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# Medicare Secondary Payer Recovery Portal (MSRP)

## Disputing A Claim - Beneficiary

Version 3.5, 10/10/2016  
Note: CMS reserves the right to modify this presentation. To ensure you have the most current version, verify that the version and date on this page match the version and date on the corresponding page of the PDF currently available on: <http://go.cms.gov.msprp>.

### Slide notes

Welcome to the Medicare Secondary Payer Recovery Portal (MSRP) Disputing a Claim course. Note: This module is intended for beneficiaries.

As a reminder, you may view the slide number you are on by clicking on the moving cursor. Additionally, you can view the narration by clicking the Closed Captioning [CC] button in the lower right hand corner of the screen.

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## 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

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/>.

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## Course Overview

- Process for disputing a claim that is not related to the case
- What to expect once a claim has been disputed



### Slide notes

This course will explain the process for disputing a claim that is not related to the case and what to expect once a claim has been submitted for dispute.

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## Conditional Payment Amount

- Medicare may pay for services on behalf of a Medicare beneficiary when there is evidence that the primary plan does not pay promptly
- These payments are referred to as conditional payments because the money must be repaid to Medicare when a settlement, judgment, award, or other payment is secured
- If a claim that is not related to the case has been included in the conditional payment amount, you may select the claim for dispute on the MSPRP

### Slide notes

Under the Medicare Secondary Payer (MSP) laws (42 U.S.C. §1395y(b)), Medicare does not pay for items or services to the extent that payment has been,

or may reasonably be expected to be, made through a no-fault or liability insurer or through workers' compensation.

Medicare may pay for services on behalf of a Medicare beneficiary when there is evidence that the primary plan does not pay promptly.

These payments are referred to as conditional payments because the money must be repaid to Medicare when a settlement, judgment, award, or other payment is secured.

If a claim that is not related to the case has been included in the conditional payment amount, you may select the claim for dispute on the MSPRP.

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The screenshot displays the 'Case Information' page in a web application. At the top, there is a navigation bar with links for Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, and Sign off. Below the navigation bar, the page title 'Case Information' is shown. The main content area is divided into several sections:

- Case Information:** This section contains two columns of data. The left column includes Case ID (211), Case Type (Liability Insurance), Case Status (Demand issued), Beneficiary Medicare Number (\*\*\*\*0725A), Beneficiary DOB (mm/dd/yyyy), Beneficiary Last Name (Last Name), Recovery Agent Authorization (Proof of Representation), Authorization Status (Verified), Conditional Payment Notice Amount (\$920.00), Conditional Payment Notice Mail Date (09/12/2011), and Conditional Payment Notice Response Due Date (11/11/2011). The right column includes Rights and Responsibilities Letter Mail Date (06/01/2010), Date of Incident (08/15/2009), Industry Date of Incident (09/13/2009), Conditional Payment Letter Mail Date (08/11/2011), Current Conditional Payment Amount (\$2140.00), Conditional Payment Amount Updated on (03/01/2011), Demand Letter Mail Date (04/01/2011), and Demand Amount (\$5754.00).
- Final Conditional Payment Process:** This section contains two columns of data. The left column includes Final Conditional Payment Process Initiated (01/01/2006), 120 days' Notice of Anticipated Settlement Mail Date (01/01/2006), and Final Conditional Payment Requested (01/01/2006 14:55). The right column includes Request Final Conditional Payment by (04/01/2006), Final Conditional Payment Status (Active), Final Conditional Payment Status Date (01/01/2006), and Final Conditional Payment Amount (\$5754.00).
- Please select an action from the following list:** This section contains a list of actions with radio buttons next to them. The actions are: View / Request Authorizations, Request an update to the conditional payment amount, Request an electronic conditional payment letter with Current Conditional Payment Amount, Request a mailed copy of the conditional payment letter, Request Final Conditional Payment Process and provide 120 Days' Notice of Anticipated Settlement, Calculate Final Conditional Payment Amount, Request an electronic Dispute Denial for Final Conditional Payment Case Letter with Current Conditional Payment Amount, View / Dispute Claims Listing, View/Provide the Notice of Settlement Information, and Initiate Demand Letter.

