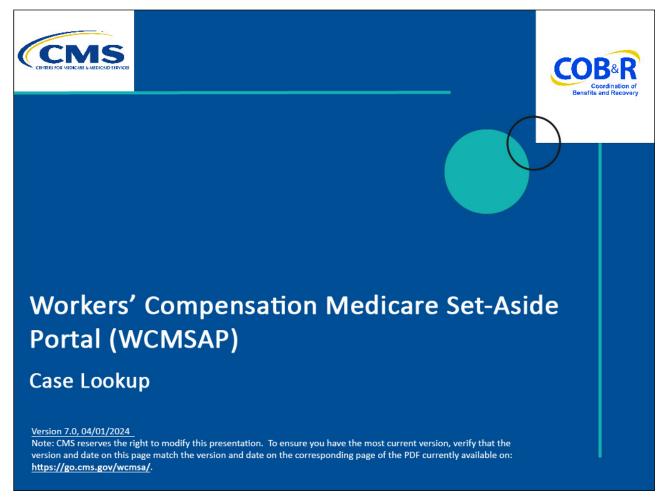
Case Lookup Introduction

Slide 1 of 45 - Case Lookup Introduction



Slide notes

Welcome to the Workers' Compensation Medicare Set-Aside Portal (WCMSAP) Case Lookup course.

Slide 2 of 45 - Disclaimer

Disclaimer

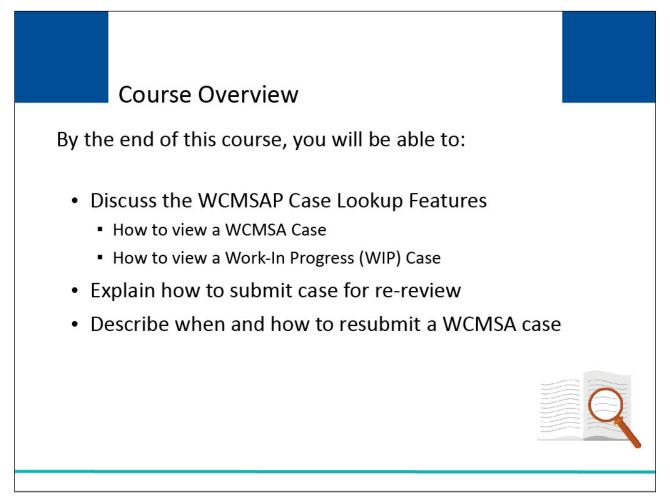
While all information in this document is believed to be correct at the time of writing, this Computer Based Training (CBT) is for educational purposes only and does not constitute official Centers for Medicare & Medicaid Services (CMS) instructions for the WCMSAP. All affected entities are responsible for following the applicable CMS instructions found at the following link: https://www.cms.gov/medicare/coordination-benefi ts-recovery/workers-comp-set-aside-arrangements/ portal.

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 for the WCMSAP. All affected entities are responsible for following the applicable CMS instructions found at the following link:

https://www.cms.gov/medicare/coordination-benefits-recovery/workers-comp-set-asidearrangements/portal

Slide 3 of 45 - Course Overview



Slide notes

By the end of this course, you will be able to:

Discuss the WCMSAP Case Lookup Features,

How to view a WCMSA Case

How to view a Work-In-Progress (WIP) Case

Explain how to submit a case for re-review, and

Describe when and how to resubmit a WCMSA case.

