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# Medicare Secondary Payer Recovery Portal (MSRP)

## Requesting Authorization

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) Requesting Authorization course.

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

- Describe
  - Consent to Release (CTR) Authorization
  - Proof of Representation (POR) Authorization
  - Recovery Agent Authorization
- Explain how and when to submit these documents
- What to expect once document has been submitted



### Slide notes

This course will describe the Consent to Release (CTR) Authorization, Proof of Representation (POR) Authorization, and Recovery Agent Authorization.

It will explain how and when to submit these documents and clarify what to expect once a document has been submitted.

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## Authorization

MSPRP prevents access to a Medicare beneficiary's personal information until the Medicare beneficiary has provided authorization to CMS in writing

- Proof of Representation (POR)
- Consent to Release (CTR)
- Recovery Agent Authorization

**Slide notes**

The MSPRP prevents an individual or entity to have access to a Medicare beneficiary's personal information until the Medicare beneficiary has provided authorization to CMS in writing.

The three types of authorizations that can be submitted are Proof of Representation (POR), Consent to Release (CTR) and Recovery Agent Authorization.

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## Proof of Representation

- Informs CMS that a Medicare beneficiary has given another individual or entity authority to represent them and act on their behalf with respect to their case
- Once verified, the individual or entity will be able to
  - Submit information/requests
  - Receive copies of all mail sent related to the case
  - Receive identifiable health information
  - Resolve any potential recovery claim that Medicare may have due to a settlement, judgment, award or other payment

### Slide notes

The Proof of Representation Authorization is submitted to inform CMS that the Medicare beneficiary has given another individual or entity (such as an attorney) the authority to represent them and act on their behalf with respect to their case.

An individual or entity with a Verified Proof of Representation will be able to submit information/requests, receive copies of all mail related to the case (e.g., the Rights and Responsibilities letter, the Conditional Payment Letter, the Demand letter, etc.) as well as receive identifiable health information or resolve any potential recovery claim that Medicare may have if there is a settlement, judgment, award, or other payment.

Note: You will not be able to receive correspondence until your authorization is in a Verified status.

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## Consent to Release

- Informs CMS that a Medicare beneficiary has given another individual or entity authority to receive claim(s) and other information related to the injury and/or illness
- Does not give the authority to represent the Medicare beneficiary or act on their behalf
- Once verified, the individual or entity will be able to
  - Receive copies of all mail sent related to the case

### Slide notes

A Consent to Release (CTR), is the authorization that informs CMS a Medicare beneficiary has given another individual or entity the authority to receive claim(s) and other information related to the injury and/or illness.

This authorization does not give this individual or entity the authority to represent the Medicare beneficiary and act on their behalf.

The individual or entity with Verified Consent to Release will receive copies of all mail sent related to the case (e.g., the Rights and Responsibilities letter, the Conditional Payment letter, and the Demand letter, etc.).

Note: You will not be able to receive correspondence until your authorization is in a Verified status.

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## Recovery Agent Authorization

- Authorization request that is submitted to inform Medicare that a liability insurer wishes to be represented by another party
- Identified representative can act on behalf of the insurer regarding an MSP recovery case and is authorized to take any actions or make any decisions needed to resolve Medicare's recovery claim

### Slide notes

Recovery Agent Authorization – The authorization request that is submitted to inform Medicare that a liability insurer (including self-insured entities), no-fault insurer, or workers' compensation entity wishes to be represented by another party.

The identified representative can act on behalf of the insurer regarding an MSP recovery case and is authorized to take any actions or make any decisions needed to resolve Medicare's recovery claim.

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## MSPRP Actions

Actions	Verified POR	Verified CTR
View/Request Authorizations	X	X
Request an update to the conditional payment amount	X	X
Request a copy of the conditional payment letter	X	X
View/Dispute Claims Listing	X	
Provide Notice of Settlement Information	X	
Initiate the Demand Letter	X	

### Slide notes

An individual or entity with a Verified Proof of Representation or a Verified Consent to Release Authorization can perform the following actions on the Case Information page:

- View/Request Authorizations (Proof of Representation or Consent to Release);
- Request an update to the conditional payment amount; and
- Request a copy of the conditional payment letter.

