pre-filled from the search and is read-only. Required.
Dosage	Displays the measured dose per unit. This is a 25-character alpha-numeric field, which is pre-filled from the search and is read-only. Required.
NDC	Displays the National Drug Code (NDC) identifier. This field is pre-filled from the search and is read-only. Required.
Frequency Per Day	Displays a frequency for a drug. Enter the number of units per day. You can enter up to five characters. This field is numeric and allows decimals. Required.
Frequency Per Week	Displays a frequency for a drug. Enter the number of units per week. You can enter up to five characters. This field is numeric and allows decimals. Required.
Frequency Per Month	Displays a frequency for a drug. Enter the number of units per month. You can enter up to five characters. This field is numeric and allows decimals. Required.
# Years	Displays the number of years based on the Centers for Disease Control and Prevention (CDC) Life Expectancy tables. This is a four-character numeric field, which is pre-filled based on the current date and the claimant's Date of Birth (DOB). Required. This field is editable. **Notes:** If you edit this field, the number you enter must be less than the number pre-filled by the system, be greater than zero, and must be a whole number. The application will consider the current date to be the equivalent of the "proposed settlement date" used by the Workers' Compensation Case Control System (WCCCS) in its calculation, and it will not use the Rated Age in the calculation. If you attempt to submit a case and the CDC Life Expectancy tables have changed, and you have not edited this field, the application will substitute the current Life Expectancy (from the CDC Life Expectancy table) for the prescription drugs on the case. The prescription drug entry "Total" fields on the *Summary of Prescription Drugs* grid will be recalculated using the current "# Years" value as well as the "Grand Total" field. Additionally, the WCMSAP will display a warning/alert on the *Case Summary* page indicating the information has changed.
Reason for Edit of # Years	Free-form text field. You can enter up to 50 characters. This field is required when # Years has been changed and no longer equals the number of years calculated from the CDC Life Expectancy tables. If there are no edits to the # Years field, leave this field blank.
PPU	Displays the Price Per Unit. This is a six-character numeric field. This field is pre-filled from the search and is read only. Required.
Calculate Total	Click this button to calculate the total cost of the drug.

Field	Description
Total	Displays the total cost of the drug after clicking the **Calculate Total** button. This is a nine-character numeric field. Required
Add	Click this button to add a drug to the *Summary of Prescription Drugs* grid.
Clear	Click this button to clear all data in the *Drug Entry* grid.
Summary of Prescription Drugs	These fields are displayed in addition to those displayed on the *Drug Entry* grid.
Delete (X)	Click this icon, with confirmation, to delete the entry from the grid.
Red Book Version	Displays the Red Book Version # from the *Drug Lookup* (Rx Search) page.
Rx Info. ("i")	Click this icon to display (in a new window) the *Rx Detail* page with current and historical pricing for the drug.
Grand Total	Click this button to calculate the total cost of all drugs listed in the summary grid.

All drug information is displayed in the *Prescription Drugs* section of the *Case Information* page. While the case is still in Work in Progress (WIP) status, the drug information may be edited. Once a case is submitted, no changes may be made to prescription drug information. The drug information is then view only.

12.8.4 Changes in Red Book Pricing

Should the current Red Book information or pricing change after saving the drugs, but before submitting the case, the application will automatically update the drug prices and recalculate the totals in the *Summary of Prescription Drugs* grid at the time of submission based on the newer Red Book version.

If the application determines that there are invalid or discontinued NDCs for the saved drugs based on a newer Red Book version, you will be required to return to the *Summary Information* page and re-enter those drugs before submitting a case. The word "Invalid" will display to the right of the invalid prescription drug on the *Summary of Prescription Drugs* grid.

If prescription drugs are included on a case and the current Red Book version number does not match the Red Book version number used for the prescription drugs on a case, the application will change the Red Book version number and display a warning or alert on the *Case Summary* page indicating that the Red Book version number has been updated on one or more prescription drug entries.

12.9 Workers' Compensation (WC) Carrier

1. Enter the information for a single Workers' Compensation (WC) carrier (insurer) to the case (Figure 12-17).

   Any additional WC carriers must be entered on the *Case Notes* page. Fields marked with a superscript 1 are required.

2. After you have entered the necessary information, click **Next**.

   The *Employer* tab appears, showing the *Employer Information* page (Figure 12-18).

Figure 12-17: Workers' Compensation (WC) Carrier

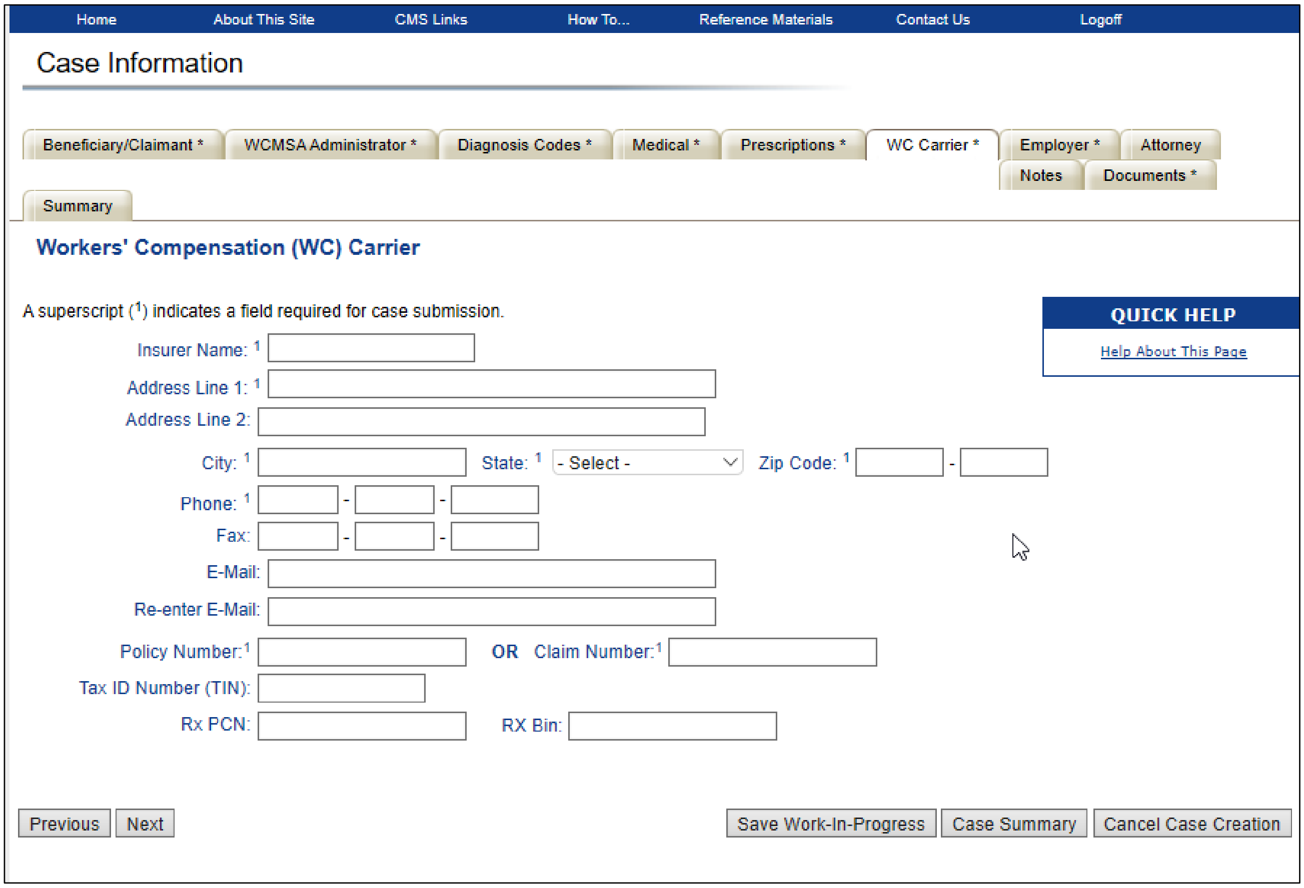


Table 12-12: Workers' Compensation (WC) Carrier Fields

Field	Description
Insurer Name	Enter the carrier company name.
Address Line 1	Enter the first line of the carrier's mailing address.
Address Line 2	Enter the second line of the carrier's mailing address. Optional.
City	Enter the city where the carrier is located.
State	Select the state where the carrier is located from the drop-down list.
Zip Code	Enter the carrier's ZIP code. The ZIP+4 field is optional.
Phone	Enter the carrier's phone number. The extension field is optional.
Fax	Enter the carrier's fax number. Optional.
E-Mail	Enter the carrier's email address. Optional.
Re-enter E-Mail	Re-enter the carrier's email address. The address must be manually entered; it cannot be copied and pasted. This field is required if an email address is entered in the previous field.
Policy Number	Enter the claimant's policy number with the WC carrier. Do not enter hyphens. Required if a Claim Number is not entered. Do not enter a policy number and claim number.
Claim Number	Enter the claimant's claim number with the WC carrier. Do not enter hyphens. Required if a Policy Number is not entered. Do not enter a policy number and claim number.

Field	Description
Tax ID Number (TIN)	Enter the carrier's Tax Identification Number. Optional.
Rx PCN	Enter the carrier's Pharmacy Benefit Processor Control Number. Optional.
Rx BIN	Enter the carrier's Pharmacy Benefit International Identification Number. Optional.

12.10 Employer Information

1. Enter the beneficiary or claimant's employer information on this page.

   Fields marked with a superscript 1 are required.

2. Click **Next** to save changes and continue to the next page.

Figure 12-18: Employer Information

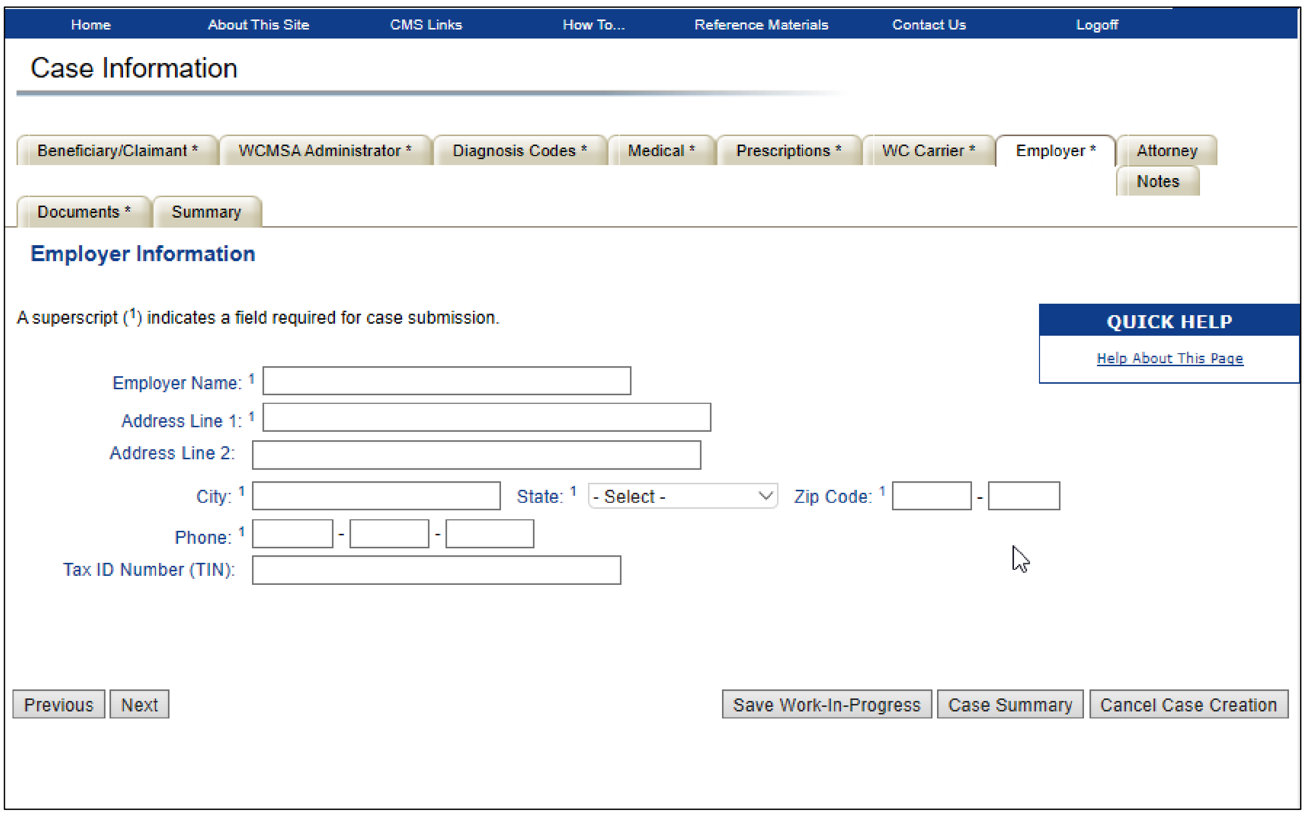


Table 12-13: Employer Information Fields

Field	Description
Employer Name	Enter the employer's name.
Address Line 1	Enter the first line of the employer's mailing address.
Address Line 2	Enter the second line of the employer's mailing address. Optional.
City	Enter the city where the employer is located.
State	Enter the state where the employer is located from the drop-down list.
Zip Code	Enter the employer's ZIP code. The ZIP+4 field is optional.
Phone	Enter the employer's phone number. The extension field is optional.

Field	Description
Tax ID Number (TIN)	Enter the employer's Tax Identification Number. Optional.

12.11 Beneficiary/Claimant Attorney

You have the option to enter attorney information on this page, but you do not have to enter anything on this page before submitting the case. However, if information is entered in any field then the following fields are required: Last Name, First Name, Address Line 1, City, State, Zip Code, and Phone.

This page must be left blank if the beneficiary or claimant is not represented by an attorney.

After you have entered any necessary information, click **Next** to continue to the next page.

Figure 12-19: Beneficiary/Claimant Attorney

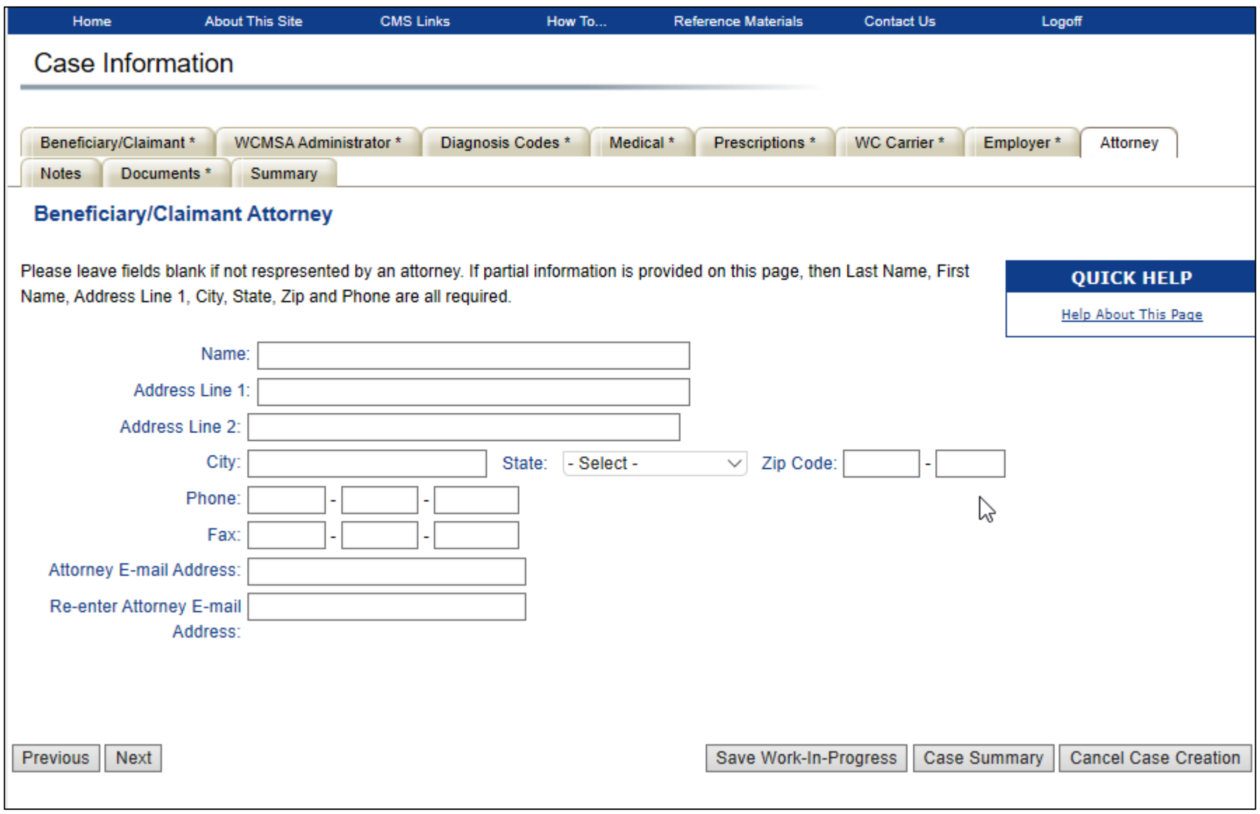


Table 12-14: Beneficiary/Claimant Attorney Fields

Field	Description
Last Name	Enter the attorney's last name.
First Name	Enter the attorney's first name.
MI	Enter the attorney's middle initial.
Address Line 1	Enter the first line of the attorney's mailing address.
Address Line 2	Enter the second line of the attorney's mailing address.
City	Enter the city where the attorney is located.
State	Select the state where the employer is located from the drop-down list.
Zip Code	Enter the attorney's ZIP code.

Field	Description
Phone	Enter the attorney’s phone number.
Fax	Enter the attorney’s fax number.
Attorney E-mail Address	Enter the attorney’s email address.
Re-enter Attorney E-mail Address	Re-enter the attorney’s email address. The address must be manually entered; it cannot be copied and pasted.

12.12 Case Notes

The *Case Notes* page is also optional. Notes can be added to a:

- New case, at any time prior to its submission
- Case saved as a Work In Progress (WIP), at any time prior to its submission
- Submitted case when a document is replaced
- Submitted case when additional documents are added

Add a note to a new or WIP case to record any pertinent information. Notes can only be added to submitted cases when a document is added or replaced. See Chapter 13 for more information about adding notes to submitted cases.

1. For new/WIP cases, enter any relevant notes in the text box then click the **Add Note** button.
2. Click the **Delete** icon **[X]** next to a note to remove it from a case.
3. After managing any case notes, click **Next**.

   The *Documents* tab appears, showing the *Case Documents* page (Figure 12-22)
   The note will then display at the bottom of the page, with the date it was added to the case, the name of the user who added it, and the content of the note.

Figure 12-20: Case Notes

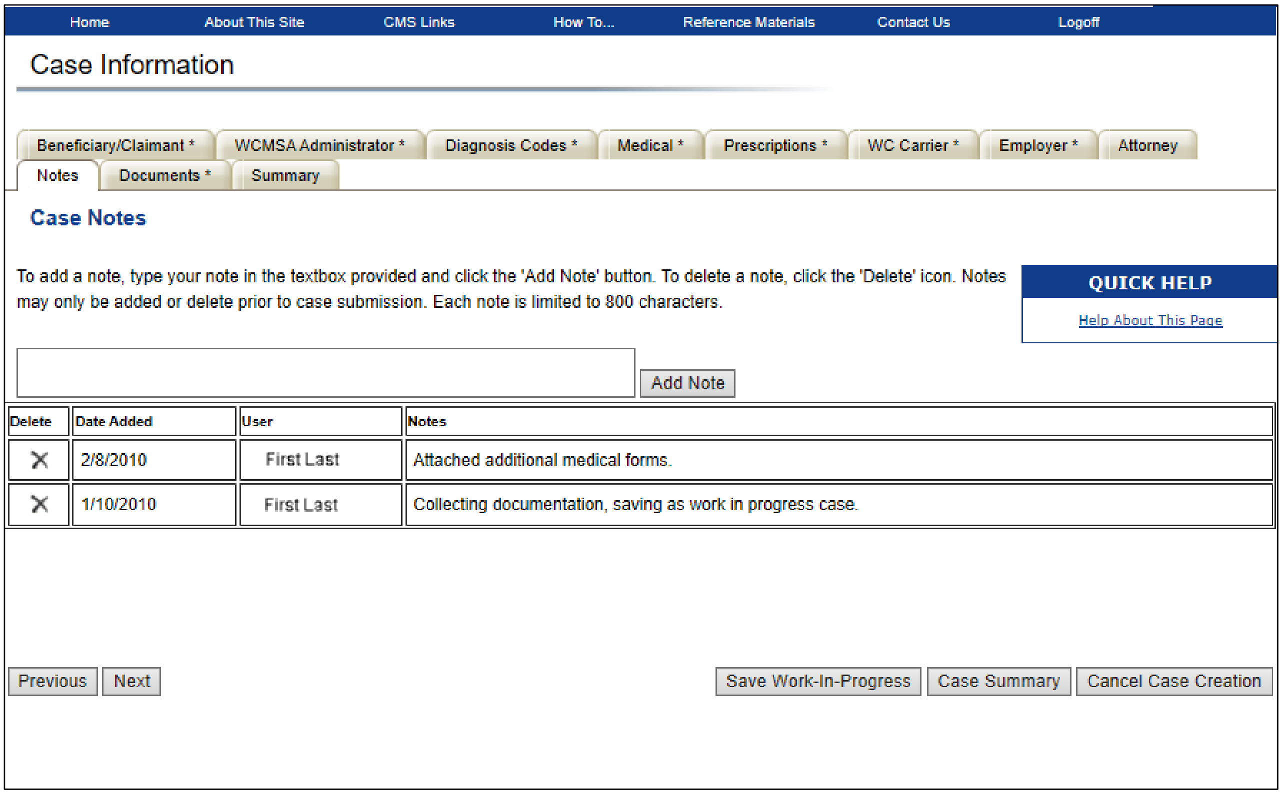
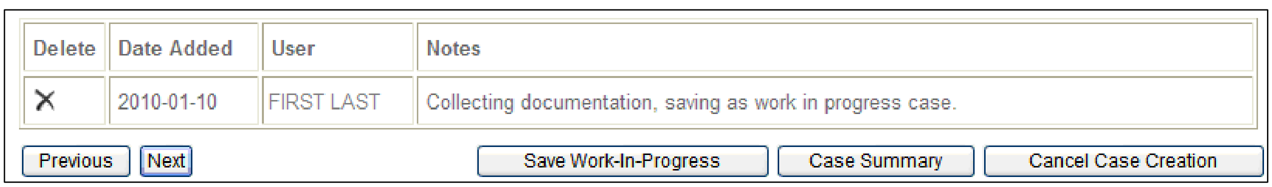


Figure 12-21: Added Case Note



12.13 Case Documents

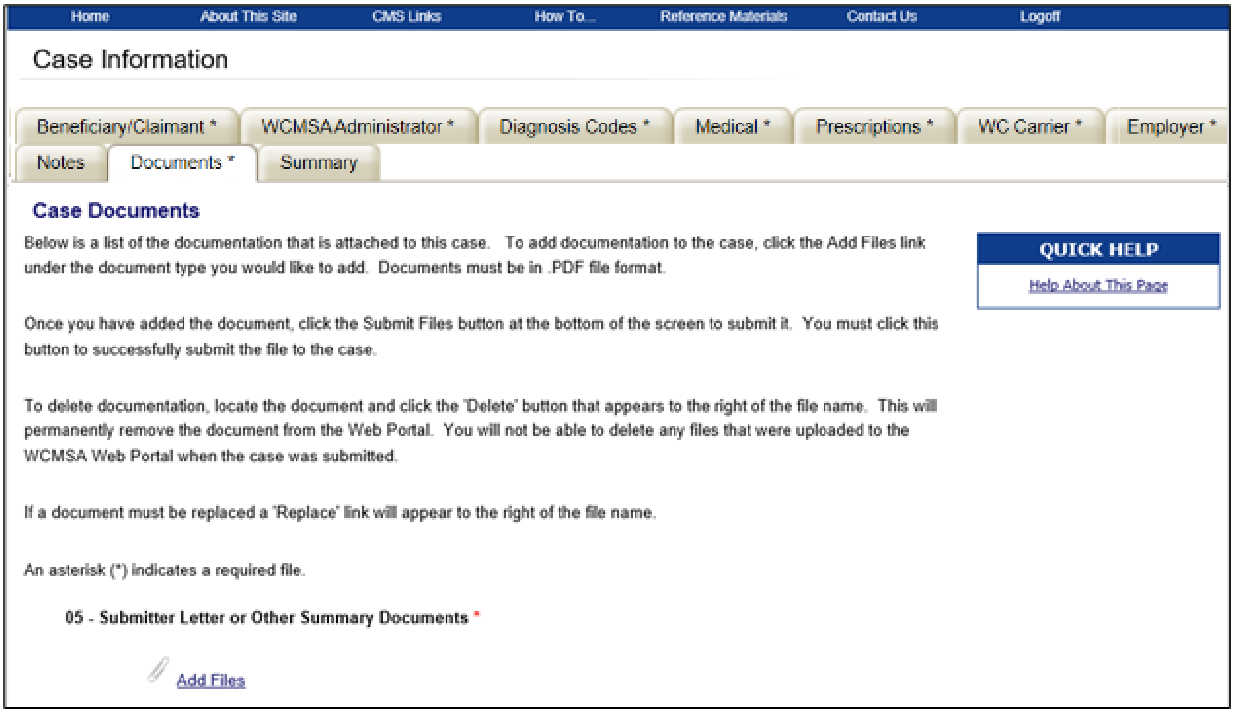
Use this page to add documents to a case or delete any existing documents on a case. Documents marked with an asterisk (*) are required when submitting a case through the portal.

Documents can be added to a case under the following document categories:

- 05: Submitter Letter or Other Summary Documents *
- 10: Consent Form *
- 15: Rated Age Information or Life Expectancy
- 20: Life Care Plan *
- 25: Proposed/Final Settlement Agreement or Court Order *
- 30: Set-Aside Administrator or Copy of Agreement
  Required to submit a new case if the administrator type is Professional Administrator.
- 35: Medical Records (1st Report of Injury through Recent Treatment) *
- 40: Payment History *
- 45: Future Treatment Plans

- 50: Supplement/Additional Information
- 55: WCMSA Attestation Submission Documentation
  This document is only uploaded to a case via the attestation submission process.

Figure 12-22: Case Documents



To add a document to a case, click the **Add Files** link under the document category you would like to add. This opens the *Attach Documentation* page. Use the *Attach Documentation* page to browse your system and select documents to upload to the case.

Note: The **Add Files** link is not shown for WCMSA Attestation Submission Documentation.

12.13.1 Add Files

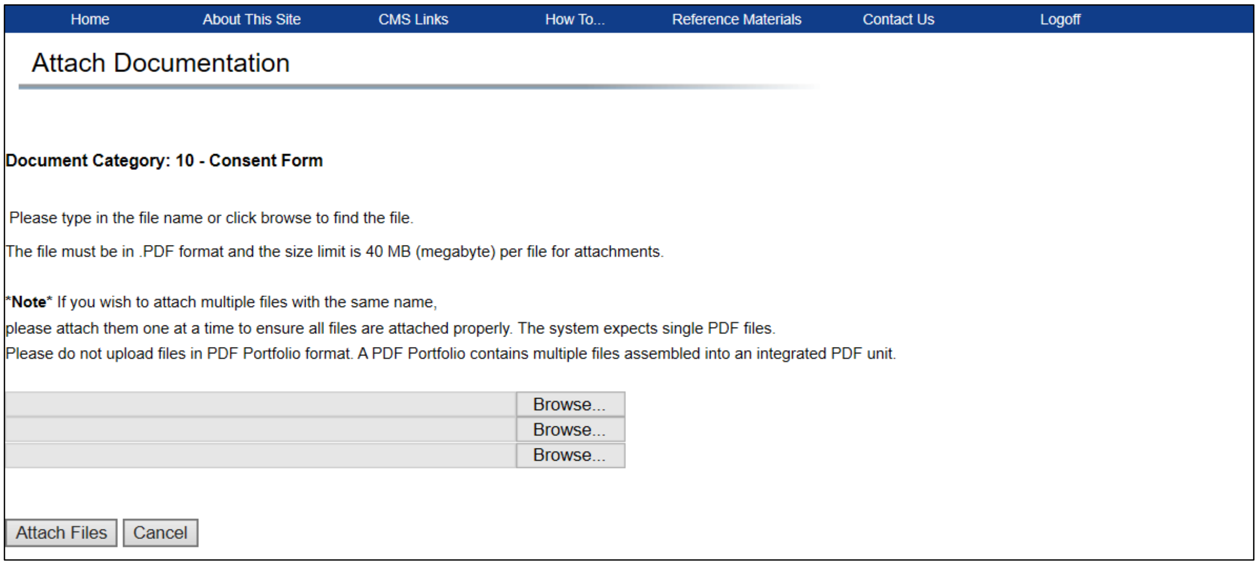
Use the *Attach Documentation* page to select documents to add to a case. Selected documents must be in PDF format, each file cannot exceed 40 MB, and the file name cannot exceed 80 characters. Files with a non-PDF extension or greater than 40 MB will not be accepted.

Please do not submit password-protected PDFs, and do not submit files in PDF Portfolio format. A PDF Portfolio contains multiple files assembled into an integrated PDF unit. All files within a PDF Portfolio must be separated into separate files then submitted.

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. The error "Invalid File Size" may be related to the page size. Pages cannot be larger than 8.5 x 11 inches.

The document category appears near the top of the page (i.e., Consent Form, Life Care Plan, etc.). If you have selected the wrong document category, click the **Cancel** button return to the *Case Documents* page and click the **Add Files** link under the desired document category.

Figure 12-23: Attach Documentation

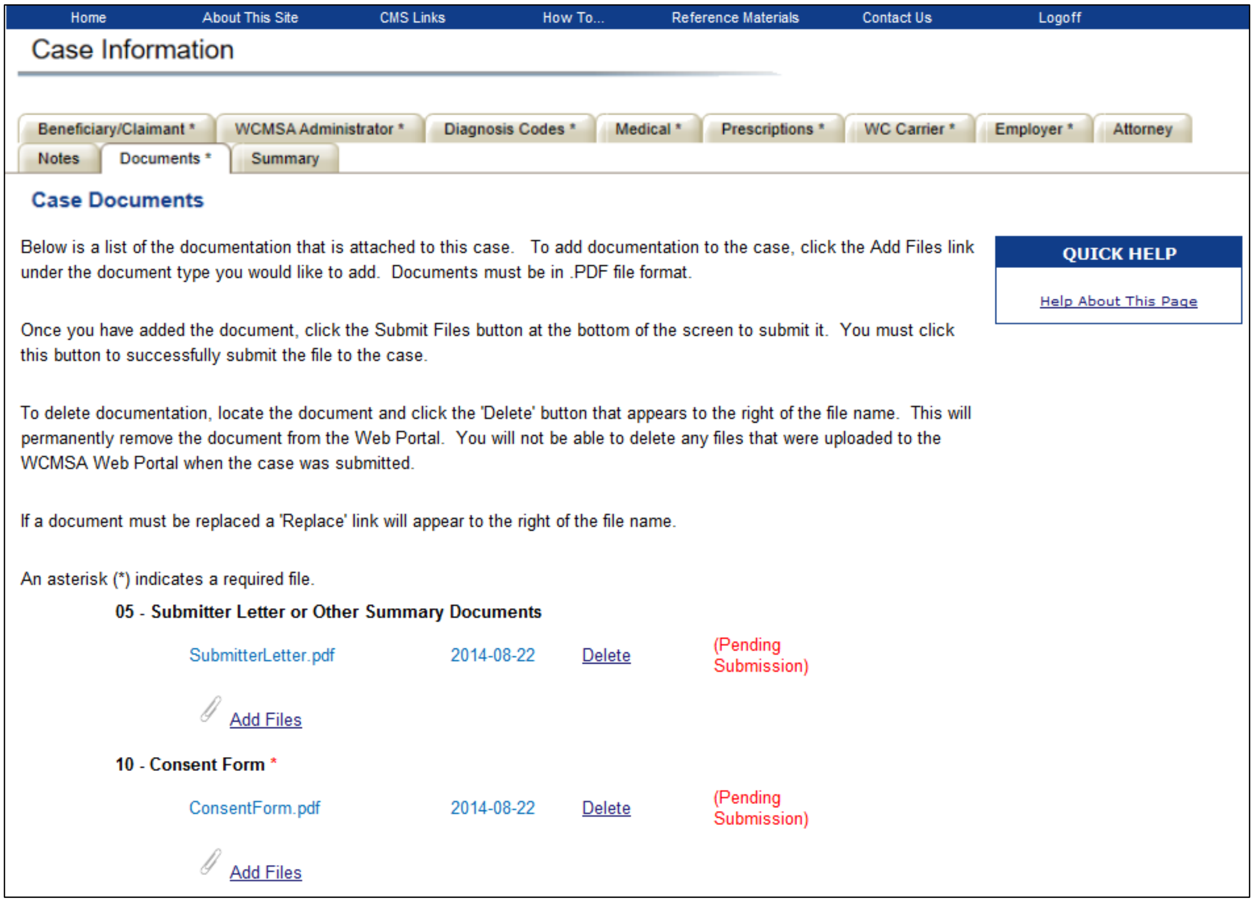


Note: Once documents are added to a case, the contents of that document cannot be viewed. Review the document on your system prior to uploading to ensure its accuracy.

1. To attach a document, enter the file name and path in the text box, or use the **Browse** button next to the text box to search your system for the desired document.
2. To attach the selected file, click the **Attach Files** button.

   This uploads the document to the *Case Documents* page. The file name and date the file was uploaded display under the appropriate document category (Figure 12-22).
   Click the **I attest that the documentation attached is complete and accurate to the best of my knowledge** checkbox to provide your attestation.
3. Click **Submit Files** to add the files to the case.

Figure 12-24: Case Documents (Pending Submission)



12.13.2 Delete Files

1. To delete a document, click the **Delete** link that appears to the right of an already uploaded file name.

   This permanently removes the document from the WCMSAP.
   Note: Documents can only be deleted from a case that has not yet been submitted.

2. After adding all relevant documentation to the case, click **Next** to save changes and continue to the next page.

12.13.3 Commingled Files

If a case document contains information for more than one beneficiary, that document is considered "Commingled." When commingling is detected in a case file, the case is placed in a status of COMG (Commingled Document), and one alert per case is sent to the document submitter indicating that the file(s) contain commingled information. The commingled file is then deleted from the case. For portal and non-portal cases, if a document is marked as Commingled, then all images in that folder are deleted from the commingled case.

Note: An alert, using a separate template with different verbiage than the existing commingled alert, shall be automatically sent to submitters for the second, third, and fourth instances of the Commingled ('COMG') status.

The file submitter must upload a new document that only contains information from one beneficiary. Submitters have 10 business days from the date the alert was sent to add the new file. The **Submit Files** button on the *Case Documents* page remains disabled until the commingled document is replaced. If the new file is submitted during the 10 business days, the case status changes from COMG to DREC (Documents Received) and the case review can continue. If multiple commingled documents are detected, you must replace all commingled files before you can continue.

If no new files are added and the case is still in Commingled status after 10 business days, the case status automatically changes to CLTR (Closeout) status.

To replace a commingled document:

1. Click the **Requires Replacement** link on the *Case Documents* page.
2. To attach a document, enter the file name and path in the text box, or use the **Browse** button next to the text box to search your system for the desired document.
3. To attach the selected file, click the **Attach Files** button.
4. Click **Submit Files** to add the new, non-commingled, file to the case.

Note: If multiple commingled files are detected in the case, only one alert is generated.

12.14 Case Summary

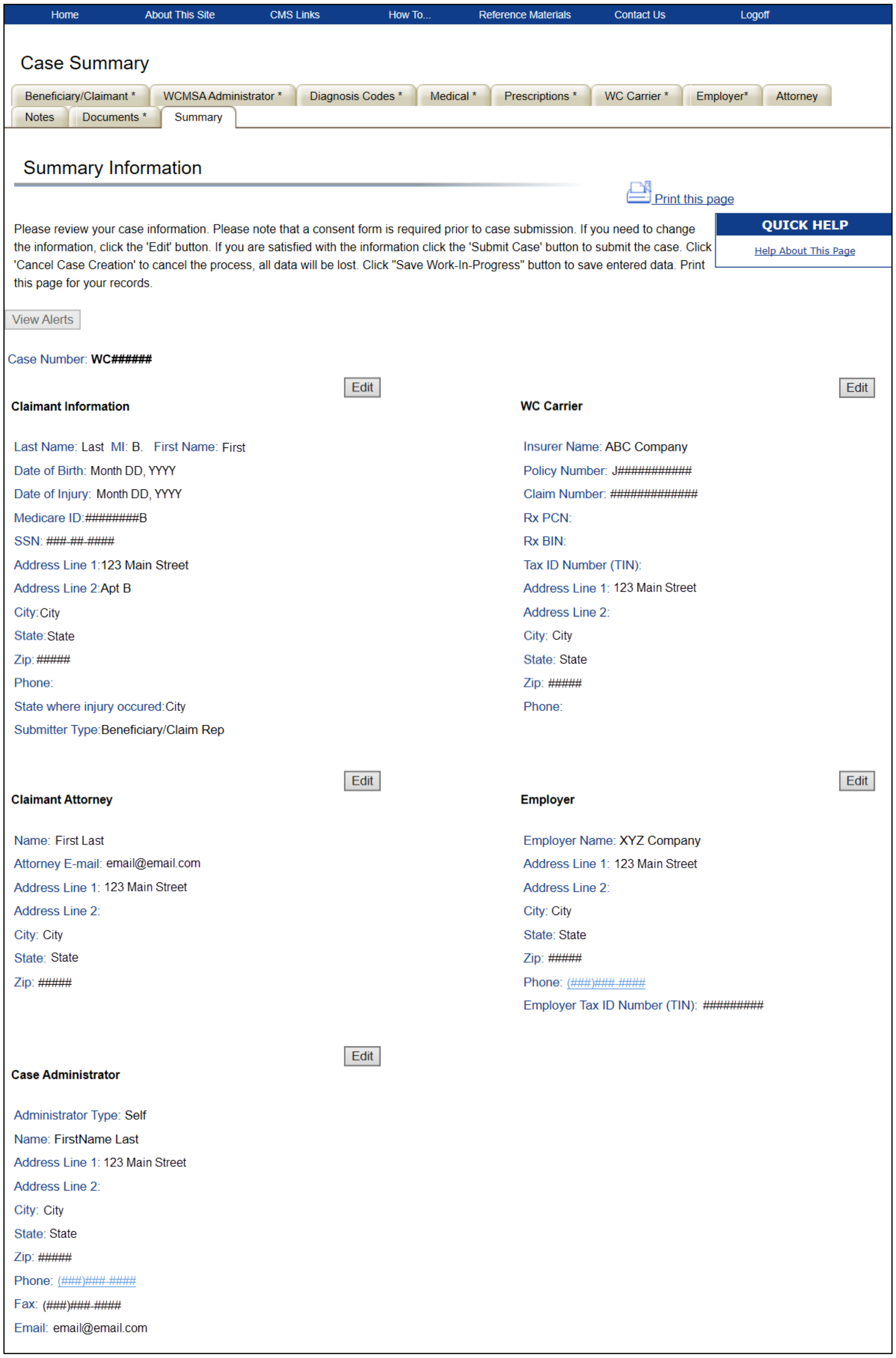
The *Summary Information* page provides a summary of all the information you have entered for the case. Use this page to make any changes before submitting the case (Figure 12-25 and Figure 12-26).