At the bottom of the page, there are two buttons: 'Continue' and 'Cancel'.

Slide notes

In order to dispute a claim, go to the Case Information page on the MSPRP for the case. The Current Conditional Payment Amount is shown on the top-half of this page.

It includes all medical claims that are related to the case which have been paid by Medicare as of the Conditional Payment Amount Updated on date.

To view and/or dispute the claims included in the Current Conditional Payment Amount, select the View/Dispute Claims Listing action.

Note: If a case has been demanded, or has completed or is pending settlement in the Final Conditional Payment process, clicking the View/Dispute Claims Listing action redirects you to the Demand Claims Listing page.

This read-only page displays information regarding the demanded claims for the selected case, such as the Total Charges, Reimbursed Amounts, and Conditional Payments.

Note: The Final Conditional Payment process fields only display for cases that are in the Final Conditional Payment Process.

The fields indicate the date the Final Conditional Payment process was initiated, the latest date a user can select the Calculate Final Conditional Payment Amount action, the date that the 120 Days' Notice of Anticipated Settlement letter was sent, the current Final Conditional Payment status, the date the Final Conditional Payment Status was updated, the date and timestamp when the Final Conditional Payment Amount was calculated, and the Final Conditional Payment Amount of the case.

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The screenshot shows a web application interface with a green navigation bar at the top containing links for Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, and Sign Off. The main content area is titled "Case Information" and contains two primary sections: "Case Information" and "Final Conditional Payment Process".

**Case Information Section:**

- Case ID: 2111 (XXXXXXXXXX)
- Case Type: Liability Insurance
- Case Status: Demand Issued [What is this?](#)
- Beneficiary Medicare Number: \*\*\*\*07254
- Beneficiary DOB: m/ndunwvy
- Beneficiary Last Name: Last Name
- Recovery Agent Authorization: Proof of Representation
- Authorization Status: Verified
- Conditional Payment Notice Amount: \$920.00
- Conditional Payment Notice Mail Date: 09/10/2011
- Conditional Payment Notice Response Due Date: 01/01/2011
- Rights and Responsibilities Letter Mail Date: 06/01/2010
- Date of Incident: 08/15/2009
- Industry Date of Incident: 09/15/2009 [What is this?](#)
- Conditional Payment Letter Mail Date: 08/11/2011
- Current Conditional Payment Amount: \$21140.00
- Conditional Payment Amount Updated on: 06/01/2011
- Demand Letter Mail Date: 06/01/2011
- Demand Amount: \$5754.00

**Final Conditional Payment Process Section:**

- Final Conditional Payment Process Initiated: 01/01/2006
- 120 days' Notice of Anticipated Settlement Mail Date: 01/01/2006
- Final Conditional Payment Requested: 01/01/2006 14:55
- Request Final Conditional Payment by: 04/01/2006
- Final Conditional Payment Status: Active
- Final Conditional Payment Status Date: 01/01/2006
- Final Conditional Payment Amount: \$5754.00

**Action List:**

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

- View / Request Authorizations
- Request an update to the conditional payment amount [What is this?](#)
- Request an electronic conditional payment letter with Current Conditional Payment Amount [What is this?](#)
- Request a mailed copy of the conditional payment letter [What is this?](#)
- Request Final Conditional Payment Process and Provide 120 Days' Notice of Anticipated Settlement [What is this?](#)
- Calculate Final Conditional Payment Amount [What is this?](#)
- Request an electronic Dispute Denial for Final Conditional Payment Case Letter with Current Conditional Payment Amount [What is this?](#)
- View / Dispute Claims Using [What is this?](#)
- View/Provide the Notice of Settlement Information [What is this?](#)
- Initiate Demand Letter [What is this?](#)

At the bottom of the interface, there are "Continue" and "Cancel" buttons.

