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Medicare Secondary Payer Recovery Portal (MSRP)

Submitting Settlement Information

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) Submitting Settlement Information 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 [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

- Explain how, when and why to submit information
- What to expect once settlement information has been submitted
- Requirements for selecting the Fixed Percentage Option



Slide notes

This course will explain how, when and why settlement information is to be entered on the MSPRP, what to expect once settlement information has been submitted, and the requirements for selecting the Fixed Percentage Option.

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When to Submit Notice of Settlement

- Submit your Notice of Settlement Information as soon as the case has settled even if the settlement amount has not been received or if the funds are tied up in the registry of the courts
- Do not submit Notice of Settlement Information when
 - Settlement amount is a 'proposed' amount
 - Claims, not previously submitted for dispute, are now in dispute

Slide notes

When a beneficiary receives a settlement, judgment, award, or other payment, Medicare is entitled to recover associated payments made by the Medicare program.

In order for Medicare to properly calculate the net refund due, settlement information must be provided.

You are recommended to submit your Notice of Settlement Information as soon as the case has settled even if the settlement amount has not been received or if the funds are tied up in the registry of the courts.

Do not submit Notice of Settlement Information in the following situations:

- The settlement amount is a 'proposed' amount; or
- Additional claims, not previously submitted for dispute, are now in dispute.

If additional claims are in dispute, select the View / Dispute Claims Listing action on the Case Information page and submit the claims for dispute.

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Case Information

Case # 2111 [Print this page](#) [Quick Help: Help About This Page](#)

Case Type: Liability Insurance
 Case Status: Demand Issued [What is this?](#)
 Beneficiary Medicare Number: ****07254
 Beneficiary DOB: m/indjwvwy
 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
 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: 08/15/2011
Current Conditional Payment Amount: \$21,400.00
Conditional Payment Amount Updated on: 09/01/2011
Demand Letter Mail Date: 06/01/2011
Demand Amount: \$5754.00

Final Conditional Payment Process

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: \$2754.00

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?](#)

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

Slide notes

In order to submit notice of settlement information, you must first ensure that the conditional payment amount has been updated within 10 calendar days of the date you submit this information.

If it has not, first request an update to the conditional payment amount.

Once the Current Conditional Payment Amount and the Conditional Payment Amount Updated on date have been revised, select the Provide the Notice of Settlement Information action and then click [Continue].

Note: If the insurer is the identified debtor on the case, the Provide Notice of Settlement Information action will not display.

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Settlement Information

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This page allows you to enter Notice of Settlement information, upload Notice of Settlement documentation, or select the Fixed Percentage Option. Completion of this page will result in the issuance of a demand/bill. Note: if you believe any of the claims listing on the Claims Listing Page are unrelated to the case, click Cancel and select the View / Dispute Claims Listing option to submit a dispute. Please do not submit a dispute as part of the settlement documentation.

An asterisk (*) indicates a required field.

***Injury Type:**

Note : If this case is in the Final Conditional Payment Process and the Injury Type selected is Non-Physical Trauma-Based Injury, CMS reserves the right to amend or modify the Final Conditional Payment Amount if additional claims related to the alleged injury resulting from exposure, implantation, or ingestion of a substance are later identified and were not included in the Final Conditional Payment Amount.

Traumatic Injury (e.g. Slip and Fall or Auto Accident)
 Non-Physical Trauma-Based Injury (e.g. Alleged injury resulting from exposure, implantation, or ingestion of a substance.)

*Settlement Amount: (0.00 - 999,999,999.00)

*Settlement Date: / / (MM/DD/CCYY)

Settlement Details

Please choose one of the following options:

Note: Fees and costs are limited to what the beneficiary had to pay to attain his/her settlement. Only those costs borne by the beneficiary should be entered. If nothing is entered, this request will be processed without Attorney Fees.