To edit case information:

1. Click the **Edit** button next to the proper section to return to that section.
2. Once all corrections have been made, click **Next** at the bottom of that page to navigate through to the *Summary Information* page again.

Note: If the beneficiary for a Corporate or Representative account was matched after entering information on the *New Case Creation* page, several demographic fields on this page will be hidden from view to protect the official beneficiary contact information. Fields indicated as pre-populated or hidden when creating a new case (see Table 12-3) are also pre-populated or hidden, respectively, on the *Summary Information* page.

Figure 12-25: Summary Information (Top)



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

Case Summary

Beneficiary/Claimant * | WCMSA Administrator * | Diagnosis Codes * | Medical * | Prescriptions * | WC Carrier * | Employer* | Attorney | Notes | Documents * | Summary

Summary Information

Print this page

QUICK HELP

Help About This Page

Please review your case information. Please note that a consent form is required prior to case submission. If you need to change the information, click the 'Edit' button. If you are satisfied with the information click the 'Submit Case' button to submit the case. Click 'Cancel Case Creation' to cancel the process, all data will be lost. Click "Save Work-In-Progress" button to save entered data. Print this page for your records.

View Alerts

Case Number: **WC######**

Claimant Information Edit

Last Name: Last MI: B. First Name: First
Date of Birth: Month DD, YYYY
Date of Injury: Month DD, YYYY
Medicare ID:#########B
SSN: ###-##-####
Address Line 1:123 Main Street
Address Line 2:Apt B
City:City
State:State
Zip: #####
Phone:
State where injury occured:City
Submitter Type:Beneficiary/Claim Rep

WC Carrier Edit

Insurer Name: ABC Company
Policy Number: J############
Claim Number: ##############
Rx PCN:
Rx BIN:
Tax ID Number (TIN):
Address Line 1: 123 Main Street
Address Line 2:
City: City
State: State
Zip: #####
Phone:

Claimant Attorney Edit

Name: First Last
Attorney E-mail: email@email.com
Address Line 1: 123 Main Street
Address Line 2:
City: City
State: State
Zip: #####

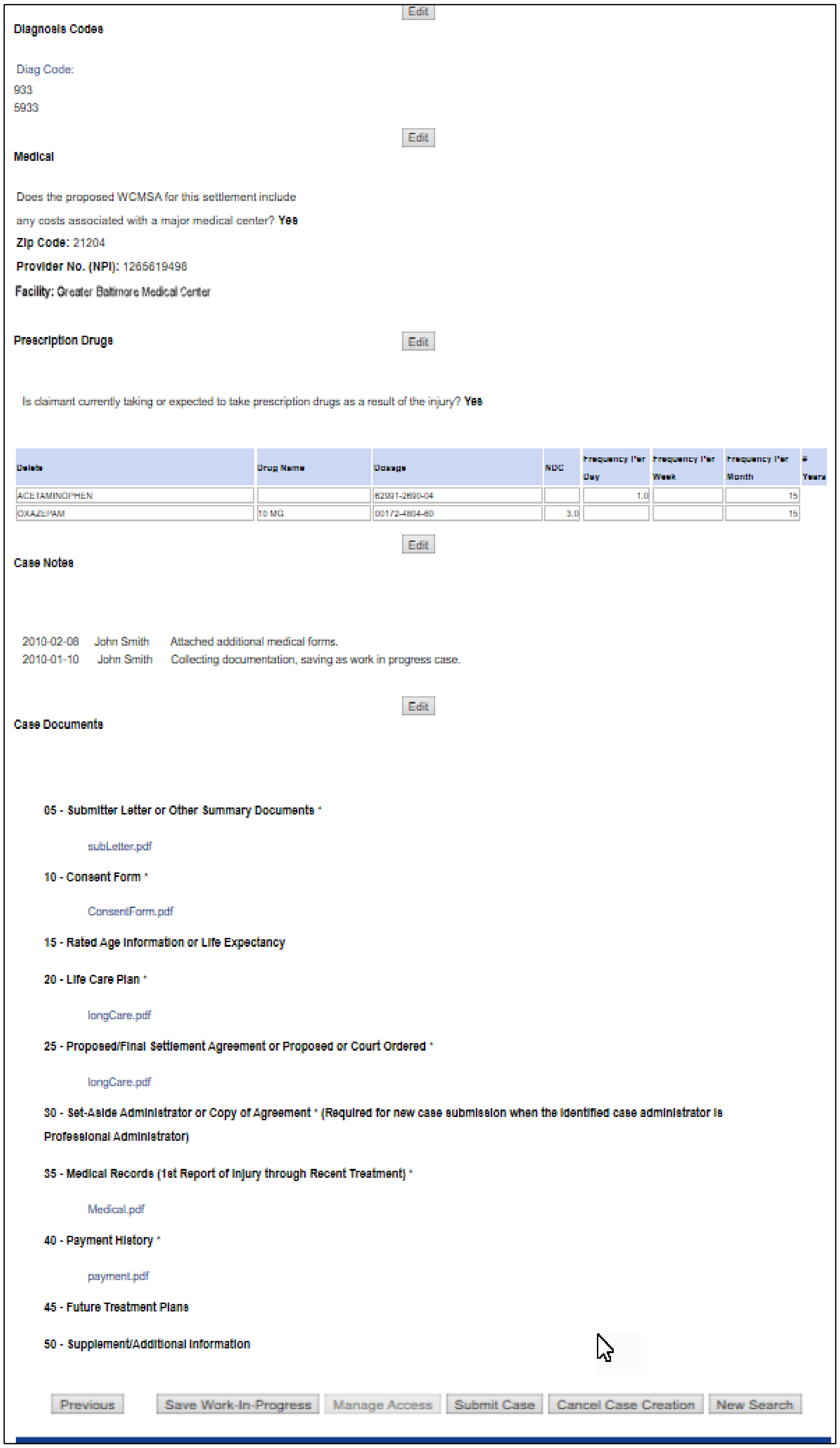
Employer Edit

Employer Name: XYZ Company
Address Line 1: 123 Main Street
Address Line 2:
City: City
State: State
Zip: #####
Phone: (###)###-####
Employer Tax ID Number (TIN): #########

Case Administrator Edit

Administrator Type: Self
Name: FirstName Last
Address Line 1: 123 Main Street
Address Line 2:
City: City
State: State
Zip: #####
Phone: (###)###-####
Fax: (###)###-####
Email: email@email.com

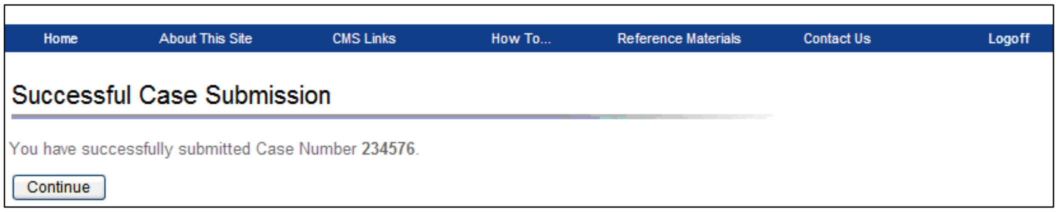
Figure 12-26: Summary Information (Bottom)



12.14.1 Submit the Case

You still have the option to save the case as a Work-In-Progress on this page. However, if all case information is complete and you are ready to submit the case, click the **Submit Case** button. The **Submit Case** button is active only after all required case information has been entered and a consent form has been provided. The *Successful Case Submission* page appears.

Figure 12-27: Successful Case Submission



You can return to the WCMSAP later and work on the submitted case by using the case lookup process (described in the next chapter) and utilizing the case number provided on the *Successful Case Submission* page.

Chapter 13: Manage Existing Cases

Users of the WCMSAP can access and make changes to cases under their assigned account ID(s). Account Managers (AMs) have access to all associated cases, while Account Designees' (ADs) case access is controlled by the AM. Use the case lookup process to perform the following functions:

- Search for Work-In-Progress and Submitted cases
- View case information
- View case status
- Grant or revoke AD access to specific cases (AM function only)
- Add additional documents to a case
- Delete documents from Work-In-Progress cases
- Replace commingled documents on submitted cases
- Submit a re-review request for an approved case
- Submit an attestation for an approved case for accounts for which they are the administrator (Self and Representative account types, and beneficiaries logged in through Medicare.gov).
- Resubmit an expired case

Note: If you are a professional administrator, you will only be able to use the case lookup process to search for existing cases and view case information, including the current Workers' Compensation Medicare Set-Aside Arrangement (WCMSA) balance.

To update a Medicare Number (Health Insurance Claim Number [HICN] or Medicare Beneficiary Identifier [MBI]) or Social Security Number (SSN) on an existing case that is not completed, and the account is not a Self-Account, contact the Workers' Compensation Recovery Contractor (WCRC).

Do the following to manage existing cases:

From the *Account List* page, choose an account, then click the **Case Lookup** link in the "I'd like to…" box. The *Case Lookup* page appears (Figure 13-3).

Figure 13-1: "I'd like to…" Box

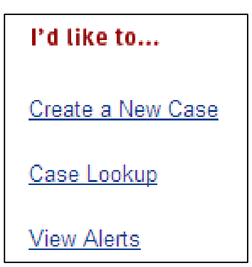


Figure 13-2: "I'd like to…" Box (Professional Administrator)

13.1 Case Lookup

Use this page to specify which cases to display (Figure 13-3 and Figure 13-4). You must select an account ID from the *Account List* page first.

Use the fields on the page to narrow search results.

- Select the **All Cases** radio button to view submitted and Work-In-Progress (WIP) cases assigned to you.
- Select the **Submitted Cases Only** radio button to view submitted cases assigned to you.
- Select the **WIP Cases Only** radio button to view Work-In-Progress cases assigned to you.

The remaining fields are all optional.

Note: If you are a professional administrator, you will not be able to narrow your search results by submitted and Work-In-Progress cases. You will only be able to search by the case control number, Medicare ID or SSN, and settlement date range.

After you have entered your search criteria, click the **Search** button. The *Case Listing* page appears (Figure 13-5 and Figure 13-6).

Figure 13-3: Case Lookup

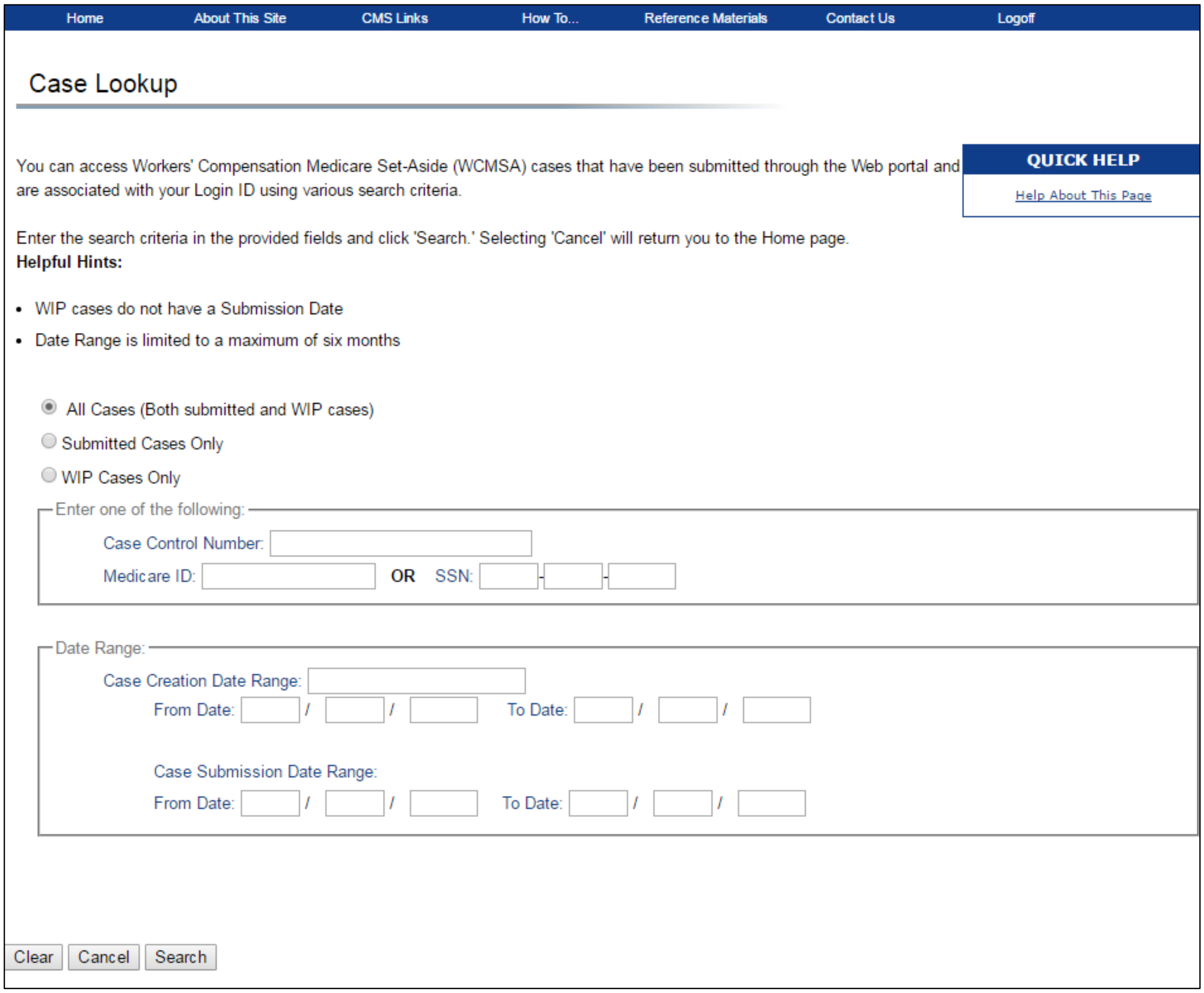


Figure 13-4: Case Lookup (Professional Administrators)

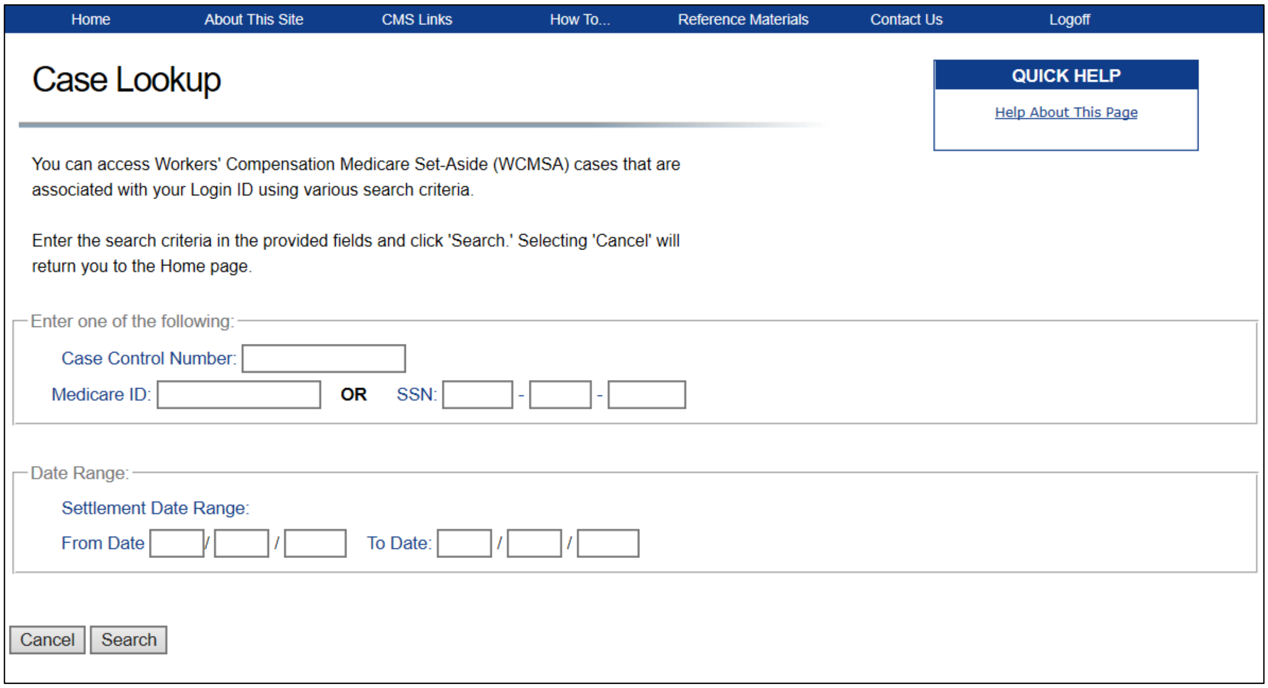


Table 13-1: Case Lookup Fields

Field	Description
Case Control Number	Enter the Case Number to narrow results. The case number was provided when the case was submitted or saved as a Work-In-Progress.
Medicare ID	Enter a Medicare ID (HICN or MBI]), If you enter a Medicare ID, do not enter an SSN.
SSN	Enter a Social Security Number. If you enter a SSN, do not enter a Medicare ID.
Case Creation From Date	To enter a case creation date range, enter a beginning case creation date here. **Note:** This field is not shown for professional administrators.
Case Creation To Date	Enter an ending case creation date here. **Note:** This field is not shown for professional administrators.
Case Submission From Date	To enter a case submission date range, enter a beginning case submission date here. **Note:** This field is not shown for professional administrators.
Case Submission To Date	Enter an ending case submission date here. **Note:** This field is not shown for professional administrators.
Settlement From Date	Enter a beginning settlement date. **Note:** This field is only shown for professional administrators.
Settlement Thru Date	Enter an ending settlement date. **Note:** This field is only shown for professional administrators.
Clear	Click to reset all search options. **Note:** This button is not shown for professional administrators.
Cancel	Click to return to the *Account List* page.
Search	Click to display search results.

13.2 Case Listing

The *Case Listing* page displays the cases that meet the search criteria you previously entered on the *Case Lookup* page.

Click the case number link for a case to display the *Summary Information* page. Click the **Manage Access** link for a case to display the *Manage Case Access* page.

Notes:

- If a new case has been submitted as part of a required resubmission, both the new and original case numbers display. The original case appears as read-only when clicked. See Section 13.3.5.
- If you are a professional administrator, you will only be able to view the case number, claimant name, date of injury, settlement date, and WCMSA balance on this page.

Figure 13-5: Case Listing

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

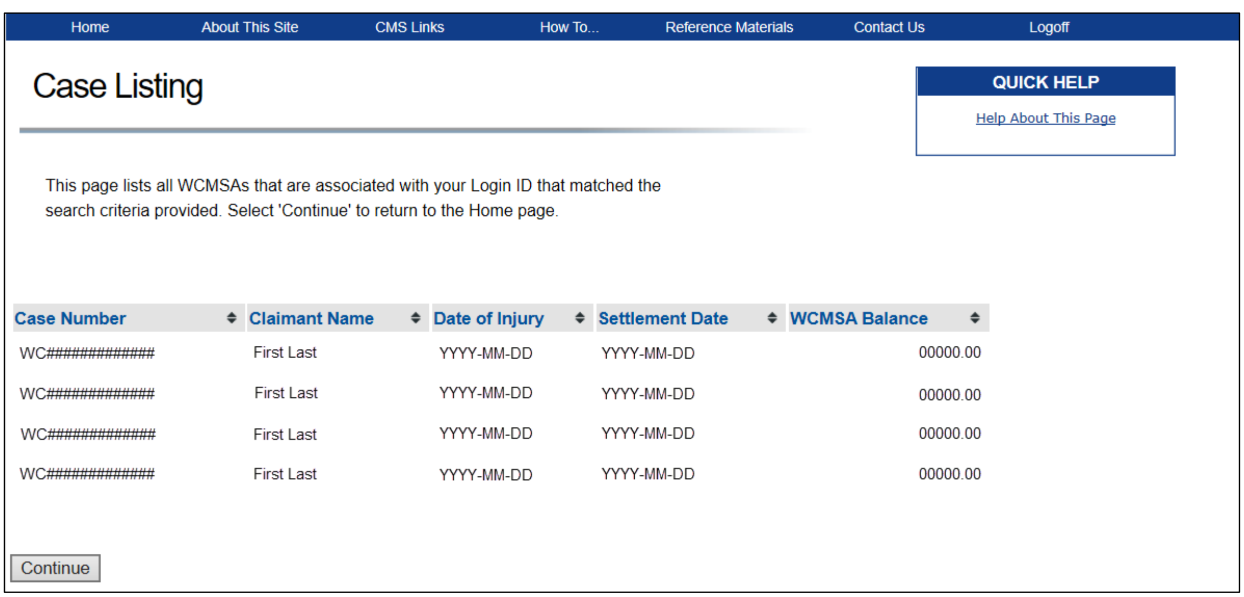
Case Listing

This page lists all cases entered into the Workers' Compensation Medicare Set-Aside Web Portal that are associated with your Login ID. Click on the Case Number to view the details of the case. Selecting 'Cancel' will return you to the Home page.

Case Number	Claimant Name	Date of Injury	Case Status	Case Location	Creation Date	Submission Date	Case Access
123456	LAST, FIRST	####-##-##	DREC	WCRC	2010-02-15	2010-02-23	Manage Access
987654	LAST, FIRST	####-##-##	WIP	Submitter	2010-01-24		Manage Access
798654	LAST, FIRST	####-##-##	DREC	WCRC	2009-11-27	2009-12-05	Manage Access

Previous Cancel

Figure 13-6: Case Listing (Professional Administrators)



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

Case Listing

QUICK HELP
Help About This Page

This page lists all WCMSAs that are associated with your Login ID that matched the search criteria provided. Select 'Continue' to return to the Home page.

Case Number	Claimant Name	Date of Injury	Settlement Date	WCMSA Balance
WC#############	First Last	YYYY-MM-DD	YYYY-MM-DD	00000.00
WC#############	First Last	YYYY-MM-DD	YYYY-MM-DD	00000.00
WC#############	First Last	YYYY-MM-DD	YYYY-MM-DD	00000.00
WC#############	First Last	YYYY-MM-DD	YYYY-MM-DD	00000.00

Continue

Table 13-2: Case Listing Fields

Field	Description
Case Number	The case number provided when the case was submitted or saved as a Work-In-Progress.
Claimant Name	Name of the beneficiary or claimant.
Date of Injury	Date of initial injury.
Settlement Date	Date of settlement. **Note:** This field is only shown for professional administrators.
WCMSA Balance	Current balance of the WCMSA. **Note:** This field is only shown for professional administrators.
Case Status	Status of the case. All cases have been submitted, except for cases in WIP (Work-In-Progress) status. Options are: APPR Approved ASGN Assigned BUND Beneficiary Under Threshold (No CMS Review) CLOS Closed CLTR Closeout (letter was sent) COMG Commingled Document COMP Completed DECD Deceased DENY Denied (unable to process case) DEVP In Development DISP WCRC Recommendation Completed (at RO) DREC Document Received OPCM Reopened (after RO/COMP) RECD Received REOP Reopened (after RO/CLOS) RTND Under Threshold – Non-Beneficiary Case (No CMS Review) WIP Work In Progress. Not submitted (WCMSAP only) ZERO Zero Set-aside **Note:** A case status of “Approved” means the Regional Office has approved and is working the case; an Approval letter may not have been generated yet. Once the Regional Office has completed their review of the case, the user will receive an email alert notification and they can go to the *Alerts Listing* page and retrieve the Approval letter. If no settlement information has been submitted for cases in “Approved” (APPR) status, users with appropriate access in the Workers’ Compensation Case Control System (WCCCS) can send Approval Follow-up letters, as needed, to remind submitters and beneficiaries to submit settlement information. When sent, authorized WCMSAP users on the cases will be notified by email. They can also view the follow-up letters by clicking the **Alert ID** links on the *Alert Listing* page. **Note:** This field is not shown for professional administrators.
Case Location	Location of the case. Options are: Submitter WCRC RO (Regional Office) **Note:** This field is not shown for professional administrators.
Creation Date	Date the case was created. **Note:** This field is not shown for professional administrators.

Field	Description
Submission Date	Date the case was submitted. **Note:** This field is not shown for professional administrators.
Case Access	Click the Manage Access link to grant or revoke AD access to the case (AM only). **Note:** This link is not shown for professional administrators.
Previous	Click to return to the previous page. **Note:** This button is not shown for professional administrators.
Cancel	Click to return to the *Account List* page. **Note:** This button is not shown for professional administrators.
Continue	Click to return to your *Home* page. **Note:** This button is only shown for professional administrators.

13.3 Case Summary

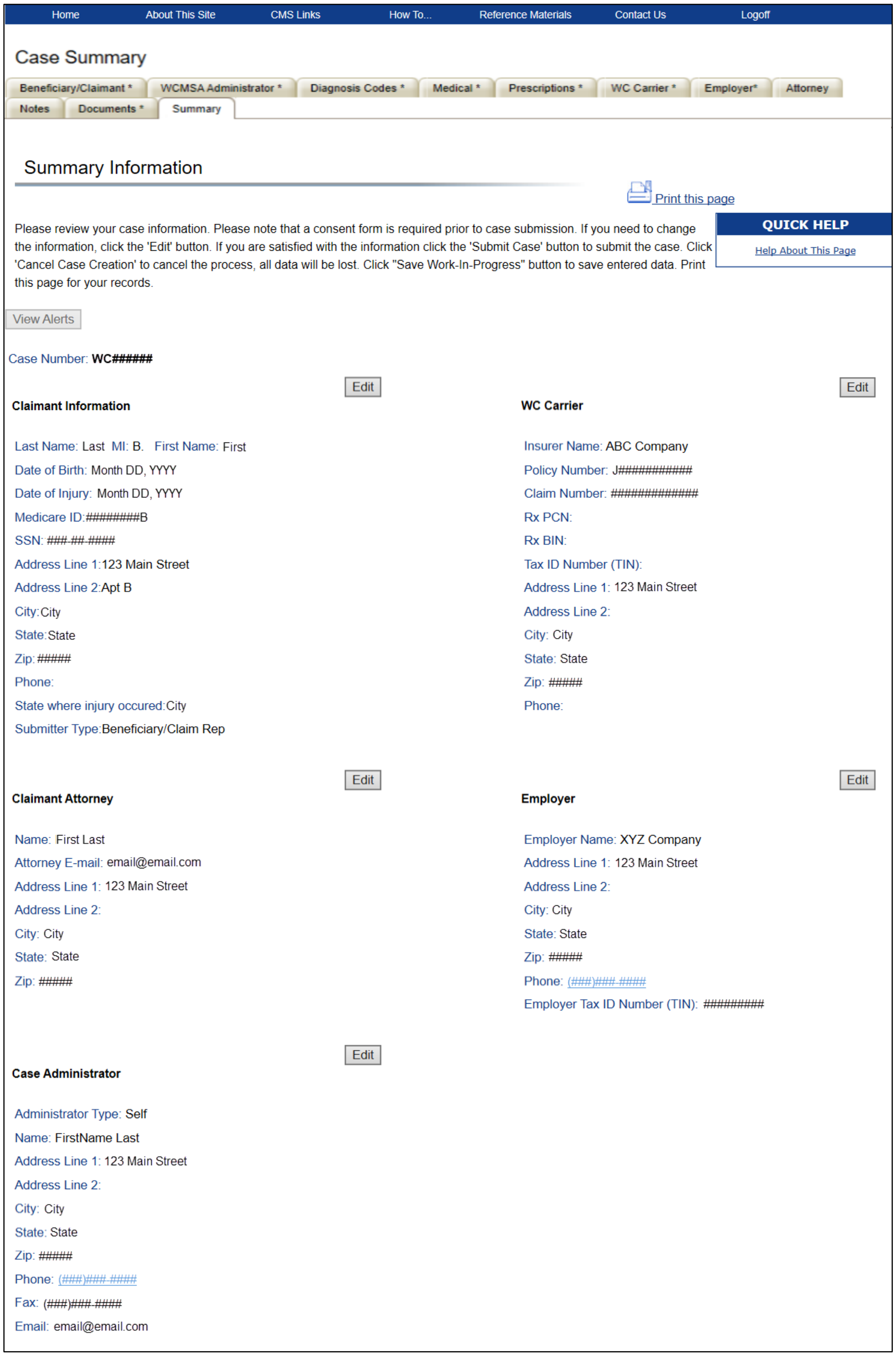
Use the *Summary Information* page to add documents to a case, replace documents on submitted cases, delete documents on Work-In-Progress (WIP) cases, resubmit a case (if required), and submit WIP cases (Figure 13-7). If your case qualifies for re-review, you can also submit a re-review request for an approved case. Corporate and Representative AMs can also view the *Manage Case Access* page from here.

If you are identified as the administrator for the case, you can also view the *WCMSA Account Balance and Attestation Submission* page by clicking the **WCMSA Attestation Information** button. From that page, you may view your WCMSA balance or submit your yearly attestation. See Section 13.5 for details on submitting attestations.

Notes: The *WCMSA Attestation Information* button is only enabled and visible for account administrators when the case has been previously approved.

If a case has been in Closeout (CLOS) status for more than 12 months since the date of the last Closeout Letter, the case becomes read-only. You may not add, replace, or delete files. The **Add**, **Replace** and **Delete** links mentioned below will be replaced with a **View** link, allowing you to view previously submitted documents.

Figure 13-7: Summary Information



1. Click the **View** button next to a section heading to display the entered information. Click the **Next** button at the bottom of that page to navigate back to the *Summary Information* page or click the **Case Summary** button at the bottom of any page to return to the *Summary Information* page.
2. For submitted cases, go to the *Case Documents* page and click the **Submit Files** button to save documents still pending submission.

   Note: If there are still documents pending submission, the system will display the following warning on the *Summary Information* page: "Some documents are pending submission. Go to the *Case Documents* tab to Submit Files" (Figure 13-8). This applies to any documents in a new status that are pending submission.
3. Click the **New Search** button to return to the *Case Lookup* page. To manage case documents, click the **Add Files** button on the *Summary Information* page. This displays the *Case Documents* page.

13.3.1 Add Files

1. On the *Case Documents* page, click the **Add Files** link under the document category you would like to add.

   This opens the *Attach Documentation* page (Figure 13-9).
2. Use the *Attach Documentation* page to browse your system and select a document to upload to the case.

   Selected documents must be in PDF format and each file cannot exceed 40 MB. Document categories marked with an asterisk (*) are required for submission. See Section 12.13.1 for more information on adding documents.
3. Click the **I attest that the documentation attached is complete and accurate to the best of my knowledge** checkbox to provide your attestation.

When you add documents, the case *Documents* page will display one of the following statuses next to the documents: Submitted, Pending Submission, *OR* Requires Replacement.

Statuses of Pending Submission and Requires Replacement will appear next to (in parentheses) the *Replace* or *Delete* links. Documents that have already been submitted will display a status of Submitted.

Notes: If a *Replace* link appears to the right of *any* document name, the WCMSAP requires you to replace that document before it will allow any new files to be *submitted* to the case. Although you will be allowed to *attach* new files to a case, the newly *attached* files will not be submitted. The *Submit Files* button will be disabled until all replacement files have been added and uploaded to the case; you must click this button in order to successfully submit files to the case. Documentation that has not yet been submitted will either have a *Delete* or a *Replace* link to the right of the file name.

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. The error "Invalid File Size" may be related to the page size. Pages cannot be larger than 8.5 x 11 inches.

Figure 13-8: Case Summary Pending Document Submission Alert

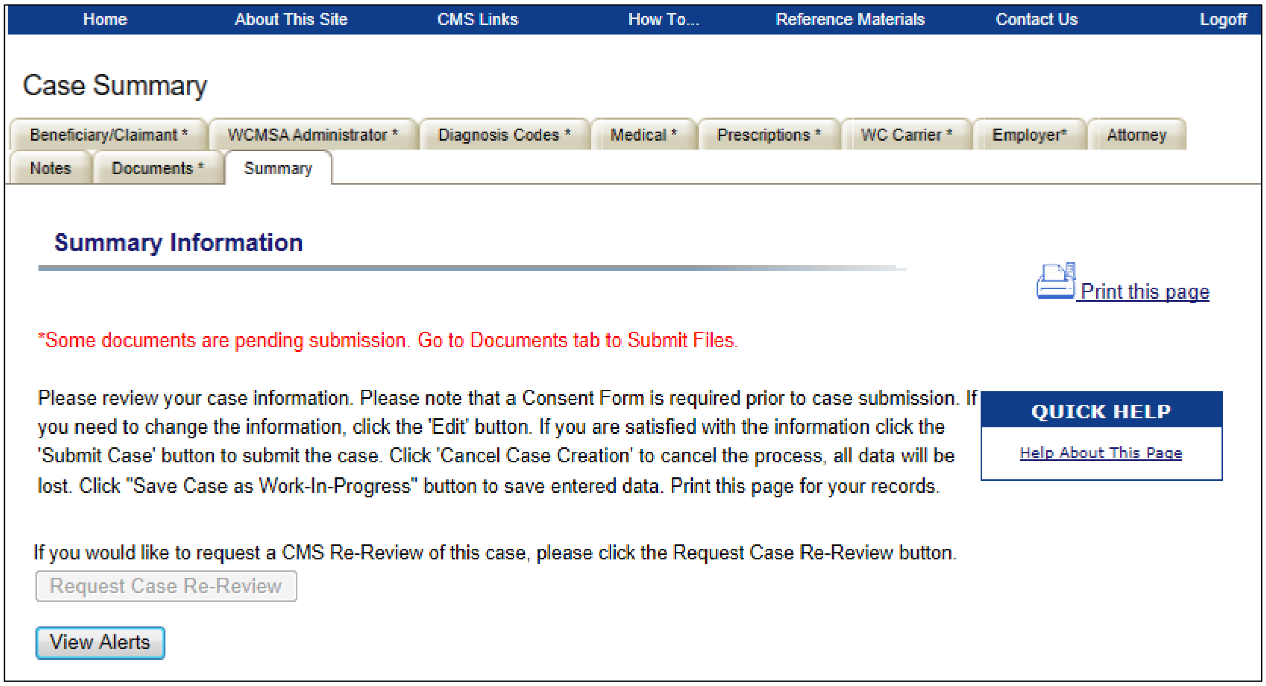
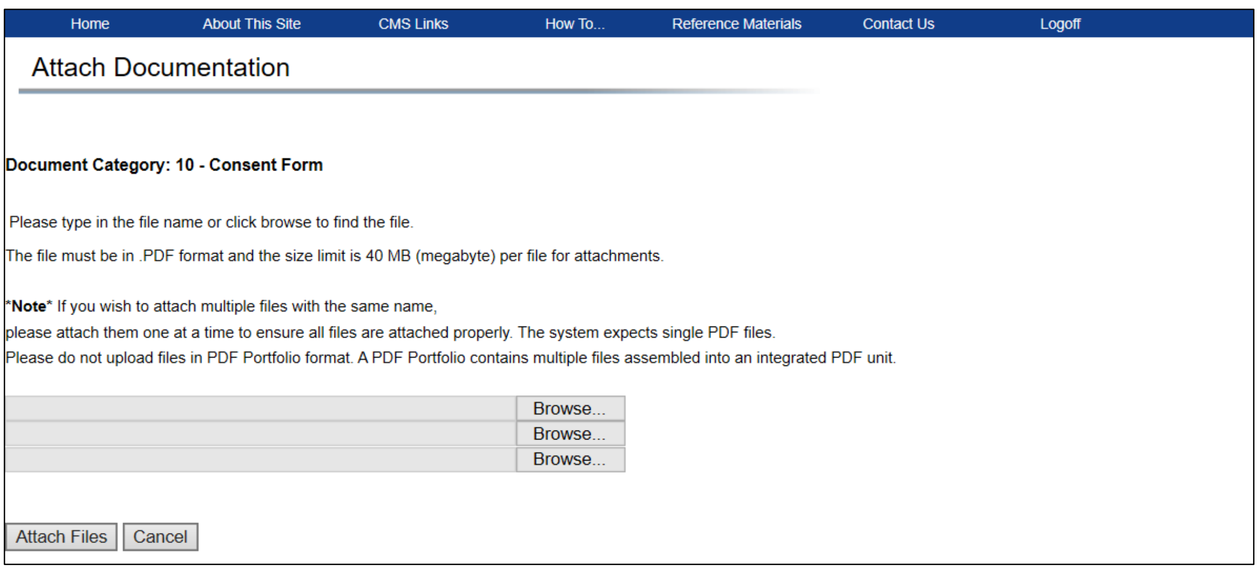


Figure 13-9: Attach Documentation



13.3.2 Replace Files

Typically, documents must be replaced when a case has been submitted and it contains commingled documents. Only files that have been flagged as replaceable by the WCRC can be replaced. A commingled alert will be listed on the *Alert Lookup* page in this instance. See Chapter 14 for more information about alerts.

1. If a document must be replaced, click the **Replace** link that appears to the right of the file name. The **Replace** link will continue to display until you click this link and successfully upload a replacement file.

   Once the **Replace** link is clicked, the *Attach Documentation* page will display (Figure 13-11).

2. To replace a document, enter a new file name and path in the text box, or use the **Browse** button next to the text box to search your system for the desired document.

   Before attaching the file, you can enter a note detailing what file was replaced and the reason for the replacement. All notes will display on the *Case Notes* page.
   Note: If you need to replace a file that includes more than one document, use the **Replace** link to replace one document and then use the **Add Files** button to add all remaining documents.

3. Click the **I attest that the documentation attached is complete and accurate to the best of my knowledge** checkbox to provide your attestation.