Slide notes

You can dispute claims when: the Case Status is Open and the Current Conditional Payment Amount is greater than zero.

For a case that is in the Final Conditional Payment Process, you can dispute claims when the Final Conditional Payment Status is Active.

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### Claims Listing

The following are the claims associated to Case ID: 2011#####

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.

Dispute	IOS	Claim Control ID (ICN)	Line #	Processing Contractor	Provider Name	Diagnosis Codes	From Date	To Date	Total Charges	Reimbursed Amount	Conditional Payment	Dispute Submitted Date	Dispute Decision Date
<input type="checkbox"/>	10	9999999999991	1	885	Sample Provider 1	438,9233,526	2/19/2009	2/19/2009	\$5,298.23	\$5,298.23	\$5,298.23	01/31/2010	03/05/2010
<input type="checkbox"/>	20	9999999999992	2	005	Sample Provider 2	438,9233,526	2/19/2009	2/19/2009	\$105.20	\$105.20	\$105.20	01/31/2010	
<input type="checkbox"/>	10	9999999999993	3	885	Sample Provider 3	438	2/19/2009	2/19/2009	\$51.98	\$51.98	\$51.98		
<input type="checkbox"/>	10	9999999999994	1	999	Sample Provider 1	9233,555	3/20/2009	3/20/2009	\$9.27	\$9.27	\$9.27		
<input type="checkbox"/>	10	9999999999995	2	999	Sample Provider 4	9233	3/20/2009	3/20/2009	\$131.50	\$131.50	\$131.50		
<input type="checkbox"/>	10	9999999999996	1	880	Sample Provider 1	4019,256	4/20/2010	4/20/2010	\$36.14	\$36.14	\$36.14		
<input type="checkbox"/>	10	9999999999997	1	880	Sample Provider 11	4019	5/2/2010	5/2/2010	\$798.00	\$798.00	\$798.00		

Select All | Deselect All

Previous Continue Cancel

Slide notes

Once the View/Dispute Claims Listing action is selected, the MSPRP retrieves all of the claim information that is included in the Current Conditional Payment Amount and displays that information on the Claims Listing page.

Note: The retrieval of this information may be slightly delayed depending on the volume of claim information returned.

The Case ID is displayed at the top of the page. Claim information that is currently associated to the Case ID is displayed at the bottom half of this page.

If the number of claims exceeds the space allowed on the Web page, you will have to use the vertical scroll bar to view the excess information.

For each claim, the TOS (Type of Service), the Claim Control ID (ICN (Internal Control Number)), Line Number, Processing Contractor, Provider Name, Diagnosis Codes, the dates of service (From and To Dates), Total Charges, Reimbursed Amount and Conditional Payment are displayed.

Also, if applicable, the Dispute Submitted Date and Dispute Decision Date are displayed.

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### Claims Listing

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The following are the claims associated to Case ID: 2011#####

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.

Dispute	TOS	Claim Control ID (ICN)	Line #	Processing Contractor	Provider Name	Diagnosis Codes	From Date	To Date	Total Charges	Reimbursed Amount	Conditional Payment	Dispute Submitted Date	Dispute Decision Date
<input type="checkbox"/>	10	9999999999991	1	005	Sample Provider 1	438,923,526	2/19/2009	2/19/2009	\$5,296.23	\$5,296.23	\$5,296.23	01/31/2010	03/05/2010
<input type="checkbox"/>	20	9999999999997	2	865	Sample Provider 2	438,923,526	2/19/2009	2/19/2009	\$105.20	\$105.20	\$105.20	01/31/2010	
<input type="checkbox"/>	10	9999999999991	3	005	Sample Provider 3	435	2/19/2009	2/19/2009	\$51.90	\$51.90	\$51.90		
<input type="checkbox"/>	10	9999999999992	1	999	Sample Provider 1	9233,505	3/20/2009	3/20/2009	\$9.27	\$9.27	\$9.27		
<input type="checkbox"/>	10	9999999999997	2	999	Sample Provider 4	9233	3/20/2009	3/20/2009	\$131.50	\$131.50	\$131.50		
<input type="checkbox"/>	10	9999999999993	1	900	Sample Provider 1	4019,256	4/20/2010	4/20/2010	\$36.14	\$36.14	\$36.14		
<input type="checkbox"/>	10	9999999999993	1	860	Sample Provider 11	4010	5/2/2010	5/2/2010	\$798.00	\$798.00	\$798.00		

