

Medicare Secondary Payer Recovery Portal (MSPRP) High Level Overview

Conference dial in (888) 790 – 1953
conference passcode: 7021968

MSPRP

- Benefits
- How to get started using the application
- Basic MSPRP functions
- Resources to assist you

MSPRP Benefits

- Web-based application to assist you in managing Medicare recovery cases
 - View case information (including claim line level detail)
 - View current conditional payment amount
 - Request a copy of the Conditional Payment Letter
 - View and dispute claims (pre-demand)
 - Initiate the demand process
 - View claims and submit redetermination requests (post-demand)

MSPRP Benefits (2)

- Case management in real time
- Electronically submit documentation
- New (as of July 2018)
 - View incoming/outgoing correspondence status
 - Request an electronic Conditional Payment Letter

Getting Started

Users must be authorized to access the MSPRP

Before users can be authorized, the registration process must be completed

- New Registration
- Account Setup

Account Representative completes New Registration

Account Manager completes Account Setup



Account Representative

Legal authority to bind the company to a contract and the terms of MSPRP requirements

Account Manager

- Completes Account Setup
- Manages the company's account on the MSPRP
- Gatekeeper of the MSPRP account
 - Grant and revoke access to other users (Account Designees)

Account Designees

- Granted access to MSPRP account by the Account Manager
- Once invited, will receive an email with next steps
 - Create their own MSPRP Login ID and password
- View/manage recovery cases

Multi-Factor Authentication (MFA)

Multi-Factor Authentication: Account List

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Account List



Click the desired link to access the associated account.

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



Multi-Factor Authentication

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

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

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

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

Associated Account IDs:

FIRST LAST

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Account Settings

[Update Personal Information](#)
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Multi-Factor Authentication

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

Complete MFA to view unmasked case information

Multi-Factor Authentication: Without MFA

- **Without MFA**

- Masked Claims Control ID

- Limited claims detail

- Total Charges, Reimbursed Amount, Conditional Payment, and Dispute Submitted and Decision Dates

Claims

Dispute	Claim Control ID (ICN)	Line Number	Total Charges	Reimbursed Amount	* Conditional Payment	Dispute Submitted Date	Dispute Decision Date
<input type="checkbox"/>	*****99999991	1	\$5,296.23	\$5,296.23	\$5,296.23		

- Masked HICN (when displayed in the *Medicare ID* field)

- First 5 positions of the HICN hidden from view

Multi-Factor Authentication: With MFA

- **With MFA**

- Unmasked Claims Control ID
- Complete claims detail
 - Type of Service, Processing Contractor, Provider Name, Diagnosis Codes, DRG Cd, CPT/HCPSCs, From Date and To Date

Claims

Dispute	TOS	Claim Control ID (ICN)	Line #	Processing Contractor	Provider Name	Diagnosis Codes	DRG Cd	CPT/HCPSCS	From Date	To Date	Total Charges	Reimbursed Amount	Conditional Payment	Dispute Submit Date
<input type="checkbox"/>	10	9999999999999991	1	885	Sample Provider 1	ICD-10: 436,9233,526	123		2/19/2009	2/19/2009	\$5,296.23	\$5,296.23	\$5,296.23	01/31/20

- Unmasked HICN (when displayed in the *Medicare ID* field)

Multi-Factor Authentication: Login with MFA

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Choose Credential ID and Enter Security Code

For advanced security and the ability for representatives to view unmasked claim information, a registered user must login using multi-factor authentication. To login using multi-factor authentication, please choose your Credential ID and enter the Security Code. Click **Continue** to proceed.

Login using Multi-Factor Authentication

* Required to view unmasked Medicare beneficiary claim information

* Select the Credential ID of the device you are using for this login session:

* Enter the Security Code for the selected Credential ID:

Login without my Credential ID

Choosing this option will mask certain claim information from view.

Continue 

Cancel 

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To view unmasked case information, select *Login using Multi-Factor Authentication*

Case Access

Case Access: Account List

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Account List

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Click the desired link to access the associated account.

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



Multi-Factor Authentication

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

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

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

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

Associated Account IDs:

32XXX FIRST LAST NAME

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Account Settings

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Multi-Factor Authentication

Status: **Initial Process**

Next Step: [Get Started](#)

Click the **Account ID** you want to work with.

Case Access: Case Listing

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Welcome!

Account: 30401 ABC Corporation

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

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

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

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

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

[Request Case Access](#)

[Case Listing](#)

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Account Settings

[Update Account Information](#)

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[View Account Activity](#)

Use **Request Case Access** link to add a recovery case to your case listing.

