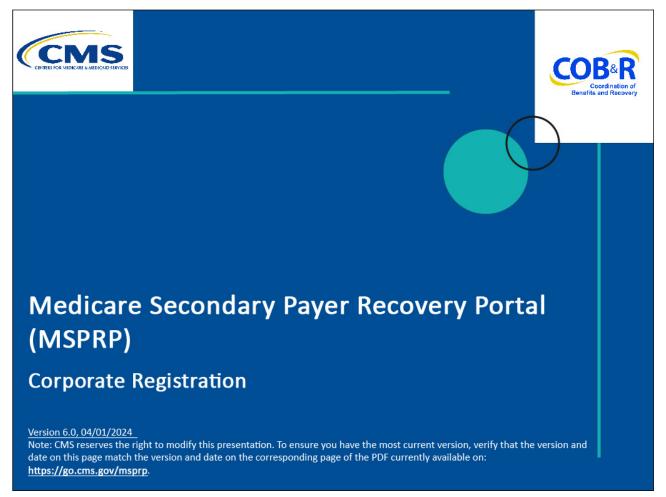
# **Corporation Registration**

## Slide 1 - of 24 - Corporation Registration



#### **Slide notes**

Welcome to the Medicare Secondary Payer Recovery Portal (MSPRP) Corporate Registration course.

Note: This module is intended for those entities who will register for a corporate account.

A corporate account type indicates that the entity has an Employer Identification Number (EIN)/Tax Identification Number (TIN) and will be regularly submitting MSPRP requests. Corporate accounts may have up to 100 Account Designees.

#### Slide 2 of 24 - Disclaimer

# Disclaimer

While all information in this document is believed to be correct at the time of writing, this Computer Based Training (CBT) is for educational purposes only and does not constitute official Centers for Medicare & Medicaid Services (CMS) instructions. All affected entities are responsible for following the instructions found in the MSPRP User Manual found at the following link: https://www.cob.cms.hhs.gov/MSPRP/.

#### Slide notes

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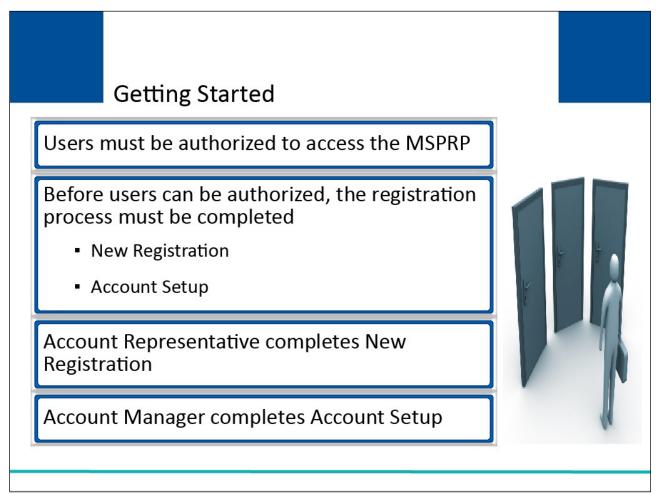
## Slide 3 of 24 - Course Overview



#### Slide notes

This course provides instruction on how to complete a New Registration on the MSPRP for a corporate account type and the steps that must be followed once the registration has been submitted.

## Slide 4 of 24 - Getting Started



#### Slide notes

Users must be authorized to access the MSPRP.