None
 Attorney Fees [What are Attorney Fees?](#)

Attorney Fees: (0.00 - 999,999,999.00)
 Attorney Expenses: (0.00 - 999,999,999.00)

Attorney Fee Percentage: %

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Slide notes

When the Provide Notice of Settlement action has been selected, the Settlement Information page displays. This page provides you with the ability to enter and submit Notice of Settlement information.

If the case qualifies for the Fixed Percentage Option, you can request that option on this page as well.

In order to submit settlement information, you must first select the injury type by clicking the radio button for the type of accident/injury/illness being claimed and/or released with respect to the Medicare beneficiary. This field is required.

For an injury/illness resulting from a sudden physical injury such as a slip and fall, or auto-accident (i.e., the injury/illness does not relate to ingestion, exposure, or medical implant), select the Traumatic Injury radio button.

For an injury/illness that does not result from a sudden physical injury (i.e., an alleged injury resulting from exposure, implantation, or ingestion of a substance.), select the Non-traumatic Injury radio button.

Note: If this case is in the Final Conditional Payment Process and the Injury Type selected is Non-Physical Trauma-Based Injury, CMS reserves the right to amend or modify the Final Conditional Payment Amount

if additional claims related to the alleged injury resulting from exposure, implantation, or ingestion of a substance are later identified and were not included in the Final Conditional Payment.

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Settlement Information

[Print this page](#)

This page allows you to enter Notice of Settlement information, upload Notice of Settlement documentation, or elect the Fixed Percentage Option. Completion of this page will result in the issuance of a demand/bill. Note: if you believe any of the claims listing on the Claims Listing Page are unrelated to the case, click Cancel and select the View / Dispute Claims Listing option to submit a dispute. Please do not submit a dispute as part of the settlement documentation.

An asterisk (*) indicates a required field.

***Injury Type:**

Note : If this case is in the Final Conditional Payment Process and the Injury Type selected is Non-Physical Trauma-Based Injury, CMS reserves the right to amend or modify the Final Conditional Payment Amount if additional claims related to the alleged injury resulting from exposure, implantation, or ingestion of a substance are later identified and were not included in the Final Conditional Payment Amount.

Traumatic Injury (e.g. Slip and Fall or Auto Accident)
 Non-Physical Trauma-Based Injury (e.g. Alleged injury resulting from exposure, implantation, or ingestion of a substance.)

***Settlement Amount:** (0.00 - 999,999,999.00)
***Settlement Date:** / / (MM/DD/CCYY)

Settlement Details

Please choose one of the following options:

Note: Fees and costs are limited to what the beneficiary had to pay to attain his/her settlement. Only those costs borne by the beneficiary should be entered. If nothing is entered, this request will be processed without Attorney Fees.

None
 Attorney Fees [What are Attorney Fees?](#)

Attorney Fees: (0.00 - 999,999,999.00)
Attorney Expenses: (0.00 - 999,999,999.00)

Attorney Fee Percentage: %

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The Settlement Amount and Settlement Date are also required and are entered next.

The Settlement Amount is the dollar amount of the total payment obligation to or on behalf of the Medicare beneficiary in connection with the settlement, judgment, award or other payment.

Note: If attorney fees and/or costs are awarded in addition to the settlement, please include the award as a part of the Settlement Amount. This field is required. Enter a numeric value (decimals and commas are optional).

For example, a settlement amount of \$10,000 could be entered as: 10000; or 10,000; or 10,000.00). Do not enter the dollar sign (\$) as part of your entry.

The Settlement Date is the date the payment obligation was established, not necessarily the payment date or check issue date.

It is the date the obligation is signed if there is a written agreement unless court approval is required. If court approval is required it is the later of the date the obligation is signed or the date of court approval.

If there is no written agreement it is the date the payment (or first payment if there will be multiple payments) is issued.

This field is required. It must be a valid date, be greater than 01/01/1960, be less than or equal to the current date and be greater than the Date of Incident on the case.

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Settlement Details

Please choose one of the following options:

Note: If nothing is entered, this request will be processed without Attorney Fees.