Click **Case Listing** to access cases linked to your account.

Case Access: Search

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Case Listing

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

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

If you are approaching settlement on a case that is not yet available on the MSPRP and you wish to initiate the Final Conditional Payment process, contact the Benefits Coordination & Recovery Center (BCRC):

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

Case ID: Search Hint
Medicare ID:
Beneficiary SSN: - -
Beneficiary Last Name: Search Hint

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

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

Cases

Select	Case ID	Bene Last Name	Medicare ID/SSN	Bene Date of Birth	Case Access
<input type="checkbox"/>	2004#####	NAME	*****1217A		Manage Access
<input type="checkbox"/>	2011#####	NAME	*****9627A		Manage Access
<input type="checkbox"/>	2013#####	NAME	*****5822A		Manage Access

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Use search on this page to locate a specific case from your Case Listing.

Click **Case ID** hyperlink to access the case.

Beneficiary Debtor Case

- CMS is pursuing recovery from the beneficiary
- Case ID begins with a 2
- BCRC sends correspondence
 - Beneficiary is the primary recipient
 - Authorized parties receive carbon copies
- Beneficiary and those authorized by the beneficiary can take action on the case

Insurer Debtor Case

- CMS is pursuing recovery from an insurer
- Case ID begins with a 3*
- CRC* sends correspondence
 - Insurer is the primary recipient
 - Beneficiary and any authorized parties receive carbon copies
- Insurer and those authorized by the insurer can take action on the case

*In limited instances, BCRC may send correspondence and the case ID will begin with a 2

Case Information

View Case Information

- View case status
- View recovery correspondence information
- View current conditional payment amount

Case Information: Details

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Case Information



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Case ID: #####

Case Type: Liability Insurance

Case Status: Demand Issued [What is this?](#)

Date of Incident: 09/15/2009

Industry Date of Incident: 09/15/2009 [What is this?](#)

Medicare ID: #####A

Beneficiary DOB: MM/DD/YYYY

Beneficiary Last Name: Last Name

Authorization Level: Proof of Representation

Authorization Status: Verified

[Payment Information](#)

[Refund Information](#)

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

Conditional Payment Letter Mail Date: 06/01/2011

Current Conditional Payment Amount: \$2800.00

Conditional Payment Amount was updated on: 06/01/2011

Demand Letter Mail Date: 06/01/2011

Demand Amount: \$3754.00

Conditional Payment Notice Amount: \$500.00

Conditional Payment Notice Mail Date: 06/18/2011

Conditional Payment Notice Response Due Date: 07/31/2011

Balance Amount: \$1234.56

Balance as of Date: 06/30/2011

Case Information: Payment Information

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Case Information

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

Payment Information Refund Information

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

Conditional Payment Letter Mail Date: 06/01/2011	Conditional Payment Notice Amount: \$500.00
Current Conditional Payment Amount: \$2800.00	Conditional Payment Notice Mail Date: 06/18/2011
Conditional Payment Amount was updated on: 06/01/2011	Conditional Payment Notice Response Due Date: 07/31/2011

Demand Letter Mail Date: 06/01/2011	Balance Amount: \$1234.56
Demand Amount: \$3754.00	Balance as of Date: 06/30/2011

- View information on letters sent to you (CPL, CPN, and demand)

Case Information: Payment Information (2)

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Case Information

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

Payment Information Refund Information

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

Conditional Payment Letter Mail Date: 06/01/2011	Conditional Payment Notice Amount: \$500.00
Current Conditional Payment Amount: \$2800.00	Conditional Payment Notice Mail Date: 06/18/2011
Conditional Payment Amount was updated on: 06/01/2011	Conditional Payment Notice Response Due Date: 07/31/2011

Demand Letter Mail Date: 06/01/2011
Demand Amount: \$3754.00

Balance Amount: \$1234.56
Balance as of Date: 06/30/2011

- View the current conditional payment amount

- View the Accounts Receivable balance

Case Information: Refund Information

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Case Information

Case ID: #####

Case Type: Liability Insurance

Case Status: Demand Issued [What is this?](#)

Date of Incident: 09/15/2009

Industry Date of Incident: 09/15/2009 [What is this?](#)

Medicare ID: #####A

Beneficiary DOB: mm/dd/yyyy

Beneficiary Last Name: Last Name

Authorization Level: Proof of Representation

Authorization Status: Verified

[Payment Information](#)

