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# Medicare Secondary Payer Recovery Portal (MSRP) Representative Registration

Version 3.6, 01/03/2017  
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) Representative Registration course.

Note: This module is intended for those entities who will register for a representative account. A representative account type indicates that the entity does not have

an Employer Identification Number (EIN)/Tax Identification Number (TIN) but may have involvement in multiple cases. Representative accounts may have up to 5 Account Designees.

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 [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/>.

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## Course Overview

- Completing a New Registration
  - Next steps



### Slide notes

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

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**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

**Slide notes**

Users must be authorized to access the MSPRP. Before a new user can become authorized, the representative entity must complete the registration process which involves the following steps: New Registration and Account Setup.

Note: The focus of this CBT is on the new registration process. For more information on Account Setup, please see the Representative Account Setup CBT.

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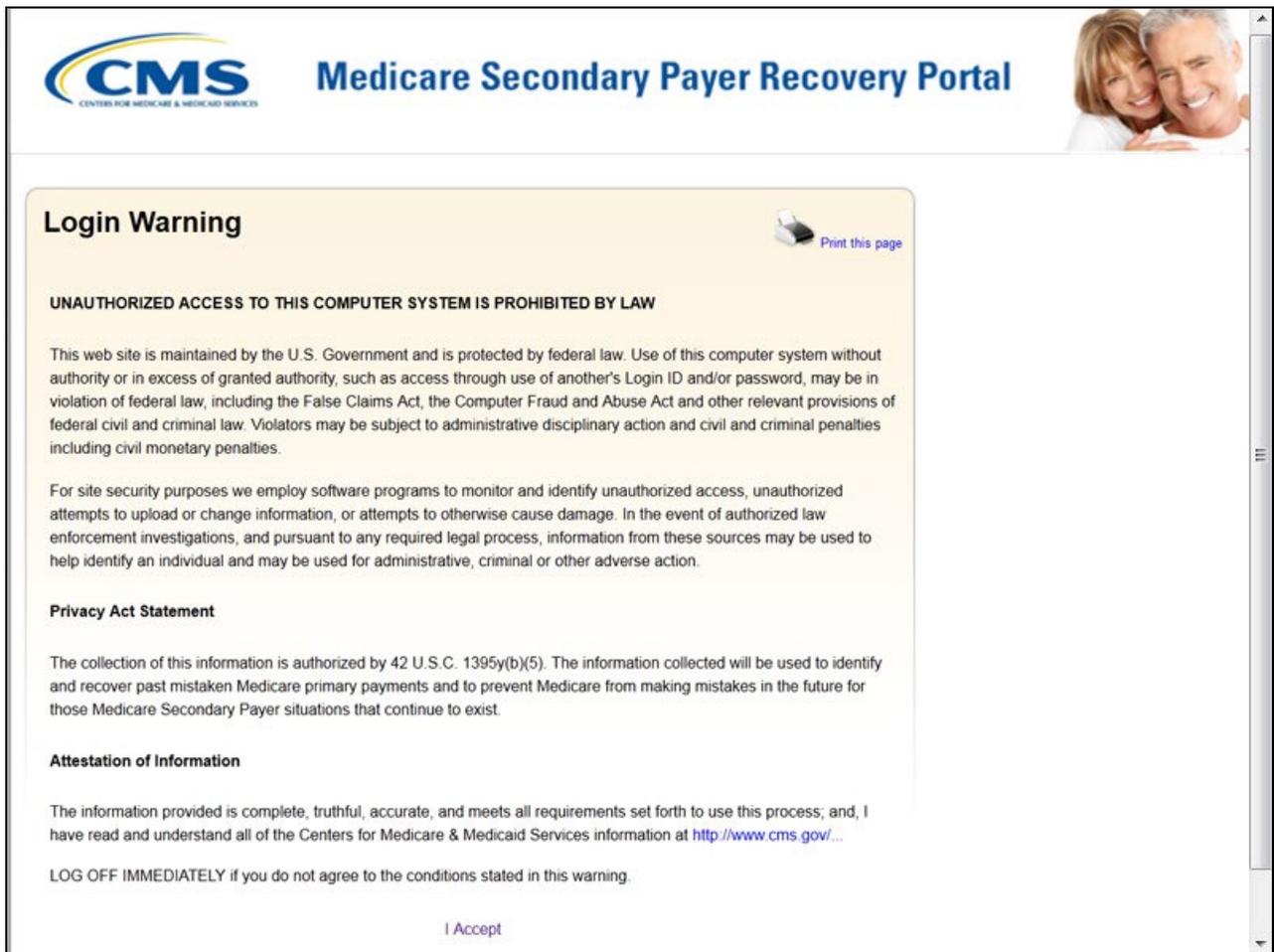
## Getting Started

Go to the MSPRP URL:  
<https://www.cob.cms.hhs.gov/MSPRP/>

### Slide notes

To begin the New Registration, go to the following MSPRP URL: <https://www.cob.cms.hhs.gov/MSPRP/>.