None

Attorney Fees [What are Attorney Fees?](#)

Attorney Fees: . (0.00 - 999,999,999.00)

Attorney Expenses: . (0.00 - 999,999,999.00)

Attorney Fee Percentage %

Fixed Percentage Option [What is Fixed Percentage Option?](#)

Exclusions

MED/PIP/Other Exclusions: . (0.00 - 999,999,999.00) [What are Exclusions?](#)

I attest that the settlement information provided above is correct.

Official Settlement Documentation (court documents) is not required unless needed to resolve relatedness issues on conditional payments made. In certain situations, CMS may require a detailed breakdown of attorney fees and expenses to be provided/uploaded.

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

Note: Please submit settlement related documentation only. Any other documents submitted will not be reviewed.

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.

- AAAA.PDF [Delete](#)

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.

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Slide notes

Next is the Settlement Details section. There are four options: None, Attorney Fees, Attorney Fee Percentage or Fixed Percentage Option. If no option is selected, the settlement information will be processed without Attorney Fees.

Note: If the responsible party for the Medicare Recovery Claim or debt is the insurer or employer, do not enter any amount in the attorney fees or attorney expenses fields on this page, otherwise there will be a corresponding deduction when the demand is generated.

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Settlement Details

Please choose one of the following options:

Note: If nothing is entered, this request will be processed without Attorney Fees.

None

Attorney Fees [What are Attorney Fees?](#)

Attorney Fees: . (0.00 - 999,999,999.00)

Attorney Expenses: . (0.00 - 999,999,999.00)

Attorney Fee Percentage %

Fixed Percentage Option [What is Fixed Percentage Option?](#)

Exclusions

MED/PIP/Other Exclusions: . (0.00 - 999,999,999.00) [What are Exclusions?](#)

I attest that the settlement information provided above is correct.

Official Settlement Documentation (court documents) is not required unless needed to resolve relatedness issues on conditional payments made. In certain situations, CMS may require a detailed breakdown of attorney fees and expenses to be provided/uploaded.

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

Note: Please submit settlement related documentation only. Any other documents submitted will not be reviewed. 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.

- AAAA.PDF [Delete](#)

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.

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Slide notes

Select none to indicate that the beneficiary did not incur any attorney fees.

Select Attorney Fees when the beneficiary incurred costs in attaining his/her settlement. Enter a numeric value in the Attorney Fees and/or Attorney Expenses fields for those costs borne by the beneficiary.

Decimals and commas are optional. Do not enter the dollar sign (\$) as part of your entry. Attorney Fees and/or Attorney Expenses cannot both be zero. Attorney Fees are the total amount charged by the attorney to take the case.

Attorney Expenses are the total amount of additional expenses (not including the Attorney Fees) charged by the attorney.

Acceptable expenses are expenses related to obtaining: Medical records, copies, depositions, testimonies, faxes, mailings, phone calls and also, travel expenses. Do not include: interest charges, medical bills paid or other Recovery Claims.

Select Attorney Fee Percentage when there is an agreed-upon percentage of the settlement amount charged by the attorney to the beneficiary.

Enter a whole number between 1 and 100 (Fractions or Percents are not allowed).

As an alternative to resolve Medicare's recovery claim, certain Medicare beneficiaries can select the Fixed Percentage Option which will allow them to pay a flat 25% of their total liability insurance (including self-insurance) settlement instead of following the traditional recovery process.

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Fixed Percentage Option Criteria

1. Liability insurance settlement must be for a physical trauma based injury
2. Total liability settlement, judgment, award, or other payment is \$5,000 or less
3. Beneficiary elects the option within the required timeframe
 - Request must be submitted before or at the time the settlement documentation is submitted
 - If a CPN has been issued, the request must be on or before the CPN response is due (30 days from the date of the CPN)
4. Medicare has not issued a demand letter or other request for reimbursement related to the incident
5. Beneficiary has not received and does not expect to receive any other settlements, judgments, awards, or other payments related to the incident