Refund Information

Demand Letter Mail Date: 06/01/2011

Demand Amount: \$3754.00

Balance Amount: \$1234.56


Balance as of Date: 06/30/2011

Refund Date	Refund Amount	Check Number	Payee Name
03/01/2015	\$5,296.23	12345678	John Smith
06/01/2015	\$105.20	12345679	John Smith


Case Information: Letter Activity

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Case Information

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

[Payment Information](#) [Refund Information](#) **Letter Activity** 

Select the correspondence option you wish to view:

All Correspondence Received and All Letters sent Correspondence Received Letters Sent

Correspondence Type	Date Received	Date Sent	Status	Status Date
Notice of Settlement Information	03/01/2001		Closed	03/01/2001
1st Level Appeal Request		03/01/2019	Open	03/01/2017
Special Project Case Correspondence		03/01/2010	Open	03/01/2017

Case Information: Letter Activity (2)

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Case Information

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Case ID: #####
Case Type: Liab
Case Status: D
Date of Incident
Industry Date of

- Select *Correspondence Received* to view correspondence the BCRC/CRC has received for the case
- Select *Letters Sent* to view only letters the BCRC/CRC has sent out on a case

Note: All Correspondence Received and All Letters Sent is the default view

Payment Information Refund Information Letter Activity

Select the correspondence option you wish to view:

All Correspondence Received and All Letters sent Correspondence Received Letters Sent

Correspondence Type	Date Received	Date Sent	Status	Status Date
1st Level Appeal Request		03/01/2019	Open	03/01/2017
Special Project Case Correspondence		03/01/2010	Open	03/01/2017

Case Information: Letter Activity (3)

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Case Information

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

Payment Information Refund Information Letter Activity


Select the correspondence option you wish to view:
 All Correspondence Received and All Letters sent Correspondence Received Letters Sent

Correspondence Type	Date Received	Date Sent	Status	Status Date
Notice of Settlement Information	03/01/2001		Closed	03/01/2001
1st Level Appeal Request		03/01/2019	Open	03/01/2017
Special Project Case Correspondence		03/01/2010	Open	03/01/2017

Case Actions

Case Information: Actions

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Case Information  Print this page **Quick Help : Help About This Page**

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

- View / Request Authorizations
- Request an update to the conditional payment amount [What is this?](#)
- Request a mailed copy of the conditional payment letter [What is this?](#)
- Request an electronic conditional payment letter with Current Conditional Payment Amount
- Begin Final Conditional Payment Process and Provide 120 Days' Notice of Anticipated Settlement
- Calculate Final Conditional Payment Amount [What is this?](#)
- View / Dispute Claims Listing [What is this?](#)
- View/Provide the Notice of Settlement Information [What is this?](#)
- Initiate Demand Letter [What is this?](#)
- View / Submit Redetermination (First Level Appeal) [What is this?](#)
- Submit Waiver Request [What is this?](#)
- Submit Compromise Request [What is this?](#)

- Insurer debtors can perform all available actions without authorization
- Available actions depend on the type of case, case status and your authorization level for the case

Available MSPRP Case Actions


- Request a mailed copy of the Conditional Payment Letter
 - Includes the Conditional Payment Amount and Payment Summary Form

New for insurers (as of July 2018)

- Request an electronic copy of the Conditional Payment Letter

Case Actions: Request eCPL

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

- View / Request Authorizations
- Request an update to the conditional payment amount [What is this?](#)
- Request a mailed copy of the conditional payment letter [What is this?](#)
- Request an electronic conditional payment letter with Current Conditional Payment Amount
- Begin Final Conditional Payment Process and Provide 120 Days' Notice of Anticipated Settlement
- Calculate Final Conditional Payment Amount [What is this?](#)
- View / Dispute Claims Listing [What is this?](#)
- View/Provide the Notice of Settlement Information [What is this?](#)
- Initiate Demand Letter [What is this?](#)
- View / Submit Redetermination (First Level Appeal) [What is this?](#)
- Submit Waiver Request [What is this?](#)
- Submit Compromise Request [What is this?](#)

New Action


- Select the *Request an electronic conditional payment letter with Current Conditional Payment Amount* action and click **Continue**

Case Actions: eCPL Confirmation

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Electronic Conditional Payment Letter Confirmation Page


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Case ID: #####
Beneficiary Last Name: AAAAAAAAAA

Medicare ID: #####A

You have successfully requested the generation of the electronic conditional payment letter.