Slide 4 of 45 - WCMSAP URL - Login Warning Page

Login Warning	
UNAUTHORIZED ACCESS TO THIS COMPUTER SYSTEM IS PROHIBITED BY LAW	
This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this Government system, which includes: (1) this computer network, (2) all computers connected to this network, and (3) all devices and storage media attached to this network or to a computer on this network. This system is provided for Government-authorized use only.	
Unauthorized or improper use of this system is prohibited and may result in disciplinary action and/or civil and criminal penalties	
Personal use of social media and networking sites on this system is limited as to not interfere with official work duties and is subject to monitoring.	
By using this system, you understand and consent to the following:	
*You have no reasonable expectation of privacy regarding any communication or data transiting or stored on this system.	
*The Government may monitor, record, and audit your system usage, including usage of personal devices and email systems for official duties or to conduct HHS business. Therefore, you have no reasonable expectation of privacy regarding any communication or data transiting or stored on this system. At any time, and for any lawful Government purpose, the Government may monitor, intercept, and search and seize any communication or data transiting or stored on this system.	
*Any communication or data transiting or stored on this system may be disclosed or used for any lawful Government purpose.	
http://www.cms.hhs.gov/About-CMS/Agency-Information/Aboutwebsite/Security-Protocols.html	
Privacy Act Statement	
The collection of this information is authorized by 42 U.S.C. 1395y(b)(5). The information collected will be used to identify and recover past mistaken Medicare primary payments and to prevent Medicare from making mistakes in the future for those Medicare Secondary Payer situations that continue to exist.	
Attestation of Information	
I have submitted all relevant information obtained and/or have knowledge of regarding this claimant, that was generated at any time on or after the Date of Incident (DOI) for the alleged accident/illness/injury/incident at issue, and has been included as part of this submission of the proposed amount for this WCMSA to the Centers for Medicare & Medicaid Services.	
The information provided is complete, truthful, accurate, and meets all requirements set forth to use this process; and, I have read and understand all of the Centers for Medicare & Medicaid Services information at <u>Workers Compensation Agency Services</u>	
LOG OFF IMMEDIATELY if you do not agree to the conditions stated in this warning.	
I Accept	
Decline	

Slide notes

To access the WCMSAP, enter the following URL: http://go.cms.gov/wcmsa/. The Login Warning page will appear. You must click I Accept to the User Agreement information to continue.

Slide 5 of 45 - Welcome to the WCMSAP Page

About This Site	CMS Links	How To	Reference Materials	Contact Us	
Welcome to	the WCM	SAP			
Set-Aside Arra beneficiaries, site to enter th Medicare bene the ability to tr	ingements (WCMSA) claimants, insurance e case information di eficiaries, claimants, i ack their submitted c dination & Recovery (proposals. Attor carriers and WC rectly. The site a nsurance carrier ases and the stal	Compensation Medicare neys, Medicare MSA vendors may use this lso provides attorneys, s, and WCMSA vendors with tuses without inquiry to the r the Centers for Medicare &		Sign into your account User Name: Forgot ID Password: Forgot Password
	n about the availabilit dicare.gov/about-us/r		s and services, please visit: n/nondiscrimination-		Login Clear
WCMSAP Messa	ge				
attestation ele please be awa Medicare.gov WCMSAP, ma	are that you may do s account. Using your l king registration for a submitting attestatio	If-administered M o by registering f Medicare.gov ac WCMSAP acco	to submit an annual Medicare Set Aside (MSA), for and logging in to your count connects you to the unt unnecessary. Additional in the Self-Administration		
GETTING START For more infor option.		To Get Started u	nder the How To menu		
ST	EP 1		STEP 2		
New Regis	tration 🕩		Int Setup		

Slide notes

The Welcome to the WCMSAP page will appear. Enter your login credentials and click Login.

Slide 6 of 45 - WCMSAP Home Page

	CMS Links	How To	Referen	ce Materials	Contact Us	Logoff
CMSAP						QUICK HELP
The WCMSAP provides an int	orface for optry of Works	rs' Componention				Help About This Page
Medicare Set-Aside (WCMSA) case information directly. The cases and the statuses withou	proposals. You may use site also provides the abi t inquiry to BCRC or CM	e this site to enter lity to track submi S. You also have t	the tted the		-	Account Settings
ability to view information for y via the WCMSAP for all eligibl	e WCMSAs where you a	re the identified			Updat	e Account Information
administrator. Case Lookup ar desired link below to perform t		e also avallable. C	UICK the		View A	Account Activity
You may modify Account Settin Account Settings list.	ngs by clicking the appro	priate link under ti	he		Chang	ge Password
I'd like to						
Create a New Case						
Case Lookup						
View Alerts						

Slide notes

After selecting the appropriate Account ID from the WCMSAP Account List page, the WCMSAP Home page (shown here) will appear.

To access WCMSA cases that were submitted through the Web portal and are associated to your ID, click Case Lookup.