An individual or entity with a Verified Proof of Representation can also:

- View/Dispute Claims Listing;
- Provide the Notice of Settlement Information; and
- Initiate the Demand Letter.

An individual or entity with a Verified Consent to Release Authorization cannot perform these functions.

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## Recovery Agent Authorization

- View and request authorizations
- View case data
- View and dispute claims listing
- Initiate Demand Letter

### Slide notes

An individual or entity with a Recovery Agent Authorization can perform these functions:

- View and request authorizations
- View case data
- View and dispute claims listing; and
- Initiate the Demand Letter.

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## When To Submit Authorizations

- Submit the proper authorization on the MSPRP as soon as CMS is made aware of the case
  - Allow 45 days for CMS review of documentation/validation of authorization
  - CMS cannot communicate with the beneficiary's representative until the submitted authorization has been verified

Note: A beneficiary's representative with a verified CTR authorization can view, but not submit, settlement information

### Slide notes

It is recommended that you upload and submit the proper authorization on the MSPRP as soon as CMS is made aware of the case. Allow 45 days for CMS to review the supporting documentation and validate the authorization.

CMS cannot communicate with the beneficiary's representative until the status of the submitted authorization has been changed to Verified. No authorization is required for the debtor associated to a case.

Note: A beneficiary's representative with a verified CTR authorization can view, but not submit, settlement information.

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<h3>Case Information</h3> <div style="text-align: right;"> <a href="#">Print this page</a> </div> <div style="float: right; border: 1px solid orange; padding: 2px;"> <b>Quick Help :</b> <a href="#">Help About This Page</a> </div>	
Case ID: ##### Case Type: Liability Insurance Case Status: Demand Issued <a href="#">What is this?</a>	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>
Beneficiary Medicare Number: ****6789A Beneficiary DOB: MM/DD/YYYY Beneficiary Last Name: Last Name	Conditional Payment Letter Mail Date: 06/01/2011 Current Conditional Payment Amount: \$2800.00 Conditional Payment Amount was updated on: 06/01/2011
Authorization Level: Beneficiary Proof of Representation Authorization Status: Verified	
Conditional Payment Notice Amount: \$500.00 Conditional Payment Notice Mail Date: 06/18/2011 Conditional Payment Notice Response Due Date: 07/31/2011	Demand letter Mail Date: 06/01/2011 Demand Amount: \$3754.00 Balance Amount: \$1234.56 <a href="#">Refund Data</a> Balance as of Date: 06/30/2011
<b>Final Conditional Payment Process</b>	
Final Conditional Payment Status: Final Conditional Payment Status Date: Final Conditional Payment Process Initiated: Request Final Conditional Payment by:	Final Conditional Payment Requested: Final Conditional Payment Amount: 120 days' Notice of Anticipated Settlement Mail Date:
<b>Redetermination Information</b>	
Redetermination Received: 05/01/2012 Redetermination Decision: Unfavorable Redetermination Decision Date: 06/01/2012	
Please select an action from the following list, if the option is disabled it may not be available for the case at this time:	

Slide notes

In order to submit an authorization, go to the Case Information page on the MSPRP for the case.

If an authorization has already been submitted for the case, the Authorization Type and Authorization Status will display on the top-half of this page.

The Authorization Type field indicates the type of authorization submitted. The Authorization Status field indicates the current status of the submitted authorization.

It can be Verified, Unverified, or Invalid. Only one Authorization Type and Authorization Status will display on this page.

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## Authorization Hierarchy

- If multiple authorizations have been submitted, the Authorization Type and Authorization Status with the highest authorization will display on the Case Information page
- The status of the authorization with the highest authorization level (1<sup>st</sup> through 6<sup>th</sup>) that was submitted to date can be one of the following: Verified, Unverified, or Invalid
- To view all submitted authorizations, click View/Request Authorizations on the Case Information page and click Continue

### Slide notes

If multiple authorizations have been submitted for the case, the Authorization Type and Authorization Status with the highest authorization level will display on the Case Information page.

The status of the authorization with the highest authorization level (1st through 6th) that was submitted to date can be one of the following: Verified, Unverified, or Invalid. To view all submitted authorizations, click View/Request Authorizations on the Case Information page and click [Continue].