Before a new user can become authorized, the corporate entity must complete the registration process which involves the following steps:

- New Registration
- Account Setup

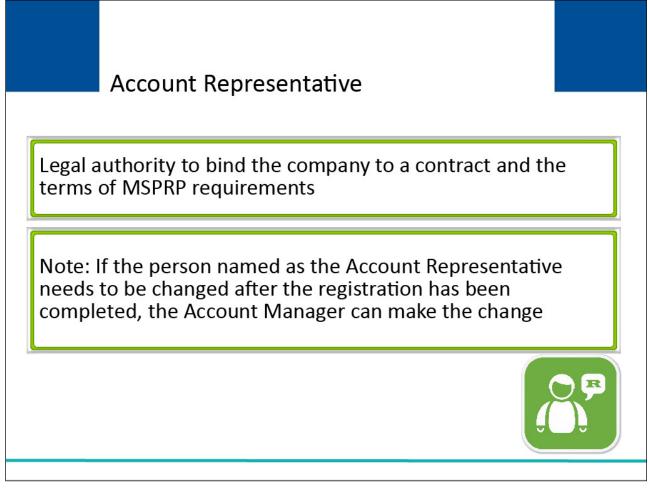
New Registration must be completed by the person named as the Account Representative.

Account Setup must be completed by the person named as the Account Manager.

The focus of this CBT is on the New Registration process.

For more information on Account Setup, please see the Corporate Account Setup CBT.

## Slide 5 of 24 - Account Representative



#### Slide notes

To begin the New Registration, the corporate entity must identify their Account Representative.

The Account Representative is the individual who has the legal authority to bind the company to a contract and the terms of MSPRP requirements and processing.

Note: If the person named as the Account Representative needs to be changed after the registration has been completed, the Account Manager can make the change.

## Slide 6 of 24 - Account Representative

Ongoing Responsibilities • Account contact • Receive MSPRP notifications and e-mails

#### Slide notes

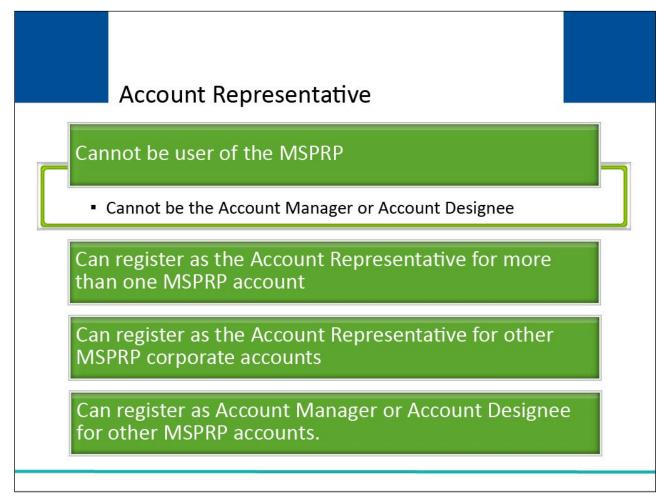
The Account Representative must initiate the New Registration on the MSPRP and provide all of the information requested by the system.

This person is responsible for designating the Account Manager.

Additionally, the Account Representative must approve the Account Setup, by physically signing the Profile Report and returning it to the Medicare - Electronic Data Interchange (EDI) Department.

The Account Representative will be the account contact and recipient of MSPRP notifications and emails.

## Slide 7 of 24 - Account Representative



#### **Slide notes**

The Account Representative cannot be an actual user of the MSPRP (i.e., cannot be the Account Manager or Account Designee).

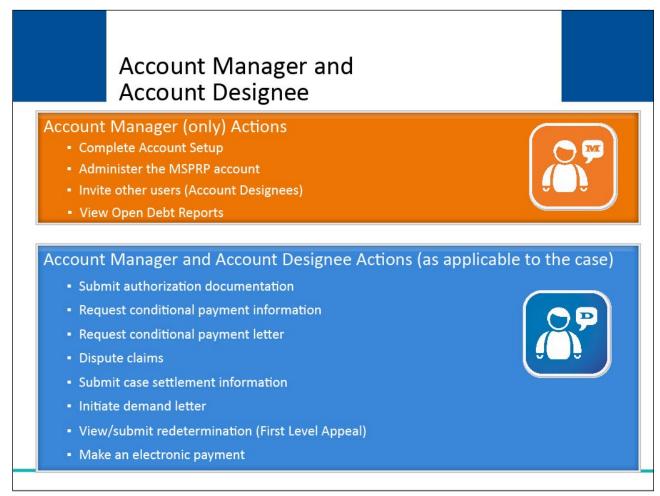
Please note: Only those individuals who are assigned the role of an Account Manager or Account Designee can access and use the MSPRP.