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The screenshot shows the Medicare Secondary Payer Recovery Portal. At the top left is the CMS logo (Center for Medicare & Medicaid Services). To its right is the title "Medicare Secondary Payer Recovery Portal" and a small photo of a smiling couple. Below the header is a yellow-bordered box titled "Login Warning" with a printer icon and a "Print this page" link. The main content of the warning includes a bolded prohibition of unauthorized access, a paragraph explaining the site is government-owned and protected by federal law, a paragraph about security monitoring, a "Privacy Act Statement" section, an "Attestation of Information" section, and a "LOG OFF IMMEDIATELY" instruction. At the bottom of the box is an "I Accept" link.

**Login Warning**  [Print this page](#)

**UNAUTHORIZED ACCESS TO THIS COMPUTER SYSTEM IS PROHIBITED BY LAW**

This web site is maintained by the U.S. Government and is protected by federal law. Use of this computer system without authority or in excess of granted authority, such as access through use of another's Login ID and/or password, may be in violation of federal law, including the False Claims Act, the Computer Fraud and Abuse Act and other relevant provisions of federal civil and criminal law. Violators may be subject to administrative disciplinary action and civil and criminal penalties including civil monetary penalties.

For site security purposes we employ software programs to monitor and identify unauthorized access, unauthorized attempts to upload or change information, or attempts to otherwise cause damage. In the event of authorized law enforcement investigations, and pursuant to any required legal process, information from these sources may be used to help identify an individual and may be used for administrative, criminal or other adverse action.

**Privacy Act Statement**

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

**Attestation of Information**

The information provided is complete, truthful, accurate, and meets all requirements set forth to use this process; and, I have read and understand all of the Centers for Medicare & Medicaid Services information at [http://www.cms.gov/...](http://www.cms.gov/)

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

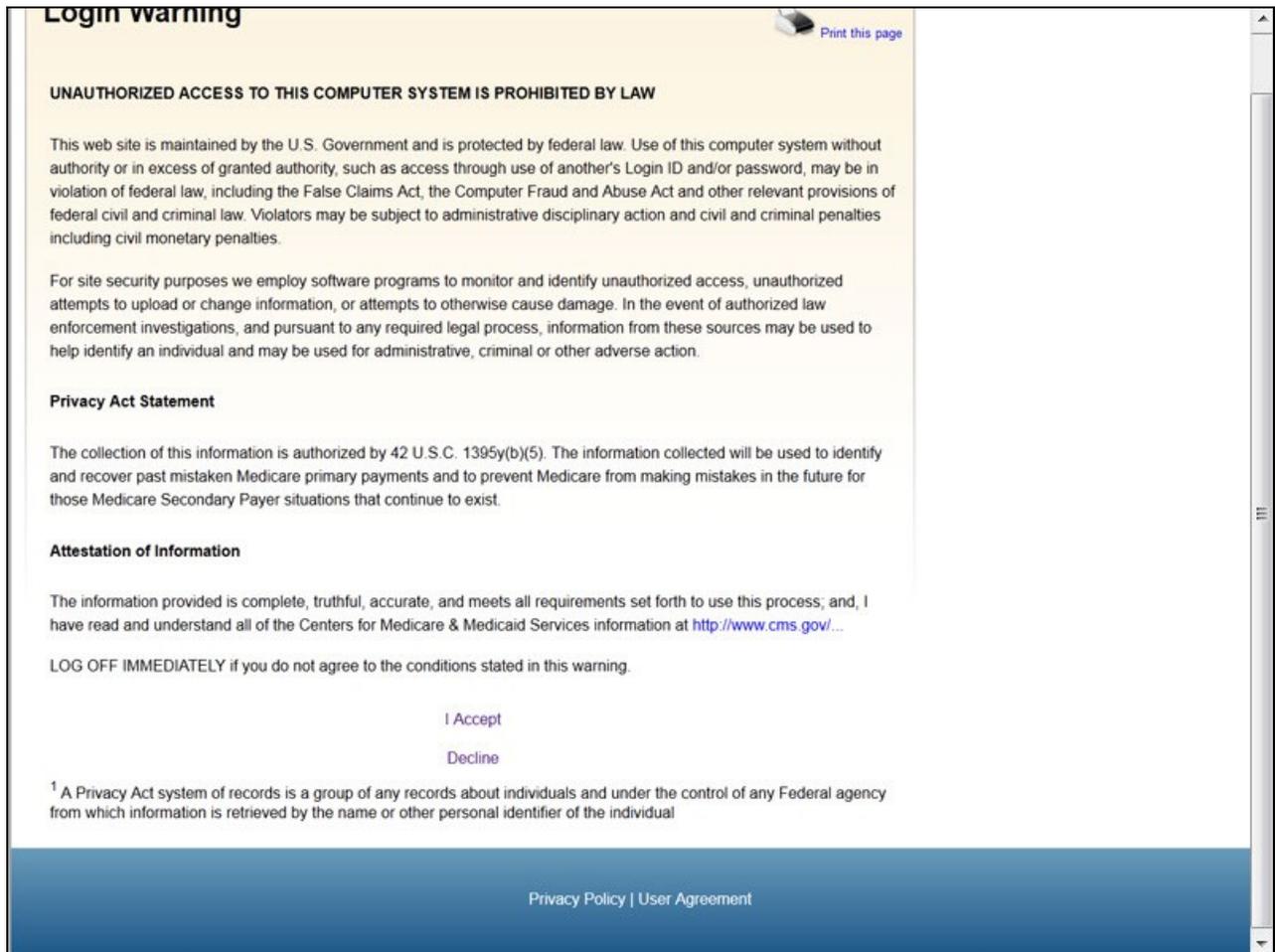
[I Accept](#)