Figure 13-10: Case Documents (Replace Status)

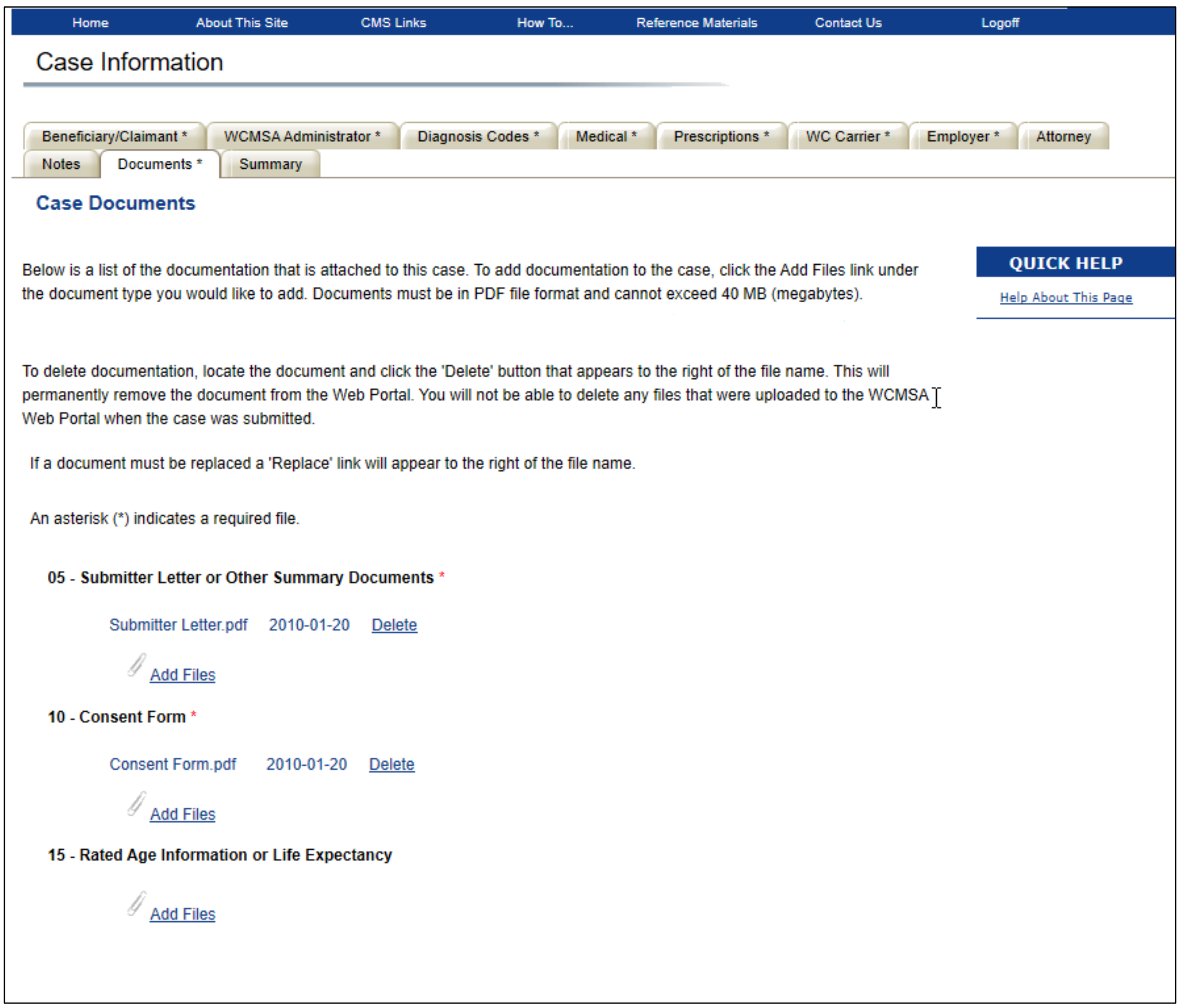
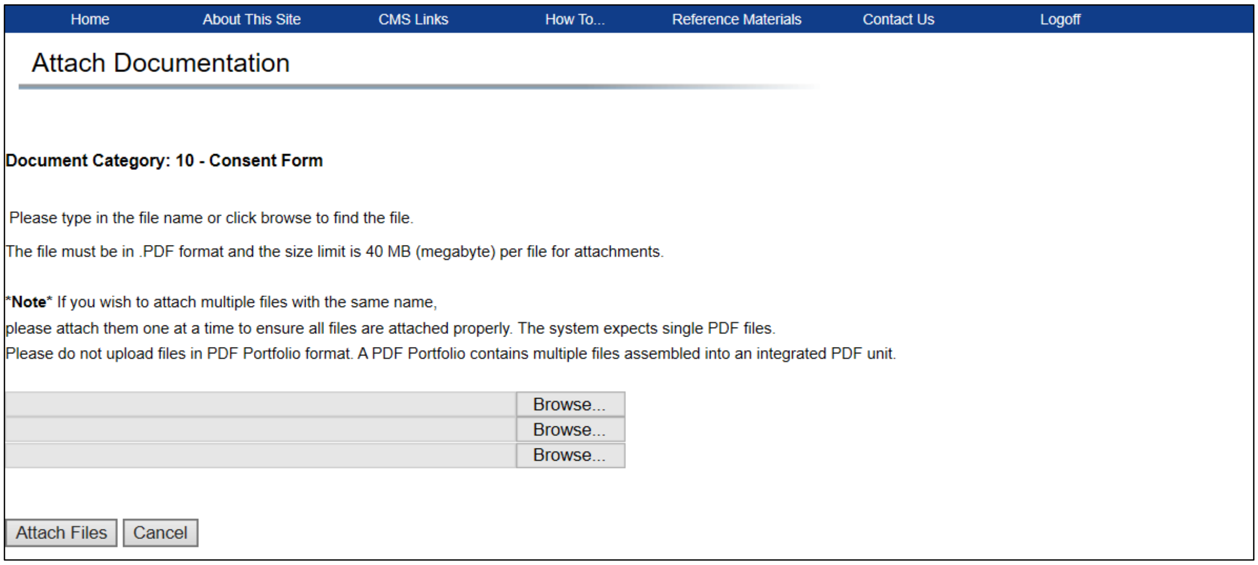


Figure 13-11: Attach Documentation



4. To attach the selected file, click the **Attach Files** button.

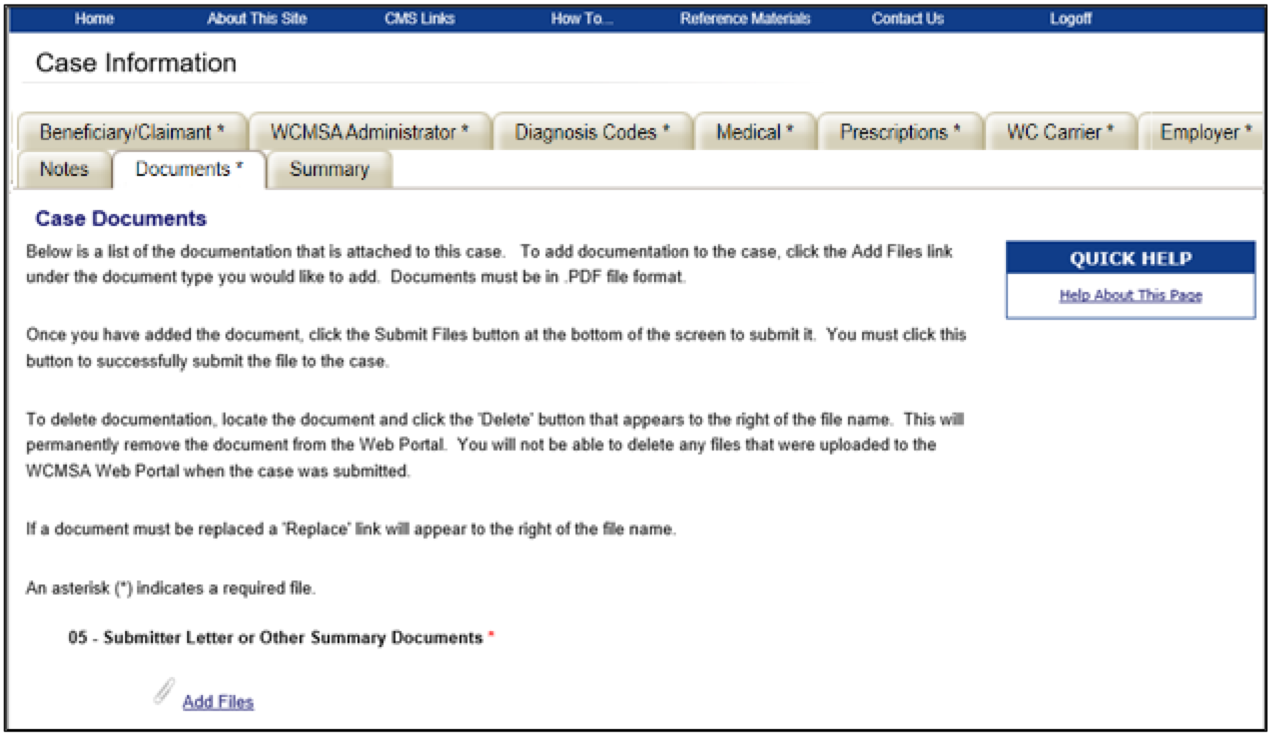
   This uploads the document to the *Case Documents* page. The file name and date the file was uploaded appears under the appropriate document category.

The new file name will appear under the proper document category, replacing the previous file name. The *Replace* link will be changed to a *Delete* link which allows you to delete the replaced file in the event it was an incorrect upload. The *Delete* link will continue to display until you click the **Submit Files** button which will submit all newly added or replaced files to the case.

Note: If you delete the replacement file, the link will change back to *Replace* and the system will require you to replace the file once again.

Note: If there are still documents pending submission, the system will display the following warning on the *Summary Information* page: "Some documents are pending submission. Go to the *Documents* tab to Submit Files."

Figure 13-12: Case Information Display of Replaced Document



13.3.3 Delete Files

To delete a document, click the **Delete** link that appears to the right of the file name. This permanently removes the document from the WCMSAP. You can only delete documents from new and Work in Progress (WIP) cases, and documents that have been added but not yet saved to an existing case. You cannot delete files that were previously saved to existing cases.

13.3.4 Submit a Work-In-Progress Case

1. Once all case information is complete and you are ready to submit a WIP case, click the **Submit Case** button at the bottom of the page. (This button only appears for cases in WIP status.)

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

2. Click **Continue** to submit the case. Click **Cancel** if you do not want to submit the case.

   If you click **Continue** (on the *Confirm Case Submission* page), the *Successful Case Submission* page appears (Figure 13-14). Use the case number provided on this page to return to look up the case.
   If you click **Cancel** (on the *Confirm Case Submission* page), the *Cancel Case Submission* page appears.

3. Click **Continue** to be returned to the *Summary Information* page where you can save your case as a Work-in-Progress (by clicking the **Save Work-in-Progress** button) or cancel the case creation (by clicking the **Cancel Case Creation** button).

Figure 13-13: Confirm Case Submission

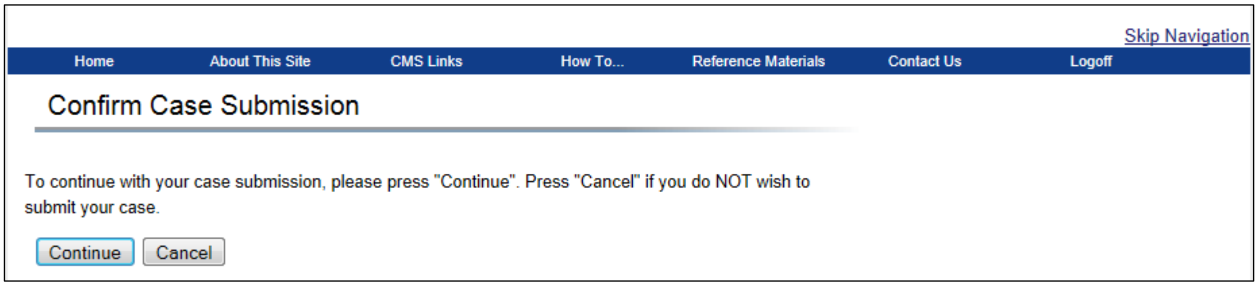


Figure 13-14: Successful Case Submission

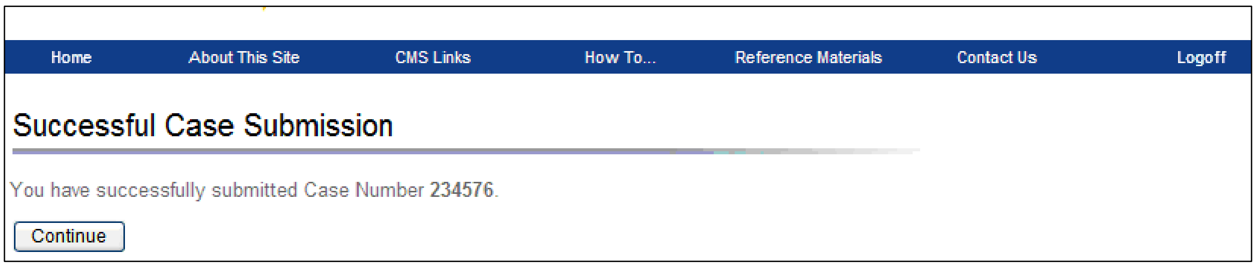
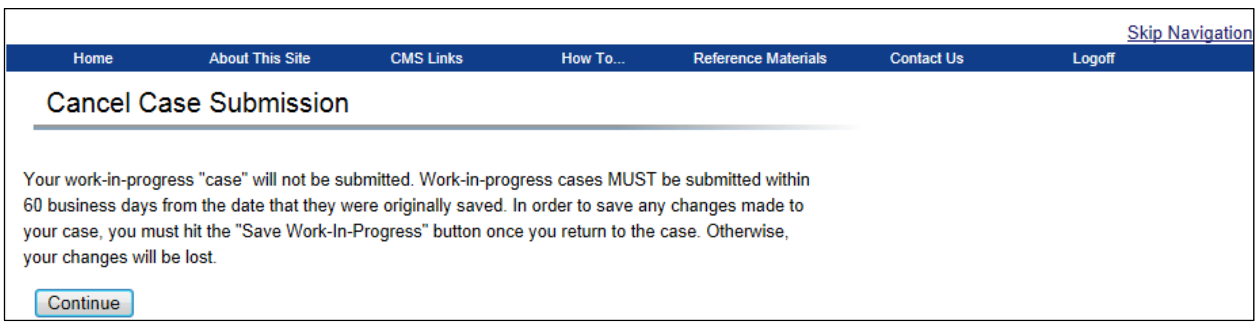


Figure 13-15: Cancel Case Submission



13.3.5 Required Resubmission

In some situations, you may need to add additional documentation to an existing case that is now closed. If the case has been in Closeout (CLOS) status for more than 12 months since the date of the last Closeout Letter, you are required to resubmit the entire case, including all associated documentation.

If your case meets the criteria for resubmission, a **Required Resubmission** button appears on the *Case Summary* page.

When completing a required resubmission, you must:

- Create a new case using the *New Case Creation* page.
- Include ALL case documents from the past two years.
- Use the new case number to make changes to the case going forward. You can still use the previous case number to view a read-only version of the original case.

To complete a required resubmission:

1. Click **Required Resubmission** on the *Case Summary* page.

   The *New Case Creation* page appears, with all fields except the **Proposed Settlement Amount** field pre-filled and read-only.

2. Enter a new Proposed Settlement Amount, and click **Continue**.
3. Complete the required steps for creating a new case as outlined in Chapter 12.
4. When you are finished, a version of the *Successful Case Submission* page is displayed with both the new Case Number and prior Case Number.
5. Click the **Prior Case Number** hyperlink to view a read-only version of the *Case Summary* page for the prior Case Number.

Note: On the *Case Listing* page, both the prior Case Number and the new Case Number will display. The prior Case Number is a read-only version of the previously submitted case. All updates to the case must be made to the new Case Number.

Figure 13-16: Case Summary for Required Resubmission

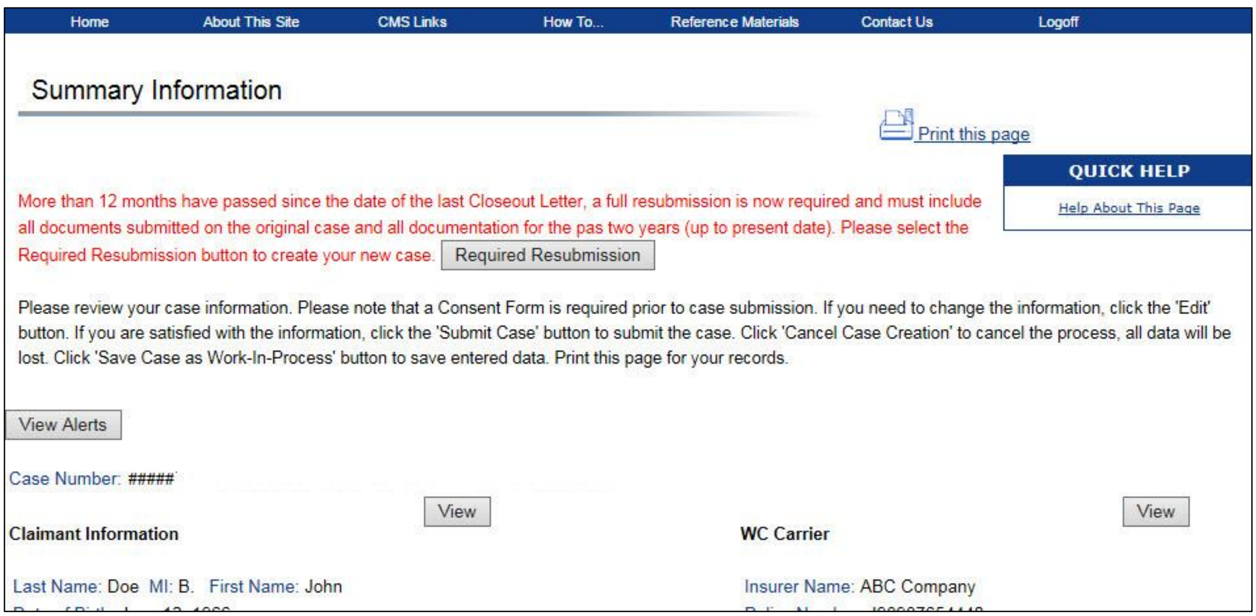
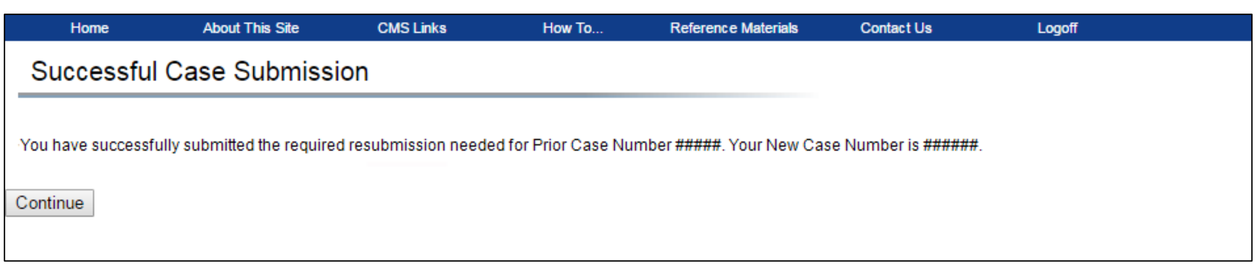


Figure 13-17: Successful Case Submission for Required Resubmission



13.4 Submit a Re-Review Request for an Approved Case

When you disagree with the Regional Office (RO) decision on a case, or if projected care for a case has changed so much that the new proposed settlement amount differs from Centers for Medicare & Medicaid Services' (CMS') approved amount by 10% or $10,000 (whichever is greater), you can submit a re-review request. A WCMSAP case is eligible for re-review if it is in approved status at a Regional Office and a re-review is not already in process.

To request a re-review of a case:

Click the **Request Case Re-Review** button on the *Summary Information* page.

The *Case Re-Review Request* page appears (Figure 13-19). You will submit the reason for the re-review request for the Case Number displayed at the top of the page.

Note: The *Request Case Re-Review* button will be disabled if the case is not eligible for the re-review request.

See the sections below for instructions on completing the three different types of re-reviews.

Figure 13-18: Summary Information (Request Case Re-Review)

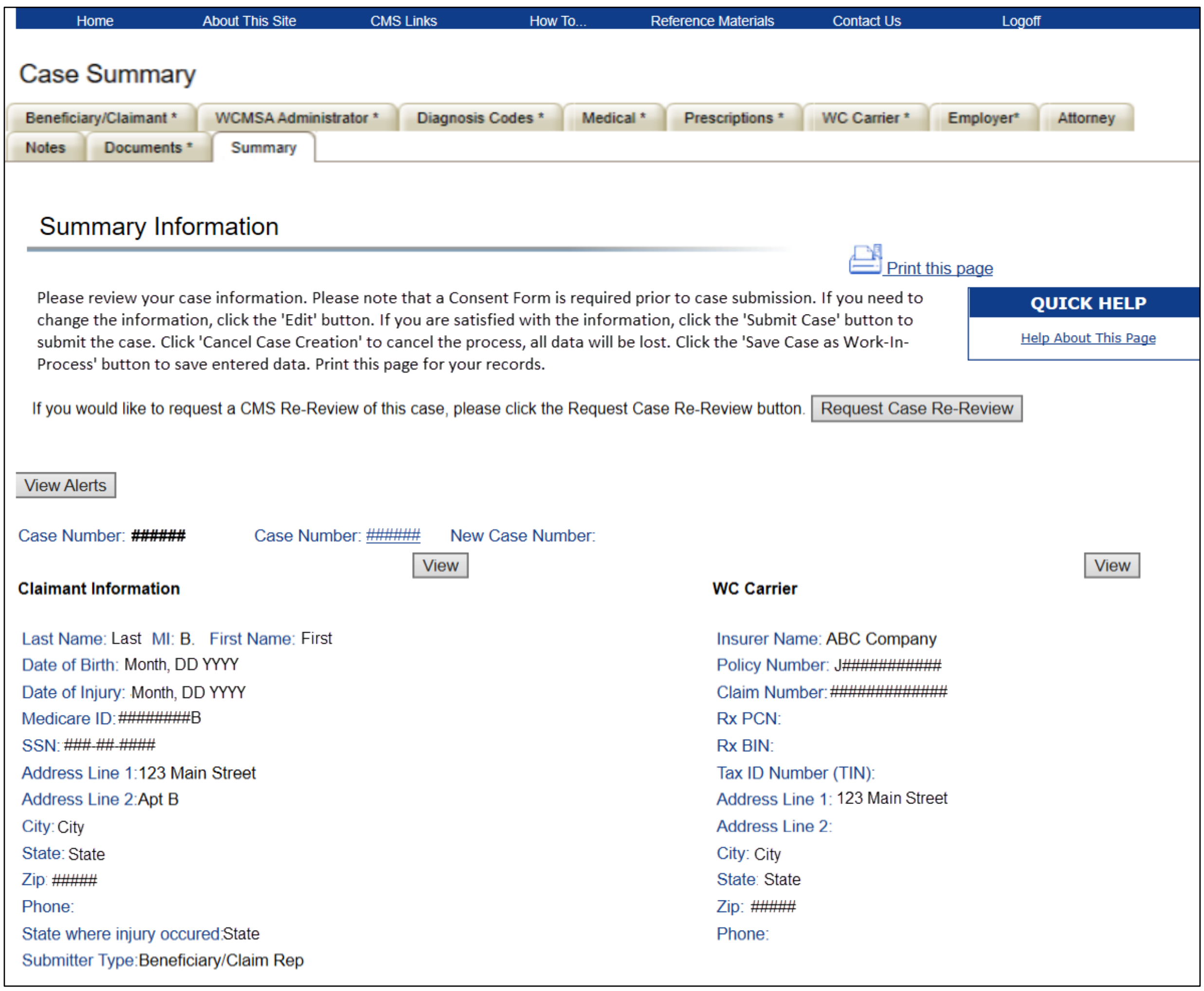


Figure 13-19: Case Re-Review Request

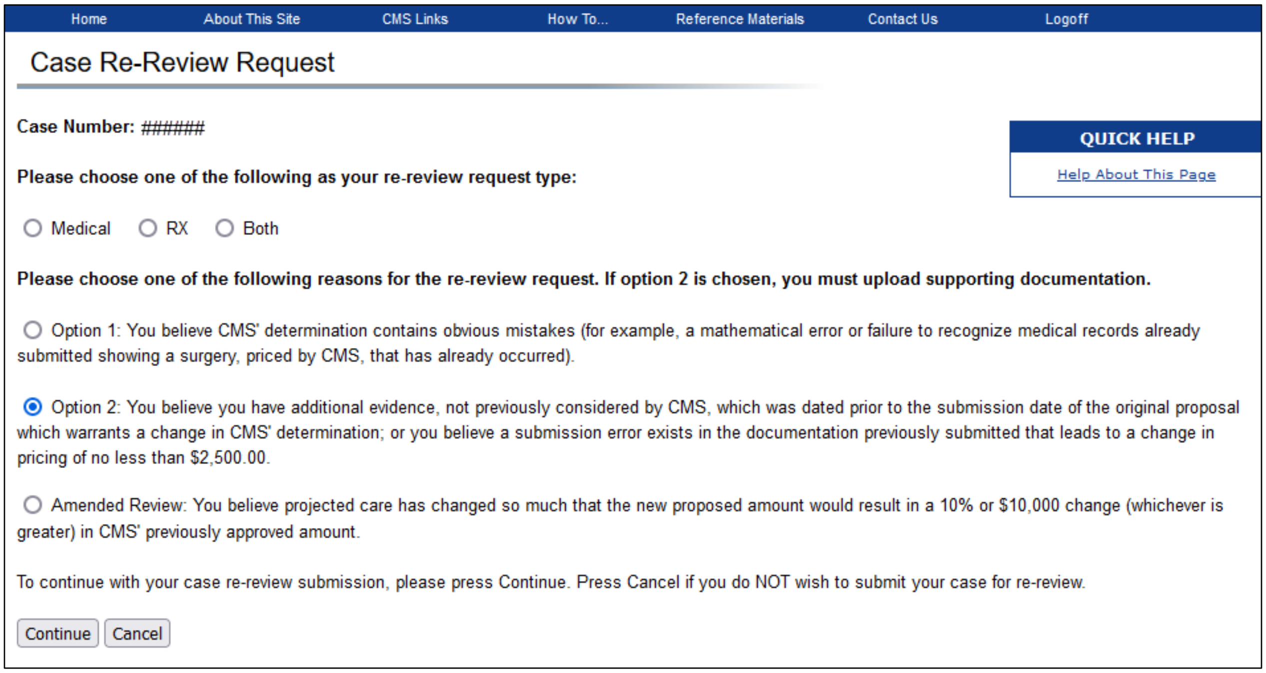


Table 13-3: Case Re-Review Request Fields

Field	Description
Case Number	The case number associated to the case being submitted for re-review.
Request Type	This field is required. Choose one of the following: • Medical • RX (Pharmacy) • Both (Medical & Pharmacy)
Reason for Request	This field is required. If you select Option 2 or Amended Review, you will be required to submit supporting documentation. **Option 1:** You believe CMS' determination contains obvious mistakes (e.g., a mathematical error or failure to recognize Medical records already submitted showing a surgery, priced by CMS, that has already occurred). **Option 2:** You believe you have additional evidence, not previously considered by CMS, which was dated prior to the submission date of the original proposal which warrants a change in CMS' determination; or you believe a submission error exists in the documentation previously submitted that leads to a change in pricing of no less than $2,500.00. **Amended Review:** You believe projected care has changed so much that the new proposed amount would result in a 10% or $10,000 change (whichever is greater) in CMS' previously approved amount.
New Proposed MSA Amount	The total dollar amount of the new proposed Medicare Set-Aside (MSA) you are requesting. Enter both the dollar and cents amounts in the two fields.
Continue	Click to go to the *Case Re-Review Request Details* page for Option 1 and option 2 reviews, or the *Case Re-Review Medical Details* or *Case Re-Review Drug Details* page for Amended Reviews.
Cancel	Click to cancel your request for a re-review.

13.4.1 Option 1 Instructions

If you selected re-review request Option 1, you have the option to upload supporting documentation and/or submit comments in the Additional Notes field.

1. On the *Case Re-Review Request* page, select **Option 1**.
2. Enter the new proposed Medicare Set-Aside (MSA) amount in the field provided.
3. Click **Continue**.

   The *Case Re-Review Request Details* page appears (Figure 13-20).
4. Use the text box provided, or upload documentation, to support your request.
5. If you are not uploading supporting documentation and you have entered all required data (including any optional comments in the Additional Notes field) click the **Continue** button.

   The *Case Re-Review Request Verification* page appears (Figure 13-21).
6. Verify that the information provided is accurate. Click **Continue** to proceed with the re-review request.

   The *Case Re-Review Request Confirmation* page appears (Figure 13-22).
   Note: Click **Previous** to make changes or click **Cancel** to cancel the re-review request. When **Cancel** is clicked, the *Cancel Re-Review Request Confirmation* page appears (Figure 13-35). Click **Yes** to cancel the request (and discard all information), or click **No** to return to the previous page. If you entered free-form text, it will be added to the permanent case and the case will be submitted for consideration.
7. Click **Continue** to return to the *Summary Information* page.
8. Proceed to **Next Steps** in this section.

Figure 13-20: Case Re-Review Request Details

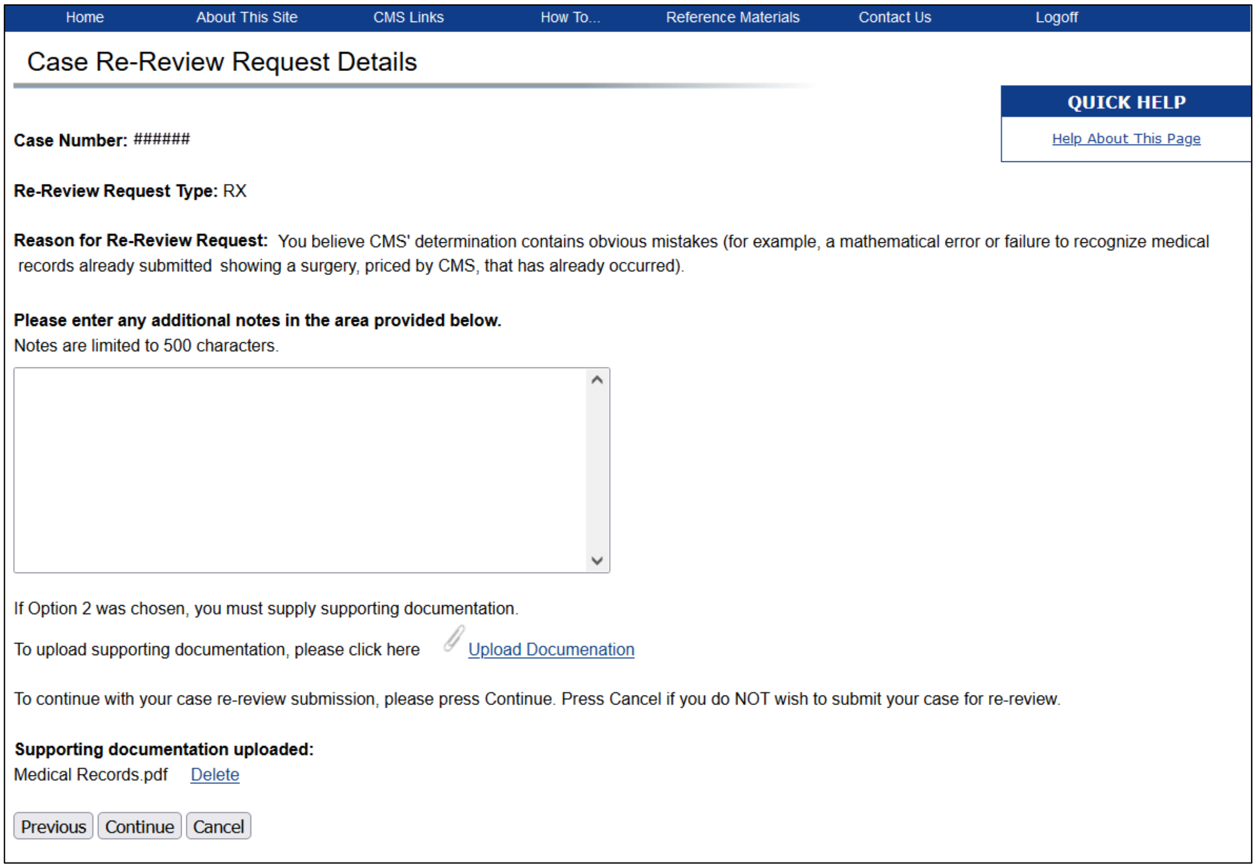


Figure 13-21: Case Re-Review Request Verification

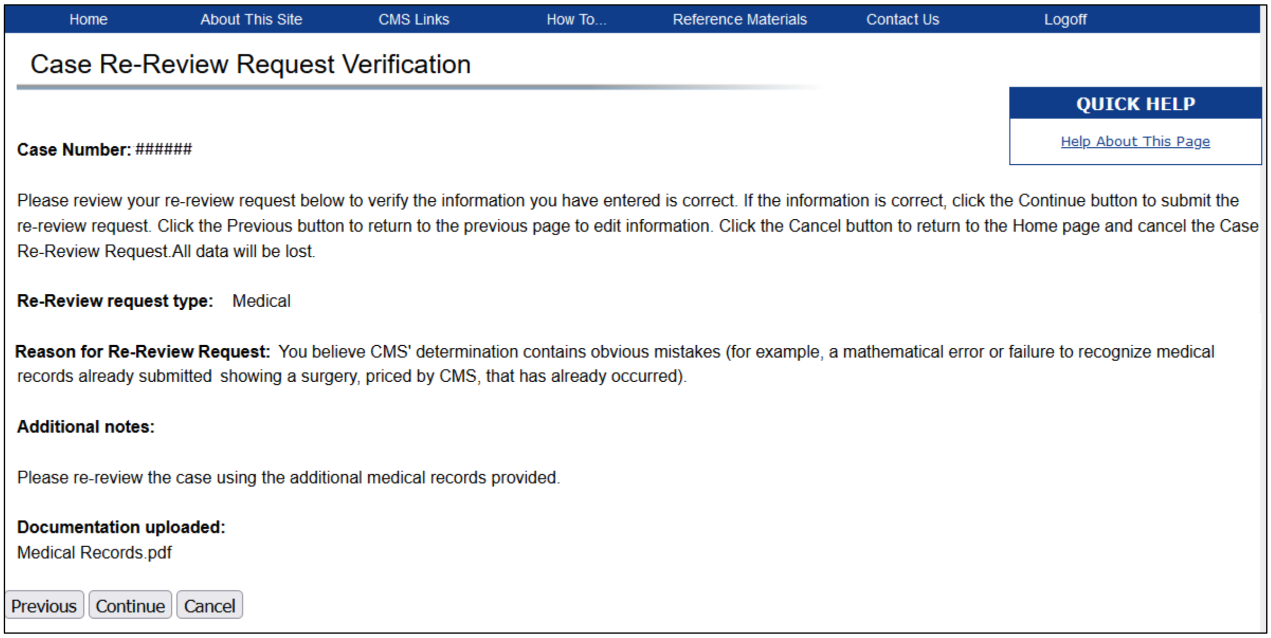
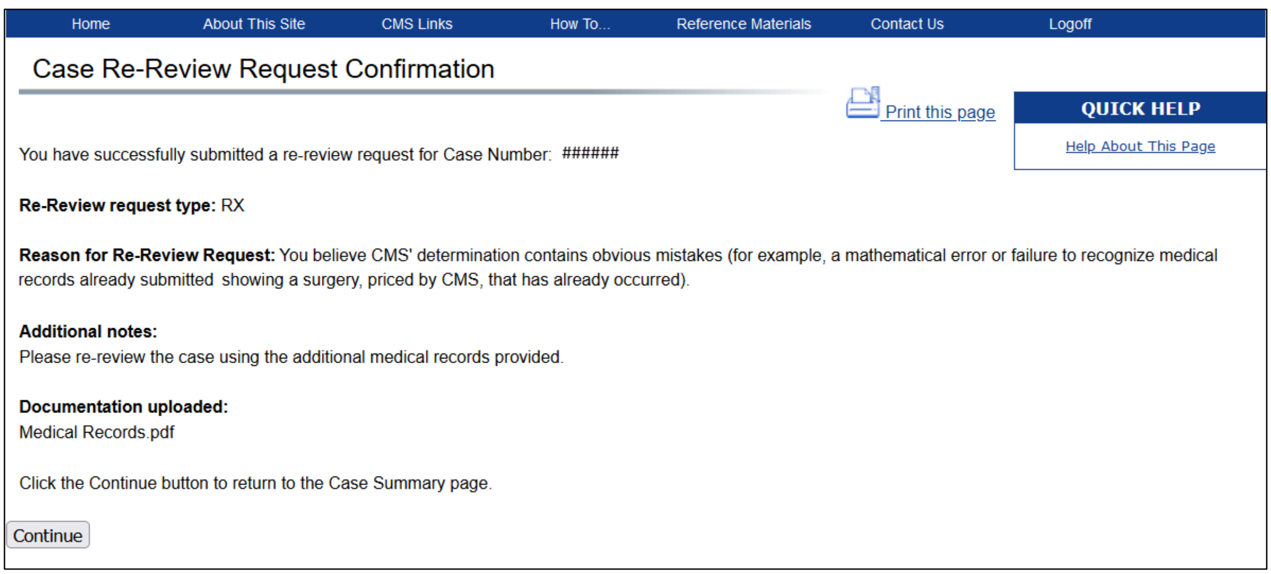


Figure 13-22: Case Re-Review Request Confirmation



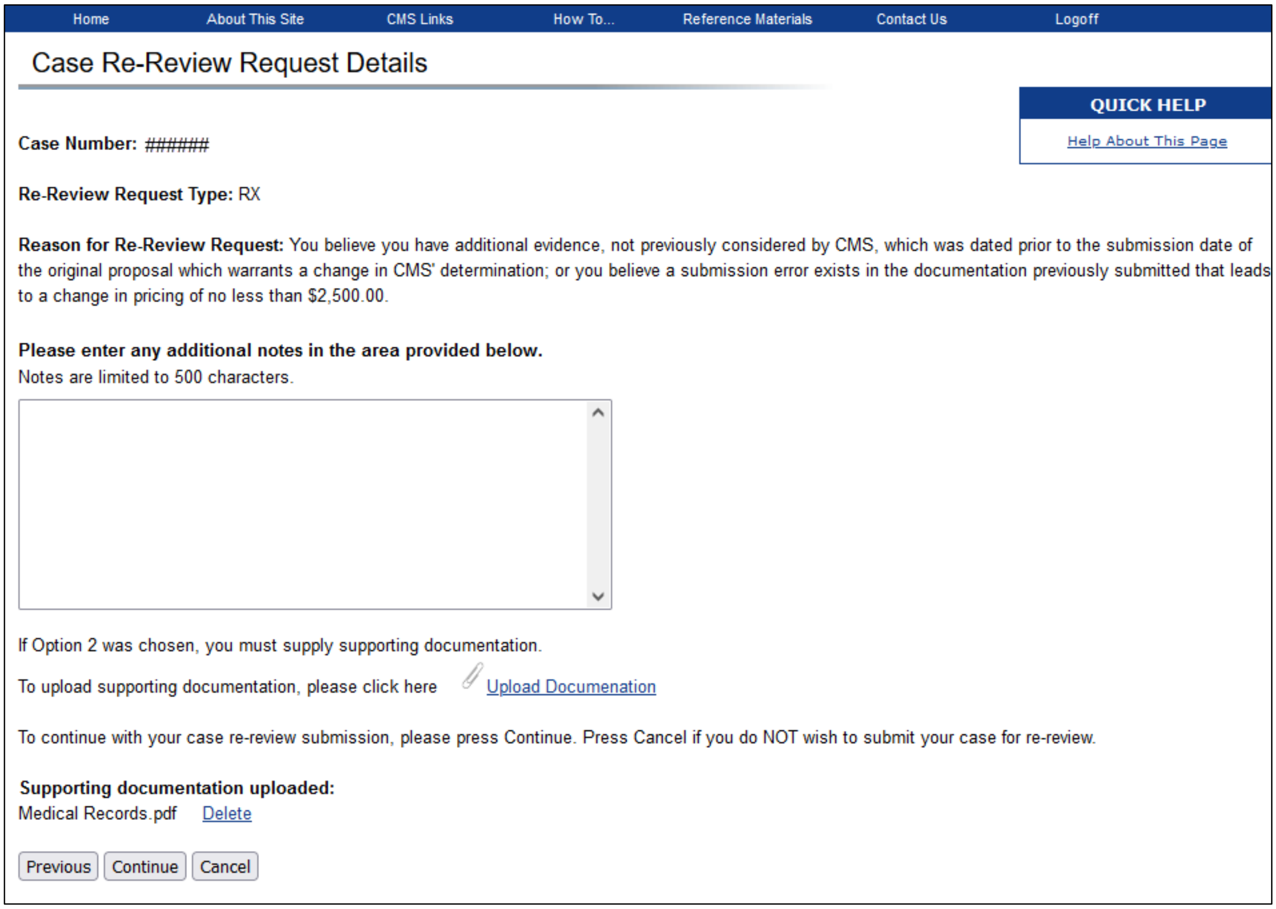
13.4.2 Option 2 Instructions

If you selected re-review request Option 2, you are required to upload supporting documentation.