Slide 7 of 45 - WCMSA Case Lookup Page

			VCMSA) cases that h	ave been submitted thro	ugh the Web portal and	QUICK HELP
e associated wit	h your Login ID using va	rious search criteria.				Help About This Page
nter the search o elpful Hints:	riteria in the provided fie	ds and click 'Search.	' Selecting 'Cancel' v	vill return you to the Hom	e page.	
	ot have a Submission D					
Date Range is I	imited to a maximum of s	six months				
	Both submitted and WIP	(2000)				
O Submitted (cases)				
O WIP Cases	-					
	the following:					
Case	Control Number:					
Medic	are ID:	OR SSN	:			
Date Range:						
Case	Creation Date Range:					
	From Date: /	1	To Date:	1		
	Orace Outputseline Date	Deres				
	Case Submission Date	Range:	To Date:			
			To Date.			

Slide notes

The Case Lookup screen will appear. You may access WCMSA cases that are associated with your Login ID using various user-specified criteria.

Case listings may be requested for all cases (both submitted cases and work-in-progress cases), submitted cases only, or work-in-progress cases only.

The Web Portal also enables you to search cases by:

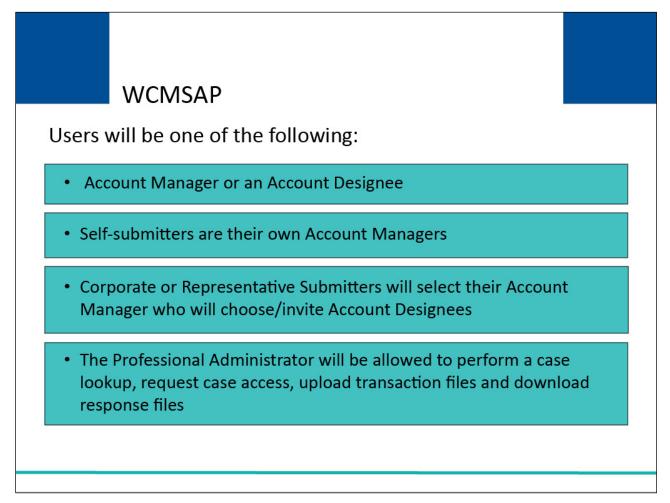
Case Control Number,

Medicare ID (Health Insurance Claim Number [HICN] or Medicare Beneficiary Identifier

[MBI]), and

Social Security Number (SSN).

Slide 8 of 45 - WCMSAP



Slide notes

As a WCMSAP user you will either be an Account Manager, Account Designee, or Professional Administrator. If you are a self-submitter, you are the Account Manager and will not have any Account Designees.

If you are a corporate or representative submitter you will select your Account Manager who in turn will choose and invite Account Designees.

The Professional Administrator will be allowed to perform a case lookup, request case access, upload transaction files and download response files.

A user's role determines what functionality they will have access to.

For more information on these user roles, please see the WCMSAP Basic Functions for Account Managers" and/or the "WCMSAP Basic Functions for Account Designees" CBTs.

Slide 9 of 45 - Case Lookup Page

	ID						
Case Looku	4P						
ou can access Wo	rkers' Compensation M	edicare Set-Aside (W(MSA) cases that	have been submitted thro	igh the Web portal and	QUI	CK HELP
	your Login ID using va		sinor y cusco inut	nave been submitted and	ight the tree portal and	Help Ab	out This Page
nter the search cri elpful Hints:	teria in the provided fiel	ds and click 'Search.'	Selecting 'Cancel'	will return you to the Hom	e page.		
WIP cases do no	t have a Submission Da	ate					
Date Range is lin	nited to a maximum of s	ix months					
All Cases (Belline)	oth submitted and WIP	cases)					
◯ Submitted Ca	ises Only						
○ WIP Cases O	nly						
Enter one of th	ne following:						
Case C	ontrol Number:			74			
Medica	re ID:	OR SSN:)			
Date Range:-							
Contract of the second s	reation Date Range:						
'	From Date: /	/	To Date:				
	Case Submission Date	Range:					
	From Date:	/	To Date:				

Slide notes

You may apply additional search filters to limit the number of cases displayed such as case creation date ranges (for Work-In-Progress cases) or case submission date ranges (for submitted cases).