**Slide notes**

Each time a user visits the MSPRP Web site, 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 Web site.

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**Login warning** [Print this page](#)

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The information provided is complete, truthful, accurate, and meets all requirements set forth to use this process; and, I have read and understand all of the Centers for Medicare & Medicaid Services information at [http://www.cms.gov/...](http://www.cms.gov/)

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

[I Accept](#)

[Decline](#)

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

[Privacy Policy](#) | [User Agreement](#)

**Slide notes**

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 with the New Registration step.

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**CMS** Medicare Secondary Payer Recovery Portal

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

**Welcome to the MSPRP**

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 to the conditional payment amount, submit settlement information and dispute claims.

For information about the availability of auxiliary aids and services, please visit:  
<http://www.medicare.gov/about-us/nondiscrimination/nondiscrimination-notice.html>

**MSPRP Message**

**Getting Started**

If you are a Medicare Beneficiary and would like to use the MSPRP to request case information, please login to your MyMedicare account by visiting the MyMedicare.gov website at <https://mymedicare.gov/>.

For more information, refer to How To Get Started under the How To menu option. To begin the registration process, click the 'New Registration' button.

STEP 1 **New Registration**

STEP 2 **Account Setup**  
 (Account ID and PIN required)

**Sign in to your account**

User Name:

[Forgot ID](#)

Password:

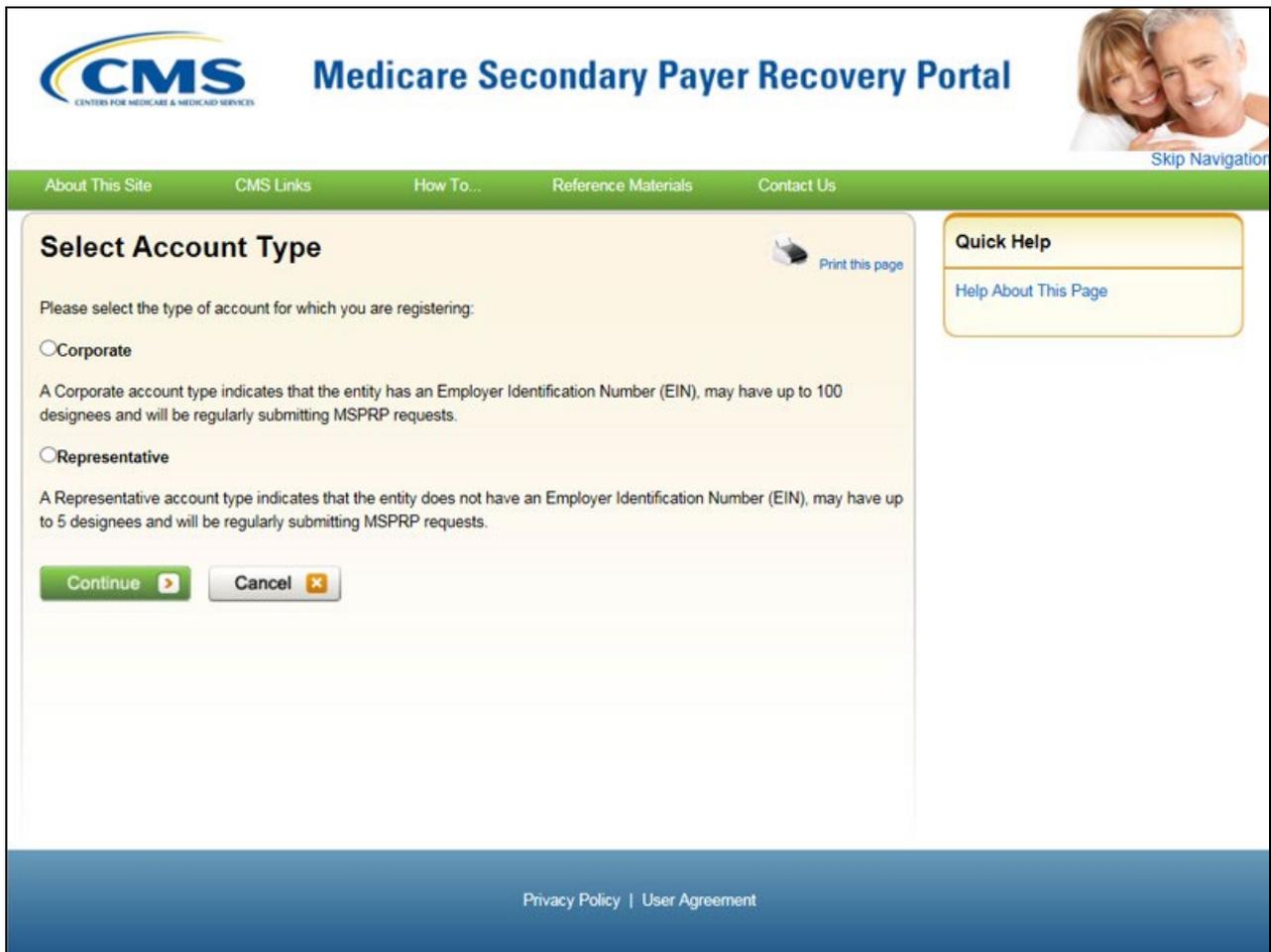
[Forgot Password](#)

[Privacy Policy](#) | [User Agreement](#)

**Slide notes**

Once the [I Accept] link is clicked, the MSPRP Login page will display. Click [New Registration] to continue.

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The screenshot shows the Medicare Secondary Payer Recovery Portal. At the top left is the CMS logo (Centers for Medicare & Medicaid Services). To its right is the title "Medicare Secondary Payer Recovery Portal". In the top right corner, there is a photo of a smiling couple and a "Skip Navigation" link. Below the header is a green navigation bar with links: "About This Site", "CMS Links", "How To...", "Reference Materials", and "Contact Us". The main content area is titled "Select Account Type" and includes a "Print this page" icon. The instructions read: "Please select the type of account for which you are registering:". There are two radio button options: "Corporate" and "Representative". Under "Corporate", it states: "A Corporate account type indicates that the entity has an Employer Identification Number (EIN), may have up to 100 designees and will be regularly submitting MSPRP requests." Under "Representative", it states: "A Representative account type indicates that the entity does not have an Employer Identification Number (EIN), may have up to 5 designees and will be regularly submitting MSPRP requests." At the bottom of the form are two buttons: "Continue" (with a right arrow) and "Cancel" (with an X). To the right of the main form is a "Quick Help" box with a "Help About This Page" link. At the bottom of the page is a blue footer with "Privacy Policy | User Agreement".

**Slide notes**

The Select Account Type page displays. Select the Representative radio button and then click [Continue].

Note: 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.