1. On the *Case Re-Review Request* page, select **Option 2**.
2. Enter the new proposed Medicare Set-Aside (MSA) amount in the field provided.
3. Click **Continue**.

   The *Case Re-Review Request Details* page appears (Figure 13-23).

Figure 13-23: Case Re-Review Request Details



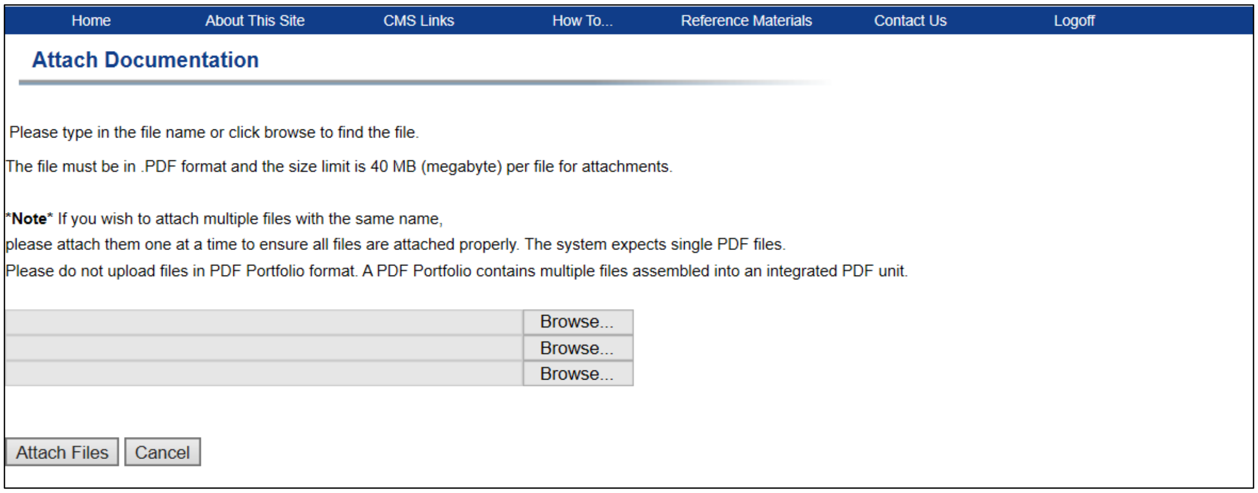
4. Click the **Upload Documentation** link.

   The *Attach Documentation* page appears (Figure 13-24).

5. Create a .PDF file of your documentation and follow the instructions for uploading documentation found in Section 12.13.1.

6. Click the **I attest that the documentation attached is complete and accurate to the best of my knowledge** checkbox to provide your attestation.

Figure 13-24: Attach Documentation



7. After attaching your files, you will be returned to the *Case Re-Review Request Details* page. Verify the information submitted and click **Continue**.

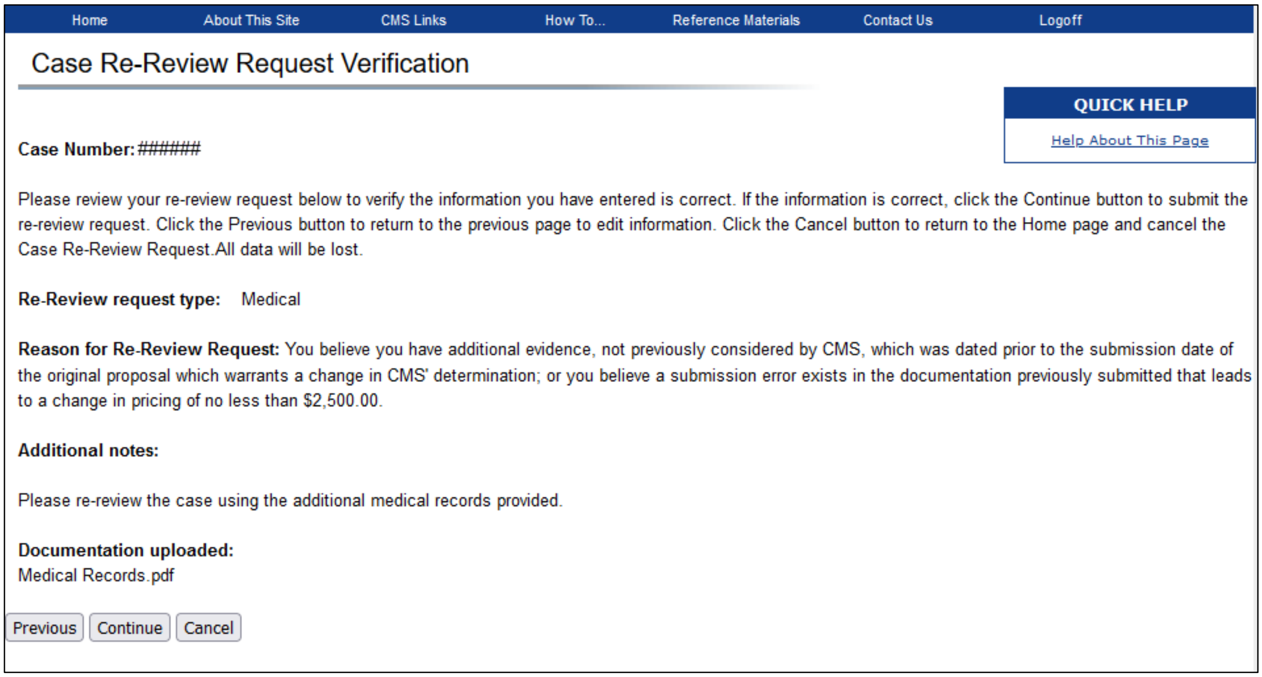
   The *Case Re-Review Request Verification* page appears (Figure 13-25).

8. Verify that the information provided is accurate. Click **Continue** to proceed with the re-review request.

   The *Case Re-Review Request Confirmation* page appears (Figure 13-26).
   Note: Click **Previous** to make changes or click **Cancel** to cancel the re-review request. When **Cancel** is clicked, the *Cancel Re-Review Request Confirmation* page appears (Figure 13-35). Click **Yes** to cancel the request (and discard all information), or click **No** to return to the previous page.
   This page confirms that your re-review request has been submitted. If you entered free-form text, it will be added to the permanent case and the case will be submitted for consideration.

9. Click **Continue** to return to the *Summary Information* page.

Figure 13-25: Case Re-Review Request Verification



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

Case Re-Review Request Verification

QUICK HELP

Help About This Page

Case Number: ######

Please review your re-review request below to verify the information you have entered is correct. If the information is correct, click the Continue button to submit the re-review request. Click the Previous button to return to the previous page to edit information. Click the Cancel button to return to the Home page and cancel the Case Re-Review Request.All data will be lost.

Re-Review request type: Medical

Reason for Re-Review Request: You believe you have additional evidence, not previously considered by CMS, which was dated prior to the submission date of the original proposal which warrants a change in CMS' determination; or you believe a submission error exists in the documentation previously submitted that leads to a change in pricing of no less than $2,500.00.

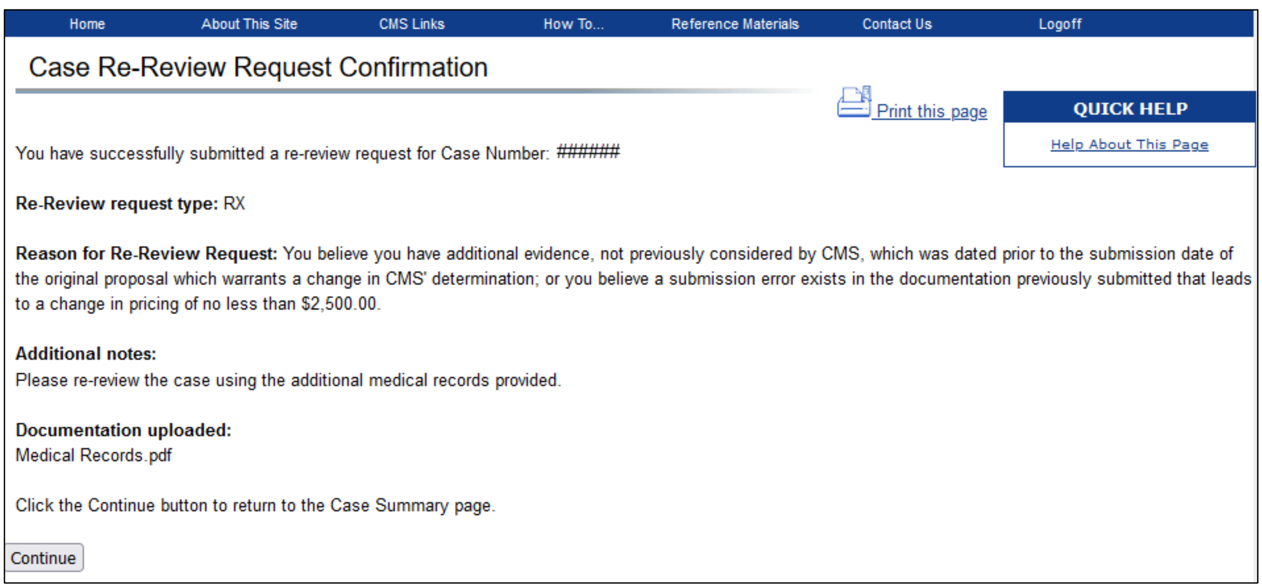
Additional notes:

Please re-review the case using the additional medical records provided.

Documentation uploaded:
Medical Records.pdf

Previous Continue Cancel

Figure 13-26: Case Re-Review Request Confirmation



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

Case Re-Review Request Confirmation

Print this page

QUICK HELP

Help About This Page

You have successfully submitted a re-review request for Case Number: #######

Re-Review request type: RX

Reason for Re-Review Request: You believe you have additional evidence, not previously considered by CMS, which was dated prior to the submission date of the original proposal which warrants a change in CMS' determination; or you believe a submission error exists in the documentation previously submitted that leads to a change in pricing of no less than $2,500.00.

Additional notes:
Please re-review the case using the additional medical records provided.

Documentation uploaded:
Medical Records.pdf

Click the Continue button to return to the Case Summary page.

Continue

13.4.3 Amended Review Instructions

If you selected re-review request Option 3, you must provide medical or prescription drug details to support your request and attach supporting documentation.

Note: You may only request an Amended Review one time per case. You may not request another re-review if your request for an Amended Review is denied (even if the case is not eligible).

To be eligible for an Amended Review, the case:

- Has been reviewed and approved.
- Cannot have a previous request for an Amended Review.

- Must result in a 10% or $10,000 change (whichever is greater) in CMS' previously approved amount. For example:
  - An approved Medicare Set-Aside (MSA) is $80,000.

    Since $10,000 is greater than $8,000 (which is 10% of the approved MSA), then $10,000 will be used in calculation.
  - The New Proposed MSA Amount is $88,000.

    Since $8,000 ($88,000 - $80,000) is at least a 10% change, this amount is eligible for an amended review.

Note: The New Proposed MSA Amount can be greater than or less than the Approved MSA Amount, as long as the difference is at least 10% or $10,000 (whichever is greater).

To complete an Amended Review request, you must:

- Request an amended review
- Enter medical and/or drug details
- Attach documentation
- Verify and Confirm your request

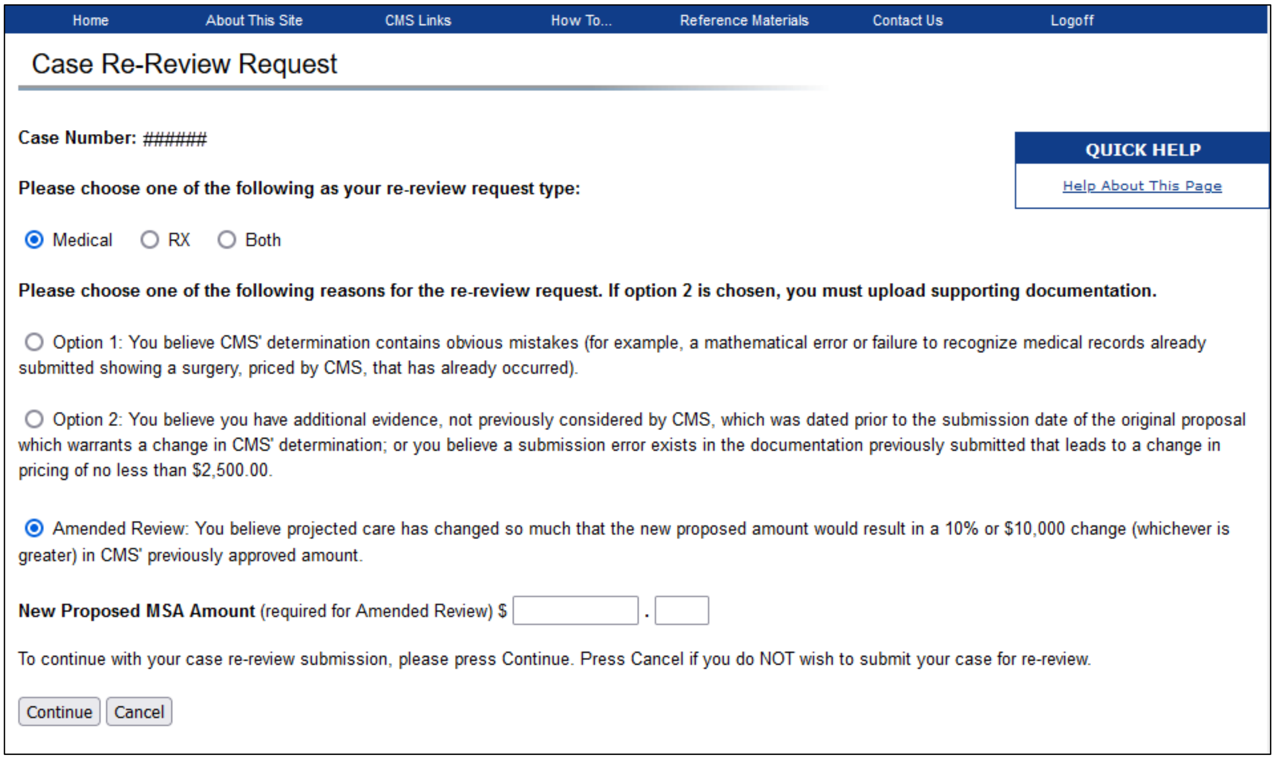
Follow the instructions for each step below:

Request An Amended Review:

1. On the *Case Re-Review Request* page, select **Amended Review (**Figure 13-27**)**.
2. Enter the new proposed Medicare Set-Aside (MSA) amount in the fields provided.
3. Click **Continue**.

   If you select "Medical" or "Both," enter medical details on the *Case Re-Review Request Medical Details* page.
   If you selected "RX," enter drug details on the *Case Re-Review Request Drug Details* page.

Figure 13-27: Case Re-Review Request



Enter Medical Details

Note: The step is required if you selected “Medical” or “Both” as the re-review request type on the *Case Re-review Request* page. If you selected “Drug,” this step does not apply.

On the *Case Re-Review Request Medical Details* page (Figure 13-28), you must provide medical reasons showing that your care has changed enough to warrant an amended review.

1. In the *Medical Line Item Identification* section, select the radio button for each item to indicate if it has already been provided, or is no longer required.
2. Enter up to 50 characters in the *If item is selected, provide references to records describing this change* field.

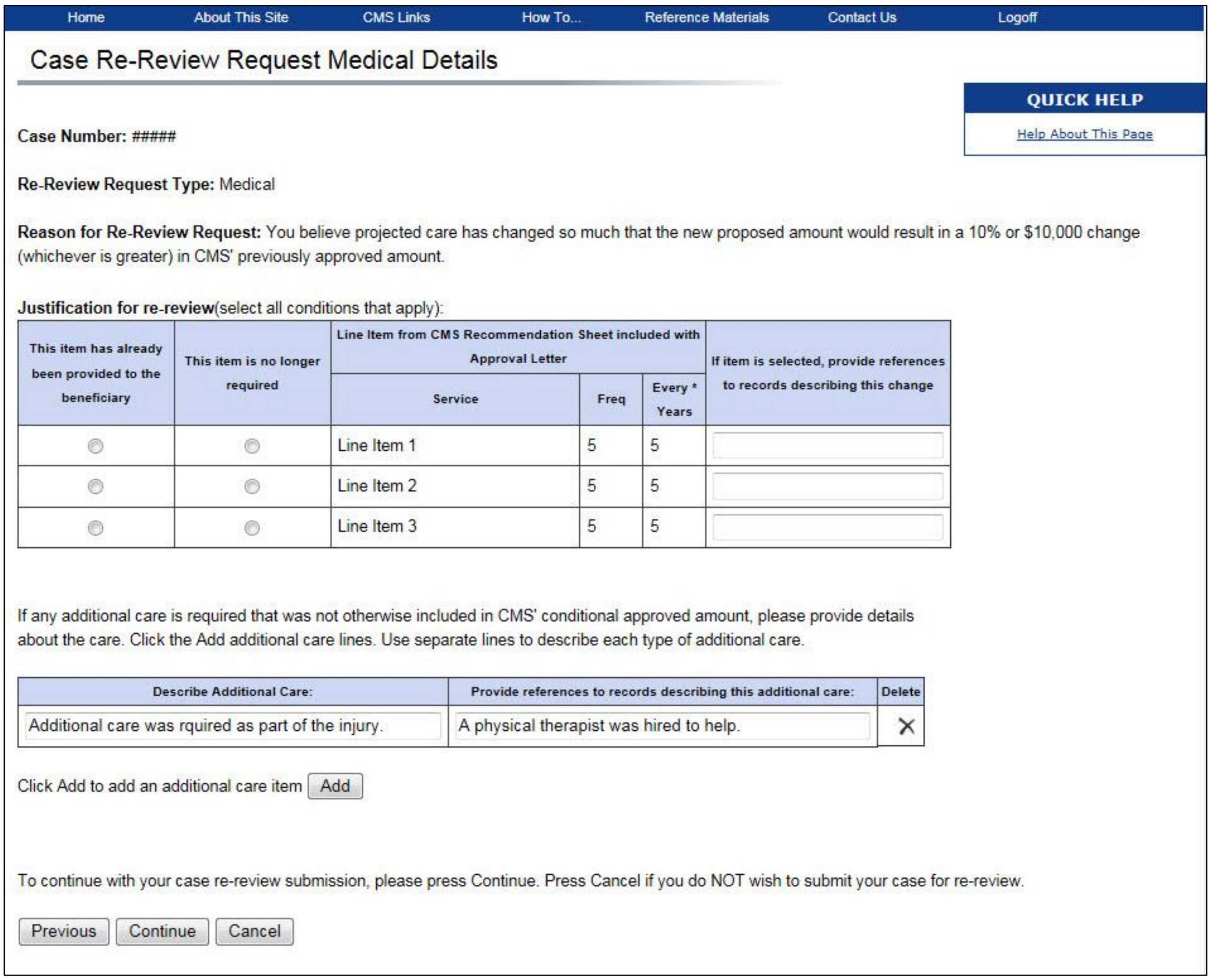
   Use this field to indicate which records (existing or additional) contain references to the type of changes indicated by the radio button selection.
   Use the scroll bar to view additional line items.
3. In the *Additional Care Items* section, click **Add** to add a new line to the table.
4. Click to enter up to 75 characters in the *Describe Additional Care* field.

   Use this field to provide a short description of the additional care.
5. Click to enter up to 75 characters in the *Provide references to records describing this additional care* field.

   Use this field to indicate which records (existing or additional) contain references to the additional care.
6. To delete a line item, click **Delete**.
7. Click **Continue** to proceed.

The *Amended Review Case Documents* page appears if you selected “Medical” as the re-review request type.
The *Case Re-Review Request Drug Details* page appears if you selected “Both” as the re-review request type.

Figure 13-28: Case Re-Review Medical Details



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

Case Re-Review Request Medical Details

QUICK HELP
Help About This Page

Case Number: #####

Re-Review Request Type: Medical

Reason for Re-Review Request: You believe projected care has changed so much that the new proposed amount would result in a 10% or $10,000 change (whichever is greater) in CMS' previously approved amount.

Justification for re-review(select all conditions that apply):

This item has already been provided to the beneficiary	This item is no longer required	Line Item from CMS Recommendation Sheet included with Approval Letter			If item is selected, provide references to records describing this change
		Service	Freq	Every * Years	
○	○	Line Item 1	5	5	
○	○	Line Item 2	5	5	
○	○	Line Item 3	5	5	

If any additional care is required that was not otherwise included in CMS' conditional approved amount, please provide details about the care. Click the Add additional care lines. Use separate lines to describe each type of additional care.

Describe Additional Care:	Provide references to records describing this additional care:	Delete
Additional care was rquired as part of the injury.	A physical therapist was hired to help.	X

Click Add to add an additional care item Add

To continue with your case re-review submission, please press Continue. Press Cancel if you do NOT wish to submit your case for re-review.

Previous Continue Cancel

Table 13-4: Case Re-Review Medical Detail Fields

Field	Description
Case Number	Displays the current case ID.
Re-Review Request Type	Displays the re-review request type. Options are: • Medical • Both (Medical and Drug)
Reason for Re-Review Request	Displays “Amended Review.”
This item has already been provided to the beneficiary	Radio button. Select this button to indicate that the care in this line item has already been provided to the beneficiary.
This item is no longer required	Radio button. Select this button to indicate that due to changes in care, the care indicated in this line item is no longer required.
Line item from CMS Recommendation Sheet included with Approval Letter	Read only. Displays the medical line item contained on the CMS Recommendation Sheet that was included with the Approval letter for this case.
If item is selected, provide reference to records describing this change	Enter freeform text (up to 50 characters) to refer to the records that contain information about this line item. This field is required if you make a radio button selection. Do not enter text in this line if you did not select a radio button.
Describe Additional Care	Enter freeform text (up to 75 characters) to provide a short description of the additional care.
Provide reference to records describing this additional care	Enter freeform text (up to 75 characters) to refer to the records that contain information about this line item.
Add	Click to add a new line item.
Delete	Click to delete a line item.
Previous	Click to return to the *Case Re-Review Request* page.
Continue	Click to continue with the request and display the: • *Case Amended Review Case Documents* page, if you selected “Medical” as the re-review request type • *Case Re-Review Request Drug Details* page, if you selected “Both” as the re-review request type
Cancel	Click to cancel the re-review request and display the *Cancel Re-Review Request Confirmation* page

Enter Drug Details

Note: The step is required if you selected “Drug” or “Both” as the re-review request type on the *Case Re-review Request* page. If you selected “Medical,” this step does not apply.

On the *Case Re-Review Request Drug Details* page (Figure 13-29), enter changes to prescription drug details related to your amended review request. On this page, you can:

- Remove drugs that are no longer required
- Change information (such as dosage requirements) for drugs already included in this case
- Add additional drugs

Complete the following steps, as necessary, to modify the drug details for the case:

1. To remove a drug from the summary, select the *This item is no longer required* radio button in the drug line item.
2. To change the dosage, click the **Dosage** hyperlink to display the *Drug Dosage Lookup* page and select a new dosage from the list of available dosages for this drug.

   Click **Continue** on the *Drug Dosage Lookup* page to save the new dosage.
   The *Dosage* and *NDC* fields on the *Case Re-Review Request Drug Details* page update with the new dosage selected.
3. To change the frequency, enter a new value in the appropriate *Frequency* field (Day, Week, or Month).

   Click **Reset** in any line to undo your changes and display the drug information from the summary table of the original case.
4. To add additional drugs, click **Drug Lookup**.

   The *Rx Search* page appears. Follow the instruction in Section 12.8.1 to complete the required fields on the *Rx Search* page.
5. To remove a newly added drug form the *Additional Medication Summary* grid, click **Delete [X]**.
6. Click **Continue** to proceed.

   The *Amended Review Case Documents* page appears.

Note: As part of the re-review request, you may change from brand-name to generic drugs and drug types. However, this change cannot be the sole reason for your re-review request. You must include additional changes (i.e., changes in dosage and/or frequency, additional drugs, or drugs no longer taken) to qualify for a re-review request.

Figure 13-29: Case Re-Review Drug Details

Table 13-5: Case Re-Review Drug Detail Fields

Field	Description
Case Number	Displays the current case ID.
Re-Review Request Type	Displays the re-review request type. Options are: • Both (Medical and Drug) • Drug
Reason for Re-Review Request	Displays “Amended Review.”
Summary of Previously Approved Prescription Drugs	-
This item is no longer required	Select to remove a drug from the summary.

Field	Description
Drug Name	Displays the drug name.
NDC	Displays the National Drug Code (NDC) identifier.
Dosage	Displays the measured dose per unit.
Frequency Per Day	Displays a frequency for a drug. Enter the number of units per day. You can enter up to five characters. This field is numeric and allows decimals.
Frequency Per Week	Displays a frequency for a drug. Enter the number of units per week. You can enter up to five characters. This field is numeric and allows decimals.
Frequency Per Month	Displays a frequency for a drug. Enter the number of units per month. You can enter up to five characters. This field is numeric and allows decimals.
Reset	Click to undo your changes and display the drug information from the summary table of the original case.
Drug Lookup	-
Drug Lookup	Click to display the *RX Search* page.
Add	Click to move the drug information to the Additional Medication Summary grid. This summary can display a maximum of 200 drugs
Clear	Click to remove all of the data entered in the drug lookup search.
Drug Name	Displays the drug name. This is a 50-character alpha-numeric field, which is pre-filled from the search and is read-only.
NDC	Displays the National Drug Code (NDC) identifier. This field is pre-filled from the search and is read-only.
Dosage	Displays the measured dose per unit. This is a 25-character alpha-numeric field, which is pre-filled from the search and is read-only.
Frequency Per Day	Displays a frequency for a drug. Enter the number of units per day. You can enter up to five characters. This field is numeric and allows decimals.
Frequency Per Week	Displays a frequency for a drug. Enter the number of units per week. You can enter up to five characters. This field is numeric and allows decimals.
Frequency Per Month	Displays a frequency for a drug. Enter the number of units per month. You can enter up to five characters. This field is numeric and allows decimals.
Additional Medication Summary	-
Delete (X)	Click this icon, with confirmation, to delete the entry from the grid.
Drug Name	Displays the drug name. This is a 50-character alpha-numeric field, which is pre-filled from the search and is read-only.
NDC	Displays the National Drug Code (NDC) identifier. This field is read-only.
Dosage	Displays the measured dose per unit. This is a 25-character alpha-numeric field, which is pre-filled from the search and is read-only.
Frequency Per Day	Displays a frequency for a drug. Enter the number of units per day. You can enter up to five characters. This field is read-only.
Frequency Per Week	Displays a frequency for a drug. Enter the number of units per week. You can enter up to five characters. This field is read-only.

Field	Description
Frequency Per Month	Displays a frequency for a drug. Enter the number of units per month. You can enter up to five characters. This field is read-only.
Red Book Version	Displays the Red Book Version # from the *Drug Lookup* (Rx Search) page. This field is read-only.
Rx Info. ("i")	Click this icon to display (in a new window) the *Rx Detail* page with current and historical pricing for the drug.
Previous	Click to return to the: • *Case Re-Review Request* page, if you selected "Drug" as the re-review request type. • *Case Re-Review Request Medical Details* page, if you selected "Both" as the re-review request type.
Continue	Click to continue with the request and display the *Amended Review Case Documents* page
Cancel	Click to cancel the re-review request and display the *Cancel Re-Review Request Confirmation* page

Attach Documentation

On the *Amended Review Case Documents* page (Figure 13-30 and Figure 13-31), you must upload all documentation related to the case from the original submission date up to the current date.

The process for adding, replacing, and deleting documents on the *Amended Review Case Documents* page is the same as on the *Case Documents* page. See Section 12.13 for more details.

1. Click the **Add Files** link under the document category you would like to add.

   This opens the *Attach Documentation* page (Figure 13-9).

2. Use the *Attach Documentation* page to browse your system and select a document to upload to the case.

   Selected documents must be in PDF format and each file cannot exceed 40 MB. Document categories marked with an asterisk (*) are required for submission.

3. Select the **I attest that the documentation attached is complete and accurate to the best of my knowledge** checkbox to provide your attestation.

4. Click **Continue** to upload your documents and display the *Case Re-Review Request Verification* page.

Figure 13-30: Amended Review Case Documents (Top)

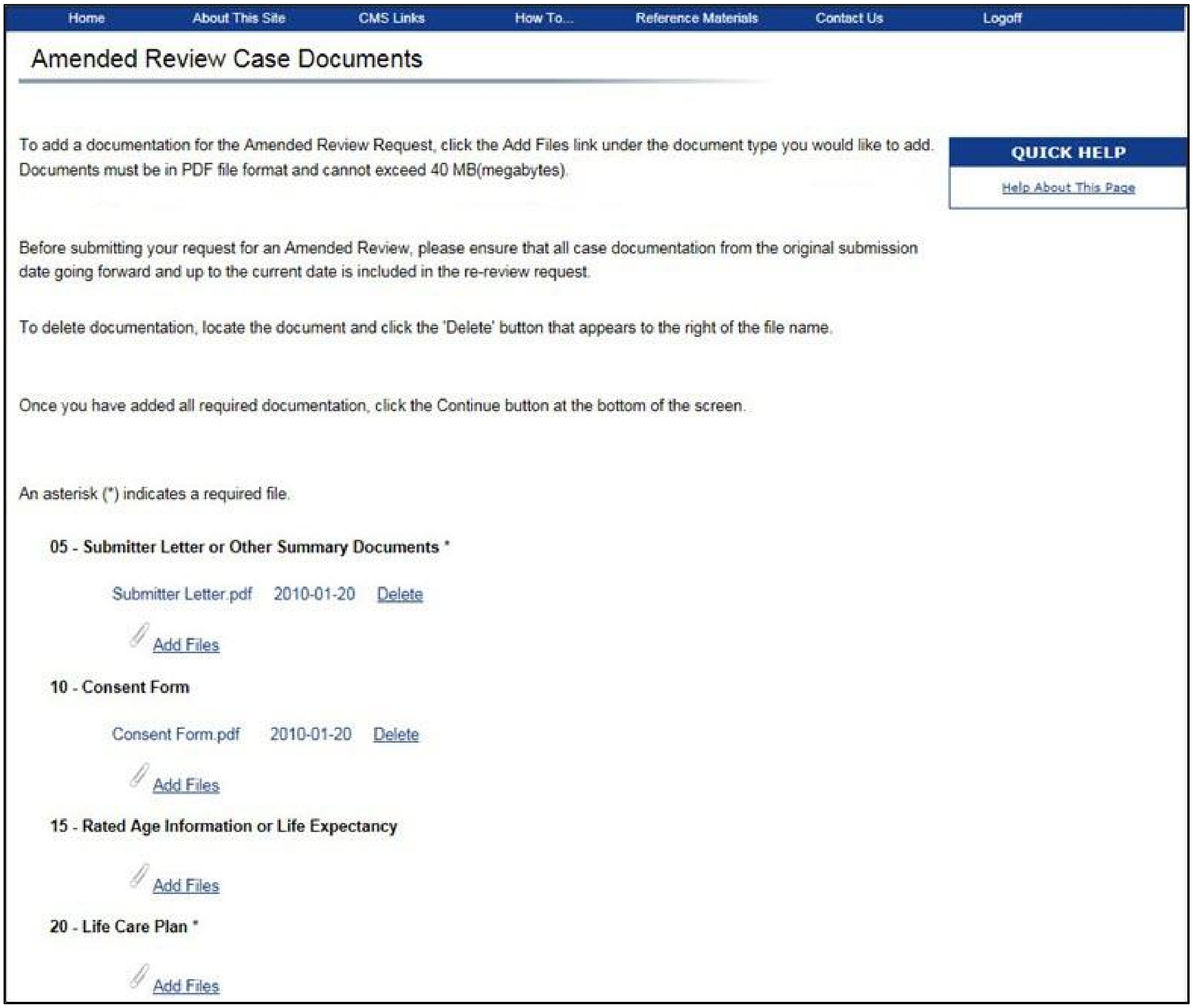
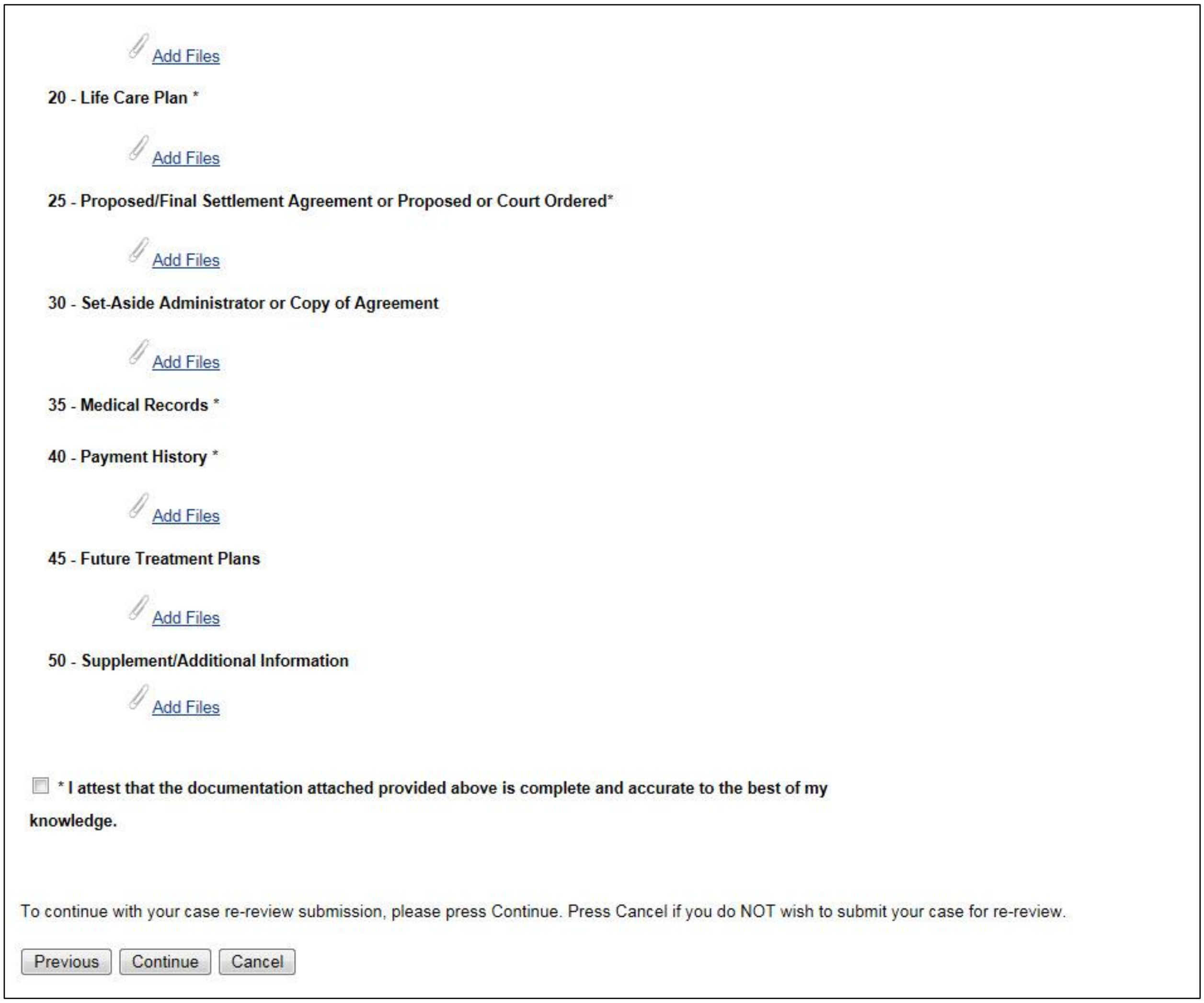


Figure 13-31: Amended Review Case Documents (Bottom)



Verify and Confirm Your Request

On the *Case Re-Review Request Verification* page (Figure 13-32 and Figure 13-33), the information you entered for the re-review request appears.