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### Case Information

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Final Conditional Payment Process	
Final Conditional Payment Status:	Final Conditional Payment Requested:
Final Conditional Payment Status Date:	Final Conditional Payment Amount:
Final Conditional Payment Process Initiated:	120 days' Notice of Anticipated Settlement Mail Date:
Request Final Conditional Payment by:	

**Redetermination Information**

Redetermination Received: 05/01/2012  
 Redetermination Decision: Unfavorable  
 Redetermination Decision Date: 06/01/2012

**Please select an action from the following list, if the option is disabled 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?](#)
- Begin 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 Listing [What is this?](#)
- View/Provide the Notice of Settlement Information [What is this?](#)
- Initiate Demand Letter [What is this?](#)
- View/Submit Redetermination (First Level Appeal) [What is this?](#)

Continue
➤

Cancel
✕

Slide notes

To view all submitted authorizations, select the View / Request Authorizations action and then click [Continue]. This action allows users to view previously submitted authorization(s) and/or submit new authorizations.

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## Authorization Documentation [Print this page](#)

This page displays a list of authorizations currently on file that are associated with the case. This page will also allow the submission of new authorizations.

Authorizations	Status <a href="#">What is this?</a>	Start Date	End Date
Consent to Release	Verified	01/01/2011	12/31/2012
Proof of Representation	Verified	01/01/2011	Ongoing

**Submit New Authorization:**  
An asterisk (\*) indicates a required field.

**\*Select the authorization type:**

Beneficiary Consent to Release [What is Consent to Release?](#)

Beneficiary Proof of Representation [What is Proof of Representation?](#)

Recovery Agent Authorization [What is Recovery Agent Authorization?](#)

Please click the [Help About This Page](#) link to view the descriptions of these authorization types.

**\* Please select one of the following which best describes the representation type:** - Select -

**\* Start Date of Authorization:**  
 /  /  (MM/DD/CCYY)

**End Date of Authorization:**  /  /  (MM/DD/CCYY) Optional

**\*Supporting Documentation is Required. Please refer to [Help About This Page](#) to identify what documents should be submitted.**

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

Selecting **Continue** will submit the files to CMS. Selecting **Cancel** will return you to the Case Information page, the files will not be submitted to CMS.

Continue 
Cancel 

**Quick Help**

[Help About This Page](#)

Slide notes

Once the View / Request Authorizations action has been clicked, the Authorization Documentation page displays.

The top section of this page will display a list of all authorizations that have been submitted to date for the case, if applicable. The authorizations will be listed chronologically with the most current authorization listed first.

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## Current Authorizations on File

Field	Definition	
Authorization Type	Type of Authorization submitted: Proof of Representation, Consent to Release or Recovery Agent Authorization	
Status	Current status of the submitted authorization	
	Verified	Authorization has been reviewed and approved
	Unverified	Authorization is currently under review
	Invalid	Authorization has been reviewed and rejected
Start Date		
End Date		

**Slide notes**

For each submitted authorization, the Authorization Type, Status, Start Date and End Date are displayed.

The Authorization Type is the type of authorization submitted. It can be Proof of Representation, Consent to Release or Recovery Agent Authorization.

The status of the authorization may be Verified, Unverified or Invalid. A Verified status, means the authorization has been reviewed and approved. A status of Unverified means that the authorization is currently under review.

An Invalid status means the authorization has been reviewed and rejected. When this occurs, the reason for the rejection will display next to the Invalid status.

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## Current Authorizations on File

Field	Definition	
Status	Invalid	<ul style="list-style-type: none"> <li>• Missing or Insufficient Supporting Documentation</li> <li>• Missing Required Signature(s)</li> <li>• Authorization Date(s) conflict with Supporting Documentation</li> <li>• Authorization Invalid for multiple/other reason(s)</li> <li>• Authorization signed by deceased beneficiary</li> <li>• Beneficiary Medicare number value does not match</li> <li>• Beneficiary name does not match</li> <li>• DOI not provided</li> <li>• Name on documents do not match the portal submitter</li> <li>• No authorizing statement on document</li> <li>• Case ID does not match</li> </ul>
Start Date	Date the authorization goes into effect	
End Date	Date the authorization terminates	

### Slide notes

The following are the possible reasons that may display:

- Missing or Insufficient Supporting Documentation
- Missing Required Signature(s)
- Authorization Date(s) conflict with Supporting Documentation
- Authorization Invalid for multiple/other reason(s)
- Authorization signed by deceased beneficiary
- Beneficiary Medicare number value does not match
- Beneficiary name does not match
- DOI not provided
- Name on documents do not match the portal submitter
- No authorizing statement on document

- Case ID does not match

The Start Date is the date the authorization goes into effect and the End Date is the date the authorization terminates.