Slide notes

In order to qualify for the Fixed Percentage Option, all of the following criteria must be met:

- 1) The liability insurance settlement must be for a physical trauma based injury (i.e., it does not relate to ingestion, exposure, or medical implant).
- 2) The total liability settlement, judgment, award, or other payment is \$5,000 or less.
- 3) The beneficiary elects the option within the required timeframe:
 - The request must be submitted before or at the time the settlement documentation is submitted.
 - If a Conditional Payment Notice (CPN) has been issued, the request must be on or before the CPN response is due (30 days from the date of the CPN).
- 4) Medicare has not issued a demand letter or other request for reimbursement related to the incident.
- 5) The beneficiary has not received and does not expect to receive any other settlements, judgments, awards, or other payments related to the incident.

Note: This option is disabled for cases in the Final Conditional Payment (Final CP) process.

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Settlement Details

Please choose one of the following options:

Note: If nothing is entered, this request will be processed without Attorney Fees.

None

Attorney Fees [What are Attorney Fees?](#)

Attorney Fees: . (0.00 - 999,999,999.00)

Attorney Expenses: . (0.00 - 999,999,999.00)

Attorney Fee Percentage %

Fixed Percentage Option [What is Fixed Percentage Option?](#)

Exclusions

MED/PIP/Other Exclusions: . (0.00 - 999,999,999.00) [What are Exclusions?](#)

I attest that the settlement information provided above is correct.

Official Settlement Documentation (court documents) is not required unless needed to resolve relatedness issues on conditional payments made. **In certain situations, CMS may require a detailed breakdown of attorney fees and expenses to be provided/uploaded.**

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

Note: Please submit settlement related documentation only. Any other documents submitted will not be reviewed. 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.

- AAAA.PDF [Delete](#)

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.

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Slide notes

The next field on this page is MED/PIP/Other Exclusions which is related to no-fault.

When no-fault insurance pays for all or part of the medical expenses for injuries regardless of who may have been responsible for causing the accident, this insurance is sometimes called personal injury protection (PIP), medical payments coverage (MED PAY), or medical expense coverage. If such monies have been paid to the Medicare beneficiary and/or Medicare, the total amount paid must be entered.

Note: If Medicare has paid claims in relation to the incident, Medicare's recovery amount will be directly impacted by any amount entered in the MED/PIP/Other Exclusions field.

When processing a liability settlement, CMS will make a pro rata reduction based on the settlement amount, attorney's fees and expenses.

When processing a no-fault settlement, there should be no reduction based on the amount the no-fault insurer has paid directly.

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Settlement Details

Please choose one of the following options:

Note: If nothing is entered, this request will be processed without Attorney Fees.

None

Attorney Fees [What are Attorney Fees?](#)

Attorney Fees: . (0.00 - 999,999,999.00)

Attorney Expenses: . (0.00 - 999,999,999.00)

Attorney Fee Percentage %

Fixed Percentage Option [What is Fixed Percentage Option?](#)

Exclusions

MED/PIP/Other Exclusions: . (0.00 - 999,999,999.00) [What are Exclusions?](#)

I attest that the settlement information provided above is correct.

Official Settlement Documentation (court documents) is not required unless needed to resolve relatedness issues on conditional payments made. **In certain situations, CMS may require a detailed breakdown of attorney fees and expenses to be provided/uploaded.**

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

Note: Please submit settlement related documentation only. Any other documents submitted will not be reviewed.

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.

- AAAA.PDF [Delete](#)

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

Next, you must select the attestation box to confirm the accuracy of the submitted settlement information. Finally, you will upload documentation if it is required.