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The screenshot shows the 'Representative Information' form on the Medicare Secondary Payer Recovery Portal. The form includes the CMS logo and a navigation menu with links for 'About This Site', 'CMS Links', 'How To...', 'Reference Materials', and 'Contact Us'. A 'Skip Navigation' link is also present. The form fields are as follows:

- First Name:** Jane
- MI:** A
- Last Name:** Smith
- Social Security Number:** 999 - 99 - 9999
- E-Mail Address:** jsmith@abcassociates.com
- Re-enter E-Mail Address:** jsmith@abcassociates.com
- Phone:** 555 - 555 - 1234 ext. 5678
- Fax:** 555 - 555 - 2345
- Mailing Address:**
  - Address Line 1:** 200 Test Avenue
  - Address Line 2:** Suite 2-B
  - City:** Towson
  - State:** Maryland
  - Zip Code:** 12345 - 678

At the bottom of the form are three buttons: 'Previous', 'Continue', and 'Cancel'. A 'Quick Help' box on the right contains a link for 'Help About This Page'. At the bottom of the page, there are links for 'Privacy Policy' and 'User Agreement'.

**Slide notes**

The Representative Information page will display. Information for the representative account that will be submitting MSPRP requests must be entered on this page.

All fields denoted with a red asterisk are required.

The Social Security Number must be unique in the MSPRP. It cannot be registered for more than one account.

Additionally, it cannot be the same as the Social Security Number of the associated Beneficiary (i.e., a user cannot register on behalf of themselves).

The mailing 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].

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## Validation

- System validates each field
- If errors are found, the system displays a message indicating what error(s) were found
  - Cursor is placed on the first field that generates an error
  - User must correct the error before proceeding
- System revalidates the data once it has been entered

**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.

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The screenshot displays the Medicare Secondary Payer Recovery Portal. At the top left is the CMS logo (Centers for Medicare & Medicaid Services). To the right is the title "Medicare Secondary Payer Recovery Portal" and a photo of a smiling couple. Below the title is a green navigation bar with links: "About This Site", "CMS Links", "How To...", "Reference Materials", and "Contact Us". A "Skip Navigation" link is also present. The main content area is titled "Beneficiary Information" and includes a note: "An asterisk (\*) indicates a required field." The form fields are: "\*Beneficiary Last Name:" (Doe), "\*Beneficiary Health Insurance Claim Number (HICN):" (000000000A) OR, "\*Beneficiary Social Security Number (SSN):" (000 - 00 - 0000) (SSN is required if HICN is not provided), "\*Beneficiary Date of Birth:" (07 / 20 / 1940 (MM/DD/CCYY)), and "\*Beneficiary Gender:" (Male). At the bottom of the form are three buttons: "Previous", "Continue", and "Cancel". A "Quick Help" box on the right contains a link to "Help About This Page". At the bottom of the page, there are links for "Privacy Policy" and "User Agreement".

**Slide notes**

After successfully completing the Representative Information page, the Beneficiary Information page will display. Enter information for a beneficiary associated with a case(s) that will be accessed using this account. All fields are required.

Note: The Social Security Number (SSN) is only required if the Health Insurance Claim Number (HICN) is not provided.

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

The MSPRP will attempt to determine if the entered information can be matched to a Medicare beneficiary. The system must first find an exact match on the HICN or SSN.

Then at least three out of four of the following fields must be matched exactly: First 6 characters of the Last Name, First Initial, Date of Birth, and Gender.

If a match is not found, the user will receive an error message that states, "Data does not match what is on our records for the Beneficiary" and registration may not continue.

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**CMS** Medicare Secondary Payer Recovery Portal

Quick Help  
[Help About This Page](#)

**Registration Summary**

Please review your registration information. If you need to change the information, click the Edit button. If you are satisfied with the information, click the Continue button to submit the registration. Click the Cancel button to cancel the process. Please note: all data will be lost. Click the Previous button to return to the previous screen. Print this page for your records.

Account Type: Representative

<b>Representative Information</b> <input type="button" value="Edit"/>	<b>Beneficiary Information</b> <input type="button" value="Edit"/>
First Name: John MI: Last Name: Doe SSN: 333-33-3333 E-Mail Address: Phone: 333-333-4444 ext: Fax:	Last Name: Mack First Initial: J HICN: SSN: Date of Birth: Gender: Male

**Representative Mailing Address**

Address Line 1: 123 Test S  
 Address Line 2:  
 City: Baltimore  
 State: Maryland  
 Zip Code: 33333

**Slide notes**

As long as the MSPRP was able to validate the beneficiary information (i.e., the entered information was matched to a Medicare beneficiary), 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, Representative Information or Beneficiary Information. To make any corrections, click the [Edit] button next to the applicable section. The system will display that information entry page.