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## Authorization Documentation [Print this page](#)

This page displays a list of authorizations currently on file that are associated with the case. This page will also allow the submission of new authorizations.

Authorizations	Status <a href="#">What is this?</a>	Start Date	End Date
Consent to Release	Verified	01/01/2011	12/31/2012
Proof of Representation	Verified	01/01/2011	Ongoing

**Submit New Authorization:**  
An asterisk (\*) indicates a required field.

**\*Select the authorization type:**

Beneficiary Consent to Release [What is Consent to Release?](#)

Beneficiary Proof of Representation [What is Proof of Representation?](#)

Recovery Agent Authorization [What is Recovery Agent Authorization?](#)

Please click the [Help About This Page](#) link to view the descriptions of these authorization types.

**\* Please select one of the following which best describes the representation type:** - Select -

**\* Start Date of Authorization:**  
 /  /  (MM/DD/CCYY)

**End Date of Authorization:**  /  /  (MM/DD/CCYY) Optional

**\*Supporting Documentation is Required. Please refer to [Help About This Page](#) to identify what documents should be submitted.**

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

Selecting **Continue** will submit the files to CMS. Selecting **Cancel** will return you to the Case Information page, the files will not be submitted to CMS.

Continue 
Cancel 

**Quick Help**

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Slide notes

The next section of the Authorization Documentation page enables you to submit a new authorization and upload the necessary supporting documentation that backs up your request.

The information entered on this page must match the information submitted on your supporting documentation. All fields noted with an asterisk are required.

In order to submit a new authorization, you must first select the authorization type by clicking the radio button next to the desired authorization.

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## Representation Type

Type	Explanation
Attorney	A person licensed to practice law
Guardian/ Conservator	Appointed by a judge once it is determined that the beneficiary is incapacitated
Power of Attorney	A legal document giving the beneficiary's representative full legal authority to preside on the beneficiary's behalf
Third Party Administrator	An entity hired to act on behalf of and/or represent an organization or person for a specific matter such as the recovery of a Medicare overpayment
Individual/Other	All other types not covered by any of the other descriptions

### Slide notes

An explanation of each representation type is as follows:

- Attorney - A person licensed to practice law;
- Guardian/Conservator – Appointed by a judge once it is determined that the beneficiary is incapacitated;
  - A Guardian would be a person responsible for the beneficiary's personal affairs
  - A Conservator would be a person responsible for managing the beneficiary's estate and financial affairs
- Power of Attorney - A legal document giving the beneficiary's representative full legal authority to preside on the beneficiary's behalf;
- Third Party Administrator - An entity hired to act on behalf of and/or represent an organization or person for a specific matter such as the recovery of a Medicare overpayment.

For example, a workers' compensation carrier may hire an 'agent' to assist during the Medicare recovery process and provide a Proof of Representation document allowing that agent to act on their behalf in regard to that specific case; or and,

- Individual/Other – All other types not covered by any of the other descriptions.

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This page displays a list of authorizations currently on file that are associated with the case. This page will also allow the submission of new authorizations.

Authorizations	Status <a href="#">What is this?</a>	Start Date	End Date
Consent to Release	Verified	01/01/2011	12/31/2012
Proof of Representation	Verified	01/01/2011	Ongoing

**Submit New Authorization:**  
An asterisk (\*) indicates a required field.

**\*Select the authorization type:**

Beneficiary Consent to Release [What is Consent to Release?](#)

Beneficiary Proof of Representation [What is Proof of Representation?](#)

Recovery Agent Authorization [What is Recovery Agent Authorization?](#)

Please click the [Help About This Page](#) link to view the descriptions of these authorization types.