Can register as the Account Representative for more than one MSPRP account.

Can register as an AR for other MSPRP corporate accounts.

Can register as an Account Manager or Account Designee for other MSPRP accounts.





#### Slide notes

The Account Manager is assigned by the Account Representative. Account Managers can assign the Account Manager role to another person for Account Representative accounts.

This individual is responsible for completing Account Setup, administering the account on the MSPRP, and inviting others to assist as Account Designees and has access to view Open Debt Reports.

Both the Account Manager and the Account Designee have the ability to:

submit authorization documentation,

request conditional payment information,

request a conditional payment letter,

dispute claims,

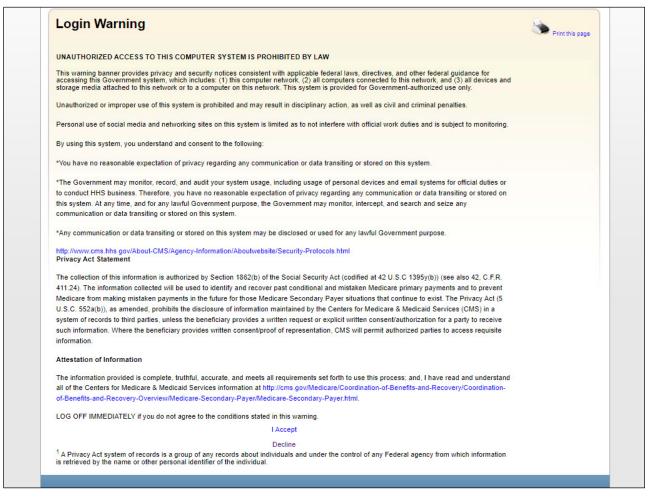
submit case settlement information,

initiate the demand letter,

view/submit redetermination, and

make an electronic payment (First Level Appeal).

## Slide 9 of 24 - Login Warning Page



#### **Slide notes**

Once the Account Representative has been identified and they are ready to begin the New Registration, they must go to the MSPRP URL at: https://www.cob.cms.hhs.gov/MSPRP/.

Each time a user visits the MSPRP Website, the Login Warning page will display. This page provides information about MSPRP security measures including access, penalty and privacy laws.

This page can be printed from the MSPRP by clicking the [Print this page] link on the Website.

Scroll to the bottom of this page to review the entire statement. Users must agree to the terms of this warning each time they access the MSPRP. Click the [I Accept] link at the bottom of the page to continue.

## Slide 10 of 24 - Welcome Page

About This Site	CMS Links	How To	Reference Materials	Contact Us	
Welcome to	the MSPRP				Sign in to your account
information to assist in	resolving Medicare's re	covery claim. With the	nd efficient way to request case e use of this portal, you may su ment information and dispute c	bmit a valid authorization	User Name: Forgot User Name
	the availability of auxilian ov/about-us/nondiscrimi				 Password:
MSPRP Messa	ige				Forgot Password
Check this location for announcements.	important information re	garding system outag	jes, scheduled maintenance ar	d special	Login Clear
Getting Starte	d				
and the second se	Beneficiary and would lik isiting the Medicare.gov		to request case information, ple dicare.gov/.	ease login to your	
			ts, your Account Representa ccount Setup. These individual:		
to a contract and to the		rements. This is usual	on who has the legal authority t lly a senior executive or partne the MSPRP.	-	
	r (AM) is the person wh gnees (ADs) and manag		your account recovery case w e account.	orkload. This includes	
document, located und		the Navigation bar. To	oles, please refer to the <i>How to</i> b begin the registration process		
	STEP 1		STEP 2		
New	Registration		Account Set	up	
			(Account ID and PIN re	quired)	

#### Slide notes

Once the [I Accept] link is clicked, the MSPRP Login page will display.