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The screenshot displays the Medicare Secondary Payer Recovery Portal. At the top left is the CMS logo (Centers for Medicare & Medicaid Services). To its right is the title "Medicare Secondary Payer Recovery Portal" and a photo of a smiling couple. A green navigation bar contains links for "About This Site", "CMS Links", "How To...", "Reference Materials", and "Contact Us". A "Skip Navigation" link is also present. The main content area is titled "Beneficiary Information" and includes a note: "An asterisk (\*) indicates a required field." The form fields are as follows:

- \*Beneficiary Last Name: Doe
- \*First Initial: J
- \*Beneficiary Health Insurance Claim Number (HICN): 000000000A OR
- \*Beneficiary Social Security Number (SSN): 000 - 00 - 0000 (SSN is required if HICN is not provided)
- \*Beneficiary Date of Birth: 07 / 20 / 1940 (MM/DD/CCYY)
- \*Beneficiary Gender: Male

At the bottom of the form are three buttons: "Previous", "Continue", and "Cancel". A "Quick Help" box on the right contains a link for "Help About This Page". The footer of the page includes links for "Privacy Policy" and "User Agreement".

**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.

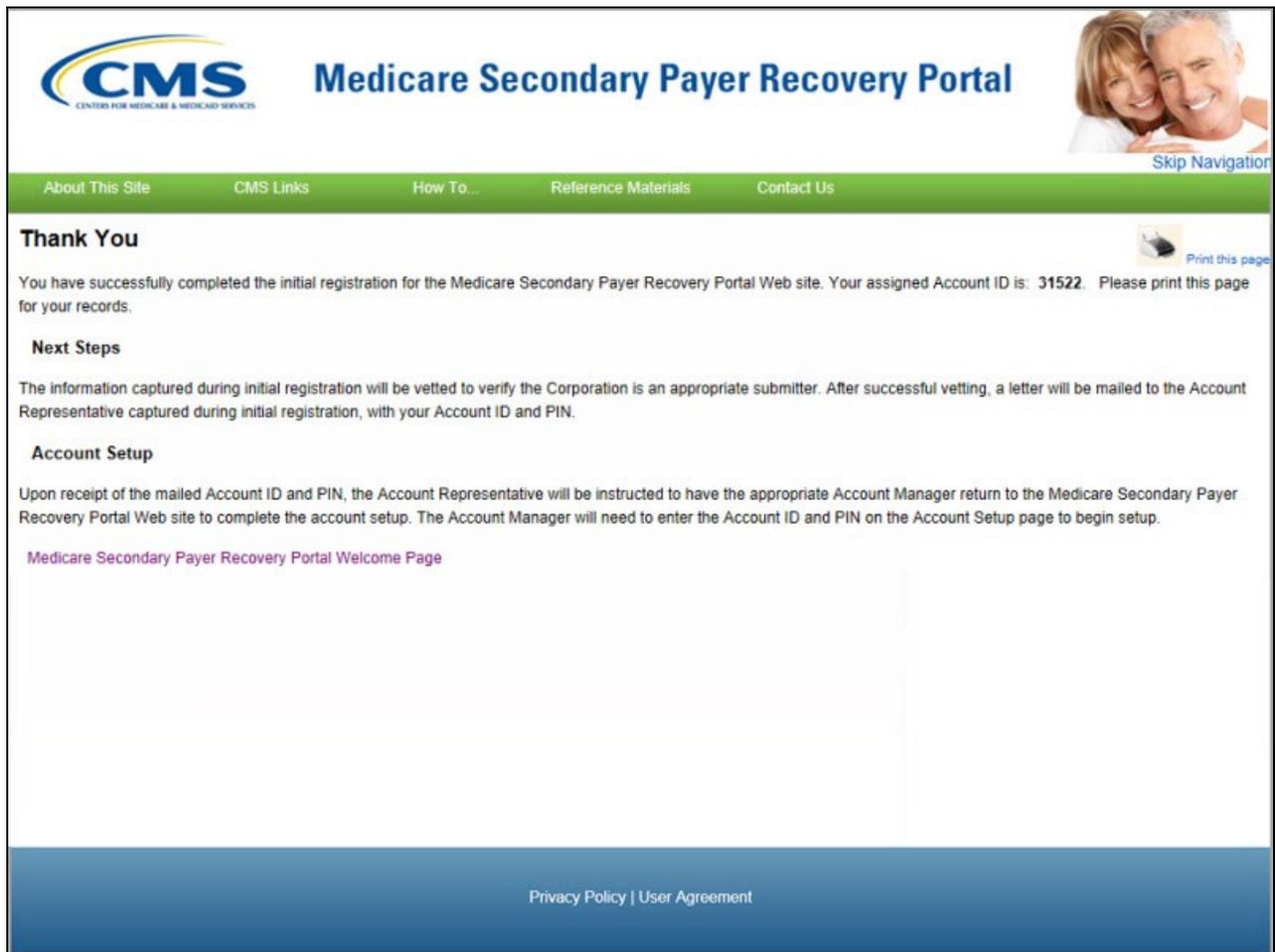
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The screenshot shows the Medicare Secondary Payer Recovery Portal. At the top left is the CMS logo (Centers for Medicare & Medicaid Services). To its right is the page title "Medicare Secondary Payer Recovery Portal" and a photo of a smiling couple. Below the header is a green navigation bar with links: "About This Site", "CMS Links", "How To...", "Reference Materials", and "Contact Us". On the right side of the navigation bar is a "Skip Navigation" link. The main content area is titled "Registration Summary" and contains the following text: "Please review your registration information. If you need to change the information, click the Edit button. If you are satisfied with the information, click the Continue button to submit the registration. Click the Cancel button to cancel the process. Please note: all data will be lost. Click the Previous button to return to the previous screen. Print this page for your records." Below this text are three sections: "Account Type: Representative" with an "Edit" button; "Representative Information" with an "Edit" button, containing fields for First Name (John MI), Last Name (Doe), SSN (333-33-3333), E-Mail Address, Phone (333-333-4444 ext), and Fax; and "Beneficiary Information" with an "Edit" button, containing fields for Last Name (Mack), First Initial (J), HICN, SSN, Date of Birth, and Gender (Male). Below these is the "Representative Mailing Address" section with fields for Address Line 1 (123 Test S), Address Line 2, City (Baltimore), State (Maryland), and Zip Code (33333). At the bottom are three buttons: "Previous" (with a left arrow), "Continue" (with a right arrow), and "Cancel" (with an 'x' icon).