**\* Please select one of the following which best describes the representation type:** - Select -

**\* Start Date of Authorization:**  
 /  /  (MM/DD/CCYY)

**End Date of Authorization:**  /  /  (MM/DD/CCYY) *Optional*

**\*Supporting Documentation is Required. Please refer to [Help About This Page](#) to identify what documents should be submitted.**

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

Selecting **Continue** will submit the files to CMS. Selecting **Cancel** will return you to the Case Information page, the files will not be submitted to CMS.

Continue 
Cancel 

**Quick Help**

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Slide notes

The Authorization Start Date and Authorization End Date (if applicable) are entered next. The Authorization Start Date is the date the authorization goes into effect. It must be entered in MMDDCCYY format and it cannot be a future date.

If the supporting documentation does not specify a start date, enter the date the authorization was signed by the beneficiary/representative.

The Authorization End Date is the date the authorization terminates. If the supporting documentation does not specify a termination date, this field must be left blank.

If the supporting documentation specifies a termination date for the authorization, you must enter that date. If this date is entered, it must be entered in MMDDCCYY format.

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Authorizations	Status <a href="#">What is this?</a>	Start Date	End Date
Consent to Release	Verified	01/01/2011	12/31/2012
Proof of Representation	Verified	01/01/2011	Ongoing

**Submit New Authorization:**  
An asterisk (\*) indicates a required field.

**\*Select the authorization type:**

Beneficiary Consent to Release [What is Consent to Release?](#)

Beneficiary Proof of Representation [What is Proof of Representation?](#)

Recovery Agent Authorization [What is Recovery Agent Authorization?](#)

Please click the [Help About This Page](#) link to view the descriptions of these authorization types.

**\* Please select one of the following which best describes the representation type:** - Select -

**\* Start Date of Authorization:**  
 /  /  (MM/DD/CCYY)

**End Date of Authorization:**  /  /  (MM/DD/CCYY) **Optional**

**\*Supporting Documentation is Required. Please refer to [Help About This Page](#) to identify what documents should be submitted.**

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

Selecting **Continue** will submit the files to CMS. Selecting **Cancel** will return you to the Case Information page, the files will not be submitted to CMS.