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

Previous
Continue 
Cancel

Slide notes

The Type of Service can be any of the following: 10 (Home Health Agency Claim); 20 (Skilled Nursing Facility (SNF) Non-swing Claim); 30 (SNF Swing Claim); 40 (Outpatient Claim); 41 (Outpatient Full Encounter Claim); 42 (Outpatient Abbreviated Encounter Claim); 50 (Hospice Claim); 60 (Inpatient Claim); 61 (Inpatient Full Encounter Claim); 62 (Inpatient Abbreviated Encounter Claim); 71 (Carrier Claim); 72 (Carrier Durable Medical Equipment, Prosthetics/Orthotics & Supplies (DMEPOS) Claim); 73 (Carrier Full Encounter Claim); 81 (Durable Medical Equipment Regional Carriers (DMERC) Non-DMEPOS Claim); or 82 (DMERC DMEPOS Claim).

The Claim Number ID/ICN is the number assigned to the claim by the processing contractor. The Line Number is a reference to the individual service rendered on the claim.

The Processing Contractor is the identification number for the Medicare contractor that processed the claim. The Provider Name is the organization, institution, or individual that provided the health care service.

The diagnosis codes used by Medicare are known as ICD-9 or ICD-10-CM codes which mean the International Classification of Diseases 9th or 10th Revision, Clinically Modified.

These codes represent the reason for the office visit or medical test.

If you need assistance in understanding these codes, go to the following link:

[http://www.cms.gov/ICD9ProviderDiagnosticCodes/06\\_codes.asp](http://www.cms.gov/ICD9ProviderDiagnosticCodes/06_codes.asp) where CMS publishes a list of valid ICD-9 or ICD-10 diagnosis codes once per year.

The From and To Date shows the start and end date of service.

The dollar amount billed by the provider for the claim is shown in Total Charges.

The Reimbursed Amount is the dollar amount Medicare paid the provider for the claim and the Conditional Payment is the dollar amount Medicare is seeking recovery for the claim.

The Dispute Submitted Date is the last date a dispute was submitted on the claim. It is blank if no dispute has been submitted or if a dispute was submitted prior to the implementation of this feature.

If the submitted dispute is denied, the decision date will display in the Dispute Decision Date. However, if a claim dispute is approved, the claim is automatically removed from the Claims Listing page.

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## Payment Summary Form

Same information that is on Claims Listing page

Claim information in the same order as Claims Listing page

Claims may differ from Claims Listing page if there has been any recent case activity

### Slide notes

In order to assist you in correctly identifying a payment for dispute, it is recommended that you have the Payment Summary Form that is mailed with the Conditional Payment letter.

The Payment Summary Form will include the same information that is displayed on the Claims Listing page and will assist you in identifying and matching the claim information for dispute.

The claim information displayed on the Claims Listing page will be listed in the same order as the Payment Summary Form that is mailed with the Conditional Payment letter.

However, the claims displayed on the Claims Listing page may differ from those listed on your Payment Summary Form if there has been any recent case activity between the date of the Payment Summary Form and the current date.

For example, information may have been removed as a result of a dispute or added as a result of a request to update the conditional payment amount.