Click [New Registration] to continue.

## Slide 11 of 24 - Select Account Type

Home	About This	Site	CMS Links	How To	Reference Materials	Contact Us	Sign off
Select Ac	count Typ	e				Quick Help	
Please select the ty	/pe of account for	which you a	are registering:			Help About Thi	s Page
Corporate							
		at the entity	has an Employer Iden	tification Number (EIN	I) and will be regularly		
submitting MSPRP							
Representative				_			
A representative ac egularly submitting			entity does not have an	Employer Identification	on Number (EIN) but will be		
0		-					
Continue 🔉	Cancel						

#### Slide notes

The Select Account Type page displays.

Select the Corporate radio button and then click [Continue].

If at any point during the registration process the user wishes to stop, they should click [Cancel].

Once clicked, information entered on the current page and any previous pages will NOT be saved and the user will be returned to the MSPRP Login page.

#### Slide 12 of 24 - Corporate Information Page

CENTERS FOR MEDICARE	& MEDICAID SERVICES		121	्त्र ग		
Home	About This Site	CMS Links	How To	Reference Materials	Contact Us	Sign of
Corporate	Information				Quick Help	
An asterisk (*) indic	cates a required field.				Help About This	Page
Employer Identifi EIN):	cation Number					
Corporation Nam						
Business Mailir	ng Address					
Address Line 1:	°					
Address Line 2:						
City:						
State:	Please Select	~				
Zip Code:						
Previous	Continue 🔉	Cancel 🔀				
S Previous						
	CMS/ł	HS Vulnerability Disclos	sure Policy   Privacy P	olicy   User Agreement   Adobe	Reader	

#### Slide notes

Once the Corporate account type is selected, the Corporate Information page will display.

Information for the company that will be submitting MSPRP requests must be entered on this page.

All fields denoted with a red asterisk are required.

The EIN must be unique in the MSPRP. The same EIN cannot be registered for more than one account.

Enter the EIN associated with the corporate account for this MSPRP registration.

If the corporate account has more than one EIN, submit this registration with any one of the EINs.

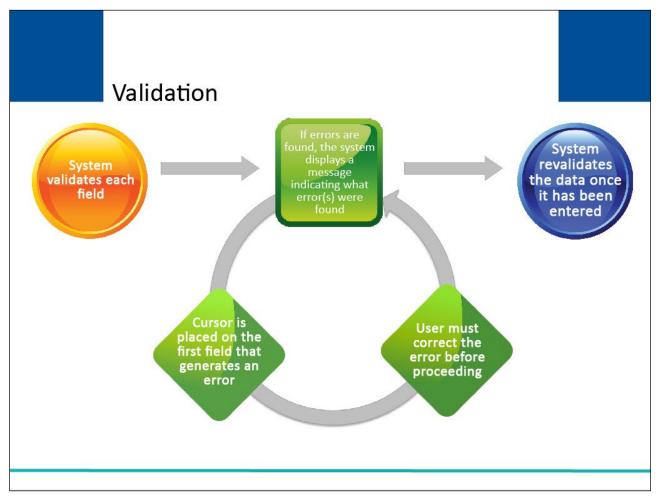
Enter the corporation's name and corporation's mailing address in the business mailing address fields.

The address submitted on this page will be used to send the post-registration letter that includes the Account ID and Personal Identification Number (PIN).

Once all required information has been entered, the user must click [Continue].

## Corporation Registration

#### Slide 13 of 24 - Validation



#### Slide notes

The system will validate each field on each registration page for accuracy and completeness.

If errors are found, the system will display applicable error messages on the screen indicating what error condition(s) were found.

When errors are discovered, the cursor will be placed on the first field that generates an error condition.

This will either be a required field that is missing data or a field that contains a data error.

The user must correct the error before the system will allow the user to proceed to the next page.