Slide notes

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

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The screenshot shows the Medicare Secondary Payer Recovery Portal. At the top left is the CMS logo (Centers for Medicare & Medicaid Services). To its right is the title "Medicare Secondary Payer Recovery Portal". On the top right is a photo of a smiling couple and a "Skip Navigation" link. Below the header is a green navigation bar with links: "About This Site", "CMS Links", "How To...", "Reference Materials", and "Contact Us". The main content area has a "Thank You" heading and a "Print this page" icon. The text reads: "You have successfully completed the initial registration for the Medicare Secondary Payer Recovery Portal Web site. Your assigned Account ID is: 31522. Please print this page for your records." Below this are sections for "Next Steps" and "Account Setup". The "Next Steps" section states: "The information captured during initial registration will be vetted to verify the Corporation is an appropriate submitter. After successful vetting, a letter will be mailed to the Account Representative captured during initial registration, with your Account ID and PIN." The "Account Setup" section states: "Upon receipt of the mailed Account ID and PIN, the Account Representative will be instructed to have the appropriate Account Manager return to the Medicare Secondary Payer Recovery Portal Web site to complete the account setup. The Account Manager will need to enter the Account ID and PIN on the Account Setup page to begin setup." A link for "Medicare Secondary Payer Recovery Portal Welcome Page" is provided. At the bottom of the page is a blue footer with "Privacy Policy | User Agreement".

## Slide notes

The Thank You page displays confirmation that the initial registration has been successfully completed. The assigned Account ID is displayed on the Thank You page.

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## Next Steps

**EDI Department**

- Validates registration information
- Mails letter within two weeks, which contains
  - Account ID and PIN
  - Instructions for Account Setup

**Contact EDI Representative if letter is not received within 10 business days**

- Phone: (646) 458-6740
- E-mail: [COBVA@GHIMedicare.com](mailto:COBVA@GHIMedicare.com)

**Slide notes**

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

Within two weeks, a letter will be mailed to the mailing address submitted on the Representative Information page during the New Registration.

This letter will include the Account ID and PIN and instructions for the next step in the registration process – Account Setup.

If this letter is not received within 10 business days, contact an EDI Representative by phone at (646) 458-6740 or e-mail at [COBVA@GHIMedicare.com](mailto:COBVA@GHIMedicare.com).

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## Next Steps

Give the Account ID and PIN to the Account Manager to complete the Account Setup on the MSPRP

Note: The person who performed the initial registration can become the Account Manager

### Slide notes

The Account ID and PIN must be given to the Account Manager for the representative account to use to complete the Account Setup.