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# Payment Summary Form

**Payment Summary Form**

Oct 30, 2015 12:27 PM

**Report Number:**

Beneficiary Name: Last First      Case Type: D - AUTO NO-FAULT  
 Beneficiary HICN: \*\*\*\*\*A      Date of Incident: Oct 20, 2009  
 Case ID: \*\*\*\*-\*\*\*\*-\*\*\*\*

TOS	ICN	Line	Processing Contractor	Provider Name	ICD Indicator	Diagnosis Codes	From Date	To Date	Total Charges	Reimbursed Amount	Conditional Payment
40	*****	0	320	Medical Center	ICD-9	V5417	01/27/2010	01/27/2010	\$239.00	\$37.86	\$37.86
71	*****	1	320	Medical Center	ICD-10	S0502	01/27/2010	01/27/2010	\$145.00	\$50.97	\$50.97
71	*****	1	320	Medical Center	ICD-10	S0502	01/27/2010	01/27/2010	\$35.00	\$8.78	\$8.78
Sum of Total Charges									\$419.00		
Total Conditional Payments									\$97.61		

<<<< Confidential >>>>

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**Slide notes**

Review each claim (the dates of service (From and To Dates), the rendering physician (Provider Name) and the Diagnosis Codes) and determine if it is related to what is being claimed and/or released with respect to the accident, illness, injury, or other incident.

Note: An ICD indicator has been added to the system-generated Payment Summary Form with each claim line indicating whether the code is ICD-9 or ICD-10.

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### Claims Listing

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

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.

Dispute	TOS	Claim Control ID (CN)	Line #	Processing Contractor	Provider Name	Diagnosis Codes	From Date	To Date	Total Charges	Reimbursed Amount	Conditional Payment	Dispute Submitted Date	Dispute Decision Date
<input type="checkbox"/>	10	9999999999991	1	005	Sample Provider 1	438,923,526	2/19/2009	2/19/2009	\$5,296.23	\$5,296.23	\$5,296.23	01/31/2010	03/05/2010
<input type="checkbox"/>	20	9999999999997	2	885	Sample Provider 2	438,923,526	2/19/2009	2/19/2009	\$105.20	\$105.20	\$105.20	01/31/2010	
<input type="checkbox"/>	10	9999999999991	3	005	Sample Provider 3	435	2/19/2009	2/19/2009	\$51.90	\$51.90	\$51.90		
<input type="checkbox"/>	10	9999999999992	1	999	Sample Provider 1	9233,505	3/20/2009	3/20/2009	\$9.27	\$9.27	\$9.27		
<input type="checkbox"/>	10	9999999999997	2	999	Sample Provider 4	9233	3/20/2009	3/20/2009	\$131.50	\$131.50	\$131.50		
<input type="checkbox"/>	10	9999999999993	1	000	Sample Provider 1	4019,216	4/20/2010	4/20/2010	\$36.14	\$36.14	\$36.14		
<input type="checkbox"/>	10	0000000000003	1	860	Sample Provider 11	4010	5/2/2010	5/2/2010	\$708.00	\$708.00	\$708.00		

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

Slide notes

To dispute the inclusion of a claim(s) that is/are unrelated to your case, click the Dispute checkbox next to the claim(s) in dispute.

Note: If the Dispute checkbox contains a faded checkmark, this indicates the claim has been previously selected for dispute and is currently under review.

When all disputed claims have been selected, click [Continue] to proceed.

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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.)*

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Slide notes

The Claims Dispute Verification page displays. This page will allow you to verify the claims you have disputed and to upload documentation that supports the dispute(s).

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## Claims Dispute Verification

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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.)*

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Slide notes

The Claims Disputed section of this page displays the claims that you selected for dispute for the Case ID. The Claim Control ID (ICN), Line Number, Total Charges, Reimbursed Amount and Conditional Payment will display for each claim. Verify this list to ensure that it only includes claims you believe are un-related to the case.

To revise the list, click [Previous] to be returned to the Claims Listing page.

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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

Below is a list of documents to be submitted for the case. If you'd like to delete a document from the list, click the Delete link to the right of the document name.

- Dispute1.pdf [Delete](#)
- Dispute2.pdf [Delete](#)

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 the Case Information page, all changes will be lost and the documents will not be submitted to the BCRC.