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

[Continue](#) 

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Available MSPRP Case Actions

View/Dispute Claims

- View/dispute claims included in the Conditional Payment amount (Pre-demand)

View/Dispute Claims: Claims Listing

Claims Listing



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The following are the claims associated to Case ID: #####

These claims may also be found on a Payment Summary Form included with the Conditional Payment Letter. This listing may differ from the last issued Payment Summary Form if there has been any recent case activity between the date of the Payment Summary Form and the current date. Examples of recent case activity include claim disputes or requests for updated conditional payment amounts.

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

If you believe any of the claims listed on this screen are unrelated to the case, you may request the claims be removed by submitting a dispute below.

To select a claim for dispute, click the checkbox to the left of the claim number. When all disputed claims have been marked, click the **Continue** button. The next screen will allow you to verify the claims you have disputed and provide any supporting documentation.

Click **Previous** will return you to the Case Information page, your dispute selections will be lost. Click **Cancel** will return you to the Home Page.

Note: If the checkbox next to the claim number is disabled, the claim may not be disputed.

Claims

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

Select All|Deselect All

Previous

Continue

Cancel

Claims Dispute Verification

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Claims Dispute Verification [Print this page](#)

Below is a list of claims associated to Case ID: ***** you have selected for dispute, please review for accuracy. To revise your selection click the [Previous](#) button.

Claims Disputed

Claim Control ID (ICN)	Line Number	Total Charges	Reimbursed Amount	Conditional Payment
*****07137680	1	\$132.00	\$55.90	\$55.90


Supporting Information & Documentation:

Please provide a brief description of the injury and explanation for any claims you disputed as unrelated to the case. If you have more than one explanation, please provide the date range for each explanation. (*Example: Claims with the dates between January 1, 2010 and September 13, 2010 were for back surgery but this case is for a sprained knee.*)

This claim has been reviewed.

Please note Supporting Information Notes cannot exceed 500 characters

For disputes that require additional information, please upload supporting documentation. (*Examples of when supporting documentation should be uploaded include: providing clarification of incident related injuries, proving a pre-existing condition, or establishing incident end date of treatment.*)

[Upload Documentation](#) 

To upload supporting documentation, please click here

Select **Continue** to confirm submission of the dispute and to submit any provided documents and/or Notes to CMS.

Selecting **Previous** will return you to the View/Dispute Claims Listing page.

Selecting **Cancel** will return you to your home page. All changes will be lost and the documents will not be submitted to the BCRC.

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

Claims Dispute Confirmation

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Claims Dispute Confirmation

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You have successfully submitted the claims listed below for dispute associated to Case ID: *****

Claims Disputed

Claim Control ID (ICN)	Line Number	Total Charges	Reimbursed Amount	Conditional Payment
*****07186270	9	\$190.00	\$0.00	\$0.00

You have successfully submitted the following notes for the case listed above:

This claim has been reviewed.

You have successfully submitted the following documentation for the case listed above:

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

[Continue](#)

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View/Dispute Claims Listing (Pre-Demand)

- If CMS agrees that the claims are not related to the case:
 - Claims will be removed from the *Claims Listing* page and the conditional payment amount will be adjusted accordingly
 - Letter is sent with an updated Payment Summary Form

View/Dispute Claims: Dispute Decision Date

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Claims Listing

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The following are the claims associated to Case ID: #####

These claims may also be found on a Payment Summary Form included with the Conditional Payment Letter. This listing may differ from the last issued Payment Summary Form if there has been any recent case activity between the date of the Payment Summary Form and the current date. Examples of recent case activity include claim disputes or requests for updated conditional payment amounts.

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

If you believe any of the claims listed on this screen are unrelated to the case, you may request the claims be removed by submitting a dispute below.

To select a claim for dispute, click the checkbox to the left of the claim number. When all disputed claims have been marked, click the **Continue** button. The next screen will allow you to verify the claims you have disputed and provide any supporting documentation.

Click **Previous** will return you to the Case Information page, your dispute selections will be lost. Click **Cancel** will return you to the Home Page.

Note: If the checkbox next to the claim number is disabled, the claim may not be disputed.

- If CMS disagrees, disputed claims remain associated to the case

Claims

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

Select All | Deselect All

Previous
Continue
Cancel

View/Dispute Claims Listing: Available MSPRP Case Actions

- Initiate the demand process
 - Initiate a demand letter earlier than the 30-day time period
 - Demand letter is mailed within 7-12 business days of request

View/Dispute Claims Listing: Available MSPRP Case Actions (2)

- View Claims Listing (Post-Demand)
 - You cannot dispute claims on a demanded case, but you can view the claims that are associated to the case

Demand Claims Listing

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Demand Claims Listing

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

Demand Amount: **\$3,754.00**

Demand Letter Date: **06/01/2011**

The claims listed on this page have been identified as being related to the alleged incident, illness or injury for the Case ID listed on this page. These claims have been included in the Demand Amount associated to this case and may also be found on the attachment included with the Demand Letter you previously received.