Once the data has been corrected, the system will revalidate all data that has been entered.

#### Slide 14 of 24 - Account Representative Information

Home  About This Site  CMS Links  How To  Reference Materials  Contact Us  Sign of    Account Representative (AR) Information	CENTERS FOR MEDICARE &	MEDICAID SERVICES		10. 1	.a. a		
Warning - The person named on this page will not be able to access the MSPRP application and cannot be a user of this system. This should be the individual in the organization who has the legal authority to bind the organization to a contract and the terms of MSPRP requirements. Click the Help About This Page link for additional information on the MSPRP Account Representative responsibilities and abilities.    An asterisk (*) indicates a required field.    *AR First Name:    *AR Title:    *E-mail Address:    *Re-enter E-mail Address:    *Phone:  -	Home	About This Site	CMS Links	How To	Reference Materials	Contact Us	Sign off
Continue Continue Cancel	Warning - The pers this system. This s a contract and the the MSPRP Account An asterisk (*) indica *AR First Name: *AR Title: *E-mail Address: *Re-enter E-mail A *Phone: Fax:	son named on this page withould be the individual in terms of MSPRP requirem int Representative response ates a required field.	III not be able to access the organization who hents. Click the Help Ablibilities and abilities.    Image: Second s	the MSPRP applica as the legal authoriout This Page link f 	ity to bind the organization to or additional information on	· · · · · · · · · · · · · · · · · · ·	Page

#### Slide notes

After successfully completing the Corporate Information page, the Account Representative (AR) Information page will display.

Information related to the Account Representative must be entered on this page.

This information will be used to send important information regarding the account, including the Profile Report.

All fields denoted with a red asterisk are required.

It is critical that the correct contact information for the Account Representative is entered on this page, including their correct email address.

If the email address of the Account Manager or Account Designee is entered instead of the email address of the Account Representative, those individuals will be unable to register as users of the MSPRP.

Note: The Account Representative can only have that one role.

This person cannot be an Account Manager or an Account Designee.

The MSPRP will verify that the submitted email address for each user role on the account is different.

If there are any email address matches between the Account Manager, Account Designee or Account Representative on the account, an error will display.

After entering the Account Representative information, click [Continue] to proceed.

#### Slide 15 of 24 - Registration Summary

Home	About This Site	CMS Links	How To	Reference Materials	Contact Us	Sign off
Please review your with the information	, click the Continue button to	submit the registration	. Click the Cancel butto	Print this page tit button. If you are satisfied on to cancel the process. In this page for your records.	Quick Help Help About This Pag	ge
Account Type: Cor Corporate Informa Employer Identific <>Corporate Name	tion Edit	9999 E-Mail A Phone:	me: Jane MI: A Last	Name: Smith		
Business Mailing / Address Line 1: 20 Address Line 2: St City: Towson State: Maryland Zip Code: 21204-2	00 Test Avenue uite 2b					
Previous	Continue D	Cancel 🔀				
	CMS/	HS Wilnerability Discle	euro Dolicy I Drivacy D	alicy I.I.Isor Agroomont I.Adobo	Deader	

#### Slide notes

The Registration Summary page will display.

Users can print this page by clicking the [Print this page] link.

This page lists all the information that was previously entered and provides users with the opportunity to make changes.

All information should be reviewed and verified before continuing.

Changes can be made to Account Type, Corporate Information or Account Representative Information.

To make any corrections, click the [Edit] button next to the applicable section.

The system will display that information entry page.

## Slide 16 of 24 - Corporate Information

Home						
	About This Site	CMS Links	How To	Reference Materials	Contact Us	Sign off
Corporate	Information				Quick Help	
An asterisk (*) indica	ates a required field.				Help About This F	Page
Employer Identific (EIN):	cation Number					
Corporation Name						
Business Mailing	g Address					
Address Line 1:						
Address Line 2:						
City:						
State:	Please Select	~				
Zip Code:						
< Previous	Continue 🔉	Cancel 🔀				
<b>N</b> Previous	Conunue	Cancer 🔼				
	CMS/F	IHS Vulnerability Disclos	ure Policy   Privacy Po	licy   User Agreement   Adobe	Reader	

#### Slide notes

Add, change, or delete any of the information.