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

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## Slide notes

After you have verified the claims that were selected for dispute, you must submit documentation (evidence) to support your contention. You can enter up to 500 characters of free-form text to explain the reason for your dispute.

Any text input here will be added to the permanent case file once you select [Continue]. If you click [Previous], the input text will be lost.

If you require additional space to support your dispute, create a .PDF file of your documentation.

Note: If you are providing copies of the corresponding medical records highlight and/or mark the pertinent areas of the records or documents which support your position.

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## Supporting Documentation Guidelines

Reason for Claims Dispute	Supporting Documentation Required
General Health Conditions (e.g., flu, diabetes, etc.)	None
Dates of service were after the physician completed treatment for the injury	Physician's certification: <ul style="list-style-type: none"> <li>• Treatment has been completed</li> </ul>
Injuries are not being pursued as part of the case	Medical proof and documentation such as: <ul style="list-style-type: none"> <li>• Court complaint showing condition isn't being pursued as part of the case</li> </ul>

<http://go.cms.gov/cobro>

### Slide notes

Claims that are being disputed for general health conditions (e.g., flu, diabetes, etc.) do not require supporting documentation.

Claims that are being disputed because the dates of service on the claims were after your physician completed treatment for the alleged injury require a physician's certification that treatment has been completed.

Please refer to the "Future Medicals" document found on the Non Group Health Plan Recovery page. The following link may be used to access the section's main page, <http://go.cms.gov/cobro>.

Once on the Coordination of Benefits & Recovery Overview page, click the Non Group Health Plan Recovery link on the left side menu and scroll to Downloads area near the bottom of the page.

Claims that are being disputed for injuries that are not being pursued as part of the case (e.g., the case in question is related to the back and some of the claims included in the current conditional payment amount are related to the neck) require medical proof and documentation such as a court complaint that shows this condition isn't being pursued as part of the case.

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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

Below is a list of documents to be submitted for the case. If you'd like to delete a document from the list, click the **Delete** link to the right of the document name.

- Dispute1.pdf [Delete](#)
- Dispute2.pdf [Delete](#)

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 the Case Information page, all changes will be lost and the documents will not be submitted to the BCRC.

◀ Previous
Continue ▶
Cancel ✕

Slide notes

To upload supporting documentation, click [Upload Documentation].

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## Dispute Claims Documentation Upload

Please click browse to find the document.

The document must be in .PDF format and the size limit is 40 MB (megabyte) per document for attachments.

Selecting Continue will upload the documents. Selecting Cancel will return you to the View / Dispute Claims Listing page and documents will not be uploaded.

Browse Browse Browse Browse Browse

Continue Cancel

Quick Help  
Help about this page

**Slide notes**

Once clicked, the Dispute Claims Documentation Upload page will display.

The MSPRP requires each uploaded file to be: a PDF (Portable Document Format) file (i.e., a file with a .PDF extension), less than or equal to 40 MB, and virus free.

Files that do not meet these criteria will be rejected. Please be aware that if you upload a PDF file that has been annotated (saved with notes using PDF Annotator software), there is no guarantee on how overlapping annotations will be translated in the document when it is sent to the imaging system.

To begin the upload process, enter the file name and path/location in the text box, or click [Browse] to search your computer for the desired file. When you click [Browse], a pop-up box displays.

Locate the file that you want to upload. Once the file is located, click the file name and then click [Open]. When the file has been selected, the file name and location will appear on the Documentation Upload page.

To upload additional files, use the next available text box on the page. Note: You are limited to uploading 5 files at a time.

Once all files have been identified, click [Continue].

If any file is not in .PDF format, exceeds 40 MB, contains a virus, or cannot be located, 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 upload the files again.

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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.

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To upload supporting documentation, please click here [Upload Documentation](#)

Below is a list of documents to be submitted for the case. If you'd like to delete a document from the list, click the **Delete** link to the right of the document name.