Continue 
Cancel 

**Quick Help**

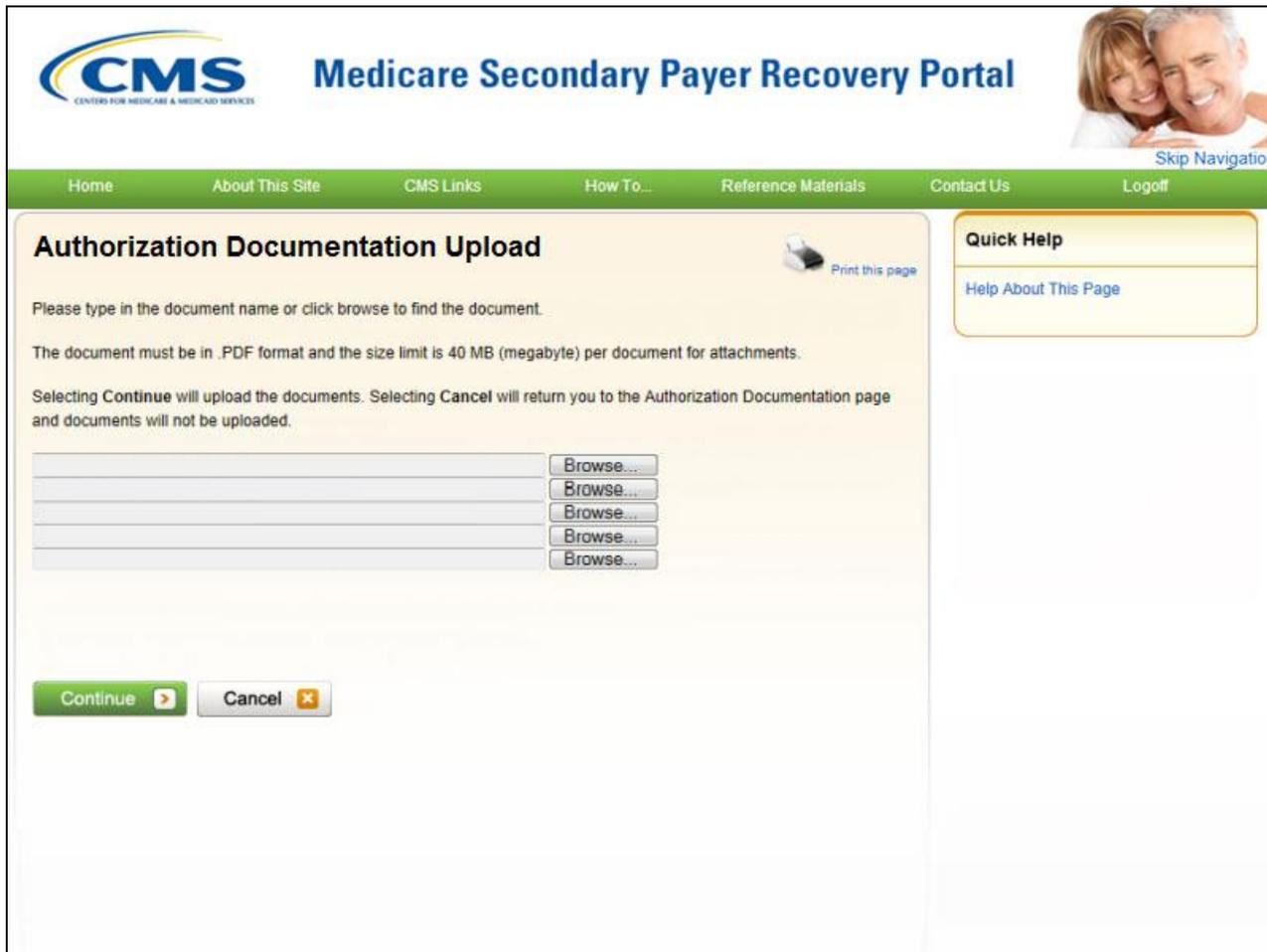
[Help About This Page](#)

Slide notes

Finally, the user will upload required documentation that supports the type of authorization requested. For exact specifications on what is required, see the MSPRP User Guide (Section 13.1.1).

Once you are ready to upload the documentation, click [Upload Documentation]. This will take the user to the Documentation Upload page where you will perform the upload.

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The screenshot displays the Medicare Secondary Payer Recovery Portal. At the top left is the CMS logo (Center for Medicare & Medicaid Services). To its right is the page title "Medicare Secondary Payer Recovery Portal" and a photo of a smiling couple with the text "Skip Navigation". A green navigation bar contains links: Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, and Logoff.

The main content area is titled "Authorization Documentation Upload" and includes a "Print this page" icon. The instructions state: "Please type in the document name or 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 Authorization Documentation page and documents will not be uploaded." Below this text are five empty text input fields, each followed by a "Browse..." button. At the bottom of the main area are two buttons: a green "Continue" button with a right-pointing arrow and a grey "Cancel" button with a red 'X' icon.

On the right side, there is a "Quick Help" box with a yellow border containing a link for "Help About This Page".

**Slide notes**

The MSPRP requires each uploaded file to be: an Adobe Acrobat (.PDF) file less than or equal to 40 MB, and virus free.

The filename must only include the following valid characters: any letter (A-Z or a-z), any number (0-9), and any of the following special characters: hyphen (-), period (.) or underscore ( \_ ).

The filename cannot include spaces. 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.

Additionally, if you attempt to submit a duplicate authorization (the same authorization type for the same time period), you will receive the following message "Duplicate Authorization already on file."

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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Authorizations	Status <a href="#">What is this?</a>	Start Date	End Date
Consent to Release	Verified	01/01/2011	12/31/2012
Proof of Representation	Verified	01/01/2011	Ongoing

**Submit New Authorization:**  
An asterisk (\*) indicates a required field.

**\*Select the authorization type:**

Beneficiary Consent to Release [What is Consent to Release?](#)

Beneficiary Proof of Representation [What is Proof of Representation?](#)

Recovery Agent Authorization [What is Recovery Agent Authorization?](#)

Please click the [Help About This Page](#) link to view the descriptions of these authorization types.