Once all corrections have been made, the user must click [Continue] until they have navigated back to the Registration Summary page.

## Slide 17 of 24 - Registration Summary

Home	About This Site	CMS Links	How To	Reference Materials	Contact Us	Sign off
Please review your with the information	n, click the Continue button t	o submit the registration.	Click the Cancel but	Print this page didt button. If you are satisfied on to cancel the process. int this page for your records.	Quick Help Help About This Pa	ge
Account Type: Co Corporate Inform Employer Identifie <>Corporate Name	ation Edit cation Number (EIN): 99999	Title: Dir E-Mail A Phone: 4	me:Jane MI:A Las	t Name: Smith		
Business Mailing Address Line 1: 2 Address Line 2: S City: Towson State: Maryland Zip Code: 21204-2	200 Test Avenue Suite 2b					
C Previous	Continue >	Cancel X				
	010			Dalicy      car Agreement   Adobe	Deedee	

## Slide notes

When the Registration information has been verified, click [Continue] to submit the registration.

## Slide 18 of 24 - Thank You

Home	About This Site	CMS Links	How To	Reference Materials	Contact Us	Sign off
MSPRP Reg	jistration Compl	leted Successfully	y. Thank You.			Print this page
		registration for the Medicare	Secondary Payer Re	covery Portal Web site. Your a	ssigned Account ID is:	12345. It is important to
print this page for y	your records.					
Next Steps						
		ration will be vetted to verify ial registration, with your PI		appropriate submitter. After si	uccessful vetting, an em	nail will be sent to the
Account Setup	tarre captared during mit	an region and it, manyour i in	t only. It will not conte	an and Addodine ib.		
				propriate Account Manager ret ccount ID and PIN on the Acco		
If your AR does no	t receive the PIN email wi	ithin 7 business days, pleas	e contact an EDI Repi	esentative by phone at: (646)	458-6740 or e-mail at: (	COBVA@ehmedicare.com
Exit 🔹						

#### Slide notes

The MSPRP Registration Completed Successfully. Thank You page displays confirming that the initial registration has been successfully completed.

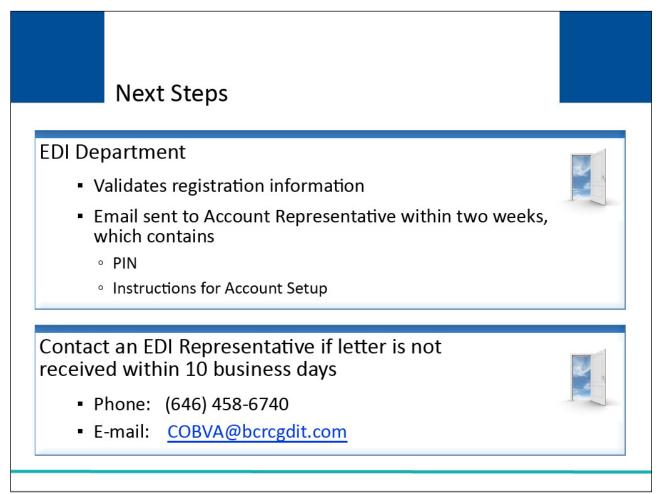
The assigned Account ID is displayed on the Thank You page.

It is recommended that you print this page for your records.

The Account ID will be needed by the Account Manager for Step 2: Account Setup.

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

## Slide 19 of 24 - Next Steps- New Registration



#### **Slide notes**

The information submitted in the New Registration step will be vetted by the EDI Department to ensure it is valid and complete.