Note: The person who performed the initial registration can become the Account Manager for the account.

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## Account Manager and Account Designee

### Account Manager (only) actions

- Complete Account Setup
- Administer the MSPRP account
- Invite other users (Account Designees)

### Account Manager and Account Designee actions (as applicable to the case)

- Submit authorization documentation
- Request conditional payment information
- Request conditional payment letter
- Dispute claims
- Submit case settlement information
- Initiate the demand letter

#### Slide notes

In addition to completing Account Setup, the Account Manager is responsible for administering the account on the MSPRP and inviting others to assist as Account Designees.

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 and initiate the demand letter. Note: Only those actions that are applicable to the case will be available.

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## Account Setup

Account Manager must complete the Account Setup on the MSPRP

- Account ID and PIN are needed to begin
- Please see the Representative Account Setup CBT for more information

**Slide notes**

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 Representative Account Setup CBT.

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# Profile Report

E-mail is sent that includes a Profile Report and Data Use Agreement

**CMS** Medicare Secondary Payer Recovery Portal

Recovery Portal  
Profile Report  
Account Type Representative

Account ID: 31304 Date: Month Date Year

EDI Contact Information:  
Email: AAAA@AAA.AAA Phone: WWWWWWW

Representative:  
Name: AAAA Phone: WWWWWWW  
Address: AAAA  
Email: AAAA@AAA.AAA AA #####

Account Manager:  
Name: AAAA Phone: WWWWWWW  
Address: AAAA  
Email: AAAA@AAA.AAA AA #####

Account ID: 31304 Account Type Representative Date: Month Date Year  
EDI Contact Information:  
Email: AAAA@AAA.AAA Phone: WWWWWWW

SAFEGUARDING & LIMITING ACCESS TO DATA

I, the undersigned Account Manager for the MSPRP representative account defined above, certify that the information contained in this Registration is true, accurate and complete to the best of my knowledge and belief, and I authorize CMS to verify this information. I agree to establish and implement proper safeguards against unauthorized use and disclosure of the data for the purposes of MSPRP proposal(s) review and processing. Proper safeguards shall include the adoption of policies and procedures to ensure that the data obtained shall be used solely in accordance with Section 1156 of the Social Security Act [42 U.S.C. 7-1106], Section 1874(b) of the Social Security Act [42 U.S.C. 7-1396(b)], Section 182(b) of the Social Security Act [42 U.S.C. 7-1392(b)], and the Privacy Act of 1974, as amended [5 U.S.C. 7-552a]. Users shall establish appropriate administrative, technical, procedural, and physical safeguards to protect the confidentiality of the data and to prevent unauthorized access to the data provided by the CMS. You agree that the authorized representatives of the CMS shall be granted access to premises where the Medicare data are kept for the purpose of inspecting security arrangements and confirming whether the user is in compliance with the security requirements specified above. Access to any information exchanged during the MSP Recovery process shall be restricted to CMS, COEC, and MSPRC personnel, and other authorized users who require access to: (1) perform their official duties in accordance with the approved uses of the information; (2) respond to authorized law enforcement investigations; or (3) respond to any required legal process. Such personnel shall be advised of (1) the confidential nature of the information; (2) safeguards required to protect the information; and (3) the administrative, civil and criminal penalties for noncompliance contained in applicable Federal laws.

Signature of Account Manager: \_\_\_\_\_  
Date: \_\_\_\_\_

**Slide notes**

Once the Account Manager has completed the account setup, an e-mail notification will be sent to them.

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

It may take up to 10 business days to receive the Profile Report. A sample Profile Report is shown on the slide.

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## Profile Report

### Review the Profile Report for accuracy

- Contact an EDI Representative to request modifications
  - Phone: (646) 458-6740
  - E-mail: [COBVA@GHIMedicare.com](mailto:COBVA@GHIMedicare.com)

### Return Profile Report via e-mail within 60 business days

- Put 'MSPRP Profile Report' in the subject line

### If signed Profile Report is not received within 60 days, the account will automatically be deleted

- Registration process must be started from the beginning

#### Slide notes

The Account Manager 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 e-mail at [COBVA@GHIMedicare.com](mailto:COBVA@GHIMedicare.com).

The Account Manager 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.

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You have completed the Representative Registration 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**

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The slide features a light blue background with a white horizontal band at the bottom. 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 central text reads: "If you have any questions or feedback on this material, please go to the following 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>.