**\* Please select one of the following which best describes the representation type:** - Select -

**\* Start Date of Authorization:**  
 /  /  (MM/DD/CCYY)

**End Date of Authorization:**  /  /  (MM/DD/CCYY) Optional

**\*Supporting Documentation is Required. Please refer to [Help About This Page](#) to identify what documents should be submitted.**

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

Selecting **Continue** will submit the files to CMS. Selecting **Cancel** will return you to the Case Information page, the files will not be submitted to CMS.

Continue 
Cancel 

**Quick Help**

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## Slide notes

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

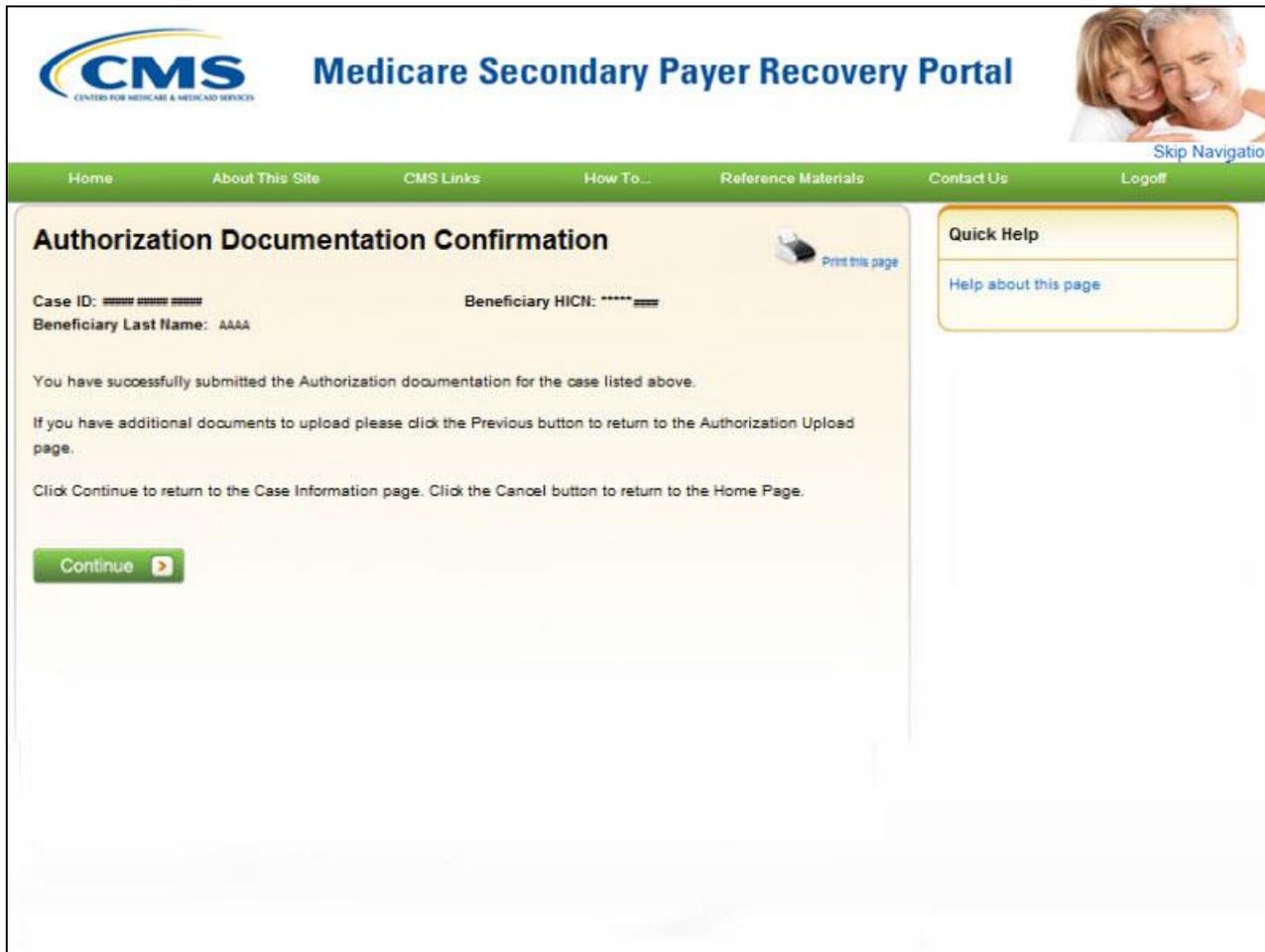
If you have additional files to upload, select Upload Documentation to repeat the upload process until all of your supporting documentation has been uploaded.