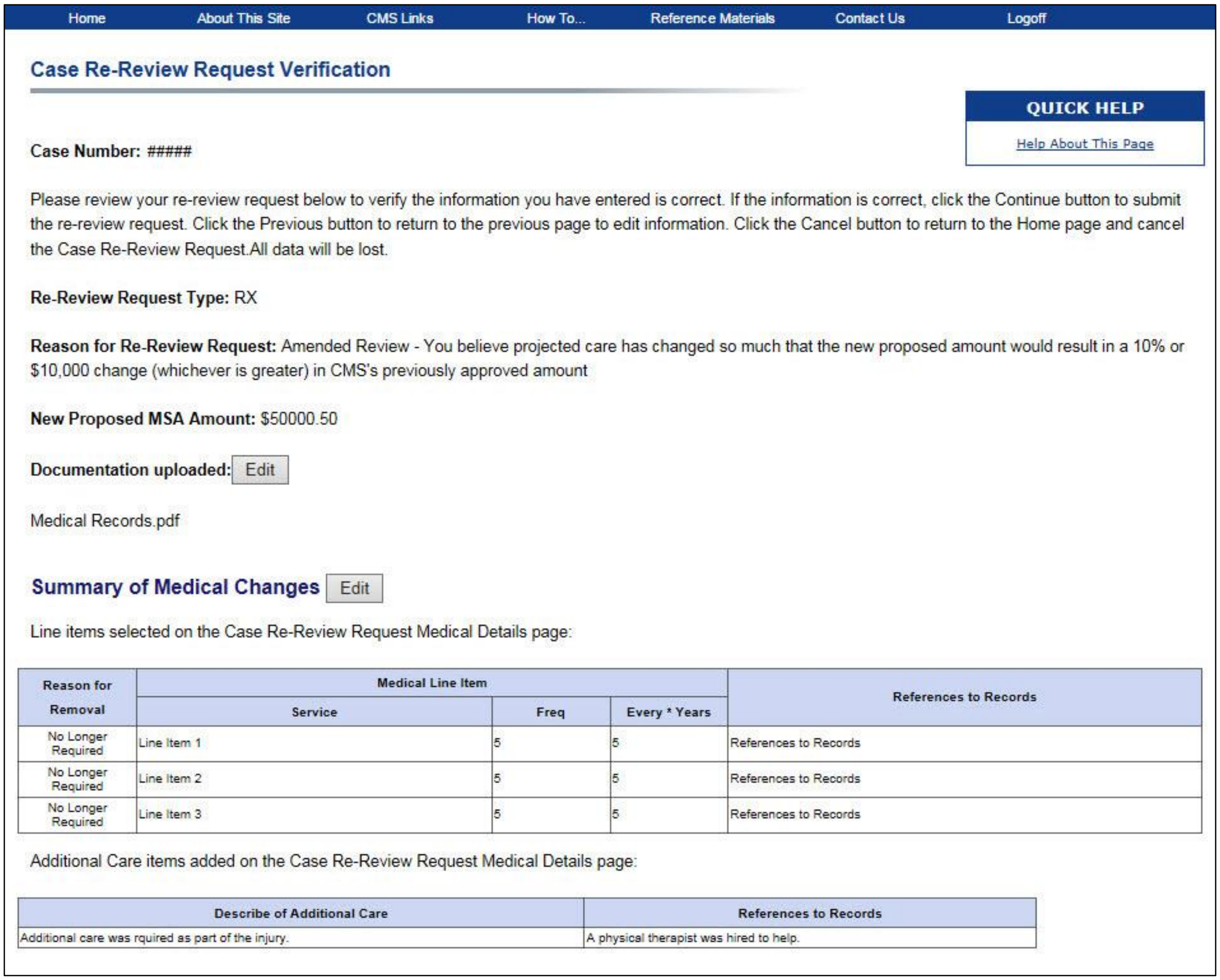
1. Verify that the information provided is accurate.
2. If you need to change any information, click **Edit** next to the corresponding section.

   Once you click **Edit** for a section, you will be taken to the appropriate information entry page. Add, change, or delete any information as needed.

3. Click **Continue** to proceed with the re-review request.

   The *Case Re-Review Request Confirmation* page appears (Figure 13-34).
   Note: Click **Previous** to make changes or click **Cancel** to cancel the re-review request. When **Cancel** is clicked, the *Cancel Re-Review Request Confirmation* page appears. Click **Yes** to cancel the request (and discard all information), or click **No** to return to the previous page.
   If you entered free-form text, it will be added to the permanent case and the case will be submitted for consideration.

Figure 13-32: Case Re-Review Request Verification (Amended Review, Top)



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

Case Re-Review Request Verification

QUICK HELP

Help About This Page

Case Number: #####

Please review your re-review request below to verify the information you have entered is correct. If the information is correct, click the Continue button to submit the re-review request. Click the Previous button to return to the previous page to edit information. Click the Cancel button to return to the Home page and cancel the Case Re-Review Request.All data will be lost.

Re-Review Request Type: RX

Reason for Re-Review Request: Amended Review - You believe projected care has changed so much that the new proposed amount would result in a 10% or $10,000 change (whichever is greater) in CMS's previously approved amount

New Proposed MSA Amount: $50000.50

Documentation uploaded: Edit

Medical Records.pdf

Summary of Medical Changes Edit

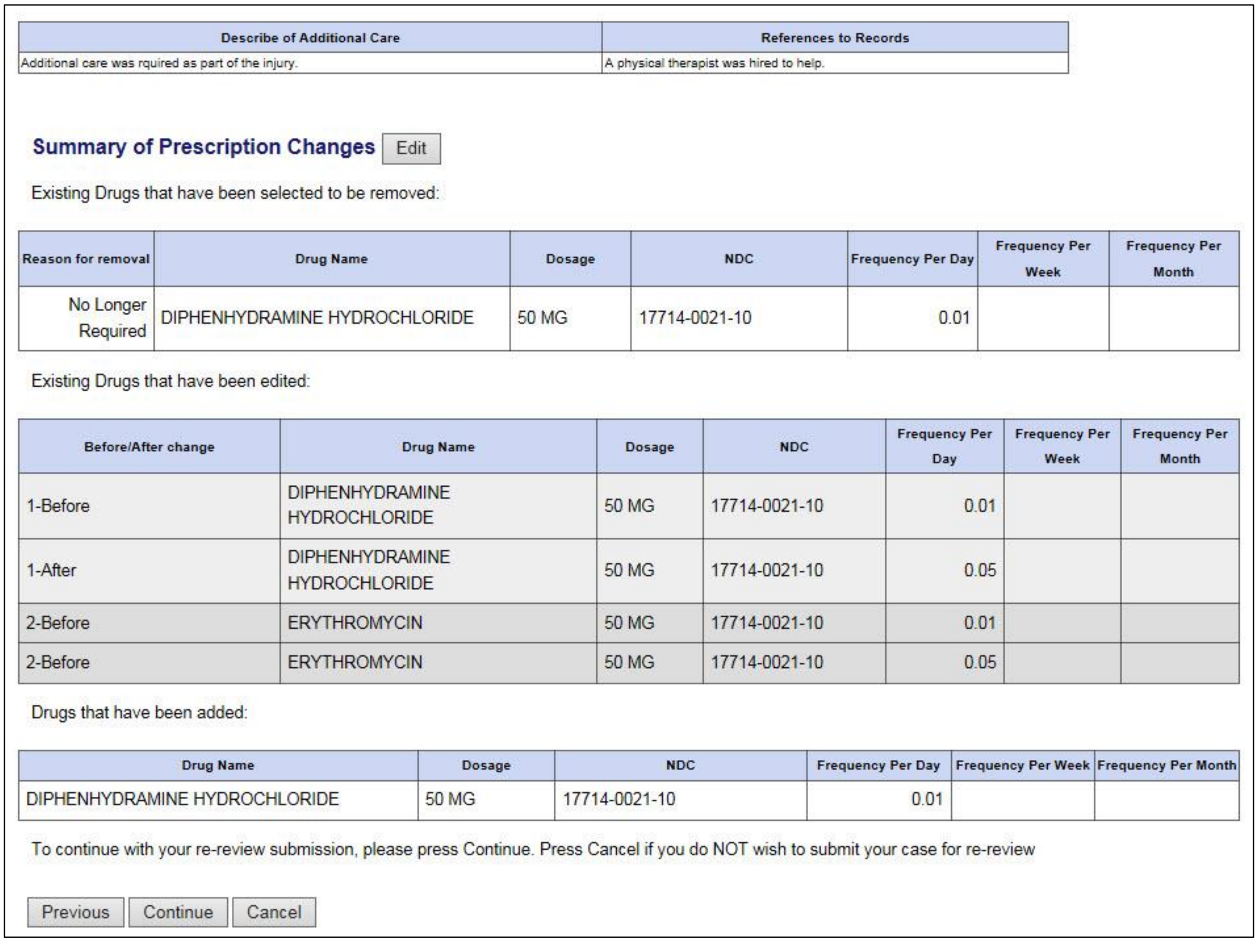
Line items selected on the Case Re-Review Request Medical Details page:

Reason for Removal	Medical Line Item			References to Records
	Service	Freq	Every * Years	
No Longer Required	Line Item 1	5	5	References to Records
No Longer Required	Line Item 2	5	5	References to Records
No Longer Required	Line Item 3	5	5	References to Records

Additional Care items added on the Case Re-Review Request Medical Details page:

Describe of Additional Care	References to Records
Additional care was rquired as part of the injury.	A physical therapist was hired to help.

Figure 13-33: Case Re-Review Request Verification (Amended Review, Bottom)



Describe of Additional Care	References to Records
Additional care was rquired as part of the injury.	A physical therapist was hired to help.

Summary of Prescription Changes Edit

Existing Drugs that have been selected to be removed:

Reason for removal	Drug Name	Dosage	NDC	Frequency Per Day	Frequency Per Week	Frequency Per Month
No Longer Required	DIPHENHYDRAMINE HYDROCHLORIDE	50 MG	17714-0021-10	0.01		

Existing Drugs that have been edited:

Before/After change	Drug Name	Dosage	NDC	Frequency Per Day	Frequency Per Week	Frequency Per Month
1-Before	DIPHENHYDRAMINE HYDROCHLORIDE	50 MG	17714-0021-10	0.01		
1-After	DIPHENHYDRAMINE HYDROCHLORIDE	50 MG	17714-0021-10	0.05		
2-Before	ERYTHROMYCIN	50 MG	17714-0021-10	0.01		
2-Before	ERYTHROMYCIN	50 MG	17714-0021-10	0.05		

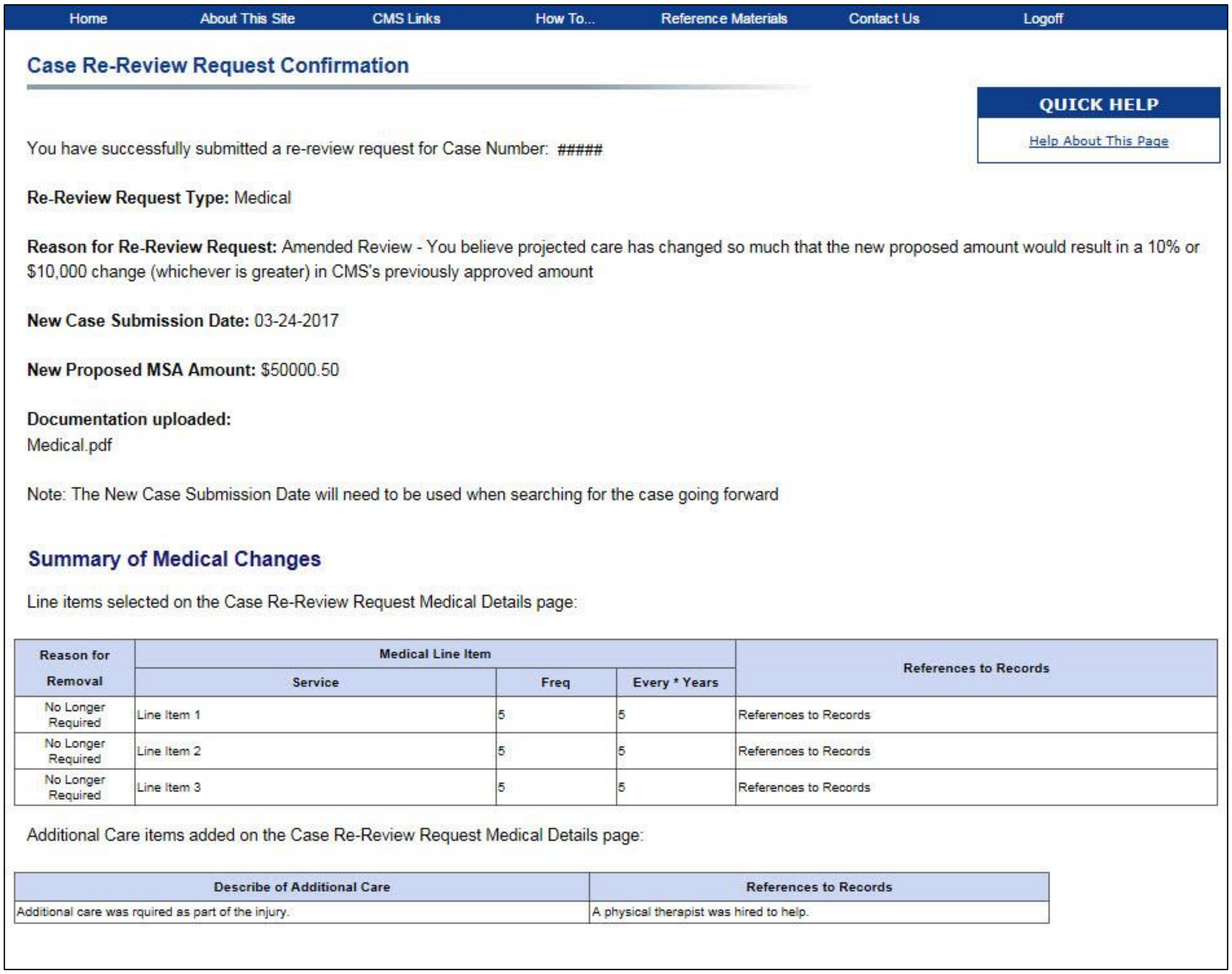
Drugs that have been added:

Drug Name	Dosage	NDC	Frequency Per Day	Frequency Per Week	Frequency Per Month
DIPHENHYDRAMINE HYDROCHLORIDE	50 MG	17714-0021-10	0.01		

To continue with your re-review submission, please press Continue. Press Cancel if you do NOT wish to submit your case for re-review

Previous Continue Cancel

Figure 13-34: Case Re-Review Request Confirmation (Amended Review)


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

Case Re-Review Request Confirmation

QUICK HELP

Help About This Page

You have successfully submitted a re-review request for Case Number: #####

Re-Review Request Type: Medical

Reason for Re-Review Request: Amended Review - You believe projected care has changed so much that the new proposed amount would result in a 10% or $10,000 change (whichever is greater) in CMS's previously approved amount

New Case Submission Date: 03-24-2017

New Proposed MSA Amount: $50000.50

Documentation uploaded:
Medical.pdf

Note: The New Case Submission Date will need to be used when searching for the case going forward

Summary of Medical Changes

Line items selected on the Case Re-Review Request Medical Details page:

Reason for Removal	Medical Line Item			References to Records
	Service	Freq	Every * Years	
No Longer Required	Line Item 1	5	5	References to Records
No Longer Required	Line Item 2	5	5	References to Records
No Longer Required	Line Item 3	5	5	References to Records

Additional Care items added on the Case Re-Review Request Medical Details page:

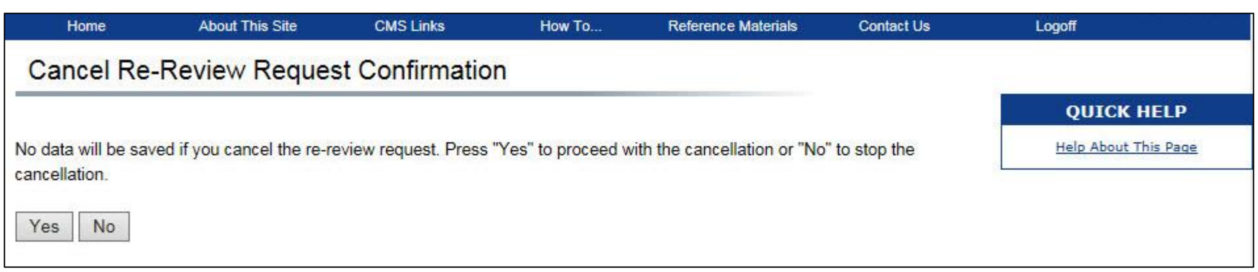
Describe of Additional Care	References to Records
Additional care was rquired as part of the injury.	A physical therapist was hired to help.

Cancel Your Request

At any time during the re-review process, you can click **Cancel** to cancel your request. The *Cancel Re-Review Request Confirmation* page appears, asking you to confirm that you wish to cancel the request and discard all of your data.

Click **Yes** to cancel the request or click **No** to exit the cancellation and return to the previous page.

Figure 13-35: Cancel Re-Review Request Confirmation


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

Cancel Re-Review Request Confirmation

QUICK HELP

Help About This Page

No data will be saved if you cancel the re-review request. Press "Yes" to proceed with the cancellation or "No" to stop the cancellation.

Yes No

13.4.4 Re-Review Next Steps

When a re-review request has been submitted, the case is placed in DREC status indicating to the RO that documentation has been received on the case. (**Note:** Case Status can be viewed on the *Case Listing* page). The file name for each document that has been attached to the re-review request is displayed on the *Summary Information* page, and the *Case Documents* page for option 1 and 2 reviews or the *Amended Case Documents* page for Amended Reviews.

When the re-review process is complete, an email Alert (Approval Letter) will be sent to the email address provided during account setup. You can view the Alert by clicking the **View Alerts** link on the *WCMSAP Home* page. The Alert (Approval letter) will include the completed Re-Review Request attachment with the RO determination.

13.5 Submit and View Attestations

If you are a Self or Representative account type or beneficiary user (logged in through Medicare.gov) who is identified as the administrator (that is, you were selected as the administrator on the *WCMSA Administrator* page), you will be able to submit annual attestations for all eligible WCMSAs or view previously submitted attestations.

Click the **WCMSA Attestation Information** button on the *Case Documentation* page (via Medicare.gov) or *Summary Information* page (directly from the WCMSAP) to open the *WCMSA Account Balance and Attestation Submission* page (Figure 13-36). This page allows authorized users to view summary information about their WCMSA, view attestations previously submitted on the WCMSAP, upload and submit settlement documentation (if it was not previously submitted), and submit an annual attestation for the WCMSA case. Authorized users may also view information for non-approved Workers' Compensation Case Control System (WCCCS) cases.

Notes: The information displayed on this page and options available to you will vary depending on your role (whether or not you are an administrator of the WCMSA) and whether final settlement documentation has been received and verified.

Every year, no later than 30 days after the end of each reporting year, which starts with the date the account is established and ends on that date in the following year, the administrator of the WCMSA funds must send an attestation to Medicare's Benefits Coordination & Recovery Center (BCRC) stating that the funds in the account have been used correctly. Individuals who have a CMS-approved WCMSA as part of a workers' compensation settlement agreement may only use the funds in the WCMSA account to pay for Medicare-covered medical services and Medicare-covered prescription drug expenses (less deductibles and copays) that are related to their workers' compensation injury, illness, or disease.

All authorized users who can access this page will see the following fields displayed on the page:

Table 13-6: WCMSA Account Balance and Attestation Submission (All Authorized Users)

Field	Description
Case ID	Displays the Case Control Number of the case.
Medicare ID	Displays the beneficiary's Medicare ID (HICN or MBI).
Name	Displays the beneficiary's first and last name.
Date of Injury	Displays the date of injury.

Medicare Beneficiaries Who Are Not the Identified Administrator

If you are a Medicare beneficiary who is not the identified administrator, this page can be used to view read-only information for non-approved WCCCS cases and summary details for your WCMSA and view attestations that were previously submitted on the WCMSAP on your behalf. If you have questions about your account, this page will provide you with contact details so that you may contact your administrator. If contact information for your administrator is not available in the system, this page will direct you to contact the BCRC to resolve the issue.

Note: As a part of your settlement agreement, a professional administrator or other individual has been identified as the administrator to manage your WCMSA funds and report your annual attestation to Medicare.

The following information will be displayed (as applicable) on this page for the case.

Figure 13-36: WCMSA Account Balance and Attestation Submission (Non-Admin Beneficiary View)

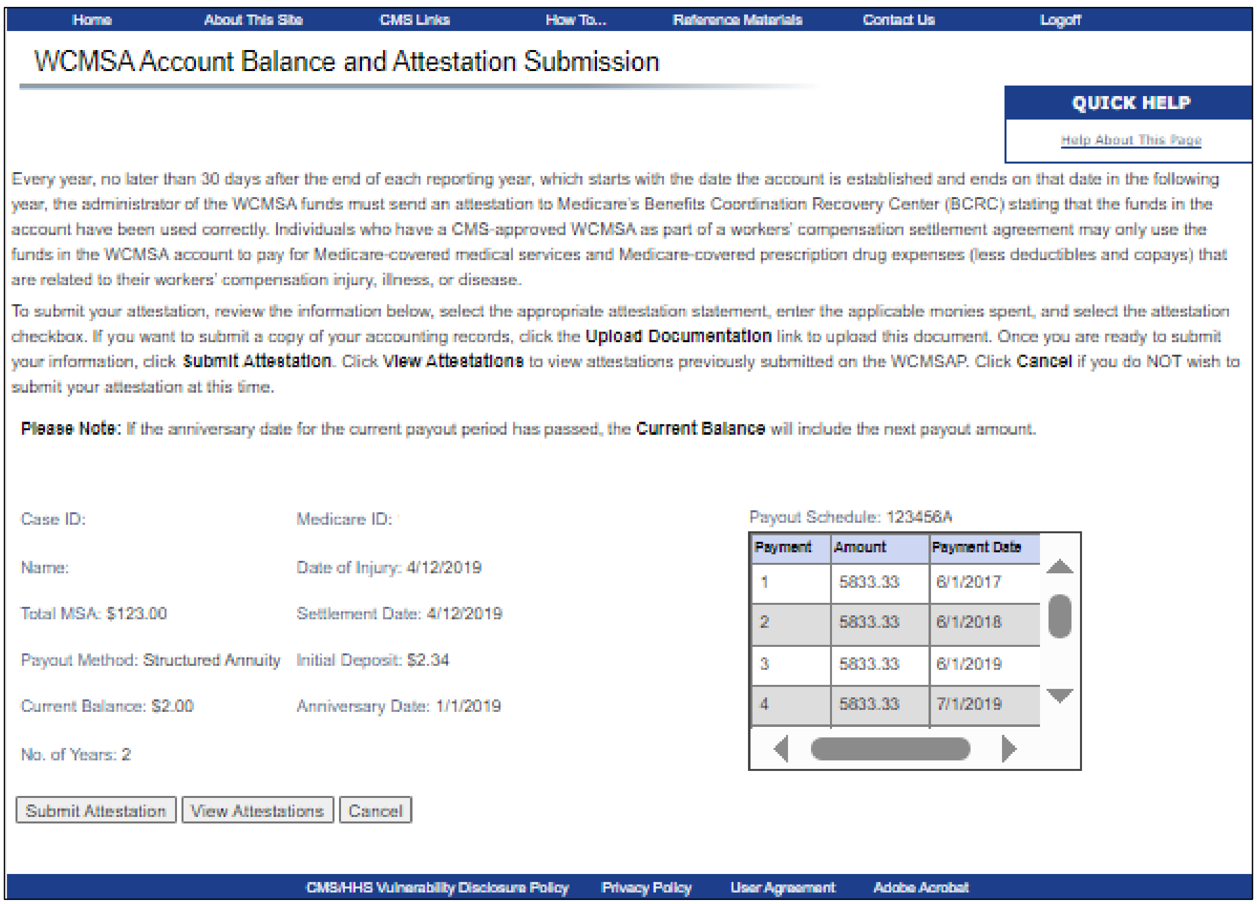


Table 13-7: WCMSA Account Balance and Attestation Submission (Non-Admin Beneficiary View)

Field	Description
Total MSA	Displays the total approved MSA amount. **Note:** This field is only shown once this information has been transmitted successfully to Medicare's central recordkeeping system.

Field	Description
Settlement Date	Displays the effective date of the settlement. **Note:** This field is only shown once this information has been transmitted successfully to Medicare's central recordkeeping system.
Payout Method	Displays the method of payout. Possible values: Lump Sum Structured Annuity **Note:** This field is only shown once this information has been transmitted successfully to Medicare's central recordkeeping system.
Initial Deposit	Displays the initial dollar amount of a structured payment schedule. **Note:** This field is only shown once this information has been transmitted successfully to Medicare's central recordkeeping system, and only for structured annuities.
Current Balance	Displays the current balance of the WCMSA account, as last reported by the WCMSA administrator. **Note:** This field is only shown once this information has been transmitted successfully to Medicare's central recordkeeping system.
Anniversary Date	Displays the anniversary date of the annual payments. **Note:** This field is only shown once this information has been transmitted successfully to Medicare's central recordkeeping system.
No. of Years	Displays the number of years for the payout schedule to be calculated for. **Note:** This field is only shown once this information has been transmitted successfully to Medicare's central recordkeeping system.
Payout Schedule	Displays the schedule of annual payments. **Note:** This field is only shown once this information has been transmitted successfully to Medicare's central recordkeeping system, and only for structured annuities.
View Attestations	Click this button to display the *View Attestation Submissions* page and view attestations that were previously submitted on the WCMSAP for the case on your behalf. See Section 13.5.2 for details. **Note:** This button is only enabled when an attestation was previously submitted for the case via the WCMSAP or an update is made to the current balance.
Cancel	Click this button to return to the *Case Documentation* page.

Identified Administrator of a Case Where Final Settlement Documentation Has Not Been Received

If you are the identified administrator and final settlement documentation has not been received and validated, this page can be used to upload and submit that documentation.

Notes: You must submit an attestation to the BCRC stating the funds in the account have been used correctly no later than 30 days after the anniversary date of your settlement. However, you will not be able to submit an attestation until final settlement documentation has been received and validated.

The following information will be displayed (as applicable) on this page for the case.

Figure 13-37: WCMSA Account Balance and Attestation Submission (Administrator View for Cases Where Final Settlement Documentation Has Not Been Received)

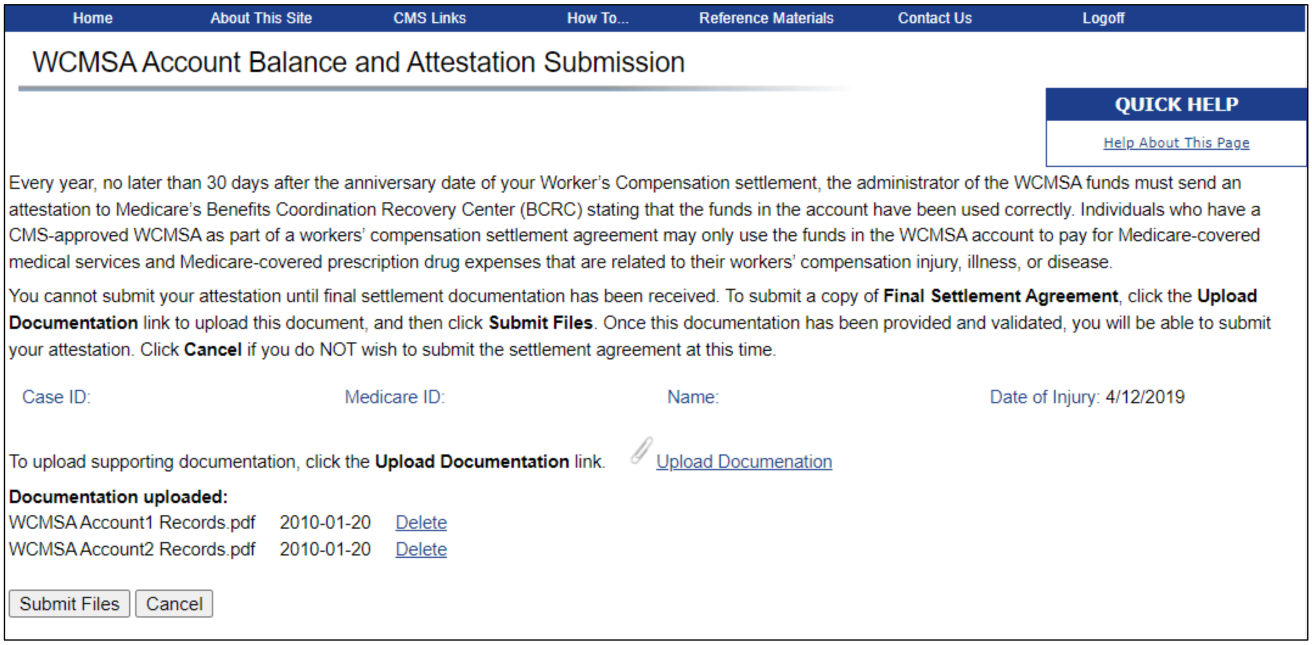


Table 13-8: WCMSA Account Balance and Attestation Submission (Administrator View for Cases Where Final Settlement Documentation Has Not Been Received)

Field	Description
Upload Documentation	Click this link to display the *Attach Documentation* page and upload a copy of the Final Settlement Agreement. See Section 12.13.1 for more details about uploading documents using the *Attach Documentation* page.
Delete	Click this link to delete the uploaded document.
Submit Files	Click this button to submit the uploaded documentation. **Note:** This button is only enabled when documentation has been uploaded.
Cancel	Click this button to cancel the submission process. All uploads for this submission will be deleted.

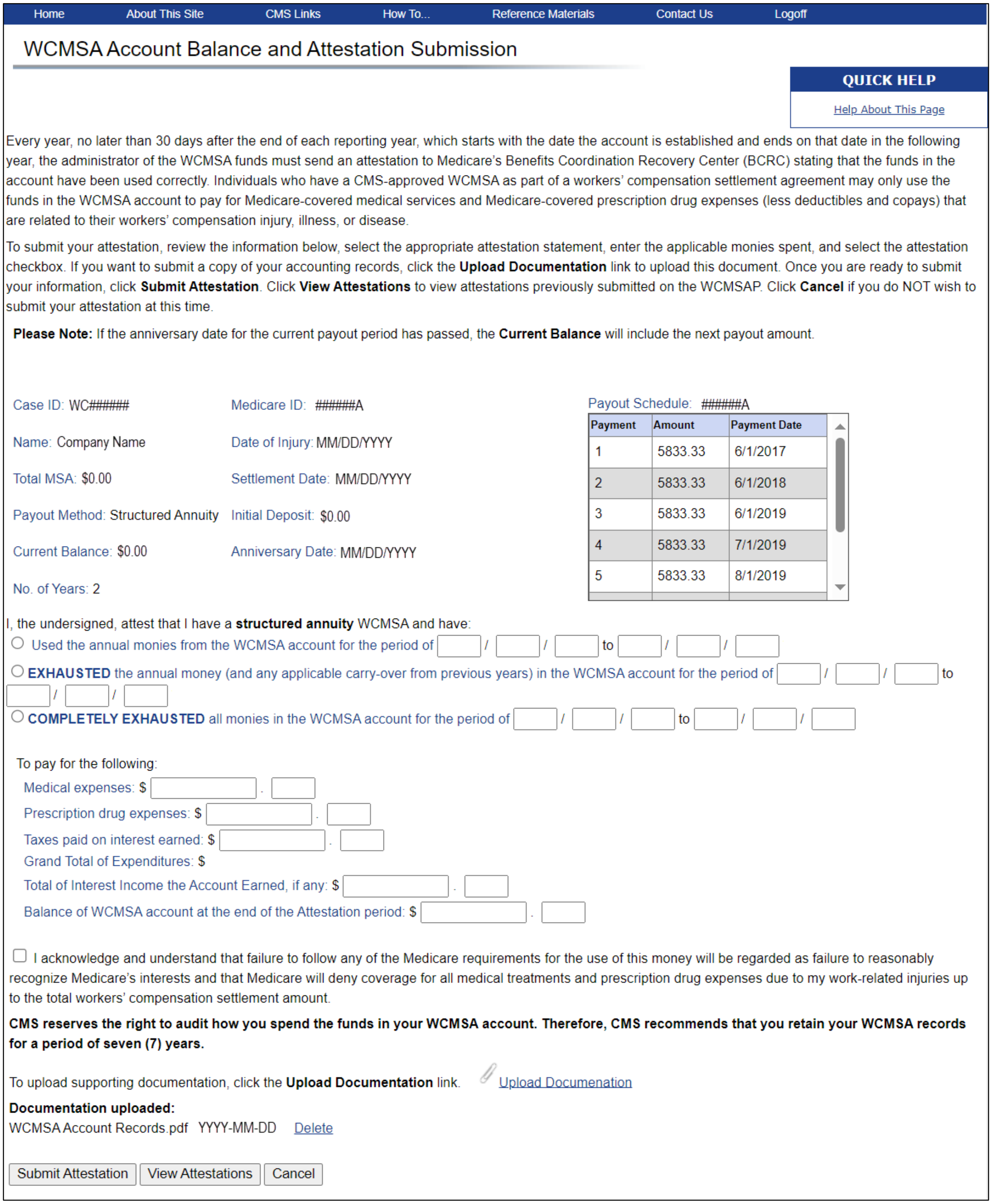
Identified Administrator of a Case Where Final Settlement Documentation Has Been Received

If you are the identified case administrator and final settlement documentation has been received and validated, this page can be used to view information for non-approved WCCCS cases, view summary details for your WCMSA, view details for attestations previously submitted on the WCMSAP, and submit attestations related to the WCMSA or for which you are the administrator.

Note: You must submit an attestation to the BCRC stating the funds in the account have been used correctly no later than 30 days after the anniversary date of your settlement.

The following information will be displayed (as applicable) on this page for the case.

Figure 13-38: WCMSA Account Balance and Attestation Submission (Administrator View for Cases Where Final Settlement Documentation Has Been Received)



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

WCMSA Account Balance and Attestation Submission

QUICK HELP

Help About This Page

Every year, no later than 30 days after the end of each reporting year, which starts with the date the account is established and ends on that date in the following year, the administrator of the WCMSA funds must send an attestation to Medicare's Benefits Coordination Recovery Center (BCRC) stating that the funds in the account have been used correctly. Individuals who have a CMS-approved WCMSA as part of a workers' compensation settlement agreement may only use the funds in the WCMSA account to pay for Medicare-covered medical services and Medicare-covered prescription drug expenses (less deductibles and copays) that are related to their workers' compensation injury, illness, or disease.

To submit your attestation, review the information below, select the appropriate attestation statement, enter the applicable monies spent, and select the attestation checkbox. If you want to submit a copy of your accounting records, click the **Upload Documentation** link to upload this document. Once you are ready to submit your information, click **Submit Attestation**. Click **View Attestations** to view attestations previously submitted on the WCMSAP. Click **Cancel** if you do NOT wish to submit your attestation at this time.

Please Note: If the anniversary date for the current payout period has passed, the **Current Balance** will include the next payout amount.

Case ID: WC######

Name: Company Name

Total MSA: $0.00

Payout Method: Structured Annuity

Current Balance: $0.00

No. of Years: 2

Medicare ID: ######A

Date of Injury: MM/DD/YYYY

Settlement Date: MM/DD/YYYY

Initial Deposit: $0.00

Anniversary Date: MM/DD/YYYY

Payout Schedule: ######A

Payment	Amount	Payment Date
1	5833.33	6/1/2017
2	5833.33	6/1/2018
3	5833.33	6/1/2019
4	5833.33	7/1/2019
5	5833.33	8/1/2019

I, the undersigned, attest that I have a **structured annuity** WCMSA and have:

- Used the annual monies from the WCMSA account for the period of / / to / /
- **EXHAUSTED** the annual money (and any applicable carry-over from previous years) in the WCMSA account for the period of / / to / /
- **COMPLETELY EXHAUSTED** all monies in the WCMSA account for the period of / / to / /

To pay for the following:

Medical expenses: $.

Prescription drug expenses: $.

Taxes paid on interest earned: $.

Grand Total of Expenditures: $

Total of Interest Income the Account Earned, if any: $.

Balance of WCMSA account at the end of the Attestation period: $.

I acknowledge and understand that failure to follow any of the Medicare requirements for the use of this money will be regarded as failure to reasonably recognize Medicare's interests and that Medicare will deny coverage for all medical treatments and prescription drug expenses due to my work-related injuries up to the total workers' compensation settlement amount.

CMS reserves the right to audit how you spend the funds in your WCMSA account. Therefore, CMS recommends that you retain your WCMSA records for a period of seven (7) years.

To upload supporting documentation, click the **Upload Documentation** link. Upload Documenation

Documentation uploaded:

WCMSA Account Records.pdf YYYY-MM-DD Delete

Submit Attestation | View Attestations | Cancel

Table 13-9: Account Balance and Attestation Submission (Administrator View for Cases Where Final Settlement Documentation Has Been Received)

Note: The fields on this page are only shown once the case has been approved and this information has been transmitted successfully to Medicare's central recordkeeping system.

Field	Description
Total MSA	Displays the total approved MSA amount.
Settlement Date	Displays the effective date of the settlement.
Payout Method	Displays the method of payout. Possible values: Lump Sum Structured Annuity
Initial Deposit	Displays the initial dollar amount of a structured payment schedule. **Note:** This field is only shown for structured annuities.
Current Balance	Displays the current balance. **Notes:** You may only update this field for an existing case that has been approved and this information has been transmitted successfully to Medicare's central recordkeeping system before 10/7/19. Once this field has been updated and the first attestation has been submitted, this field will not be editable.
Anniversary Date	Displays the anniversary date of the annual payments.
No. of Years	Displays the calculated number of years for the payout schedule.
Payout Schedule	Displays the schedule of annual payments. **Note:** This field is only shown for structured annuities.
Attestation Fields	Use the following fields to submit your attestation of use of funds for your structured annuity. See Section 13.5.1 for specific field instructions
Type of attestation, with dates	Select the relevant attestation statement, and enter the start and end dates.
To pay for the following:	Enter the amount of WCMSA money spent in each category, and the interest earned on the WCMSA funds.
Acknowledgement checkbox	Select the checkbox to agree with the acknowledgement statement.
Upload documentation	Click the link to upload supporting documentation for your attestation.
Delete	Click the link next to uploaded documentation you need to remove or replace.
Submit Attestation	Click to submit the attestation.
View Attestations	Click to display the *View Attestation Submissions* page and view attestations that were already submitted. See Section 13.5.2 for more on this option. (**Note:** This button is only enabled when an attestation was previously submitted via the WCMSAP or an update is made to the current balance.)
Cancel	Click to return to your *Home* page.