- Dispute1.pdf [Delete](#)
- Dispute2.pdf [Delete](#)

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 the Case Information page, all changes will be lost and the documents will not be submitted to the BCRC.

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

## Slide notes

If all files are virus free, the Claims Dispute Verification page will display. The name of each uploaded file will display on the bottom of this page.

If you have additional files to upload, select Upload Documentation to repeat the upload process until all of your supporting documentation has been uploaded.

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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 [Upload Documentation](#)

Below is a list of documents to be submitted for the case. If you'd like to delete a document from the list, click the Delete link to the right of the document name.

- Dispute1.pdf [Delete](#)
- Dispute2.pdf [Delete](#)

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 the Case Information page, all changes will be lost and the documents will not be submitted to the BCRC.

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

## Slide notes

Once all documentation has been uploaded, review the documents that were submitted. If an incorrect file was uploaded, click [Delete]. This will remove the file and it will not be uploaded to the case.

If there is a need to upload a different document, click [Upload Documentation]. You will be returned to the Documentation Upload page.

To complete the submission of the dispute documentation, click [Continue]. The Claims Dispute Confirmation page will display.

Note: If you are submitting documentation via the MSPRP, do not send or fax duplicate copies to Medicare as that will only slow down the review process.

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### Claims Dispute Confirmation

[Print this page](#)

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](#)

**Quick Help**

[Help About This Page](#)

Slide notes

The Claims Dispute Confirmation page confirms that you have successfully submitted claims for dispute.

The Claim Control ID (ICN), Line Number, Total Charges, Reimbursed Amount and Conditional Payment for each disputed claim will display.

The file names of any documentation submitted to support the contention will also display. Click [Continue] to return to the Case Information page.

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<h3>Case Information</h3> <div style="text-align: right;">  <a href="#">Print this page</a>   <a href="#">Quick Help : Help About This Page</a> </div>	
Case ID: 2011***** Case Type: Liability Insurance Case Status: Demand Issued <a href="#">What is this?</a> Beneficiary Medicare Number: ****0709A Beneficiary DOB: mm/dd/yyyy Beneficiary Last Name: Last Name Recovery Agent Authorization: Proof of Representation Authorization Status: Verified Conditional Payment Notice Amount: \$500.00 Conditional Payment Notice Mail Date: 06/10/2011 Conditional Payment Notice Response Due Date: 07/31/2011	Rights and Responsibilities Letter Mail Date: 06/01/2010 Date of Incident: 09/15/2009 Industry Date of Incident: 09/15/2009 <a href="#">What is this?</a> Conditional Payment Letter Mail Date: 06/01/2011 Current Conditional Payment Amount: \$2103.10 Conditional Payment Amount Updated on: 06/01/2011 Demand Letter Mail Date: 06/01/2011 Demand Amount: \$3754.00
<h4>Final Conditional Payment Process</h4>	
Final Conditional Payment Process Initiated : 01/01/2006 120 days' Notice of Anticipated Settlement Mail Date:01/03/2006 Final Conditional Payment Requested: 01/01/2006 14:55	Request Final Conditional Payment by: 04/07/2006 Final Conditional Payment Status: Active  Final Conditional Payment Status Date: 01/01/2006 Final Conditional Payment Amount:\$3754.00
<p><b>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:</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> View / Request Authorizations</li> <li><input type="radio"/> Request an update to the conditional payment amount <a href="#">What is this?</a></li> <li><input type="radio"/> Request an electronic conditional payment letter with Current Conditional Payment Amount <a href="#">What is this?</a></li> <li><input type="radio"/> Request a mailed copy of the conditional payment letter <a href="#">What is this?</a></li> <li><input type="radio"/> Begin Final Conditional Payment Process and Provide 120 Days' Notice of Anticipated Settlement <a href="#">What is this?</a></li> <li><input type="radio"/> Calculate Final Conditional Payment Amount <a href="#">What is this?</a></li> <li><input type="radio"/> Request an electronic Dispute Denial for Final Conditional Payment Case Letter with Current Conditional Payment Amount <a href="#">What is this?</a></li> <li><input type="radio"/> View / Dispute Claims Listing <a href="#">What is this?</a></li> <li><input type="radio"/> View/Provide the Notice of Settlement Information <a href="#">What is this?</a></li> <li><input type="radio"/> Initiate Demand Letter <a href="#">What is this?</a></li> </ul>	
<div style="display: flex; justify-content: space-between;"> <span><a href="#">Continue</a> </span> <span><a href="#">Cancel</a> </span> </div>	

Slide notes

Allow 45 days for Medicare to review each disputed claim and make a determination.