Click **Previous** to return to the Case Information page. The amount shown in the Conditional Payment column is what was included in the case Demand Amount.

Claims

Claim Control ID (ICN)	Line Number	Total Charges	Reimbursed Amount	Conditional Payment
*****025871	1	\$180.00	\$10.00	\$10.00
*****031533	1	\$70.00	\$10.00	\$10.00
*****023399	1	\$60.00	\$10.00	\$10.00
*****17026700	1	\$60.00	\$31.98	\$31.98
*****83061300	1	\$60.00	\$31.98	\$31.98
*****17026740	1	\$60.00	\$31.98	\$31.98
*****83061330	1	\$60.00	\$31.98	\$31.98
*****83061290	1	\$225.00	\$40.18	\$40.18
*****83061290	2	\$125.00	\$24.78	\$24.78
*****83061290	3	\$225.00	\$87.67	\$87.67
*****83061290	4	\$125.00	\$60.28	\$60.28
*****83061290	5	\$450.00	\$29.22	\$29.22


Redeterminations: Available MSPRP Case Actions

- Submit Redetermination Request (Post-Demand)
 - You have the right to appeal the amount or existence of the debt or initial determination (demand letter)
 - To submit a redetermination request (first level appeal), select the *View/Submit Redetermination (First Level Appeal)* option on the *MSPRP Case Information* page

Redetermination Submission

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Redetermination (First Level Appeal) Submission

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An asterisk (*) indicates a required field.

The claims listed on this page were included in the demand letter associated to **Case ID: #*******
Demand Amount: \$10,523.86 **Demand Letter Date: 10/01/2015**

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



To request a redetermination, click the checkbox to the left of the claim number for each claim included in the request or click **Select All** to submit a redetermination that is not claim specific. Click **Continue** to proceed. The screen that displays next will allow you to verify the selected claims and provide any supporting documentation.

Click **Cancel** to return to the Case Information page without submitting your redetermination.

*** Claims:**

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

[Select All](#) | [Deselect All](#)

Continue  **Cancel** 

Redeterminations: Available MSPRP Case Actions (2)

- View Redetermination Request
 - View details of the request: received date, decision and decision date

Redeterminations: Case Information

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Case Information

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

Payment Information Refund Information Letter Activity **Redetermination** Final Conditional Payment Process


Redetermination Information		
Received	Decision	Decision Date
04/01/2017	Pending Review	

- View submitted redetermination requests and the CMS decision

View Redetermination Submission

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View Redetermination (First Level Appeal) Submission

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

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

If this redetermination was resolved in your favor, some or all of the claims submitted with your redetermination request have been removed and are no longer associated to this Medicare recovery case.

If you need to submit any additional documentation, it must be mailed to the Benefits Coordination & Recovery Center (BCRC) at the following address:

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

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

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


Type Of Service (TOS)	Claim Control ID (ICN)	Line Number	Total Charges	Reimbursement Amount	Conditional Payment Amount
1	999999999999991	1	\$5,296.23	\$5,296.23	\$5,296.23
2	999999999999991	2	\$105.20	\$105.20	\$105.20
3	999999999999991	3	\$51.98	\$51.98	\$51.98
4	999999999999992	1	\$9.27	\$9.27	\$9.27
5	999999999999992	2	\$131.50	\$131.50	\$131.50

Notes submitted with the redetermination request:

This claim is not related to the treatment.

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

- Redetermination1.pdf
- Redetermination2.pdf

[Continue](#) 

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

Resources to Assist you with MSPRP

- Curriculum of training materials to assist you, go to:
 - <http://go.cms.gov/msprp>
- MSPRP User Guide
 - Available under the 'Reference Material' menu option of the MSPRP Application (<https://www.cob.cms.hhs.gov/MSPRP>)
- For assistance with MSPRP registration or technical issues, contact the EDI Department
 - 1-646-458-6740

Resources to Assist you with MSPRP (2)

- Additional information and training on Coordination of Benefits & Recovery, go to: <http://go.cms.gov/cobro>
- For details about beneficiary and insurer recovery, go to: <http://go.cms.gov/NGHPR>

Future Enhancements

- Report a liability, auto/no-fault, or workers' compensation case on the MSPRP
- Submit payments for recovery cases on the MSPRP
- Check the *COB&R Overview What's New* page for announcements: <http://go.cms.gov/cobro>