13.5.1 Submitting an Attestation

If you are the identified administrator for the WCMSA, you can submit your attestation from this page. To submit your attestation:

1. Click the applicable attestation statement and enter the attestation start and end dates.
2. Enter the amount of any medical and prescription drug expenses paid (as applicable).
3. Enter any taxes paid on interest earned on the WCMSA funds, as well as the interest earned on these funds (as applicable).
4. Enter the balance of the WCMSA account at the end of the attestation period (as applicable).

5. Select the checkbox to agree with the acknowledgement statement.
6. If you are submitting supporting documentation with your attestation, click the **Upload Documentation** link, which will display the *Attach Documentation* page. Click the **Delete** link to delete the uploaded document (as necessary).
7. Click **Submit Attestation** to submit the attestation or click **Cancel** to cancel the submission process and return to the *Case Documentation* page.

   The *WCMSA Attestation Submission Verification* page appears (Figure 13-39).
   Note: Click **Previous** to return to the *WCMSA Account Balance and Attestation Submission* page to make changes or click **Cancel** to cancel your attestation submission. All uploads for this submission will be deleted if cancel is clicked.
8. Verify that the information you provided is accurate. Click **Continue** to submit your attestation.

   The *WCMSA Attestation Submission Confirmation* page appears (Figure 13-40). This page confirms that you have successfully submitted your WCMSA attestation.
9. Click **Continue** to return to your *Home* page (if you are a Self-account or Representative account type user) or the *Case Documentation* page (if you are a beneficiary accessing this page via Medicare.gov).

Figure 13-39: WCMSA Attestation Submission Verification

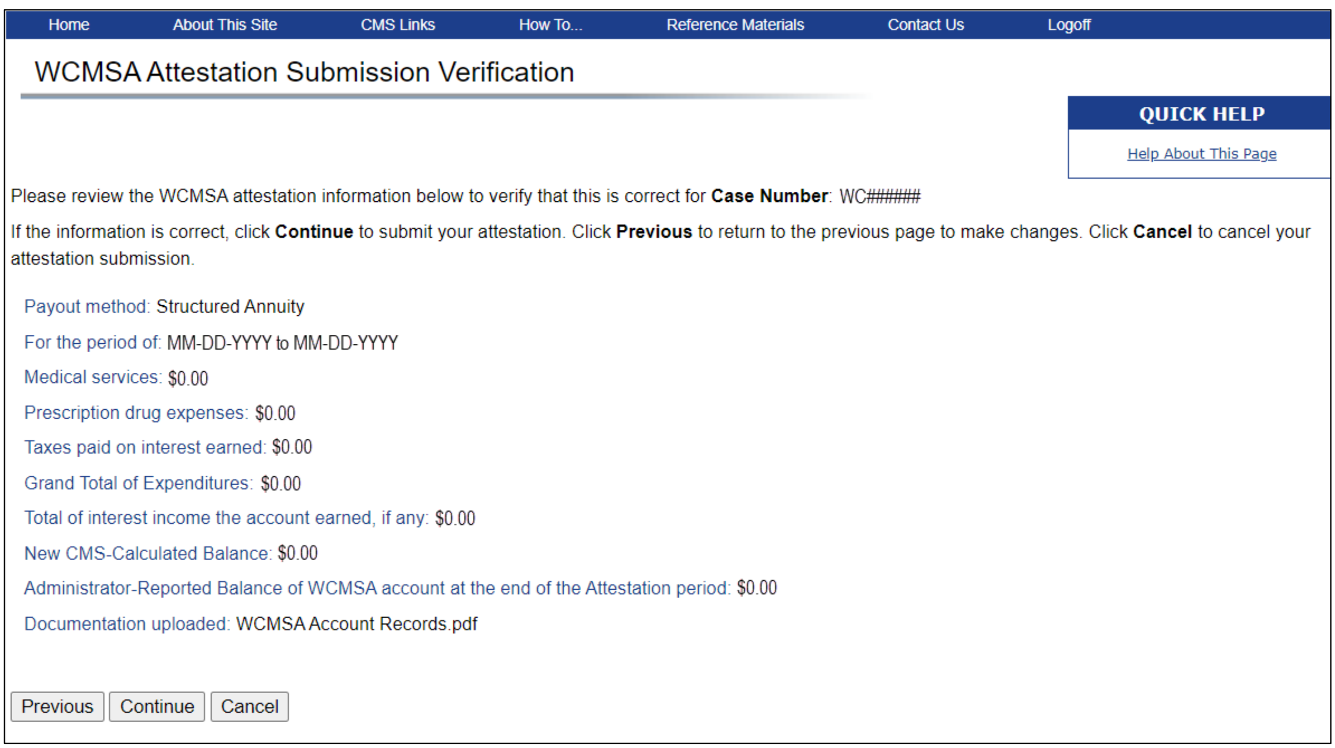
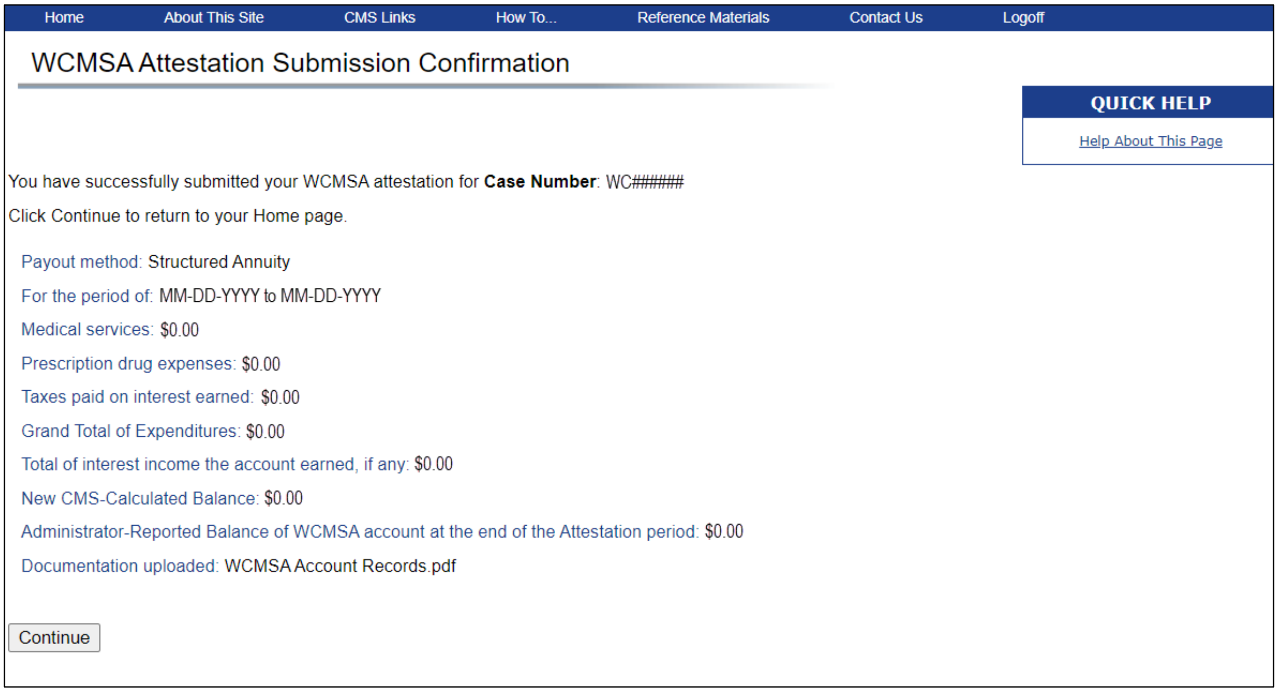


Figure 13-40: WCMSA Attestation Submission Confirmation

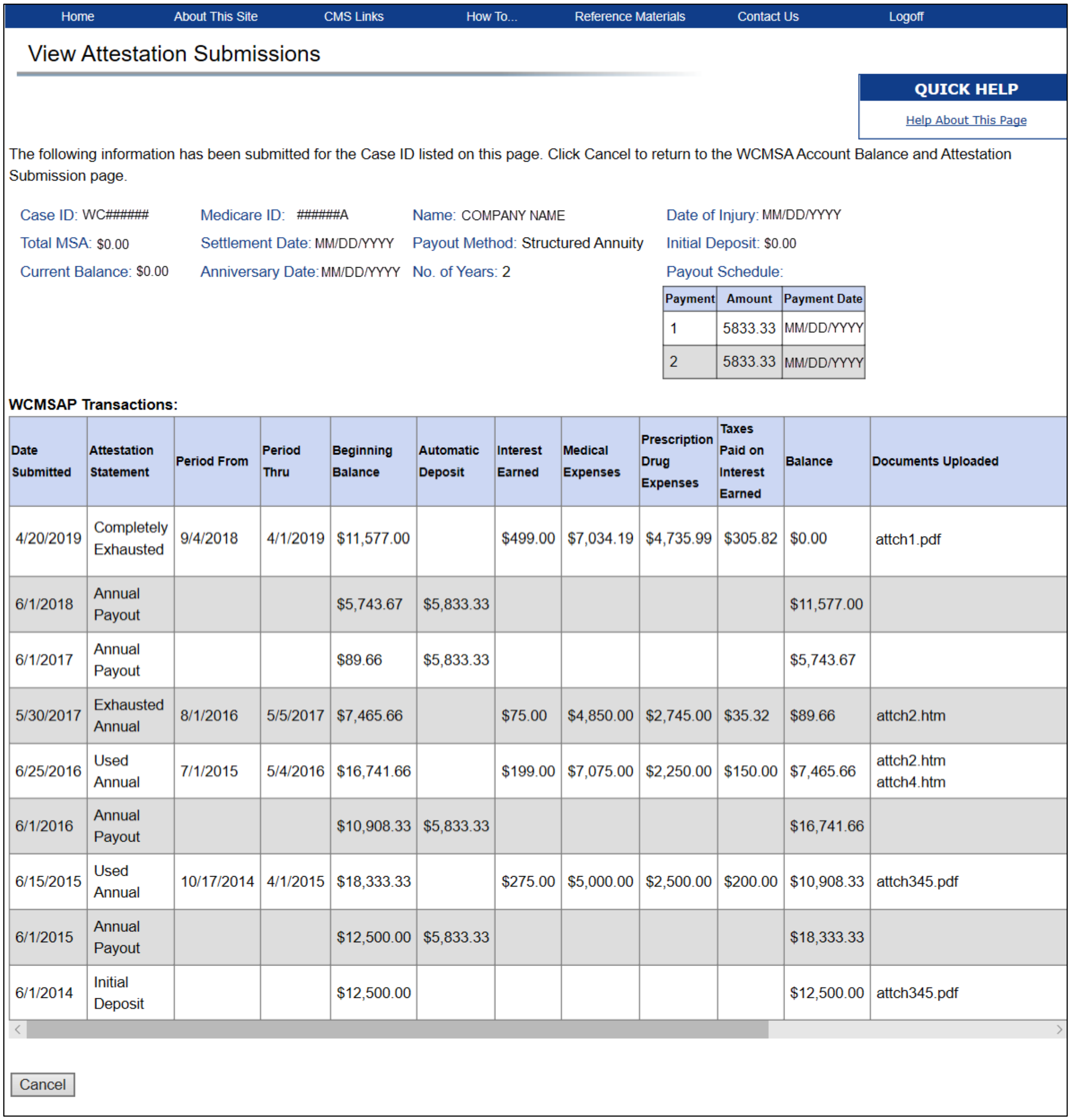


13.5.2 Viewing an Attestation

If you are the Self or Representative account administrator, you will be able to view all attestations that you previously submitted via the WCMSAP. If you are a Medicare beneficiary accessing this page via Medicare.gov, you will be able to view all attestations submitted via the WCMSAP.

Click the **View Attestations** button on the *WCMSA Account Balance and Attestation Submission* page to open the *View Attestation Submissions* page (Figure 13-41). This page shows summary information for your case and each attestation submitted via the WCMSAP for the listed case ID.

Figure 13-41: View Attestation Submissions



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

View Attestation Submissions

QUICK HELP

Help About This Page

The following information has been submitted for the Case ID listed on this page. Click Cancel to return to the WCMSA Account Balance and Attestation Submission page.

Case ID: WC###### Medicare ID: ######A Name: COMPANY NAME Date of Injury: MM/DD/YYYY

Total MSA: $0.00 Settlement Date: MM/DD/YYYY Payout Method: Structured Annuity Initial Deposit: $0.00

Current Balance: $0.00 Anniversary Date: MM/DD/YYYY No. of Years: 2 Payout Schedule:

Payment	Amount	Payment Date
1	5833.33	MM/DD/YYYY
2	5833.33	MM/DD/YYYY

WCMSAP Transactions:

Date Submitted	Attestation Statement	Period From	Period Thru	Beginning Balance	Automatic Deposit	Interest Earned	Medical Expenses	Prescription Drug Expenses	Taxes Paid on Interest Earned	Balance	Documents Uploaded
4/20/2019	Completely Exhausted	9/4/2018	4/1/2019	$11,577.00		$499.00	$7,034.19	$4,735.99	$305.82	$0.00	attch1.pdf
6/1/2018	Annual Payout			$5,743.67	$5,833.33					$11,577.00	
6/1/2017	Annual Payout			$89.66	$5,833.33					$5,743.67	
5/30/2017	Exhausted Annual	8/1/2016	5/5/2017	$7,465.66		$75.00	$4,850.00	$2,745.00	$35.32	$89.66	attch2.htm
6/25/2016	Used Annual	7/1/2015	5/4/2016	$16,741.66		$199.00	$7,075.00	$2,250.00	$150.00	$7,465.66	attch2.htm attch4.htm
6/1/2016	Annual Payout			$10,908.33	$5,833.33					$16,741.66	
6/15/2015	Used Annual	10/17/2014	4/1/2015	$18,333.33		$275.00	$5,000.00	$2,500.00	$200.00	$10,908.33	attch345.pdf
6/1/2015	Annual Payout			$12,500.00	$5,833.33					$18,333.33	
6/1/2014	Initial Deposit			$12,500.00						$12,500.00	attch345.pdf

Cancel

Table 13-10: View Attestation Submissions

Field	Description
Case ID	Displays the Case Control Number of the case.
Total MSA	Displays the total approved Medicare Set-Aside (MSA) amount.
Current Balance	Displays the current balance.
Medicare ID	Displays the beneficiary's Medicare ID (HICN or MBI).
Settlement Date	Displays the effective date of the settlement.
Anniversary Date	Displays the anniversary date of the annual payments.
Name	Displays the beneficiary's first and last name.

Field	Description
No. of Years	Displays the calculated number of years for the payout schedule.
Payout Method	Displays the method of payout. Possible values: Lump Sum Structured Annuity
Date of Injury	Displays the date of injury.
Initial Deposit	Displays the initial dollar amount of a structured payment schedule. **Note:** This field is only shown for structured annuities.
Payout Schedule	Displays the schedule of annual payments. **Note:** This table is only shown for structured annuities.
WCMSAP Transactions	-
Date submitted	Displays the date the attestation was submitted.
Attestation statement	Displays the shortened version of the attestation statement selected by the administrator or set by the system. Possible values: Annual payout Completely exhausted Current Balance Entered by Admin Current Balance Updated Per Service Request Exhausted annual Initial Deposit Lump Sum Payout Prof Admin Transactions Used annual Used monies
Period From	Displays the start date for the attestation.
Period Thru	Displays the end date for the attestation.
Beginning Balance	Displays the balance before the attestation was submitted.
Automatic Deposit	Displays the automatic payout amount for the structured annuity.
Interest Earned	Displays the amount of interest earned.
Medical Expenses	Displays the amount of medical expenses.
Prescription Drug Expenses	Displays the amount of prescription drug expenses.
Taxes Paid on Interest Earned	Displays the amount of taxes paid on interest earned.
Balance	Displays the balance after the attestation is submitted.
Uploaded Documents	Displays the filename of the uploaded document submitted with the attestation.
Cancel	Click to return to the *WCMSA Account Balance and Attestation Submission* page.

13.6 Medicare.gov Link to WCMSAP

Beneficiaries who log in to Medicare.gov can view information about their WCMSAP cases in the *MSA* (Medicare Set Aside) tab. The tab displays a list of your current Workers' Compensation cases, along with hyperlinked Case IDs.

To log in to your Medicare account, go to https://www.medicare.gov/.

Note: When you access the WCMSAP from Medicare.gov, you can only view the *Case Documentation* and *Case Listing* pages described next.

Once you log in to your Medicare.gov account, click “Check my claims” under “What do you want to do?” On the *My claims* page, scroll down to the *Medicare Set Aside (MSA) Claims* box and click “See MSA Case Info”; accept the disclaimer; on the Medicare Set Aside (MSA) Cases page, you can click the **Open Case Details** button to access the *Case Documentation* page, which displays all submitted documents associated to that case.

13.6.1 Case Documentation (Medicare.gov)

The *Case Documentation* page (Figure 13-42) lets you view (read only) all reviewed documents (including non-approved case document files) that have been submitted for your case (by the portal or by mail, email, or fax), or search for documents by the date the case was submitted to the WCMSAP. Each document appears under the *Document Category* heading.

You can also view your WCMSA balance or, if your case is eligible and you are identified as the administrator, you can submit your yearly attestation by clicking the **WCMSA Attestation Information** button. See Section 13.5 for more details.

Notes: Only documents that have been reviewed and verified that no commingling exists (Section 12.13.3) will be available for viewing through the Medicare.gov portal. If no documents have been verified, then you will see a message on the screen indicating that no documents are available to view at this time.

If documents were reviewed for a voluntary submission case that was later changed to a non-approved case, the documents will still be available for viewing.

Click **Case Listing** to navigate to the *Case Listing* page.

Click **Logoff** in the upper right corner to sign out of your WCMSAP session.

To search for documents:

1. Enter a From Date.

   Enter a beginning case submission date, in MM/DD/CCYY format. Enter two digits for the month, two digits for the day, and four digits for the year in their respective fields.

2. Enter a To Date.
3. Click **Search** to display cases using your search criteria.
4. Click **Clear** to empty all fields and re-display all documents.

To view submitted case documentation:

Click a hyperlink in the *Document Category* column to view a document.

A separate window opens and displays the document in .PDF format.

Figure 13-42: Case Documentation (Medicare.gov)

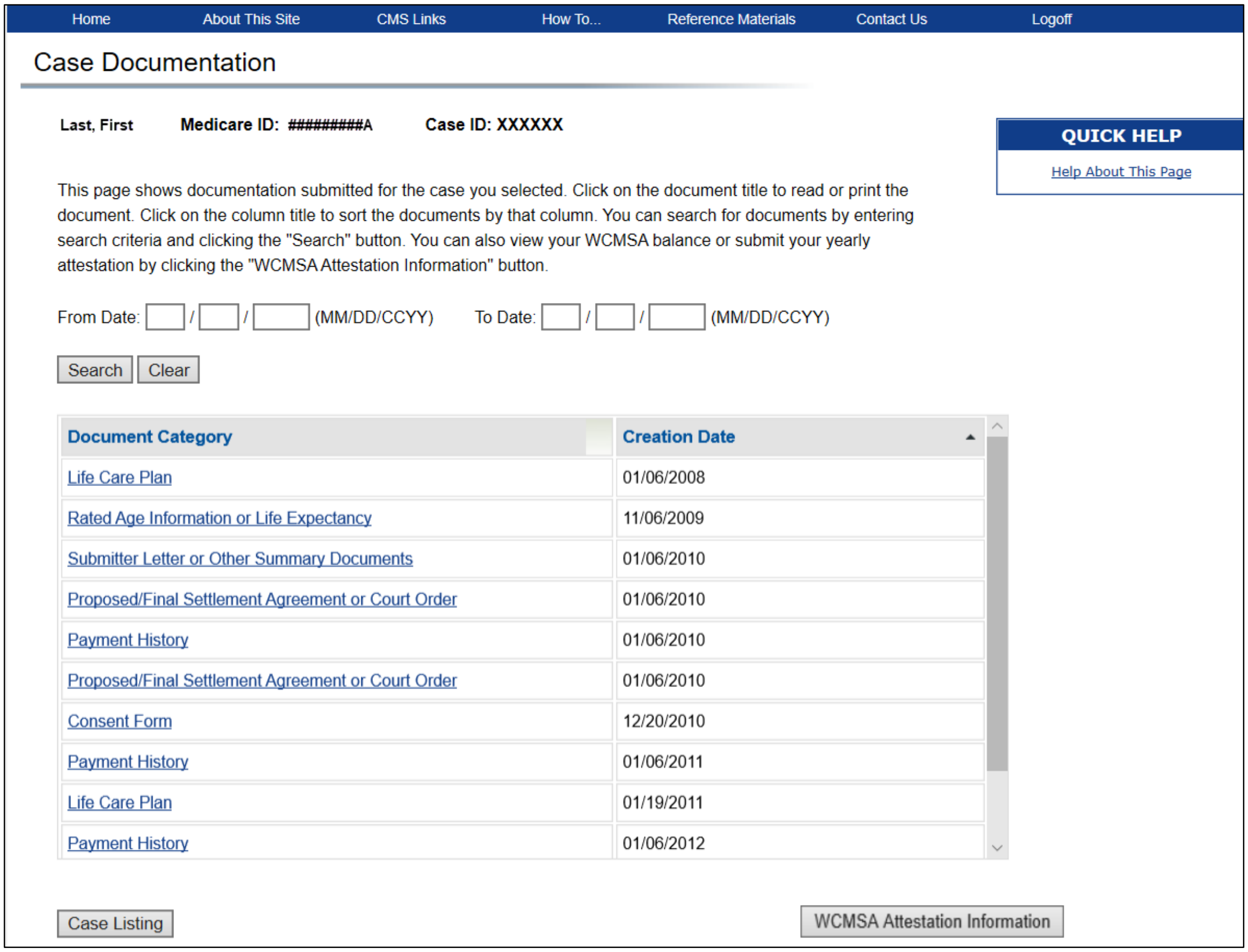


Table 13-11: Case Documentation Fields (Medicare.gov)

Field	Description
Beneficiary Name	The name of the beneficiary.
Medicare ID	Medicare ID (Health Insurance Claim Number [HICN] or Medicare Beneficiary Identifier [MBI]), or SSN, whichever was used to create the case.
Case ID	Case ID Number of the current selected case assigned by the WCMSAP.
From Date	To enter a case submission date range, enter a beginning case submission date here.
To Date	Enter an ending case submission date here. **Note:** The date must be greater than or equal to the From Date.
Search	Click to display search results.
Clear	Click to reset all search options and display the full list of documents.

Field	Description
Document Category	Type of document submitted. Click this hyperlink to view the document in .PDF format in a new browser window. Options for the Document Category include (in alphabetical order for ease of use): • Consent Form • Future Treatment Plans • Life Care Plan • Medical Records • Payment History • Proposed/Final Settlement Agreement or Court Order • Rated Age Information or Life Expectancy • Set-Aside Administrator or Copy of Agreement • Submitter Letter or Other Summary Documents • Supplement/Additional Information • Supplemental Settlement Documents
Creation Date	The date the document was submitted.
Case Listing	Click to go to the *Case Listing* page.
WCMSA Attestation Information	Click to go to the *WCMSA Account Balance and Attestation Submission* page and view your WCMSA balance or submit your yearly attestation (if your case is eligible and you are identified as the administrator).

13.6.2 Case Listing (Medicare.gov)

The *Case Listing* page displays your account information, along with a list of all submitted Workers' Compensation Medicare Set-Aside cases (portal and non-portal) associated with your account. This page also shows case information for all Workers' Compensation Case Control System (WCCCS) cases associated with your account, including non-approved cases.

Click a link in the *Case Number* column to access the *Case Documentation* page for that case (see Section 13.6.1 for more information).

Click **Logoff** in the upper right corner to sign out of your WCMSAP session.

Figure 13-43: Case Listing (Medicare.gov)

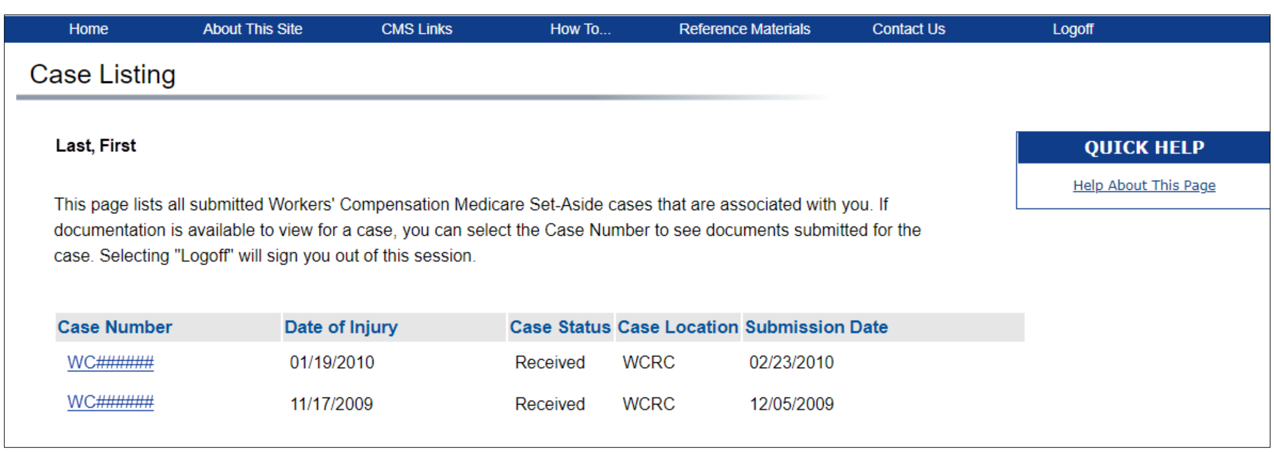


Table 13-12: Case Listing Fields (Medicare.gov)

Field	Description
Last, First	The name of the beneficiary.
Case Number	Case Control Number. Click the Case Number link to view documents submitted for the case on the *Case Documentation* page.
Date of Injury	Date of initial injury for the case.
Case Status	Status of the case. Options are (in alphabetical order for ease of use): • Approved • Assigned • Beneficiary Under Threshold (No CMS Review) • Closed • Closeout (letter was sent) • Commingled • Completed • Deceased • Denied (unable to process case) • Document Received • In Development • Received • Reopened (after RO/CLS) • Reopened (after RO/COMP) • Under Threshold – Non-Beneficiary Case (No CMS Review) • WCRC Recommendation Completed (at RO) • Work In Progress. Not submitted (WCMSAP only) • Zero Set-aside
Case Location	Location of the case. Options are: • RO (Regional Office) • WCRC (Workers' Compensation Recovery Center)
Submission date	Date the case was submitted to the WCMSAP.

13.7 Request Case Access

The *New Case Request* page allows AMs or ADs for Professional Administrator accounts to enter information that will be used to evaluate whether they have the authority to view summary information for a WCMSA case. These users will be required to submit a new case request for each case for which they are the administrator, and they will be required to provide the current or opening balance for all existing WCMSAs they want to administer on the WCMSAP before transaction records will be accepted for the case.

To successfully submit a new case request:

- You must be the identified administrator for that case.

  Note: This means that the Employer Identification Number (EIN) associated with your account must match the EIN of the entity identified as the administrator for the case you are requesting to view. If this is not correct, you will need to contact the BCRC at 646-458-2255 to resolve this issue before continuing.

- The case must have been approved.

- The final settlement documentation must have been received or validated by CMS.

  Note: In this case, you must upload the settlement information via the *Attach Documentation* page and submit the documents. Once the documentation has been validated, you will be able to return to the *New Case Request* page to submit your new case request.

To submit your request:

1. Click the **Request Case Access** link on your *Home* page (for a Professional Administrator account).

   The *New Case Request* page appears (Figure 13-44).

2. Enter all required information.

3. If final settlement documents have been received, click **Continue** to continue the new case request process.

   If your case request is approved, the *New Case Request Confirmation* page appears (Figure 13-45).
   Note: If your case request fails, you will return to the *New Case Request* page. Review items required to successfully submit a new case request, make any necessary changes, and continue the case request process.
   Proceed to steps 4 through 6 if final settlement documents have not yet been received.

4. Click the **Upload Documentation** button to upload settlement information from the *Attach Documentation* page (Figure 13-9).

   Note: See Section 12.13.1 for more details about uploading documents using the *Attach Documentation* page.
   Once your document is successfully uploaded, you will be returned to the *New Case Request* page. The filename of your uploaded document will be shown in the *Documentation Uploaded* section and the **Submit Files** button will appear.

5. Click **Submit Files** to submit the uploaded documentation.

   The *Settlement Documentation Submission Confirmation* page appears (Figure 13-46). This page confirms that you have successfully submitted the documentation for the case listed.

6. Click **Continue** to return to your *Home* page. Then, return to the *New Case Request* page and complete steps 1 through 3 to submit your new case request.

Figure 13-44: New Case Request

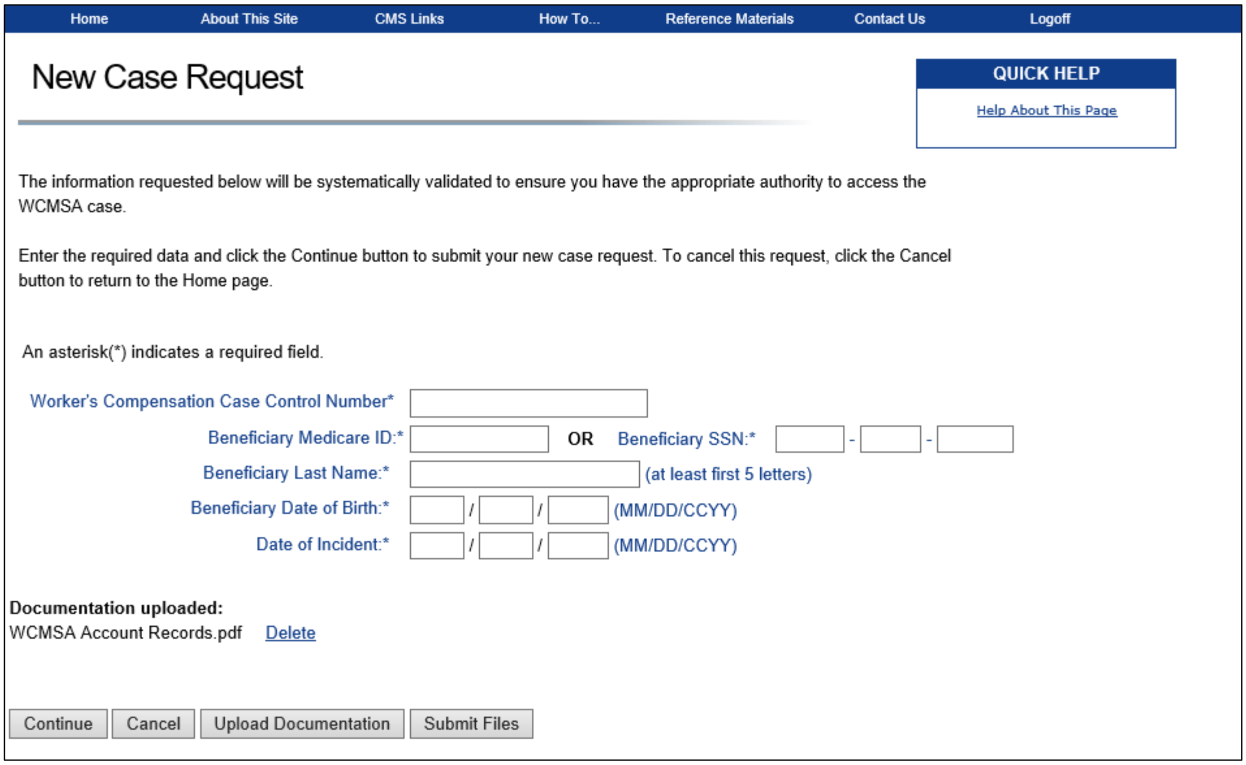


Table 13-13: New Case Request Fields

Field	Description
Workers' Compensation Case Control Number	Enter the 15-character Case Control Number. Required. The Workers' Compensation Case Control Number must match a number for an existing case.
Beneficiary Medicare ID	Enter the beneficiary's Medicare ID (HICN or MBI). Required if the claimant's SSN is not entered. The Medicare ID is also known as the Medicare Number by CMS' Medicare beneficiaries. The beneficiary Medicare ID must match a current or past identifier (HICN or MBI) associated with the beneficiary on the case.
Beneficiary Social Security Number (SSN)	Enter the beneficiary's nine-digit Social Security Number. Required if the beneficiary's Medicare ID is not entered. The SSN does not have to be the same identifier that was used when the case was created. The case will be found if it was submitted under the HICN or MBI.
Beneficiary Last Name	Enter the beneficiary's last name. Required. The first five characters (or the number of characters entered when the last name is less than five characters) must match the beneficiary's last name on the case.
Beneficiary Date of Birth	Enter the beneficiary's birth date (MM/DD/YYYY). Required. This must match the beneficiary's date of birth on the case.
Date of Incident	Enter the date of incident (MM/DD/YYYY). Required. This must match the date of incident on the case.

Field	Description
Documentation Uploaded	Displays the filename of the uploaded document. Click **Delete** to the right of the uploaded document to delete that document. **Note:** This field and the filename of any uploaded documents will only be shown after a document is successfully uploaded on the *Attach Documentation* page. Documents can only be uploaded if final settlement documents have not yet been received.
Continue	Click this button to continue the new case request process.
Cancel	Click this button to cancel the case request process and return to your *Home* page.
Upload Documentation	Click this button to upload settlement documentation from the *Attach Documentation* page. **Note:** The **Upload Documentation** button is only shown for cases where the final settlement documentation has not yet been received. Additionally, when this button is active, the **Continue** button is disabled.
Submit Files	Click this button to submit your uploaded documentation. **Note:** This button will only be shown after a document is successfully uploaded on the *Attach Documentation* page.

Figure 13-45: New Case Request Confirmation

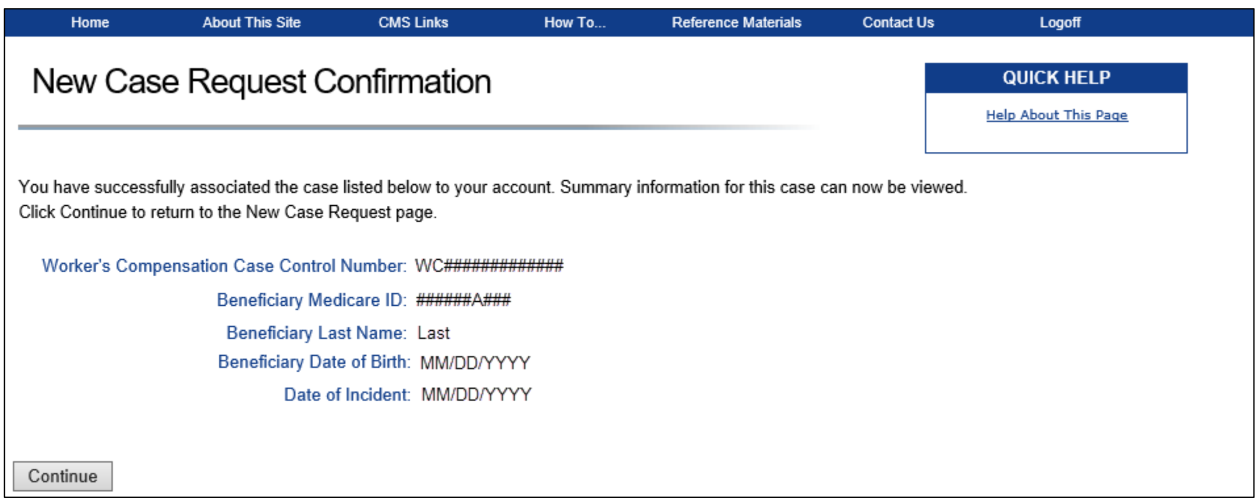
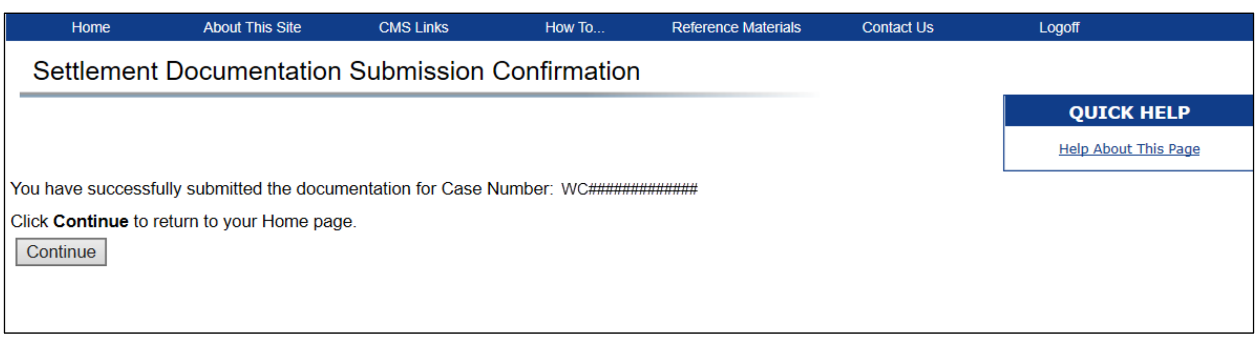


Figure 13-46: Settlement Documentation Submission Confirmation



13.8 Manage Case Access

AMs for Corporate and Representative accounts can use this page to grant or revoke an AD's access to specific cases under an account ID.

After clicking the **Manage Access** link on the *Case Listing* page, or the **Manage Access** button on the *Summary Information* page, the *Manage Case Access* page appears.

The *Manage Case Access* page lists all ADs assigned to the account ID. If the AD currently has access to the selected case, the checkbox will be checked. If the AD does not currently have access to the case, the checkbox will be empty.

1. To revoke AD access to a case, remove the check. To grant access, place a check in the box. Place a check in the **Select All** box to grant access to all ADs. Check the box again to revoke access from all ADs.
2. After all changes are complete, click the **Continue** button.

   The *Case Access Confirmation* page appears, listing only the ADs with access granted to the case (Figure 13-48).
3. Click the **Case Listing** button to return to the *Case Listing* page.