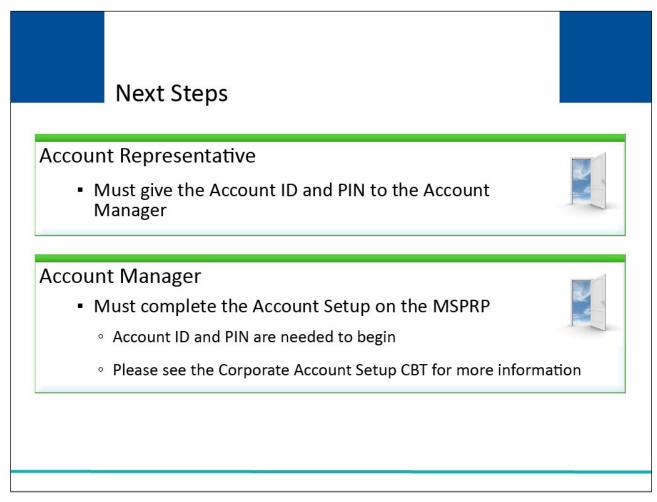
Within two weeks, an email will be mailed to the Account Representative.

This email will be sent to the Account Representative email address that was submitted on the Account Representative Information page during the New Registration.

It will include the PIN and instructions for the next step in the registration process - Account Setup.

If this email is not received within 10 business days, contact an EDI Representative by phone at (646) 458-6740 or email at COBVA@bcrcgdit.com.

## Slide 20 of 24 - Next Steps Information



#### Slide notes

The Account Representative must give the Account ID and PIN to the Account Manager for the Corporate account to use to complete the Account Setup.

The Account Manager must return to the MSPRP to complete the Account Setup.

The Account Manager will need to enter the Account ID and PIN on the main page to begin setup.

For more information on the Account Setup process, please see the Corporate Account Setup CBT.

## Slide 21 of 24 - Profile Report

Account ID:313(	04	Medicare Secondary Payer Recovery Portal Profile Report Account Type Representative	Date, Munth Date Year
EDI Contact Info Email:	rmation: AAAA@AAA.AAA	Phone ####################################	
Representative Name: Address: Email: Account Manag Name: Address:	AAAA AAAA AAAA MMM@MMMMM	Within 10 business days of Account Setup completion, a Profile Report is emailed to the Account Representative	
Email: Account ID:313(	///// .AAAA@AAA.AAA 04	AA ##### Account Type Representative	Date. Nonth Date Year
I, the undersigned belief, and I autho processing. Prop 1306], Section 18 establish appropr authorized repres with the security require access to	AAAAQAAA AAA 3.8 LIMITING ACCESS TO 4 Account Manager for the prize CMS to verify this init or asofguards shall include 3/40 or the Social Securit requirements specified bu requirements specified bu 1) perform their official du a shored in 1/ bit comtide	Phone: attwat #attat DATA MSPRP representative account defined above, certify that the information contained in this Registration is true, accorate and o matrixin. Lagree to establish and implement proper safeguards against uncathorized use and disclosure of the data for the puri- the adoption of policies and procedures to ensure that the data obtained shall be used solely in accorate, with Section 110 y Act (42 U.S.C. 7 13956(b)). Section 1882(b) of the Social Security Act (42 U.S.C. 7 13956(b)), and the Puracy Act of 19/4, al procedural, and physical safeguards to protect the confidentiality of the data and to prevent unauthorized access to the oral lagreed access to permises where the Medicare data are ket for the purpose of inspecting security anargements and co were. Access to any information exchanged during the MSP Recovery process shall be restricted to OMS, COBG, and MSPINC is an accordance with the approved uses of the information; (2) respond to authorized law informant investigations; or (3) re that induce of the information; (2) safeguards requires to protect the information; and (3) the atministrative, coll and cominal pro- that and use of the information; (2) safeguards requires to protect the information; and (3) the atministrative, coll and cominal pro- the atministrative, coll and cominal protections and cominal protections and cominal protections.	aces of MSPRP proposal(s) review and 5 of the Social Security Act [42:U.S.C.? as amencied (5:U.S.C.7.352a); Users shall a provided by the CMS. You agree that the filmining alk-then the user is in compliance personnal, and other authorized users who spond to any required legal process. Such
	ount Manager:		

#### Slide notes

Once the Account Manager has completed the account setup, an email notification will be sent to the Account Representative.