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Uploading Supporting Documentation Guidelines

Supporting Documentation Guidelines

Settlement Details	Supporting Documentation Required
Fixed Percentage Selected Note: The MSPRP will prompt you to upload the required document	Document that includes the information in the Fixed Percentage Model Language document found at the following link https://www.cms.gov/Medicare/Coordination-of-Benefits-and-Recovery/Beneficiary-Services/Demand-Calculation-Options/Demand-Calculation-Options-page.html

Slide notes

If you have selected the Fixed Percentage option, upload supporting documentation that includes the information in the Fixed Percentage Model Language document found at the following link:

<https://www.cms.gov/Medicare/Coordination-of-Benefits-and-Recovery/Beneficiary-Services/Demand-Calculation-Options/Demand-Calculation-Options-page.html>.

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Uploading Supporting Documentation Guidelines

Supporting Documentation Guidelines

Settlement Details	Supporting Documentation Required
<p>Settlement information exceeds the MSPRP threshold restrictions</p> <p>Note: The MSPRP will prompt you to submit a detailed breakdown of attorney fees and expenses when this occurs</p>	<ul style="list-style-type: none"> • Final settlement Detail Document that includes the: <ul style="list-style-type: none"> ▪ Amount of Settlement ▪ Date of Settlement ▪ Attorney's Fees paid by the beneficiary (if any), and ▪ An itemized list of Attorney Expenses paid by the beneficiary (if any)

Slide notes

When the settlement information exceeds the MSPRP threshold restrictions, the MSPRP will prompt you to submit a detailed breakdown of attorney fees and expenses.

Upload the Final Settlement Detail Document that includes the: Amount of Settlement, Date of Settlement, Attorney's Fees paid by the beneficiary (if any), and an itemized list of Attorney Expenses paid by the beneficiary (if any).

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Uploading Supporting Documentation Guidelines

- Submit settlement related documentation only. Any other documents submitted will not be reviewed.
- Do not submit a dispute as part of the settlement documentation
- Do not mail or fax any documentation that you have successfully uploaded to the MSPRP. This will slow down the review process.

Slide notes

Please submit settlement related documentation only. Any other documents submitted will not be reviewed.

Do not submit a dispute as part of the settlement documentation. Also, do not mail or fax any documentation that you have successfully uploaded to the MSPRP. This will slow down the review process.

Once you are ready to upload the documentation, click [Upload Documentation].

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Notice of Settlement Documentation Upload

[Print this page](#)

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.

Quick Help

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Slide notes

The Notice of Settlement Documentation Upload page will display.

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.

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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Settlement Details

Please choose one of the following options:

Note: If nothing is entered, this request will be processed without Attorney Fees.

None

Attorney Fees [What are Attorney Fees?](#)

Attorney Fees: . (0.00 - 999,999,999.00)

Attorney Expenses: . (0.00 - 999,999,999.00)

Attorney Fee Percentage %

Fixed Percentage Option [What is Fixed Percentage Option?](#)

Exclusions

MED/PIP/Other Exclusions: . (0.00 - 999,999,999.00) [What are Exclusions?](#)

I attest that the settlement information provided above is correct.

Official Settlement Documentation (court documents) is not required unless needed to resolve relatedness issues on conditional payments made. In certain situations, CMS may require a detailed breakdown of attorney fees and expenses to be provided/uploaded.

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

Note: Please submit settlement related documentation only. Any other documents submitted will not be reviewed. 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.

- AAAA.PDF [Delete](#)

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.

Quick Help

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Slide notes

If all files are virus free, the Settlement Information 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.

Click [Continue] once you have confirmed that all uploaded files should be submitted for the case.

This will complete the submission process. Note: If you are not uploading any supporting documentation, you must click [Continue] to submit your Notice of Settlement.

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The screenshot shows a web application interface with a green navigation bar at the top containing links: Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, and Sign off. The main content area has a light yellow background and is titled "Notice of Settlement Confirmation". Below the title, it displays "Case ID:" followed by a redacted value and "Beneficiary HICN: *****6789A". Below that, it shows "Beneficiary Last Name:" followed by a redacted value. A message states: "You have successfully submitted the following Notice of Settlement documentation for the case listed above: NOS1.pdf, NOS2.pdf". Below this, it says "Click Continue to return to the Case Information page." and features a green "Continue" button with a right-pointing arrow. To the right of the main content is a "Quick Help" box with a "Help About This Page" link. A "Print this page" link is located near the top right of the main content area.