Figure 13-47: Manage Case Access

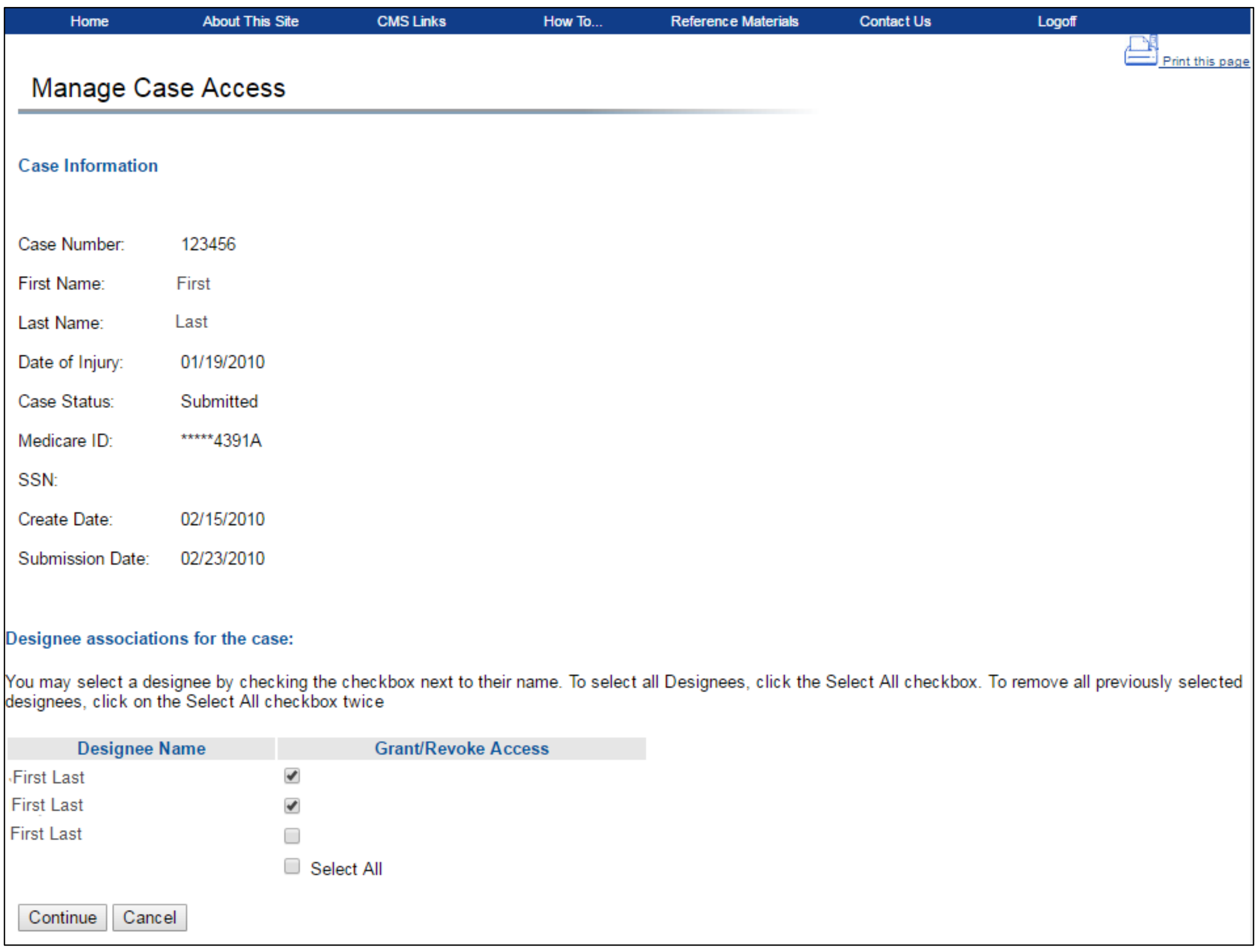


Figure 13-48: Designee Access List

13.9 Transaction and Account Balance Inquiry Files

If you are a professional administrator, you can upload transaction and account balance inquiry files and download the corresponding response files for the WCMSAs you administer, including those for non-approved Workers' Compensation Case Control System (WCCCS) cases.

Note: See Appendix B: for the file layouts and error codes.

13.9.1 Upload Files

Click the **Upload File** link from your *Home* page to open the *File Upload* page. From there, you may upload files associated with the WCMSAs you administer. You can also view a table showing a list of transaction or account balance inquiry files previously uploaded by users associated with the account ID (showing File Name, File Type, Upload Date, and User ID). The most recent (and maximum) 500 files uploaded for the year will be shown.

Notes: Files must be in plain text comma separated format (.csv) and cannot exceed 40 MB. The file name must be 40 characters or less and the file must also be virus-free. Otherwise, an error will appear.

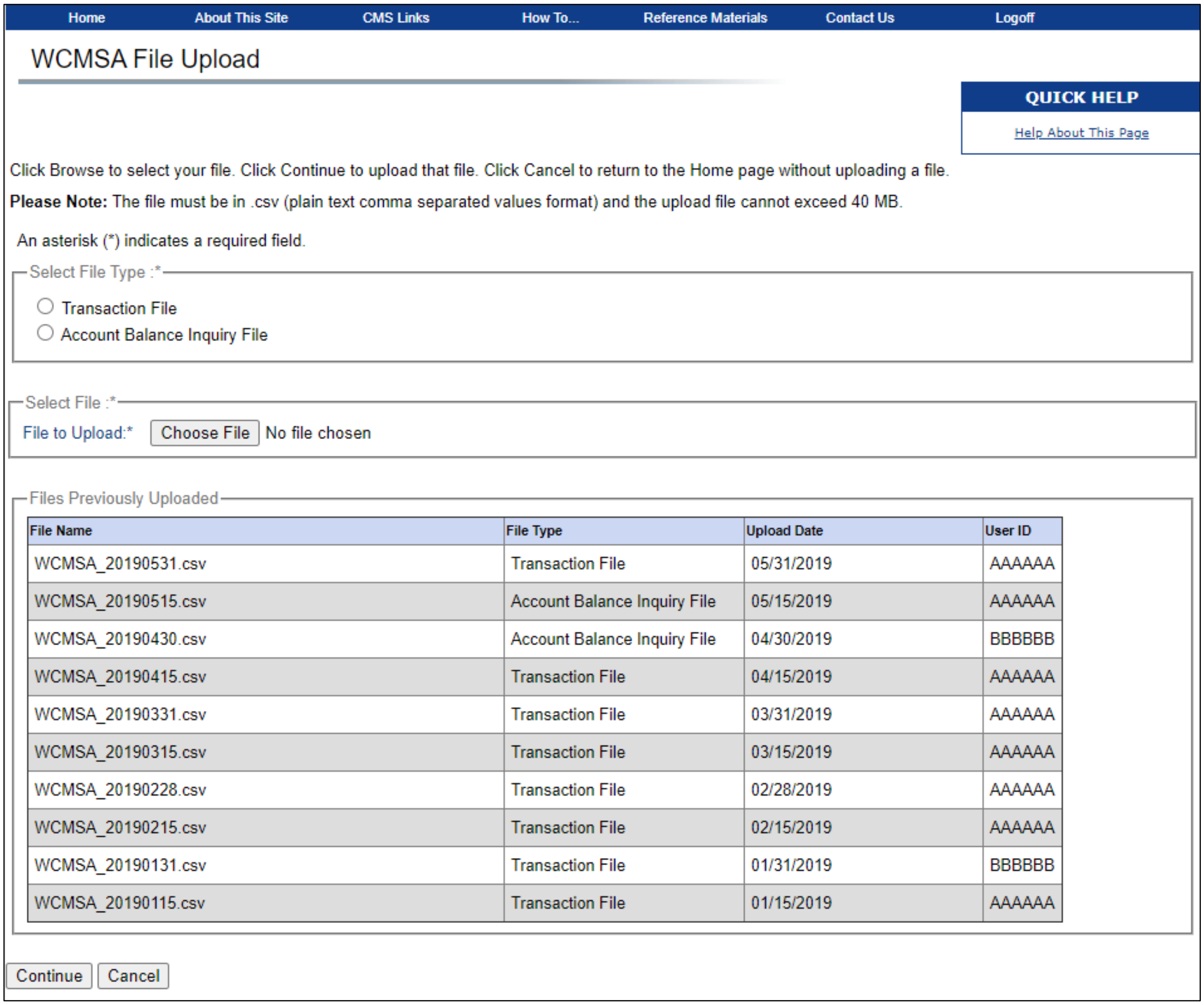
If any file cannot be uploaded, you will receive an error message. If you receive an error message, none of the files will be uploaded. You must correct the problem(s) and choose new, error-free files to upload. The error "Invalid File Size" may be related to the page size. Pages cannot be larger than 8.5 x 11 inches.

To upload a file:

1. Click **Browse** next to the *File to Upload* field to locate and select your file.
2. Click **Continue** to complete the upload or click **Cancel** to cancel the upload and return to your *Home* page.

   The *WCMSA Upload File Confirmation* page appears. This page confirms that your upload was successful. Click **Continue** to return to your *Home* page.

Figure 13-49: WCMSA File Upload



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

WCMSA File Upload

QUICK HELP

Help About This Page

Click Browse to select your file. Click Continue to upload that file. Click Cancel to return to the Home page without uploading a file.

Please Note: The file must be in .csv (plain text comma separated values format) and the upload file cannot exceed 40 MB.

An asterisk (*) indicates a required field.

Select File Type :*

- Transaction File
- Account Balance Inquiry File

Select File :*

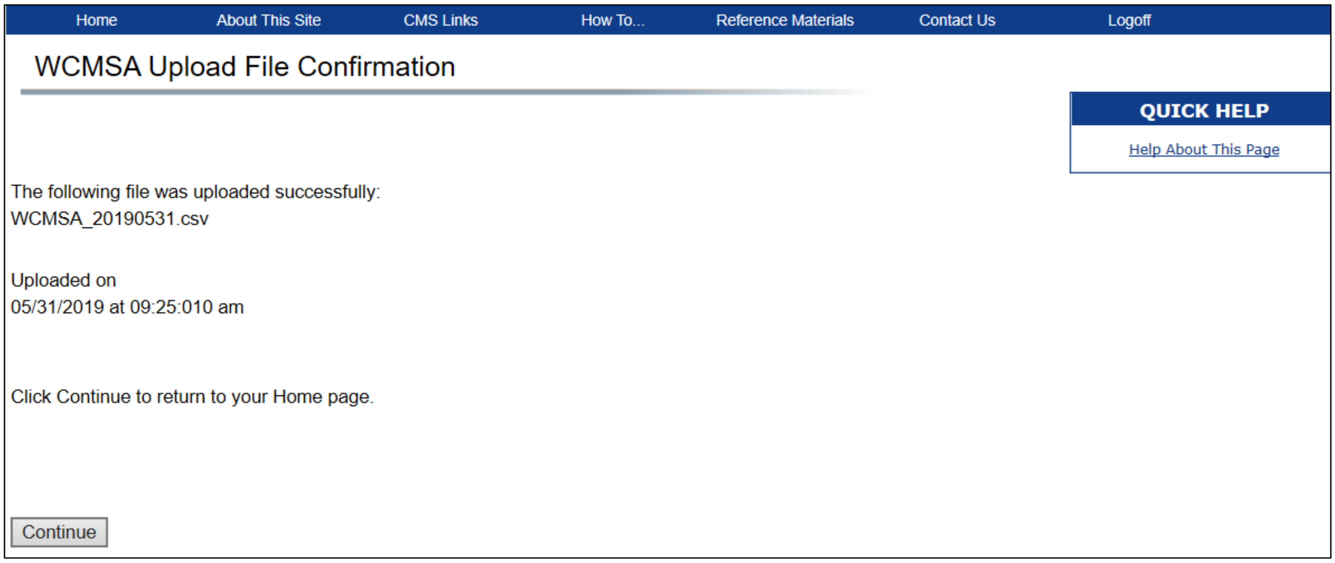
File to Upload:* Choose File No file chosen

Files Previously Uploaded

File Name	File Type	Upload Date	User ID
WCMSA_20190531.csv	Transaction File	05/31/2019	AAAAAA
WCMSA_20190515.csv	Account Balance Inquiry File	05/15/2019	AAAAAA
WCMSA_20190430.csv	Account Balance Inquiry File	04/30/2019	BBBBBB
WCMSA_20190415.csv	Transaction File	04/15/2019	AAAAAA
WCMSA_20190331.csv	Transaction File	03/31/2019	AAAAAA
WCMSA_20190315.csv	Transaction File	03/15/2019	AAAAAA
WCMSA_20190228.csv	Transaction File	02/28/2019	AAAAAA
WCMSA_20190215.csv	Transaction File	02/15/2019	AAAAAA
WCMSA_20190131.csv	Transaction File	01/31/2019	BBBBBB
WCMSA_20190115.csv	Transaction File	01/15/2019	AAAAAA

Continue Cancel

Figure 13-50: WCMSA Upload File Confirmation



13.9.2 Download Response Files

Click the **Download Response File** link from your *Home* page to open the *Response File Download* page (Figure 13-51). From there, you may download response files created for transaction or account balance inquiry files you submitted. The *Files Available for Download* table lists the available files (showing File Name, File Type, Upload Date, and User ID).

Note: These files are available to download in .csv format for up to one year. The most recent (and maximum) 500 files will be shown.

To download a file:

1. Click the file name link; then follow prompts to open or save the file.
2. Click **Continue** to return to your *Home* page.

Figure 13-51: WCMSA Response File Download

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

WCMSA Response File Download

QUICK HELP

Help About This Page

Below are the response files available for download. To download a file, click on the file name. These files shall be available for one year (up to 500 files). Click Continue to return to the Home page.

Files Available for Download

File Name	File Type	Processed Date	User ID
WCMSA_20190531.csv	Account Balance Inquiry File	05/31/2019	AAAAAA
WCMSA_20190515.csv	Account Balance Inquiry File	05/15/2019	AAAAAA
WCMSA_20190430.csv	Transaction File	04/30/2019	BBBBBB
WCMSA_20190415.csv	Transaction File	04/15/2019	AAAAAA
WCMSA_20190331.csv	Transaction File	03/31/2019	AAAAAA
WCMSA_20190315.csv	Transaction File	03/15/2019	AAAAAA
WCMSA_20190228.csv	Transaction File	02/28/2019	AAAAAA
WCMSA_20190215.csv	Transaction File	02/15/2019	AAAAAA
WCMSA_20190131.csv	Transaction File	01/31/2019	BBBBBB
WCMSA_20190115.csv	Transaction File	01/15/2019	AAAAAA

Continue

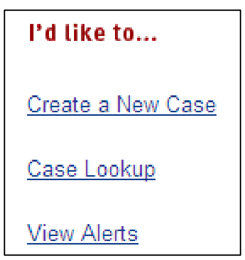
Chapter 14: View Alerts

After cases have been submitted, the Workers' Compensation Recovery Contractor (WCRC) reviews each case for completeness and accuracy. If errors have been found in a submitted case, the WCRC sends an alert email to the email address provided during account setup. The alert email will contain the case number and the type of error found. Use the Alerts section of the WCMSAP to view the alert or, in most instances, the letter issued by the Benefits Coordination & Recovery Center (BCRC). Most alerts are informational; however, some require action on the case. Read the alert and respond if necessary. Take the following steps to view alerts.

From the *Home* page, click the **View Alerts** link in the "I'd like to…" box. (Select an account ID from the *Account List* page first, if needed.)

Note: If the case identifiers (SSN and/or Medicare ID) are updated by WCRC staff, WCMSAP alerts generated prior to the changes will continue to show the original identifiers.

Figure 14-1: View Alerts Option



14.1 Alert Lookup

By default, the *Alerts* page lists all alerts for the previous 60 days associated with the account ID(s) you are registered under (Figure 14-2). Use the fields on the page to narrow the displayed alerts.

1. Filter alerts by entering your selected criteria; then click **Search**.

   The *Alert Lookup* page reappears, with information listed for alerts that matches the search criteria only.

2. Click the Alert ID number link to view *Alert Detail* page, which displays a specific alert or letter. (Alerts with no details to view, such as "Deceased Beneficiary" alerts, are not linked.)

3. Click the **Case Number** link to view the *Alert Listing* page, which shows all alerts for the case (Figure 14-3).

Figure 14-2: Alerts

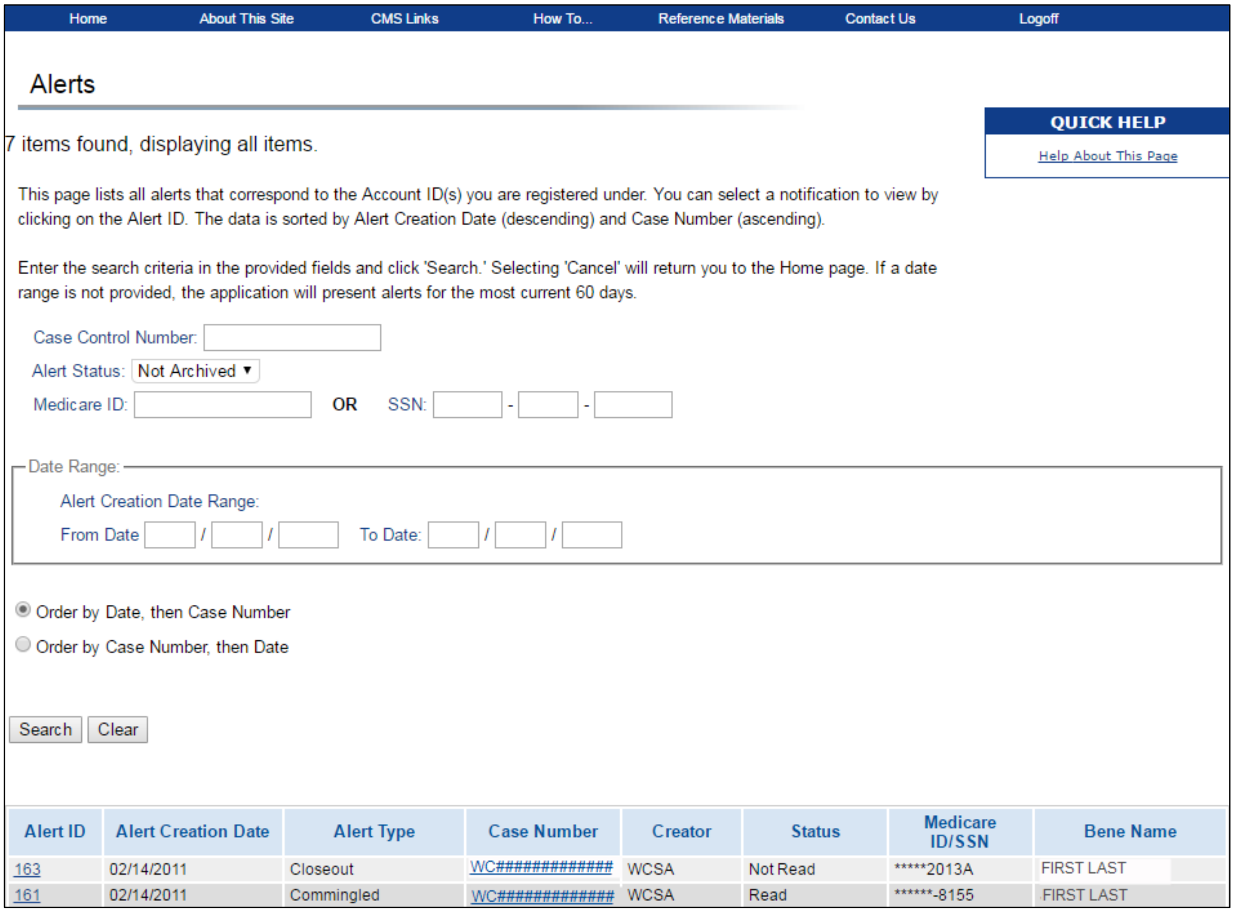


Table 14-1: Alerts Fields

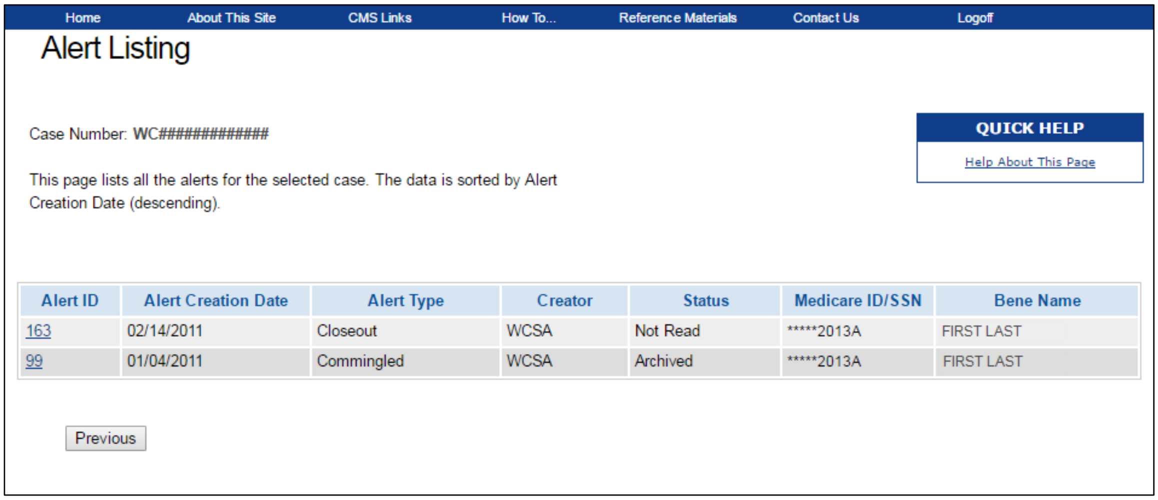
Field	Description
Case Control Number	Enter the case number received on the alert.
Status	Enter an alert status to filter by. Options are Read, Unread, Archived, or Not Archived
Medicare ID	Enter a Medicare ID (Health Insurance Claim Number [HICN] or Medicare Beneficiary Identifier [MBI]). If you enter a Medicare ID, do not enter an Social Security Number (SSN).
SSN	Enter a Social Security Number. If you enter an SSN, do not enter a Medicare ID
From Date	To enter an alert creation date range, enter a beginning case creation date here.
To Date	Enter an ending alert creation date here.
Alert ID	ID number of the alert. Click the Alert ID link to display the *Alert Detail* page. ("Deceased Beneficiary" alerts are not linked.) The *Alert Detail* page contains the complete alert.
Creation Date	Date the alert was created.

Field	Description
Alert Type	Type of alert. Most alerts are a letter, and the *Alert Detail* page will contain the letter in PDF format. Options are: • Under Threshold • Development • Deny • Zero Set Aside • Approval (includes recommendation attachments) • Closeout • Deceased Beneficiary (does not produce a letter) • Commingled Document (does not produce a letter) • Commingled Follow-up • Updated Identifier • Re-Review Request Decision – Approval • Re-Review Request Decision – Denial • Amended Review Decision – Approval • Amended Review Decision – Denial
Case Number	Case number associated with the alert. Click the Case Number link to display the *Alert Listing* page, which displays all alerts for that case.
Creator	Entity that entered the alert. Options are Submitter, WCRC, and Regional Office (RO).
Status	Status of the alert. Options are Open or Archived.
Medicare ID/SSN	The Medicare ID (HICN or MBI) or SSN of the beneficiary or claimant associated with the case. The first five digits of a HICN or SSN are masked by asterisks.
Bene Name	Name of the beneficiary or claimant associated with the case.
Search	Click to narrow the displayed alerts using your search criteria.
Clear	Click to empty all fields and show all alerts.
Cancel	Click to return to the *Account List* page.

14.2 Alert Listing

This page displays all alerts associated with the selected case number. Click the Alert ID number link next to an alert to view the *Alert Detail* page (Figure 14-4).

Figure 14-3: Alert Listing

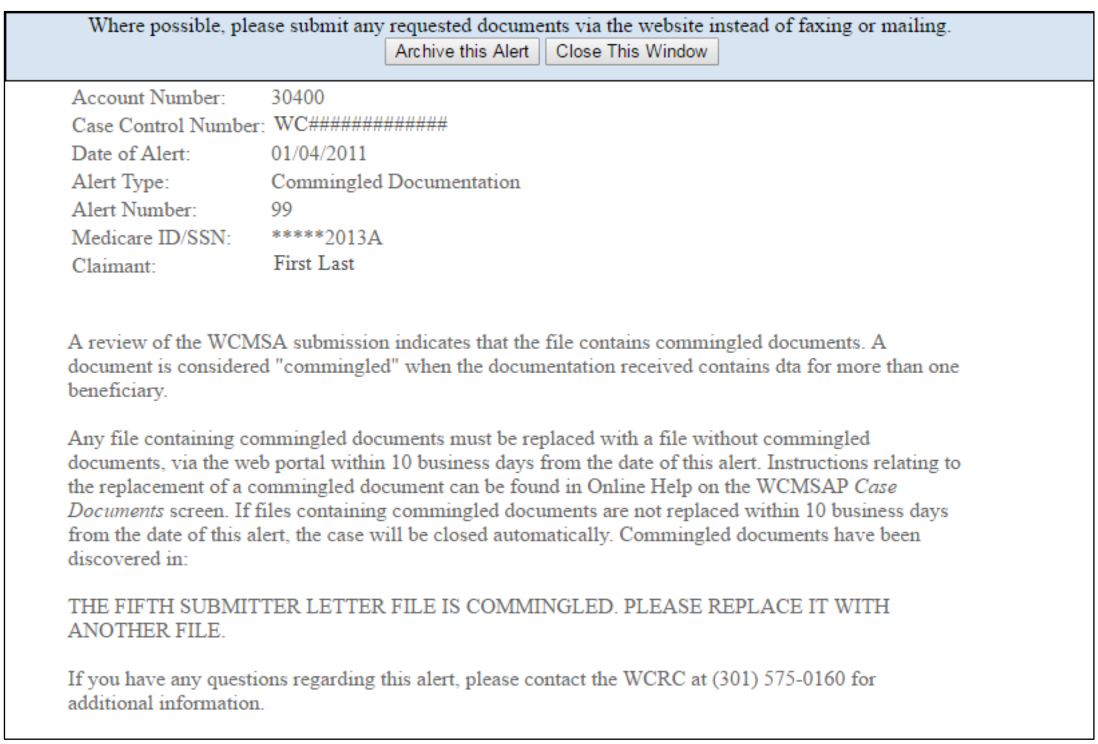


14.3 Alert Detail

The *Alert Detail* page displays the selected alert. Most alerts are accompanied by letters. In most instances, the *Alert Detail* page will display the contents of the letter in PDF format.

1. Read the alert and review for any changes required to the account.
2. Click **Archive This Alert** to change the alert status to Archived.
3. **Click Close this Window** to close the alert and return to the previous page. Use the case lookup process, as outlined in Chapter 13, to make any necessary changes to the case.

Figure 14-4: Alert Detail



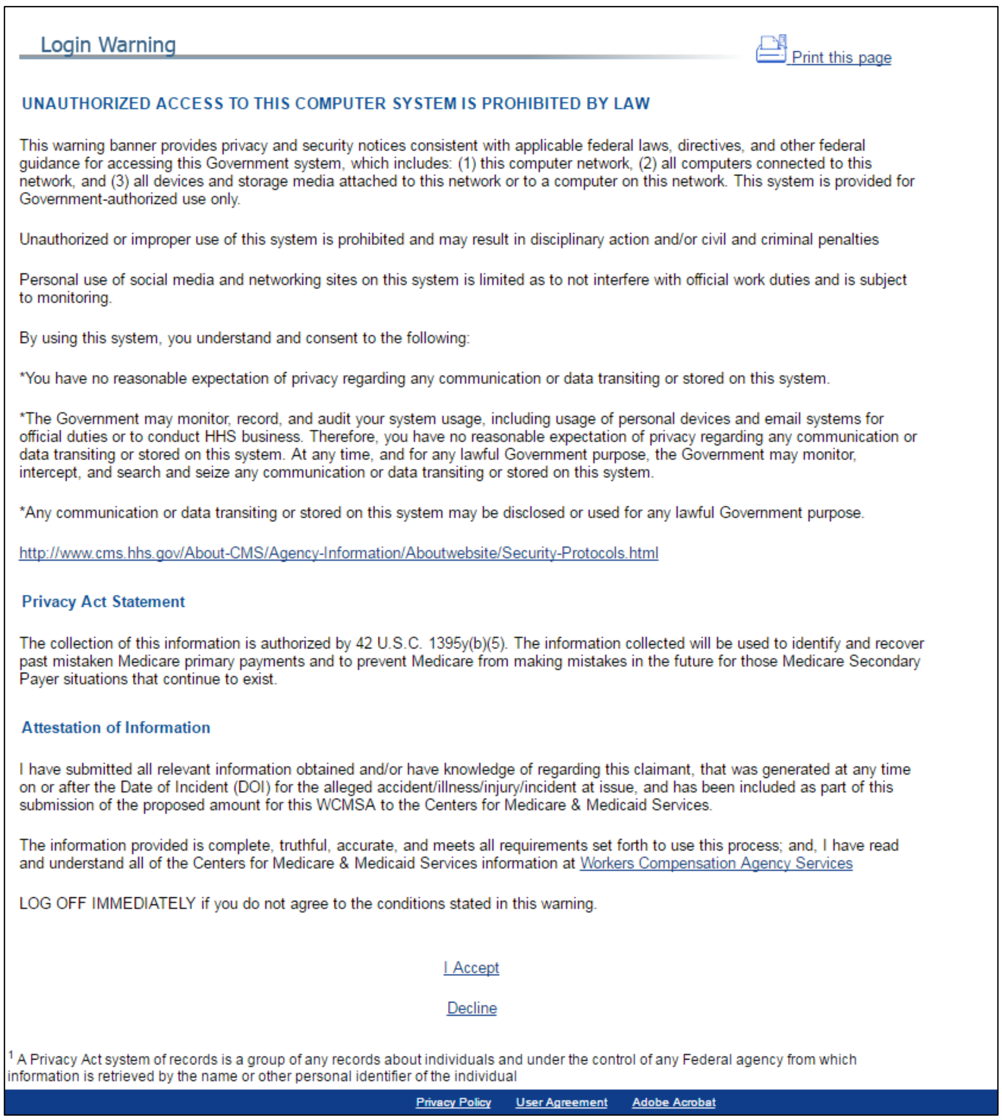
Chapter 15: Logoff

1. From any page, click the **Logoff** link at the top of the page, see Figure 15-1.

   The system ends your session and displays the *Login Warning* page, see Figure 15-2.
2. Once the *Login Warning* Page has displayed, close your browser.

Figure 15-1: Logoff Link

Figure 15-2: 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:

*You have no reasonable expectation of privacy regarding any communication or data transiting or stored on this system.

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

*Any communication or data transiting or stored on this system may be disclosed or used for any lawful Government purpose.

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

Privacy Act Statement

The collection of this information is authorized by 42 U.S.C. 1395y(b)(5). The information collected will be used to identify and recover past mistaken Medicare primary payments and to prevent Medicare from making mistakes in the future for those Medicare Secondary Payer situations that continue to exist.

Attestation of Information

I have submitted all relevant information obtained and/or have knowledge of regarding this claimant, that was generated at any time on or after the Date of Incident (DOI) for the alleged accident/illness/injury/incident at issue, and has been included as part of this submission of the proposed amount for this WCMSA to the Centers for Medicare & Medicaid Services.

The information provided is complete, truthful, accurate, and meets all requirements set forth to use this process; and, I have read and understand all of the Centers for Medicare & Medicaid Services information at Workers Compensation Agency Services

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

I Accept

Decline

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

Privacy Policy User Agreement Adobe Acrobat

Chapter 16: Troubleshooting

16.1 Replace Account Representative

Use the **Edit** button on the *Update Corporate Information* page, as accessed from the **Update Account Information** link in the *Account Settings* box on the *Home* page. See Chapter 8 for more information.

16.2 Replace Account Manager

If an Account Manager (AM) must be replaced for Corporate or Professional Administrator accounts, the AR must contact the Electronic Data Interchange (EDI) Department and request replacement. AMs cannot be replaced using the WCMSAP site.

After the EDI Department has completed the AM replacement process, either an email is sent to the new user, notifying them that they have been invited to become and AM or the account ID will be displayed on the WCMSAP at the next login for existing users. If they are a new COBSW user, they must complete the AM registration process. If they are an existing COBSW user, they can log in using their existing login ID and password.

Note: Existing users will not receive an invitation email notification from the EDI Department, unless they are an AD on an account and become an AM on the same account; new users will receive an email with a token.

To begin the AM registration process:

1. Click the link provided in the email sent by the EDI Rep.

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

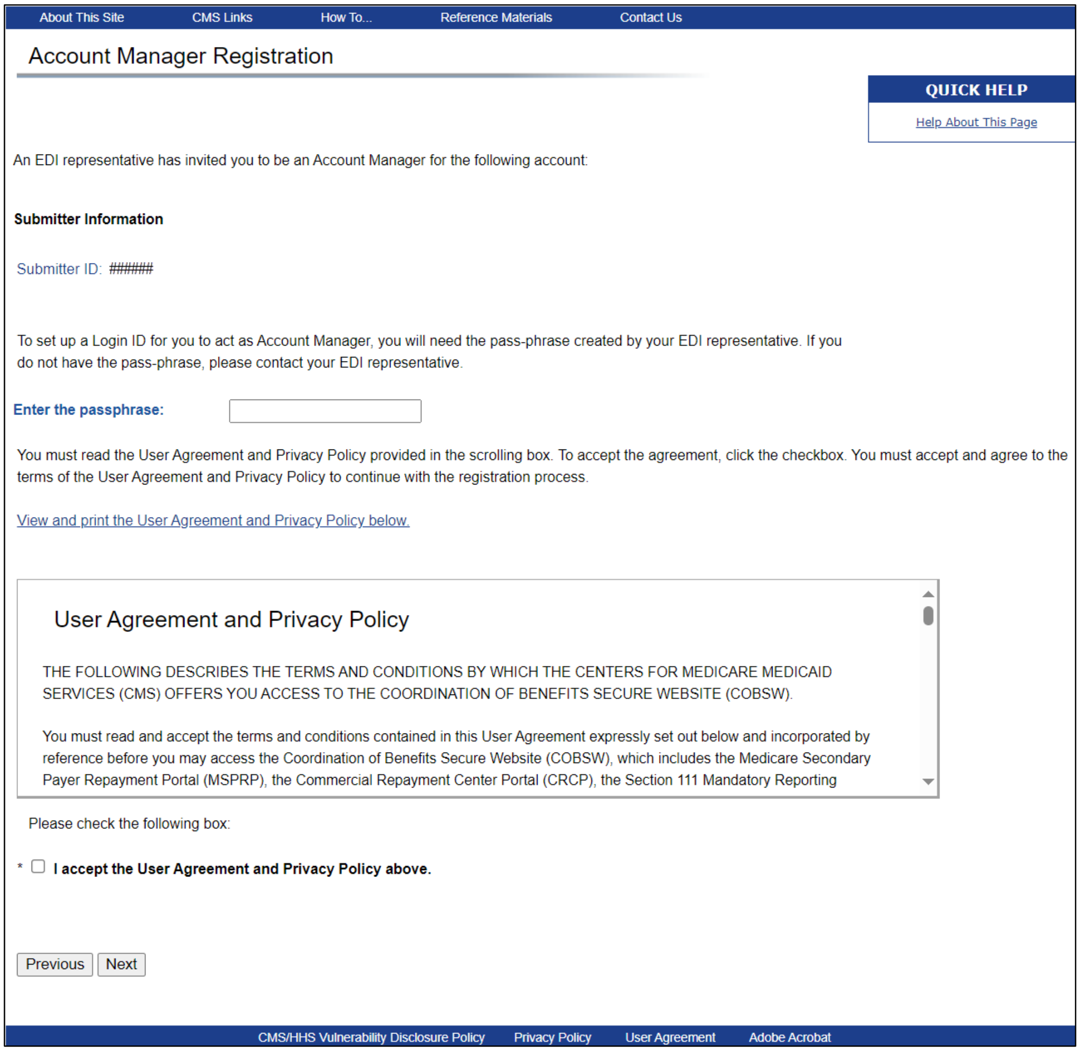
2. Review the DUA. To proceed, click the **I Accept** link at the bottom of the page. You will be denied access to the WCMSAP registration process if you click **I Decline**.

   The *Account Manager Registration* page appears, informing you that you have been assigned as an AM for the listed account ID (Figure 16-1).

3. Enter the passphrase given to you earlier by the EDI Rep, check the **I Accept** box beneath the User Agreement and Privacy Policy, and click the **Next** button.

   Note: The passphrase is case-sensitive. Enter it exactly as it was given to you.
   Once the user clicks **Next**, they will be directed to the *Account Manager Personal Information* page to complete the self-registration process. See Section 5.2 for more information on completing those steps.

Figure 16-1: Account Manager Registration



16.3 Unsuccessful Account Registration

16.3.1 Previously Used EIN

During initial registration, an error message will display on the *Corporate Information* page (for Corporate account types) or the *Professional Administrator Information* page (for Professional Administrator account types) if you enter an Employer Identification Number (EIN) that has already successfully completed the registration process for the account type. Change the EIN entered and continue the registration process.

Note: You may register one corporate account and one Professional Administrator account with the same EIN.

16.3.2 Previously Used SSN

During initial registration, an error message will display on the *Representative Information or Beneficiary/Claimant Information* page if you enter an Social Security Number (SSN) that has already successfully completed the registration process for Representative or Self account types. If you have incorrectly entered your SSN on this page, change the SSN entered and continue the registration process.

16.3.3 Registration Denied

During initial registration, an error message will display if a beneficiary entered for Representative or Self account types is not found in the database. Registration cannot be completed for this beneficiary.

16.4 Unsuccessful Account Setup

16.4.1 Account PIN Error

The Personal Identification Number (PIN) for the account ID will be sent to you (for Representative or Self accounts) or the Account Representative (AR) (for Corporate or Professional Administrator accounts), after the New Registration step has been completed. If, during Account Setup, the Account Manager (AM) receives an Invalid Account ID/PIN Combination error message, check the numbers on the email received.

An account ID should always contain nine digits and a PIN should have four digits. If your numbers are shorter, add leading zeros 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.

16.4.2 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 have already successfully completed the setup process. 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 WCMSAP site. If you are not the AM, contact the existing AM to add you as an Account Designee (AD) if you need access to the system.

16.4.3 Account Manager and Account Representative Email Addresses Match

An error message will display if, during Account Setup and AM self-registration, it is found that your email address (as the AM) matches the email address of any AR recorded in the system. ARs cannot be users of the WCMSAP site for any account ID. Click **Next** on the error message to be returned to the *Welcome* page. If the wrong individual was named as the AR in the New Registration step, contact an EDI Representative to make the necessary correction.

16.5 Unsuccessful Account Designee Invitation

16.5.1 Account Designee Email Address Matches Account Representative or Account Manager Email Address

An error message will display if, while an AM is adding an AD to an account ID, it is found that the designee's email address matches the email address of any AR or AM recorded in the system. ARs cannot be users of the WCMSAP site for any account ID, and AMs cannot also be designees. Click **Next** on the error message to be returned to the *Welcome* page.

16.5.2 Account Designee Email Address Matches Account Designee Already Associated with the 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.

16.6 Unsuccessful Account Designee Registration

16.6.1 Incorrect Passphrase

The passphrase must be provided to you (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 into the WCMSAP 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.