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.

Once you have confirmed that all uploaded files should be submitted for the case, click [Continue] to complete the submission process.

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The screenshot displays the Medicare Secondary Payer Recovery Portal. At the top left is the CMS logo (Center for Medicare & Medicaid Services). To its right is the page 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: Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, and Logoff.

The main content area is titled "Authorization Documentation Confirmation". It includes a "Print this page" icon. The page displays the following information:

- Case ID: [REDACTED]
- Beneficiary HICN: \*\*\*\*\*
- Beneficiary Last Name: AAAA

The page contains the following text:

You have successfully submitted the Authorization documentation for the case listed above.

If you have additional documents to upload please click the Previous button to return to the Authorization Upload page.

Click Continue to return to the Case Information page. Click the Cancel button to return to the Home Page.

A green "Continue" button with a right-pointing arrow is visible at the bottom left of the main content area.

On the right side, there is a "Quick Help" box with a "Help about this page" link.

**Slide notes**

The Authorization Documentation Confirmation page will display. This page confirms that you have successfully submitted the supporting documentation for your authorization.

The Case ID, Beneficiary Last Name and Beneficiary HICN (Health Insurance Claim Number) for the case are displayed at the top of the page.

The names of each submitted document display beneath this information, if applicable.

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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## Next Steps

- Allow 45 days for CMS to review supporting documentation and validate the authorization
- Verified Authorization Status
  - Applies to Account Manager and each Account Designee who is granted access to the case
  - Conditional Payment letter will not be automatically sent
    - You must select the Request a copy of the conditional payment letter action to receive the Conditional Payment Letter

### Slide notes

Allow 45 days for CMS to review the supporting documentation and validate the authorization.

Once an authorization for a case has been put into a Verified Authorization Status, the authorization applies to the Account Manager and each Account Designee who is granted access to the case.

The Conditional Payment Letter will not be automatically sent out after an authorization has been updated to a Verified status.

Once the status has been updated to Verified you must select the Request a copy of the conditional payment letter action to have the system generate the Conditional Payment Letter.

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## Next Steps

- Invalid Authorization Status
  - Main reason is a problem with supporting documentation
    - Missing or Insufficient Supporting Documentation
    - Missing Required Signature(s)
    - Authorization Date(s) conflict with Supporting Documentation
    - Authorization Invalid for multiple/other reason(s)
  - Any authorization that is rejected must be resubmitted until it receives a Verified Status



### Slide notes

If you do not upload the required documentation, the authorization will be rejected and it will be placed in an Invalid Status.

The main reason that an authorization would be rejected and receive an Invalid status is if there is a problem or error with the supporting documentation that was uploaded.

The possible reasons that an authorization may be rejected include:

- Missing or Insufficient Supporting Documentation;
- Missing Required Signature(s);
- Authorization Date(s) conflict with Supporting Documentation; and
- Authorization Invalid for multiple/other reason(s).

Any authorization that is rejected must be resubmitted as a new authorization until it receives a Verified Status.

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## Change a Verified Authorization

**Submit your request in writing**

Liability Insurance, No-Fault Insurance,  
Workers' Compensation: NGHP  
PO Box 138832  
Oklahoma City, OK 73113  
Fax: (405) 869-3309

### Slide notes

To revoke, delete, or change the start and/or end dates on an existing Verified Authorization, you must submit your request in writing to:

Liability Insurance, No-Fault Insurance, Workers' Compensation: NGHP, PO Box 138832, Oklahoma City, OK 73113, or fax (405) 869-3309.

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You have completed the MSPRP Requesting Authorization 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 Requesting Authorization 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 in the center reads: "If you have any questions or feedback on this material, please go 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>.