A search for a maximum date range of 6 months at a time can be performed. There are no restrictions regarding the viewing of closed cases (as long as your user's ID is associated with the case). If a case is not found based on your search criteria, the system will display a NOT FOUND message.

If you attempt to search for an individual case to which you do not have access (i.e., your ID is not associated to the case), the system will present a message stating that you are not authorized to access the case.

Note: The system validates each data-entry field for accuracy and completeness. If errors are found, the system will display applicable error messages on the screen indicating what error condition(s) were found.

When errors are discovered, the cursor will be placed on the first field that generates an error condition. You must correct the error before the system will allow you to proceed.

Slide 10 of 45 - Case Listing Search Result Table

Ca	se Listing							
							Q	UICK HELP
							Help	About This Page
his pa	ge lists all cases	entered into the Wo	rkers' Compensati	on Medicare Set-	Aside Web Portal that a	re associated with	your Login ID. Click	on the Case Numb
			ncel' will return yo	u to the Home pag	ge. To delete a case sel	ect the Delete fun	ction to the left of the	Case Number.
	ed cases may no Case Number	t be deleted. Claimant Name	Date of Injury	Case Status	Case Location	Creation Date	Submission Date	Case Access
	<u>123456</u>	Smith, Jane	2010-01-19	Received	WCRC	2010-02-15	2010-02-23	Manage Access
	<u>798654</u>	Jones, Mary	2009-11-17	Received	WCRC	2009-11-27	2009-12-05	Manage Access
	798655	DANA, ROSE	2009-11-17	COMG	WCRC	2015-11-27	2016-01-05	Manage Access

Slide notes

When you click on the Search button on the Case Look Up page, the Case Listing page will appear. The table will display all cases that met your search criterion that are associated to your Account ID.

This page provides a summarized view of the case details, including:

Case Number,

Claimant Name,

Date of Injury,

Case Status,

Case Location,

Creation Date,

Submission Date, and

Case Access.

The Case Number is the Case Control Number which is assigned by the system. The Claimant is the name of the individual for whom the WCMSA has been submitted.

Date of Injury is the date of the work-related injury or disease. Case Status is the current status of the case. It may be any of the following:

WIP (Work-in-Progress, case has been saved, but not yet submitted),

Submitted (case has been submitted), PEND (case is pending),

RECD (received),

REOP (case has been re-opened, after Regional Office (RO) has closed it),

CLTR (closeout),

ASGN (assigned),

BUND (beneficiary under threshold),

CLOS (case has been manually closed),

COMP (completed),

DECD (beneficiary has been flagged as deceased),

DENY (case denied, unable to process case),

DEVP (in development),

DISP (Workers' Compensation Recovery Contractor (WCRC) recommendation completed at RO),

DREC (document received),

OPCM (case reopened after RO has completed the case),

RTND (under threshold, non-beneficiary case, no CMS review),

ZERO (zero set-aside), and

APPR (approved).

Note: A case status of "Approved" means that the RO has approved and is working the case; an Approval letter may not have been generated yet.

Once the RO has completed their review of the case, the user will receive an email alert notification and they can go to the Alerts listing page and retrieve the approval letter.

Case Location is the current location of the case. This may be Submitter, WCRC, or RO, Creation Date is the initial date the case was saved as a work-in-progress, Submission Date is the date the WCMSA case was successfully submitted, and Case Access allows Account Managers to manage access to the case by granting or revoking access for all active Account Designees under the given WCMSAP account.

Note: If a new case has been submitted as part of a required resubmission, both the new and original case numbers display. The original case displays as read-only when clicked.

To view the Case Summary for a case, click a case number link.