16.7 Unsuccessful Login

16.7.1 Invalid Login ID

Refer to Chapter 6.

16.7.2 Inactive Login ID

If your login ID is no longer active, follow the steps in Section 6.2 to reactivate your account and reset your password. If you have other questions, contact your EDI Representative.

16.7.3 Revoked Login ID

If you receive this error message at login, you can no longer access the WCMSAP site.

16.7.4 Invalid Password or Locked Account

Refer to Chapter 6. Note that a locked PIN during account setup is a different situation. Contact your EDI Representative for a locked PIN.

16.7.5 Expired Password

Refer to Chapter 8.

16.7.6 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 the BCRC 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 WCMSAP site.

16.8 Case Creation Errors

16.8.1 Duplicate Case Exists

If you receive this error message, the system has found that a duplicate case already exists, and you will not be allowed to create a new case for this beneficiary or claimant.

16.8.2 Case Under Threshold

If you receive this error message, the proposed settlement amount is under threshold for the case (threshold amounts must be greater than $25,000 for beneficiaries or greater than $250,000 for non-beneficiaries), and you will not be allowed to create a new case.

16.9 Case Submission Errors

16.9.1 Invalid Diagnosis Code

If you receive this error message, the diagnosis code you entered on the *Diagnosis Codes* page does not exist in the database. Use the *Diagnosis Code Search* page to retrieve the proper code.

16.9.2 Incomplete Case Information

This message is displayed on the *Summary Information* page, if required sections of a newly created case are incomplete. Any required fields that are missing or incomplete are highlighted in red and flagged with an asterisk (*). Return to the incomplete/incorrect sections and make corrections.

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 a.m. to 5 p.m., Eastern Time.

Chapter 17: System Generated Emails

17.1 Account ID Notification

********** Workers' Compensation Medicare Set-Aside Portal (WCMSAP) *****

***** Account ID Notification *****

You have successfully completed the initial registration for the Workers' Compensation Medicare Set-Aside Portal website. Your assigned Account ID is: <Insert Account ID>.

Next Steps

The information provided during initial registration will be vetted to verify the registrant is an appropriate submitter. After successful vetting, an email containing the PIN will be sent to the email address provided for the Account Representative. For security purposes, the PIN email will not contain the Account ID.

If you do not receive the PIN email within 7 business days, please contact an EDI Representative by phone at: (646) 458-6740 or e-mail at: COBVA@bcrcgdit.com.

Account Setup

<Insert verbiage for Corporate, Representative, and Professional Administrator account types: 'Upon receipt of the emailed PIN, the Account Representative will be instructed to provide their designated Account Manager with the Account ID and PIN so that the AM can return to the Workers' Compensation Medicare Set-Aside Portal website to complete the steps for Account Setup.'>

<Insert verbiage for Self account types: 'Upon receipt of the emailed PIN, you will need to return to the Workers' Compensation Medicare Set-Aside Portal website with the Account ID and PIN to complete the steps for Account Setup.'>

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.

17.2 Post-Registration PIN Email

***** Workers' Compensation Medicare Set-Aside Portal (WCMSAP) *****

***** Registration Notification *****

Your registration request has been successfully verified for the WCMSAP. Through the WCMSAP, you will be able to submit cases, append new documentation to a case, perform case lookups and view any alerts associated with a case(s).

To begin using the WCMSAP, you must first complete the account setup process. As a part of this process an account manager must be specified. The Account Manager should return to the WCMSAP web site at : https://imp.cob.cms.hhs.gov/WCMSA/, select the **Account Setup** button and follow the instructions presented on the screen. Depending on the account type that was specified during registration, note the following when selecting an Account Manager:

- Corporate/Professional Administrator Account

  The Account Manager cannot be the same individual that was specified as the Authorized Representative. In addition to processing cases, the Account Manager will have the ability to designate Account Designees.

- Representative Account

  The Account Manager will have the ability to process cases and to designate a limited number of Account Designees.

- Self Account

  Under a self account, the registering individual will be the Account Manager. No Account Designees may be added.

Next Steps:

To complete the account setup, your designated Account Manager should be selected and provided with your WCMSAP Account ID (which was provided at initial registration) and Personal Identification Number (PIN).

PIN: ####

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.

17.3 Profile Report Email Notification (Corporate Account)

From: COBVA@mail.cms.hhs.gov.com [mailto:COBVA@mail.cms.hhs.gov]
Sent: Wednesday, April 01, 2009 2:42 PM
To: AAAAA@AAA.COM
Subject: Workers' Compensation Medicare Set-Aside Portal (WCMSAP) Profile Report

Company Name:	AAAAAAAAAAAA
Account Representative:	FIRST LAST
Account Manager:	FIRST LAST

The WCMSAP Profile Report has been attached to this email. The Profile Report contains information regarding your company and the associated contact 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 WCMSAP, the report must be signed by the Account Representative and returned to the BCRC. Please send signed reports to:

via Fax:	(646) 458-6761
via Email:	COBVA@bcrcgdit.com
via mail:	Section 111 Reporting Program P.O. 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 email in error, please contact the Electronic Data Interchange (EDI) Department at 646-458-6740 and delete and destroy the original message and all copies.

17.4 Sample Profile Report: Corporate

Workers' Compensation Medicare
Set-Aside Portal
Profile Report

Account ID: AccountID Account Type: Corporate Date: 99/99/9999

EDI Contact Information:

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

Company Information:

EIN:	#########		
Name:	AAAAAAAAAAAA	Phone:	(###) ###-####
Address:	AAAAAAAAAAAA		
	AAAAAAAAAAAA		
	AAAAAAAAAAAA	St	#####-####

Account Representative:

Name:	FIRST LAST		
Phone:	(###) ###-####		
Title:	AAAAAAAAAAAA		
Fax:	(###) ###-####		
Address:	AAAAAAAAAAAA		
	AAAAAAAAAAAA		
	AAAAAAAAAAAA	St	#####-####
Email:	Repemail@address.com		

Account Manager:

Name:	FIRST LAST	Phone:	(###) ###-####
Address:	AAAAAAAAAAAA		
	AAAAAAAAAAAA		
	AAAAAAAAAAAA	St	99999-9999
Email:	AMemail@address.com		

Account ID: ##### Account Type: Corporate Date: 99/99/9999

EDI Contact Information:

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

SAFEGUARDING & LIMITING ACCESS TO DATA

I, the undersigned Account Representative for the WCMSA corporate 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 WCMSA 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]. The WCMSA Account Representative 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. I 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 WCMSA submitter is in compliance with the security requirements specified above. Access to any records created by the WCMSA process shall be restricted to authorized CMS and WCMSA submitter employees, agents and officials who require access to 1) perform their official duties in accordance with the approved uses of the information; (2) to respond to authorized for law enforcement investigations, or (3) to 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 Representative: ___________________________________

Date: _______________

17.5 Profile Report Email Notification (Representative Account)

From: COBVA@mail.cms.hhs.gov.com [mailto:COBVA@mail.cms.hhs.gov]
Sent: Wednesday, April 01, 2009 2:42 PM
To: AAAAA@AAA.COM
Subject: Workers' Compensation Medicare Set-Aside Portal (WCMSAP) Profile Report

Representative: FIRST LAST
Account Manager: FIRST LAST

The WCMSAP 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 WCMSAP, 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: Section 111 Reporting Program
P.O. 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 email in error, please contact the Electronic Data Interchange (EDI) Department at 646-458-6740 and delete and destroy the original message and all copies.

17.6 Sample Profile Report: Representative

Workers' Compensation Medicare
Set-Aside Portal
Profile Report

Account ID: ###### Account Type: Representative Date: 99/99/9999

EDI Contact Information:

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

Representative:

Name:	FIRST	LAST	Phone:	(###) ###-####
Title:	AAAAAAAAAAAA			
Fax:	(###) ###-####			
Address:	AAAAAAAAAAAA			
	AAAAAAAAAAAA			
	AAAAAAAAAAAA		St	#####-####
Email:	AcctRepemail@address.com			

Account Manager:

Name:	FIRST	LAST	Phone:	(###) ###-####
Title:	AAAAAAAAAAAA			
Address:	AAAAAAAAAAAA			
	AAAAAAAAAAAA			
	AAAAAAAAAAAA		St	#####-####
Email:	AMemail@address.com			

Account ID: ##### Account Type: Representative Date: 99/99/9999

EDI Contact Information:

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

SAFEGUARDING & LIMITING ACCESS TO DATA

I, the undersigned Account Representative for the WCMSA corporate 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 WCMSA 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]. The WCMSA Account Representative 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. I 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 WCMSA submitter is in compliance with the security requirements specified above. Access to any records created by the WCMSA process shall be restricted to authorized CMS and WCMSA submitter employees, agents and officials who require access to 1) perform their official duties in accordance with the approved uses of the information; (2) to respond to authorized for law enforcement investigations, or (3) to 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 Representative: ____________________________________

Date: _______________

17.7 Profile Report Email Notification (Self Account)

From: COBVA@mail.cms.hhs.gov.com [mailto:COBVA@mail.cms.hhs.gov]
Sent: Wednesday, April 01, 2009 2:42 PM
To: AAAAA@AAA.COM
Subject: Workers' Compensation Medicare Set-Aside Portal (WCMSAP) Profile Report

Account Manager: FIRST LAST

The WCMSAP Profile Report has been attached to this email. The Profile Report contains information regarding your WCMSAP account and the associated beneficiary/claimant 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 WCMSAP, 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: Section 111 Reporting Program
P.O. 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 email in error, please contact the Electronic Data Interchange (EDI) Department at 646-458-6740 and delete and destroy the original message and all copies.

17.8 Sample Profile Report: Self

Workers' Compensation Medicare
Set-Aside Portal
Profile Report

Account ID: ###### Account Type: Self Date: 99/99/9999

EDI Contact Information:

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

Beneficiary/Claimant:

Name:	FIRST	LAST	Phone:	(###) ###-####
Address:	AAAAAAAAAAAA			
	AAAAAAAAAAAA			
	AAAAAAAAAAAA		St	#####-####
Email:	AcctRepemail@address.com			

Account ID: ##### Account Type: Self Date: 99/99/9999

EDI Contact Information:

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

SAFEGUARDING & LIMITING ACCESS TO DATA

I, the undersigned Account Representative for the WCMSA corporate 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 WCMSA 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]. The WCMSA Account Representative 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. I 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 WCMSA submitter is in compliance with the security requirements specified above. Access to any records created by the WCMSA process shall be restricted to authorized CMS and WCMSA submitter employees, agents and officials who require access to 1) perform their official duties in accordance with the approved uses of the information; (2) to respond to authorized for law enforcement investigations, or (3) to 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 Representative: ____________________________________

Date: _______________

17.9 Profile Report Email Notification (Professional Administrator Account)

From: COBVA@mail.cms.hhs.gov.com [mailto:COBVA@mail.cms.hhs.gov]
Sent: Wednesday, October 07, 2019 2:42 PM
To: AAAAA@AAA.COM
Subject: Workers' Compensation Medicare Set-Aside Portal (WCMSAP) Profile Report

Company Name:	AAAAAAAAAAAA
Account Representative:	FIRST LAST
Account Manager:	FIRST LAST

The WCMSAP Profile Report has been attached to this email. The Profile Report contains information regarding your company and the associated contact 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 WCMSAP, the report must be signed by the Account Representative and returned to the BCRC. Please send signed reports to:

via Fax:	(646) 458-6761
via Email:	COBVA@bcrcgdit.com
via mail:	Section 111 Reporting Program P.O. 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 email in error, please contact the Electronic Data Interchange (EDI) Department at 646-458-6740 and delete and destroy the original message and all copies.

17.10 Sample Profile Report: Professional Administrator

Workers' Compensation Medicare
Set-Aside Portal
Profile Report

Account ID: AccountID Account Type: Professional Administrator Date: 99/99/9999

EDI Contact Information:

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

Company Information:

EIN:	#########		
Name:	AAAAAAAAAAAA	Phone:	(###) ###-####
Address:	AAAAAAAAAAAA		
	AAAAAAAAAAAA		
	AAAAAAAAAAAA	St	#####-####

Account Representative:

Name:	FIRST LAST		
Phone:	(###) ###-####		
Title:	AAAAAAAAAAAA		
Fax:	(###) ###-####		
Address:	AAAAAAAAAAAA		
	AAAAAAAAAAAA		
	AAAAAAAAAAAA	St	#####-####
Email:	Repemail@address.com		

Account Manager:

Name:	FIRST LAST	Phone:	(###) ###-####
Address:	AAAAAAAAAAAA		
	AAAAAAAAAAAA		
	AAAAAAAAAAAA	St	99999-9999
Email:	AMemail@address.com		

Account ID: ##### Account Type: Professional Administrator Date: 99/99/9999

EDI Contact Information:

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

SAFEGUARDING & LIMITING ACCESS TO DATA

I, the undersigned Account Representative for the WCMSA corporate 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 WCMSA 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]. The WCMSA Account Representative 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. I 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 WCMSA submitter is in compliance with the security requirements specified above. Access to any records created by the WCMSA process shall be restricted to authorized CMS and WCMSA submitter employees, agents and officials who require access to 1) perform their official duties in accordance with the approved uses of the information; (2) to respond to authorized for law enforcement investigations, or (3) to 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 Representative: ___________________________________

Date: _______________

17.11 Alert Email Notification

From: COBVA@mail.cms.hhs.gov
Sent: October 01, 2010 2:42 PM
To: All Email addresses associated with case
Subject: Alert ## Has Been Posted

Account Number:	######
Case Control Number:	#########
Alert Type:	See values below

A/An [Alert Type] alert has been posted on the Workers' Compensation Medicare Set-Aside Portal. This alert contains information relating to recent activity on case ######## for account number ######.

Note: Alert Types are: Development, Deny, Zero Set Aside, Under Threshold, Approval, Closeout, Commingled Documentation, Deceased Beneficiary, Updated Identifier, Re-Review Request Decision – Approval, Re-Review Request Decision – Denial, Amended Review Decision – Approval, and Amended Review Decision – Denial.

Please log into the website https://www.cob.cms.hhs.gov/WCMSA/ to review the alert details.

***** PLEASE DO NOT REPLY TO THIS E-MAIL *****

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 email in error, please contact the Electronic Data Interchange (EDI) Department at 646-458-6740 and delete and destroy the original message and all copies.

Appendix A: Acronyms

Table A-1: Acronyms

Term	Definition
AD	Account Designee
AM	Account Manager
AR	Account Representative
BCRC	Benefits Coordination & Recovery Center
CDC	Centers for Disease Control and Prevention
CMS	Centers for Medicare & Medicaid Services
DOB	Date of Birth
DUA	Data Use Agreement
EDI	Electronic Data Interchange
EIN	Employer Identification Number
HICN	Health Insurance Claim Number
IRS	Internal Revenue Service
MBD	Medicare Beneficiary Database
MBI	Medicare Beneficiary Identifier
MMSEA	Medicare, Medicaid, and SHIP Extension Act 2006
MSA	Medicare Set-Aside
NDC	National Drug Code
NPI	National Provider Identifier
PIN	Personal Identification Number
PPU	Price Per Unit
RO	Regional Office
SSN	Social Security Number
WC	Workers' Compensation
WCCCS	Workers' Compensation Case Control System
WCMSA	Workers' Compensation Medicare Set-Aside Arrangement
WCMSAP	Workers' Compensation Medicare Set-Aside Portal
WCRC	Workers' Compensation Review Contractor
WIP	Work in Progress

Appendix B: File Layouts and Error Codes

Table B-1: Professional Administrator Transaction Input File Layout

Field #	Field Name Description	Format	Max Length	Field Required	Values/Requirements
1	**Account ID** Professional Administrator Account ID	Numeric	9	**Yes**	Must match the account ID of Professional Administrator account the file is uploaded from.
2	**DCN** Document Control Number assigned by the Professional Administrator	Text	15	**Yes**	Each Add record for the account ID must have a unique DCN.
3	**ACTION** Indicates the action the system is to take with the record – Add or Delete	Numeric	1	**Yes**	Valid values: 0 = Add 1 = Delete (not allowed when previously submitted transaction requesting to be deleted has Transaction Type '1', '5', or '6')
4	**Case ID** Workers' Compensation Case Control Number	Text	15	**Yes**	Must match an existing WCMSA case ID and be administered by the Professional Administrator associated to the submitted account ID.
5	**Medicare ID** Beneficiary's Medicare ID (HICN OR MBI)	Text	12	Conditional **Required if SSN not provided**	When provided must match the Medicare ID associated with the case.
6	**SSN** Beneficiary's Social Security Number	Numeric	9	Conditional **Required if Medicare ID not provided**	When provided must match the SSN associated with the case. **Note:** If both SSN and Medicare ID are submitted, the SSN shall be ignored.
7	**Transaction Type** Indicates if the transaction is an expense or a deposit	Numeric	1	**Yes** *Not required when Action = '1' – Delete*	Valid Values: 1 – Beginning Balance 2 – Interest Earned 3 – Medical Expense 4 – Taxes Paid on Interest 5 – Annual WCMSA Funds Exhausted 6 – WCMSA Funds Completely Exhausted 7 – Rx Expense 8 – Miscellaneous Deposit 9 – Miscellaneous Payment

Field #	Field Name Description	Format	Max Length	Field Required	Values/Requirements
8	**Transaction Date** Date the financial transaction took place	Date	10	**Yes** *Not required when Action = '1' – Delete*	Format: MM/DD/CCYY Must be earlier than or equal to the current date
9	**Date of Service** Date the medical service took place	Date	10	No	Format: MM/DD/CCYY Must be earlier than or equal to the current date
10	**Description** Text description explaining the transaction	Text	100	**Yes** **<u>Not required when:</u>** *Transaction Type = '5' – Annual WCMSA Funds Exhausted* *or* *Transaction Type = '6' – WCMSA Funds Completely Exhausted* *or* *Action = '1' – Delete*	The first 4 positions of the field cannot be spaces
11	**Diagnosis Indicator 1** Code to reflect the type of ICD diagnosis code submitted in the corresponding Diagnosis Code field	Numeric	1	Conditional **<u>Required when:</u>** *Transaction Type = '3' – Medical Expense* **<u>Not required when:</u>** *Transaction Type = '5' – Annual WCMSA Funds Exhausted* *or* *Transaction Type = '6' – WCMSA Funds Completely Exhausted* *or* *Transaction Type = '7' – RX Expense* *or* *Action = '1' – Delete*	Valid values: 0 – ICD-10-CM diagnosis codes 9 – ICD-9-CM diagnosis codes **Note:** Transaction records related to cases with a DOI on or after October 1, 2015 that contain an ICD indicator of "9" for any of the diagnosis codes provided on the record will be rejected.

Field #	Field Name Description	Format	Max Length	Field Required	Values/Requirements
12	**Diagnosis Code 1**	Text	7	Conditional **Required when:** *Diagnosis Indicator 1 is populated* **Not required when:** *Transaction Type = '5' – Annual WCMSA Funds Exhausted* *or* *Transaction Type = '6' – WCMSA Funds Completely Exhausted* *or* *Action = '1' – Delete*	Must be a valid DX code for the related Diagnosis Indicator. Do not include decimals.
13	**Diagnosis Indicator 2**	Numeric	1	No	Same as Field 11
14	**Diagnosis Code 2**	Text	7	No	Same as Field 12
15	**Diagnosis Indicator 3**	Numeric	1	No	Same as Field 11
16	**Diagnosis Code 3**	Text	7	No	Same as Field 12
17	**Diagnosis Indicator 4**	Numeric	1	No	Same as Field 11
18	**Diagnosis Code 4**	Text	7	No	Same as Field 12
19	**Diagnosis Indicator 5**	Numeric	1	No	Same as Field 11
20	**Diagnosis Code 5**	Text	7	No	Same as Field 12

Field #	Field Name Description	Format	Max Length	Field Required	Values/Requirements
21	**CPT/HCPCS 1**	Text	5	Conditional **<u>Required when:</u>** *Transaction Type = '3' – Medical Expense* *or* *Transaction Type = '7' – Rx Expense, and National Drug Code (NDC) (Field 26) and Revenue Code (Field 27) are blank.* **<u>Not required when:</u>** *Transaction Type = '5' – Annual WCMSA Funds Exhausted* *or* *Transaction Type = '6' – WCMSA Funds Completely Exhausted* *or* *Action = '1' – Delete*	Must be a valid CPT/HCPCS Code. **Note:** For more information about Current Procedural Terminology (CPT)/Healthcare Common Procedural Coding System (HCPCS) codes, go to https://www.cms.gov/medicare/coding-billing/healthcare-common-procedure-system.
22	**CPT/HCPCS 2**	Text	5	No	When provided must be a valid CPT/HCPCS Code.
23	**CPT/HCPCS 3**	Text	5	No	When provided must be a valid CPT/HCPCS Code.
24	**CPT/HCPCS 4**	Text	5	No	When provided must be a valid CPT/HCPCS Code.
25	**CPT/HCPCS 5**	Text	5	No	When provided must be a valid CPT/HCPCS Code.
26	**National Drug Code (NDC)**	Numeric	11	Conditional **<u>Required when:</u>** *Transaction Type = '7' – Rx Expense* *and* *CPT/HCPCS 1 (Field 21) and Revenue Code (Field 27) are blank*	When provided must be 11 numeric characters.

Field #	Field Name Description	Format	Max Length	Field Required	Values/Requirements
27	**Revenue Code**	Numeric	4	Conditional **<u>Required when:</u>** *Transaction Type = '7' – Rx Expense* *and* *CPT/HCPCS 1 (Field 21) and National Drug Code (NDC) (Field 26) are blank*	When provided must be a valid revenue code
28	**Amount Paid**	Numeric	11	Conditional **<u>Required when:</u>** *Transaction Type = '3' – Medical Expense* *or* *'4' – Taxes Paid on Interest* *or* *'7' – Rx Expense* *or* *'9' – Miscellaneous Payment* **<u>Not required when:</u>** *Transaction Type = '5' – Annual WCMSA Funds Exhausted* *or* *Transaction Type = '6' – WCMSA Funds Completely Exhausted* *or* *Action = '1' – Delete*	Must be greater than 0.00 when Transaction Type = '3', '4', '7', or '9'. Must be 0.00 or blank if Transaction Type = '1', '2', '5', '6', or '8'. If there is no decimal included, the amount will be assumed to be whole dollars.

Field #	Field Name Description	Format	Max Length	Field Required	Values/Requirements
29	**Deposit Amount**	Numeric	11	Conditional **<u>Required when:</u>** *Transaction Type = '1' – Beginning Balance* *or* *'2' – Interest Earned* *Or* *'8' – Miscellaneous Deposit* **<u>Not required when:</u>** *Transaction Type = '5' – Annual WCMSA Funds Exhausted* *or* *Transaction Type = '6' – WCMSA Funds Completely Exhausted* *or* *Action = '1' – Delete*	Must be greater than 0.00 when Transaction Type = '1', '2', or '8'. Must be 0.00 or blank when Transaction Type = '3', '4', '5', '6', '7', or '9'. If there is no decimal included, the amount will be assumed to be whole dollars.

Table B-2: Professional Administrator Transaction Response File Layout

Field #	Field Name	Format	Max Length	Description / Value
1	**Account ID**	Numeric	9	Professional Administrator account ID submitted on the Input file.
2	**DCN**	Text	15	DCN assigned by the Professional Administrator submitted on the input file.
3	**Action**	Numeric	1	Action submitted on the input file.
4	**Case ID**	Text	15	Workers' Compensation Case Control ID submitted on the input file.
5	**Medicare ID**	Text	12	Beneficiary's Medicare ID submitted on the input file
6	**SSN**	Numeric	9	Beneficiary's Social Security Number submitted on the input file
7	**Transaction Type**	Numeric	1	Transaction Type submitted on the input file.
8	**Transaction Date**	Date	10	Transaction Date as submitted on the input file.
9	**Date of Service**	Date	10	Date of Service as submitted on the input file.
10	**Description**	Text	100	Description submitted on the input file.
11	**Diagnosis Indicator 1**	Numeric	1	Diagnosis Indicator 1 submitted on the input file.
12	**Diagnosis Code 1**	Text	7	Diagnosis Code 1 submitted on the input file.
13	**Diagnosis Indicator 2**	Numeric	1	Diagnosis Indicator 2 submitted on the input file.
14	**Diagnosis Code 2**	Text	7	Diagnosis Code 2 submitted on the input file.
15	**Diagnosis Indicator 3**	Numeric	1	Diagnosis Indicator 3 submitted on the input file.
16	**Diagnosis Code 3**	Text	7	Diagnosis Code 3 submitted on the input file.
17	**Diagnosis Indicator 4**	Numeric	1	Diagnosis Indicator 4 submitted on the input file.
18	**Diagnosis Code 4**	Text	7	Diagnosis Code 4 submitted on the input file.
19	**Diagnosis Indicator 5**	Numeric	1	Diagnosis Indicator 5 submitted on the input file.
20	**Diagnosis Code 5**	Text	7	Diagnosis Code 5 submitted on the input file.
21	**CPT/HCPCS 1**	Text	5	CPT/HCPS 1 submitted on the input file. **Note:** For more information about Current Procedural Terminology (CPT)/Healthcare Common Procedural Coding System (HCPCS) codes, go to https://www.cms.gov/medicare/coding-billing/healthcare-common-procedure-system.
22	**CPT/HCPCS 2**	Text	5	CPT/HCPS 2 submitted on the input file.
23	**CPT/HCPCS 3**	Text	5	CPT/HCPS 3 submitted on the input file.
24	**CPT/HCPCS 4**	Text	5	CPT/HCPS 4 submitted on the input file.
25	**CPT/HCPCS 5**	Text	5	CPT/HCPS 5 submitted on the input file.
26	**National Drug Code (NDC)**	Numeric	11	National Drug Code (NDC) submitted on the input file.
27	**Revenue Code**	Numeric	4	Revenue Code submitted on the input file.

Field #	Field Name	Format	Max Length	Description / Value
28	**Amount Paid**	Numeric	11	Amount Paid submitted on the input file.
29	**Deposit Amount**	Numeric	11	Deposit Amount submitted on the input file.
30	**Disposition**	Text	1	Disposition of the submitted transaction record, applied by the system. Possible Values 'A' = Record Accepted 'R' = Record Rejected
31	**Error Codes**	Text	9	Error codes explaining why a transaction record was rejected, applied by the system. Up to 3 Error Codes separated by commas may be returned for each transaction record submitted.

Table B-3: Account Balance Inquiry Input File Layout

Field #	Field Name and Description	Format	Max Length	Field Required	Values/Requirements
1	**Account ID** Professional Administrator Account ID	Numeric	9	**Yes**	Must match the account ID of Professional Administrator account the file is uploaded from.
2	**DCN** Document Control Number assigned by the Professional Administrator.	Text	15	**Yes**	Each Add record for the account ID must have a unique DCN.
3	**ACTION** Indicates the action the system is to take with the record—Add or Delete	Numeric	1	**Yes**	Valid values: 2 = Balance Inquiry
4	**Case ID** Workers' Compensation Case Control Number	Text	15	**Yes**	Must match an existing WCMSA case ID and be administered by the Professional Administrator associated to the submitted account ID.

Table B-4: Account Balance Inquiry Response File Layout

Field #	Field Name	Format	Max Length	Description / Value
1	**Account ID**	Numeric	9	Professional Administrator account ID submitted on the Input file.
2	**DCN**	Text	15	DCN assigned by the Professional Administrator submitted on the input file.
3	**Action**	Numeric	1	Action submitted on the input file.
4	**Case ID**	Text	15	Workers' Compensation Case Control ID submitted on the input file.
5	**Account Balance**	Numeric	11	Account Balance retrieved from the database and returned on the Response File

Field #	Field Name	Format	Max Length	Description / Value
6	**Disposition**	Text	1	Disposition of the submitted transaction record, applied by the system. Possible Values 'A' – Record Accepted 'R' – Record Rejected
7	**Error Codes**	Text	9	Error codes explaining why a transaction record was rejected, applied by the system. Up to 3 Error Codes separated by commas may be returned for each transaction record submitted.

Table B-5: Professional Administrator Response File Error Codes

Error Code	Related Field	Error Description
R01	Account ID (Field 1)	**Invalid Account ID** • The account ID on the transaction does not match the Professional Administrator account ID the file was submitted from, or • The account ID is missing from transaction record, or • The account ID is not numeric
R02	DCN (Field 2)	**Invalid DCN** • The DCN is missing from the transaction record • The Action Code on the record is not = '1' – Delete and the DCN matches the DCN on a previously accepted record for the Case.
R03	Action (Field 3)	**Invalid Action** • Action is missing from the transaction record, or • The Action is not equal to '0' or '1', or '2' (for Account Balance Inquiries)
R04	Case ID (Field 4)	**Missing Case ID** • Case ID is missing from the transaction record
R05	Case ID (Field 4)	**Administrator not associated to Case** • The EIN of the case Administrator does not match the EIN of the Professional Administrator Account that submitted the transaction
R06	Case ID (Field 4)	**Case not yet finalized** • The case is not in ECRS status CM/50 or OP/01
R07	Case ID (Field 4)	**No Beginning Balance available** • A Beginning Balance has not been established for the case
R08	Transaction Type (Field 7)	**Beginning Balance already exists** • The Transaction Type = '1' indicating a Beginning Balance is being submitted but a Beginning Balance has already been established for the case.
R09	Medicare ID (Field 5) and SSN (Field 6)	**Missing Beneficiary Identifier** • Both Medicare and SSN are missing from the transaction record. One or the other must be included on the transaction record.
R10	Case ID (Field 4) or Medicare ID (Field 5) or SSN (Field 6)	**No matching data found** • Transaction record cannot be matched to existing WCMSA data by case ID, Medicare ID, or SSN provided

Error Code	Related Field	Error Description
R11	Action (Field 3)	**Invalid Delete Request** • Delete action cannot be accepted because the Transaction Type of the record requesting to be deleted is: '1' – Beginning Balance, or '5' – Annual WCMSA Funds Exhausted, or '6' – WCMSA Funds Completely Exhausted
R12	Transaction Type (Field 7)	**Invalid Transaction Type** • The Transaction Type is missing from the record, or • The Transaction Type is not equal to '1', '2', '3', '4', '5', '6', '7', '8', or '9'.
R13	Transaction Date (Field 8)	**Invalid Transaction Date** • The Transaction Date is missing from the record, or • The Transaction Date is not a valid date in MM/DD/CCYY format, or • The Transaction Date is not earlier than or equal to the current date
R14	Date of Service (Field 9)	**Invalid Date of Service** • The Date of Service is not a valid date in MM/DD/CCYY format, or • The Date of Service is not earlier than or equal to the current date
R15	Description (Field 10)	**Invalid Description** • The first 4 characters of the description cannot be blank
R16	Diagnosis Indicator 1 (Field 11)	**Invalid Diagnosis Indicator 1** • Diagnosis Indicator cannot = '9' when the DOI on the case is after October 1, 2015, or • Diagnosis Indicator 1 is missing and Transaction Type = '3'
R17	Diagnosis Code 1 (Field 12)	**Invalid Diagnosis Code 1** • Diagnosis Code is invalid for the corresponding Diagnosis Code Indicator • Diagnosis Code includes a decimal point
R18	Diagnosis Indicator 2 (Field 13)	**Invalid Diagnosis Indicator 2** • Diagnosis Indicator cannot = '9' when the DOI on the case is after October 1, 2015
R19	Diagnosis Code 2 (Field 14)	**Invalid Diagnosis Code 2** • Diagnosis Code is invalid for the corresponding Diagnosis Code Indicator • Diagnosis Code includes a decimal point
R20	Diagnosis Indicator 3 (Field 15)	**Invalid Diagnosis Indicator 3** • Diagnosis Indicator cannot = '9' when the DOI on the case is after October 1, 2015
R21	Diagnosis Code 3 (Field 16)	**Invalid Diagnosis Code 3** • Diagnosis Code is invalid for the corresponding Diagnosis Code Indicator • Diagnosis Code includes a decimal point
R22	Diagnosis Indicator 4 (Field 17)	**Invalid Diagnosis Indicator 4** • Diagnosis Indicator cannot = '9' when the DOI on the case is after October 1, 2015

Error Code	Related Field	Error Description
R23	Diagnosis Code 4 (Field 18)	**Invalid Diagnosis Code 4** • Diagnosis Code is invalid for the corresponding Diagnosis Code Indicator • Diagnosis Code includes a decimal point
R24	Diagnosis Indicator 5 (Field 19)	**Invalid Diagnosis Indicator 5** • Diagnosis Indicator cannot = ‘9’ when the DOI on the case is after October 1, 2015
R25	Diagnosis Code 5 (Field 20)	**Invalid Diagnosis Code 5** • Diagnosis Code is invalid for the corresponding Diagnosis Code Indicator • Diagnosis Code includes a decimal point
R26	CPT/HCPCS 1 (Field 21)	**Invalid CPT/HCPCS 1** • CPT/HCPCS Code 1 is missing and the Transaction Type = '3', or • The CPT/HCPCS code provided is not a valid CPT/HCPCS code **Note:** For more information about Current Procedural Terminology (CPT)/Healthcare Common Procedural Coding System (HCPCS) codes, go to https://www.cms.gov/medicare/coding-billing/healthcare-common-procedure-system.
R27	CPT/HCPCS 2 (Field 22)	**Invalid CPT/HCPCS 2** • The CPT/HCPCS code 2 is not a valid CPT/HCPCS code
R28	CPT/HCPCS 3 (Field 23)	**Invalid CPT/HCPCS 3** • The CPT/HCPCS code 3 is not a valid CPT/HCPCS code
R29	CPT/HCPCS 4 (Field 24)	**Invalid CPT/HCPCS 4** • The CPT/HCPCS code 4 is not a valid CPT/HCPCS code
R30	CPT/HCPCS 5 (Field 25)	**Invalid CPT/HCPCS 5** • The CPT/HCPCS code 5 is not a valid CPT/HCPCS code
R31	Amount Paid (Field 26)	**Invalid Amount Paid** • Amount Paid is 0.00 and Transaction Type = '3', ‘4’, ‘7’, or '9', or • Amount Paid is greater than 0.00 and Transaction Type = '1', '2', ‘5’, ‘6’, or ‘8’, or • Amount Paid is blank or contains a non-numeric character and Transaction Type = ‘3’, ‘4’, ‘7’, or ‘9’
R32	Deposit Amount (Field 27)	**Invalid Deposit Amount** • Deposit Amount is 0.00 and Transaction Type = '1', ‘2’, or '8', or • Deposit Amount is greater than 0.00 and Transaction Type = '3', '4', ‘5’, ‘6’, ‘7’, or ‘9’, or • Amount Paid is blank or contains a non-numeric character and Transaction Type = ‘1’, ‘2’, or ‘8’

Error Code	Related Field	Error Description

R33	Transaction Type (Field 7)	**Exhaustion transaction cannot be completed at this time**
		• Transaction Type = ‘5’ or ‘6’ and:
		  ◦ An active WC MSP record related to the case cannot be identified, or
		  ◦ Multiple WC MSP records related to the case are identified, or
		  ◦ An update is already in process for the active WC MSP record related to the case
		Professional Administrator must contact the Benefits Coordination and Recovery Center at 646-458-2255.

R34	National Drug Code (NDC) (Field 26)	**Invalid National Drug Code (NDC)** • National Drug Code is populated and is not 11 numeric characters
R35	Revenue Code (Field 27)	**Invalid Revenue Code** • Revenue Code is populated and is not found on the list of valid revenue codes
R36	CPT/HCPCS Code 1 (Field 21) National Drug Code (NDC) (Field 26) Revenue Code (Field 27)	**Missing Revenue/NDC/CPT Code** • Transaction Type = ‘7’ and CPT/HCPCS Code 1 (Field 21) and Revenue Code (Field 27) and National Drug Code (NDC) (Field 26) are blank **Note:** For more information about Current Procedural Terminology (CPT)/Healthcare Common Procedural Coding System (HCPCS) codes, go to https://www.cms.gov/medicare/coding-billing/healthcare-common-procedure-system.

Appendix C: Previous Version Updates

Version 7.2

To give Medicare.gov beneficiaries and professional administrators access to information for non-approved Workers' Compensation Case Control System (WCCCS) cases, these users may now view this data on the WCMSA Account Balance and Attestation Submission, Case Documentation, and Case Listing pages in WCMSAP. Authorized users may also submit attestations for non-approved WCCCS cases and upload transaction files and account balance inquiry files, and download response files for non-approved WCCCS cases with the WCMSAs they administer (Section 13.5, 13.6.1, 13.6.2, and 13.9).

To ensure the security questions shown during the initial registration, forgot login ID, and forgot password processes are clear, these questions have been revised (no guide updates).To allow users to request an amended review of a case at any time after the last approval date, the 12-month check has been removed from the system (Section 13.4.3).

To align with the policy to no longer accept or review WCMSA proposals with a zero-dollar ($0) allocation (effective July 17, 2025), language has been removed to reflect this change (Section 12.2).

Version 7.1

To align with changes to the User Agreement and Privacy Policy, the following pages have been updated: *Account Manager Personal Information*, *Designee Registration*, and *Account Manager Registration* (Sections 5.2 and 16.2 and Chapter 11).

To assist beneficiaries and administrators when submitting Workers' Compensation Medicare Set-Aside Arrangements (WCMSA) account information, the WCMSA *Account Balance and Attestation Submission*, *Attestation Submission Verification*, and *Attestation Submission Confirmation* pages have been updated to include new calculation fields: *Grand total of Expenditures* and *Balance of WCMSA account at the end of the Attestation period*. Additionally, the field *Interest earned on these funds was* has been renamed *Total of Interest Income the Account Earned, if any* (Section 13.5).

To improve customer service for newly registering users, a new Account ID Notification email will automatically be sent to the account representative (AR) after initial registration is successfully completed (Sections 3.4, 4.1, 5.1, and 17.1).

Version 7.0

To keep documentation up-to-date with current policies and procedures, verbiage has been updated in the *Navigation Menu*, *Self Account Type* page, *Beneficiary/Claimant Information* page, and the *Account Balance and Attestation Submission* page (Sections 3.1, 4.1, 4.1.3, 13.5).

To allow the WCRC to address multiple instances of commingled documentation, the WCRC will be able to mark a case as "Commingled" multiple times. A new *Commingled Follow-up Alert* will be sent to submitters for the second, third, and fourth instance (Section 12.13.3).

The email address for contacting an Electronic Data Interchange (EDI) Representative has changed to COBVA@bcrcgdit.com. However, COBVA emails coming from CMS will now show the address as COBVA@mail.cms.hhs.gov (Sections 2.4, 10.1, 10.4, Chapter 11, 16.9.2, Chapter 17).

Beneficiary instructions for accessing the WCMSAP through Medicare.gov have been updated (Section 13.6).