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## Next Steps

- CMS will contact you by letter if additional information is required
- Once the review is complete, you will receive a letter explaining CMS' determination



### Slide notes

CMS will contact you by letter if additional information is required to support the removal of the charges before a determination can be made.

You will receive a letter explaining CMS' determination once the review is complete.

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## Next Steps

- If CMS disagrees with your dispute
  - Claims submitted for dispute remain on the Claims Listing page and the Dispute checkbox will be unchecked
  - Dispute Decision Date reflects the date for the dispute decision
  - Case Information page not updated

### Slide notes

If CMS disagrees with your dispute and determines that all of the claims submitted for dispute are related to the case:

- All claims submitted for dispute will remain on the Claims Listing page;
- The Dispute checkbox will be unchecked;
- The Dispute Decision Date is revised to reflect the date for the dispute decision; and
- The Current Conditional Payment Amount, Conditional Payment Updated on and Conditional Payment Letter Mail Date will not be revised on the Case Information Page.

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## Next Steps

- If CMS agrees with your dispute
  - Conditional Payment Letter sent to all authorized parties
    - Includes the Current Conditional Payment Amount
    - Includes revised Payment Summary Form
- Disputes related to Final Conditional Payment cases are addressed within 11 business days

### Slide notes

If CMS agrees (fully or partially) with your dispute and determines that all (or some) of the claims submitted for dispute are not related to the case, the Conditional Payment Letter will be sent to all parties authorized on the case (i.e., the beneficiary and each individual/entity that has a Verified Proof of Representation, Recovery Agent Authorization or Consent to Release on file for the case).

This letter will include the Current Conditional Payment Amount and a revised Payment Summary Form.

Note: During this review process, if Medicare identifies additional payments that are related to the case, they will be included in a recalculated Conditional Payment Amount and updated Conditional Payment Letter.

Disputes related to Final Conditional Payment (Final CP) cases are addressed within 11 business days. See Chapter 14 in the MSPRP User Guide for further information.

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## Next Steps

- If CMS agrees with your dispute
  - Claims that CMS has agreed are un-related will automatically be removed from the Claims Listing page
  - Case Information page updated
    - Current Conditional Payment Amount
    - Conditional Payment Updated On
    - Conditional Payment Letter Mail Date

### Slide notes

All claims that CMS has agreed are un-related will automatically be removed from the Claims Listing page. All other claims will remain associated to the case.

The Case Information page will be updated with the Current Conditional Payment Amount. The Conditional Payment Updated On will be revised to the date the Current Conditional Payment Amount was updated.

The Conditional Payment Letter Mail Date will be updated to the date the Conditional Payment Letter was sent.

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You have completed the MSPRP Disputing a Claim course. Information in this course can be referenced by using the MSPRP User Manual found at the following link: <https://www.cob.cms.hhs.gov/MSPRP/>. For general information on Medicare Secondary Payer Recovery, go to this URL: <http://go.cms.gov/cobro>.

**Slide notes**

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

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

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The slide features a light blue background with a white curved graphic on the left side. In the top left corner is the CMS logo (Centers for Medicare & Medicaid Services). In the top right corner is the COB&R logo (Coordination of Benefits and Recovery). The main text is centered and reads: "If you have any questions or feedback on this material, please go the following URL:" followed by the URL <https://www.surveymonkey.com/s/MSPRPTraining>.

**Slide notes**

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