The Account Manager will be copied on this email.

This notification will include a Profile Report that contains information regarding your company and the associated contact information as well as a Data Use Agreement.

It may take up to 10 business days to receive the Profile Report.

## Slide 22 of 24 - Next Steps



#### **Slide notes**

The Account Representative must review the Profile Report for accuracy.

If information on the Profile Report is inaccurate or requires modifications, please contact an EDI Representative by phone at (646) 458-6740 or email at COBVA@GHIMedicare.com.

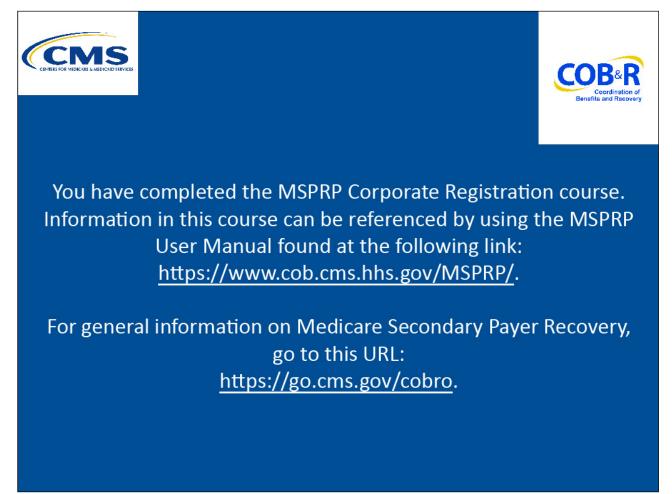
The Account Representative will have 60 business days to review, sign and return the Profile Report to the Medicare - EDI Department.

When returning the signed Profile Report via e-mail, put 'MSPRP Profile Report' in the subject line.

If a signed Profile Report is not received within that timeframe, the account will be automatically deleted on the 60th business day.

If the account is deleted, the registration process must be started from the beginning.

## Slide 23 of 24 - References

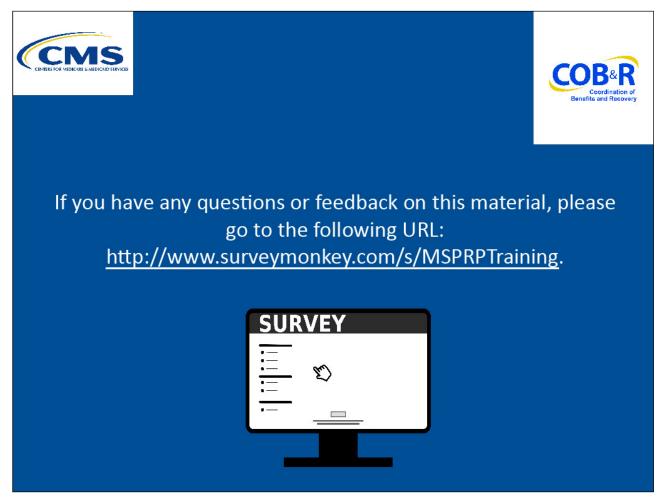


#### Slide notes

You have completed the MSPRP Corporate Registration course. Information in this course can be referenced by using the MSPRP User Manual found at the following link: <u>https://www.cob.cms.hhs.gov/MSPRP/</u>.

For general information on Medicare Secondary Payer Recovery, go to this URL: <u>http://go.cms.gov/cobro</u>.

## Slide 24 of 24 - Training Survey



#### Slide notes

If you have any questions or feedback on this material, please go to the following URL: <u>http://www.surveymonkey.com/s/MSPRPTraining</u>.