
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.
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: http://www.cob.cms.hhs.gov/MSPRP/.

Slide notes

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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.
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.
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
  - Make and Electronic 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, resolve any potential recovery claim that Medicare may have if there is a settlement, judgment, award, or other payment and make and electronic payment.

Note: You will not be able to receive correspondence until your authorization is in a Verified status.
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.
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.
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 Notice of Settlement Information;
- Initiate the Demand Letter;
- Request an electronic copy of the Conditional Payment Letter (eCPL) and make and electronic payment

An individual or entity with a Verified Consent to Release Authorization cannot perform these functions.
Also, to request the eCPL, the user must be logged in to the MSPRP using multi-factor authentication.
An individual or entity with a Recovery Agent Authorization can perform these functions:

- View and request authorizations
- View and request new authorizations for other parties
- View case data
- View and dispute claims listing
- Initiate Demand Letter
- Request Electronic Conditional Payment Letters (eCPL’s)

Note: Recovery agents can request eCPLs on insurer-debtor cases only and they must be logged in using multi-factor authentication.
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.
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 Level and Authorization Status will display on the top-half of this page.

The Authorization Level 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 Level and Authorization Status will display on this page.
If multiple authorizations have been submitted for the case, the Authorization Level 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.

Slide notes

If multiple authorizations have been submitted for the case, the Authorization Level 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].
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. This page also contains a previous button the user does not have to return to the Account List page or restart your search a new search.
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.
**Current Authorizations on File**

<table>
<thead>
<tr>
<th>Field</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authorization Type Status</td>
<td><strong>Type of Authorization submitted:</strong> Proof of Representation, Consent to Release or Recovery Agent Authorization</td>
</tr>
<tr>
<td></td>
<td><strong>Current status of the submitted authorization</strong></td>
</tr>
<tr>
<td>Verified</td>
<td>Authorization has been reviewed and approved</td>
</tr>
<tr>
<td>Unverified</td>
<td>Authorization is currently under review</td>
</tr>
<tr>
<td>Invalid</td>
<td>Authorization has been reviewed and rejected</td>
</tr>
<tr>
<td>Start Date</td>
<td></td>
</tr>
<tr>
<td>End Date</td>
<td></td>
</tr>
</tbody>
</table>

**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.
Current Authorizations on File

<table>
<thead>
<tr>
<th>Field</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Status</td>
<td>Invalid</td>
</tr>
<tr>
<td></td>
<td>• Missing or Insufficient Supporting Documentation</td>
</tr>
<tr>
<td></td>
<td>• Missing Required Signature(s)</td>
</tr>
<tr>
<td></td>
<td>• Authorization Date(s) conflict with Supporting Documentation</td>
</tr>
<tr>
<td></td>
<td>• Authorization Invalid for multiple/other reason(s)</td>
</tr>
<tr>
<td></td>
<td>• Authorization signed by deceased beneficiary</td>
</tr>
<tr>
<td></td>
<td>• Beneficiary Medicare number value does not match</td>
</tr>
<tr>
<td></td>
<td>• Beneficiary name does not match</td>
</tr>
<tr>
<td></td>
<td>• DOI not provided</td>
</tr>
<tr>
<td></td>
<td>• Name on documents do not match the portal submitter</td>
</tr>
<tr>
<td></td>
<td>• No authorizing statement on document</td>
</tr>
<tr>
<td></td>
<td>• Case ID does not match</td>
</tr>
</tbody>
</table>

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.
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 and allows you to submit new authorization requests for another party.

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.

If this authorization is being submitted for another party, select Yes and enter the required representative information (i.e., the name and address for the other party). If you are not submitting the authorization for another party, select No and fields in the Representative Information section will not be displayed. This is a drop-down menu so the user can select the representative type.
Representation Type

<table>
<thead>
<tr>
<th>Type</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attorney</td>
<td>A person licensed to practice law</td>
</tr>
<tr>
<td>Guardian/Conservator</td>
<td>Appointed by a judge once it is determined that the beneficiary is incapacitated</td>
</tr>
<tr>
<td>Power of Attorney</td>
<td>A legal document giving the beneficiary’s representative full legal authority to preside on the beneficiary’s behalf</td>
</tr>
<tr>
<td>Third Party Administrator</td>
<td>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</td>
</tr>
<tr>
<td>Individual/Other</td>
<td>All other types not covered by any of the other descriptions</td>
</tr>
</tbody>
</table>

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 an Individual/Other - All other types not covered by any of the other descriptions.
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.
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.
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.
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. Notes: Once submitted, you can view your status (if you requested the authorization) or the other party can view the status when they log in to the MSPRP (if the authorization was requested for another party) under Authorization Level on the Case Information page, as well as view the new authorization on this page, along with the authorization start and end dates.
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 Medicare ID 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.
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
  - CPL will not be automatically sent
    - You must select the Request a copy of the conditional payment letter action to receive the CPL

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.
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.
Slide notes

For Recovery Agent Authorizations on CRC cases, write to: Commercial Repayment Center - NGHP, PO Box 269003, Oklahoma City, OK 73126. Note: The Case ID begins with the number 3 for CRC cases.

For PORs, CTRs, and Recovery Agent Authorization on a BCRC case, write to: NGHP, PO Box 138832, Oklahoma City, OK 73113, or fax (405) 869-3309. Note: The Case ID begins with the number 2 for BCRC cases.
Change a Verified Authorization (CRC Case)

Submit your request in writing

Commercial Repayment Center - NGHP
PO Box 269003
Oklahoma City, OK 73126
Fax: (405) 869-3309

Slide notes

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