Slide notes

The Notice of Settlement 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 file names of any documentation submitted to support the settlement information will also be listed.

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 20 days for CMS to review settlement information
 - CMS will contact you if any additional information is needed
 - If settlement information and/or documentation submitted is complete, CMS will issue a final demand, bill, or case closure notice
- Fixed Percentage Option are processed in the order received
 - Allow CMS 30 days to process the request
 - Request Denied
 - Formal letter will be provided with an explanation, and a regular Final Demand Letter will be sent under separate cover
 - Request Approved
 - Beneficiary will receive a bill for the amount specified (i.e., 25% of the settlement)

Slide notes

When a beneficiary receives a settlement, judgment, award, or other payment, Medicare is entitled to recover associated payments made by the Medicare program.

CMS will contact you if any additional information is needed. If the settlement information and/or documentation submitted is complete, CMS will issue a final demand, bill, or case closure notice.

Fixed Percentage Option requests are processed in the order received. Please allow CMS 30 days to process these requests.

If the request is denied, a formal letter will be provided with an explanation, and a regular Final Demand Letter will be sent under separate cover.

If the request is approved, the beneficiary will receive a bill for the amount specified (i.e., 25% of the settlement).

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Final Demand

Case Information Page	
Field	Updated Value
Case Status	Demand
Demand Letter Mail Date	Date the Demand Letter was issued
Demand Amount	Final demand amount included in the letter

- Demand letter
 - Sent to formally advise the debtor of the amount of money owed to the Medicare program and reflects a pro rata share reduction for fees and costs
 - Explains the MSP recovery process
 - Note: Interest accrual will be assessed every 30 days from the date of the Final Demand Letter if payment is not received within 60 days of the date of the letter

Slide notes

When CMS has issued a Final Demand Letter, the following updates will be made to the Case Information page. The Case status will be changed to Demand.

This means that CMS has issued/or is in the process of issuing a formal demand letter advising the debtor of his/her/its payment responsibility.

The Demand Letter Mail Date will be updated to the date the demand letter was issued and the Demand Amount will be updated with the final demand amount included in the demand letter.

The demand letter is sent to formally advise the debtor of the amount of money owed to the Medicare program and reflects a pro rata share reduction for fees and costs. This letter explains the Medicare Secondary Payer (MSP) recovery process.

Note: Interest accrual will be assessed every 30 days from the date of the Final Demand Letter if payment is not received within 60 days of the date of the letter.

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Bill Issued

Case Information Page	
Field	Updated Value
Case Status	Bill Issued
Demand Letter Mail Date	Date the bill was issued
Demand Amount	Final demand amount included in the bill

- Payment must be received within the timeframe specified on the bill

Slide notes

The following updates will be made to the Case Information page when CMS has approved the Fixed Percentage Option Request and has issued a bill to the beneficiary for the amount due:

- Case Status: Bill Issued;
- Demand Letter Mail Date: Date the bill was issued; and
- Demand Amount: Final demand amount included in the bill.

Payment must be received within the timeframe specified on the bill.

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Case Closure

Case Information Page	
Field	Updated Value
Case Status	Closed

- CMS has terminated recovery efforts for the case and has issued a case closure notice
- Case closure may occur when a case should not have been created

Contact the BCRC at (855)-798-2627

Slide notes

When the Case Status is changed to Closed, this means that CMS has terminated recovery efforts for the case and has issued a case closure notice. Case closure may occur when a case should not have been created, e.g., the case was created for an incorrect date of incident, or the beneficiary was not eligible during the MSP coverage period.

Note: If you feel that a case should not have been closed or if you want to take further action (such as filing an appeal), please contact the BCRC at (855)-798-2627 to speak with a customer service representative.

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You have completed the MSPRP Submitting Settlement Information 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 Submitting Settlement Information 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/>.

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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 main text is centered and 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>.