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

Multi-Factor Authentication

MSRP 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 MSRP. 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 MSRP 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.

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

- 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
  - Unmasked HICN (when displayed in the *Medicare ID* field)
Multi-Factor Authentication: Login with MFA

To view unmasked case information, select *Login using Multi-Factor Authentication*.
Case Access
Case Access: Account List

**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**

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**Associated Account IDs:**

32XXX FIRST LAST NAME

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

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

**Case Listing**

Click **Case Listing** to access cases linked to your account.
Case Access: Search

To perform a search, enter any search criteria and click the Search button.

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
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

Case ID: 9999999999
Case Type: Liability Insurance
Case Status: Demand Issued
Date of Incident: 09/15/2009
Industry Date of Incident: 09/15/2009
Medicare ID: 99999999A
Beneficiary DOB: MM/DD/YYYY
Beneficiary Last Name: Last Name
Authorization Level: Proof of Representation
Authorization Status: Verified

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

- Case ID: _RENDERER_NAME_REMOVED
- Case Type: Liability Insurance
- Case Status: Demand Issued
- Date of Incident: 09/15/2009
- Industry Date of Incident: 09/15/2009
- Medicare ID: RENDERER_NAME_REMOVED
- Beneficiary DOB: MM/DD/YYYY
- Beneficiary Last Name: Last Name
- Authorization Level: Proof of Representation
- Authorization Status: Verified

Payment Information

- Conditional Payment Letter Mail Date: 06/01/2011
- Conditional Payment Notice Amount: $500.00
- Conditional Payment Notice Mail Date: 06/18/2011
- Conditional Payment Notice Response Due Date: 07/31/2011
- Demand Letter Mail Date: 06/01/2011
- Demand Amount: $3754.00

- View information on letters sent to you (CPL, CPN, and demand)
Case Information: Payment Information (2)

- View the current conditional payment amount
- View the Accounts Receivable balance
Case Information: Refund Information

### Payment Information

- **Refund Information**

<table>
<thead>
<tr>
<th>Refund Date</th>
<th>Refund Amount</th>
<th>Check Number</th>
<th>Payee Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/01/2015</td>
<td>$5,296.23</td>
<td>12345678</td>
<td>John Smith</td>
</tr>
<tr>
<td>06/01/2015</td>
<td>$105.20</td>
<td>12345679</td>
<td>John Smith</td>
</tr>
</tbody>
</table>

- **Demand Letter Mail Date**: 06/01/2011
- **Balance Amount**: $1234.56
- **Demand Amount**: $3754.00
- **Balance as of Date**: 06/30/2011
Case Information: Letter Activity
Case Information: Letter Activity (2)

- 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
Case Information: Letter Activity (3)

Case ID: #######
Case Type: Liability Insurance
Case Status: Demand Issued
Date of Incident: 09/15/2009
Industry Date of Incident: 09/15/2009

Medicare ID: ######A
Beneficiary DOB: mm/dd/yyyy
Beneficiary Last Name: Last Name
Authorization Level: Proof of Representation
Authorization Status: Verified

<table>
<thead>
<tr>
<th>Correspondence Type</th>
<th>Date Received</th>
<th>Date Sent</th>
<th>Status</th>
<th>Status Date</th>
</tr>
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<tbody>
<tr>
<td>Notice of Settlement Information</td>
<td>03/01/2001</td>
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<td>03/01/2001</td>
</tr>
<tr>
<td>1st Level Appeal Request</td>
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<td>03/01/2019</td>
<td>Open</td>
<td>03/01/2017</td>
</tr>
<tr>
<td>Special Project Case Correspondence</td>
<td></td>
<td>03/01/2010</td>
<td>Open</td>
<td>03/01/2017</td>
</tr>
</tbody>
</table>
Case Actions
Case Information: Actions

- 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

- Select the *Request an electronic conditional payment letter with Current Conditional Payment Amount* action and click **Continue**
Case Actions: eCPL Confirmation

Electronic Conditional Payment Letter Confirmation Page

Case ID: ####### ######
Medicare ID: ######A
Beneficiary Last Name: AAAAAAAAA

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

Click Continue to return to the Case Information page.
Available MSPRP Case Actions

View/Dispute Claims

View/dispute claims included in the Conditional Payment amount (Pre-demand)
View/Dispute Claims: Claims Listing

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.

<table>
<thead>
<tr>
<th>Dispute</th>
<th>TOS</th>
<th>Claim Control ID (ICN)</th>
<th>Line #</th>
<th>Processing Contractor</th>
<th>Provider Name</th>
<th>Diagnosis Codes</th>
<th>DRG Cd</th>
<th>CPT/ HCPCS</th>
<th>From Date</th>
<th>To Date</th>
<th>Total Charges</th>
<th>Reimbursed Amount</th>
<th>Conditional Payment</th>
<th>Dispute Submit Date</th>
</tr>
</thead>
<tbody>
<tr>
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<td>12345</td>
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<td>$1,456.78</td>
<td>$567.98</td>
<td>$178.76</td>
<td></td>
</tr>
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<td>30</td>
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<td></td>
</tr>
</tbody>
</table>
Claims Dispute Verification

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.)

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.
Claims Dispute Confirmation

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

**Claims Disputed**

<table>
<thead>
<tr>
<th>Claim Control ID (ICN)</th>
<th>Line Number</th>
<th>Total Charges</th>
<th>Reimbursed Amount</th>
<th>Conditional Payment</th>
</tr>
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<td>********07186270</td>
<td>9</td>
<td>$190.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

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.
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

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

<table>
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</tr>
</tbody>
</table>

Select All | Deselect All | 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
The following are the claims associated to Case ID: 2011 xxxx

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

<table>
<thead>
<tr>
<th>Claim Control ID (ICN)</th>
<th>Line Number</th>
<th>Total Charges</th>
<th>Reimbursed Amount</th>
<th>Conditional Payment</th>
</tr>
</thead>
<tbody>
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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

Redetermination (First Level Appeal) Submission

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:

<table>
<thead>
<tr>
<th>Redetermination</th>
<th>TOS</th>
<th>Claim Control ID (ICN)</th>
<th>Line Number</th>
<th>Processing Contractor</th>
<th>Provider Name</th>
<th>Diagnosis Codes</th>
<th>From Date</th>
<th>To Date</th>
<th>Total Charges</th>
<th>Reimbursement Amount</th>
<th>Conditional Payment Amount</th>
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</thead>
<tbody>
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<td>Select All/Deselect All</td>
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<td>885</td>
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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

- View submitted redetermination requests and the CMS decision
View Redetermination Submission

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

<table>
<thead>
<tr>
<th>Type Of Service (TDS)</th>
<th>Claim Control ID (ICN)</th>
<th>Line Number</th>
<th>Total Charges</th>
<th>Reimbursement Amount</th>
<th>Conditional Payment Amount</th>
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<tbody>
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</tr>
</tbody>
</table>

Notes submitted with the redetermination request:

This claim is not related to the treatment.

Documents submitted with the redetermination request:

- Redetermination1.pdf
- Redetermination2.pdf

Click Continue return to the Case Information page.
Resources to Assist you with MSPRP

Curriculum of training materials to assist you, go to:
- [http://go.cms.gov/msprp](http://go.cms.gov/msprp)

MSPRP User Guide

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