Slide 11 of 45 - Case Summar	y Information Tabs
------------------------------	--------------------

Workers' Compens	sation Set-Aside Web Portal
	Skip Navigation
Home About This Site CMS Links How	w To Reference Materials Contact Us Logoff
Case Summary	
Beneficiary/Claimant * WCMSA Administrator * Diagnosis Codes *	Medical * Prescriptions * WC Carrier * Employer* Attorney
Notes Documents * Summary	
Summary Information	
	Print this page
View Alerts	
View View	WC Carrier
Last Name: Doe MI: B. First Name: John	Insurer Name: ABC Company
Date of Birth: June 12, 1966	Policy Number: J98987654440
Date of Injury: January 19, 2010	
Date of figury. Sandary 13, 2010	Claim Number: 7654309866565
Medicare ID:98765987B	Claim Number: 7654309866565 Rx PCN:
Medicare ID:98765987B	Rx PCN:
Medicare ID:98765987B SSN:123-45-9763 Address Line 1:123 Main Street	Rx PCN: Rx BIN:
Medicare ID:98765987B SSN:123-45-9763	Rx PCN: Rx BIN: Tax ID Number (TIN):

Slide notes

The system will appear the Case Summary - Summary Information page for the selected case. From this screen, you can access specific information related to the case using the tabs on the screen for the page you wish to view.

The Beneficiary/Claimant, WCMSA Administrator, Diagnosis Codes, Medical, Prescriptions, Workers' Compensation (WC) Carrier, Employer, and Documents tabs are denoted with an asterisk which means data is required upon case submission for those pages.

When you access those pages, the specific required data elements will be denoted by an asterisk. For more information on these tabs, please see the Case Submission CBT.

The Attorney and Notes screens do not include any required data elements. For more information on how to upload or replace documentation for a case, please see the Uploading and Appending CBT.

Slide 12 of 45 - Case Information Next Steps

	About This Site	CMS Links	How To	Reference Materials	Contact Us	Logoff
Case Sum	marv					
Beneficiary/Claim		intrator * Diagnosi	is Codes * Med	dical * Prescriptions *	WC Carrier *	Employer* Attorney
		Diagnosi	is codes inter	uicai Prescriptions	WC Carrier	Employer Automey
Notes Docu	ments * Summary					
	1992) 1993					
Summary I	nformation					
					Print 1	this page
						OUICK HELP
More than 12 mon	the have nassed since th	e date of the last Clos	seout Letter a full	resubmission is now requi	ed and must inclu	de all
				ears (up to present date). F		Help About This Page
	ission button to create yo	Contraction and the state of th				
(equired resubili	ission button to croate yo	ar new case requi		•		
outton. If you are s		on, click the 'Submit (Case' button to sul	bmit the case. Click 'Cance		nge the information, click the 'Edit' to cancel the process, all data will be
button. If you are s lost. Click 'Save Ca	atisfied with the informati ase as Work-In-Process'	on, click the 'Submit (button to save entere	Case' button to su d data. Print this p	bmit the case. Click 'Cance bage for your records.	el Case Creation' t	to cancel the process, all data will be
button. If you are s lost. Click 'Save Ca	atisfied with the informati ase as Work-In-Process'	on, click the 'Submit (button to save entere	Case' button to su d data. Print this p	bmit the case. Click 'Cance	el Case Creation' t	to cancel the process, all data will be
button. If you are s lost. Click 'Save Ca	atisfied with the informati ase as Work-In-Process'	on, click the 'Submit (button to save entere	Case' button to su d data. Print this p	bmit the case. Click 'Cance bage for your records.	el Case Creation' t	to cancel the process, all data will be
button. If you are s lost. Click 'Save Ca If you would like to	atisfied with the informati ase as Work-In-Process'	on, click the 'Submit (button to save entere	Case' button to su d data. Print this p	bmit the case. Click 'Cance bage for your records.	el Case Creation' t	to cancel the process, all data will be
button. If you are s lost. Click 'Save Ca If you would like to /iew Alerts	atisfied with the informati ase as Work-In-Process' o request a CMS Re-Rev	ion, click the 'Submit (button to save entere iew of this case, pleas	Case' button to su d data. Print this p se click the Reque	bmit the case. Click 'Cance bage for your records.	el Case Creation' t	to cancel the process, all data will be
button. If you are s lost. Click 'Save Ca If you would like to /iew Alerts	atisfied with the informati ase as Work-In-Process' o request a CMS Re-Rev	on, click the 'Submit (button to save entere iew of this case, pleas er: <u>234576</u> New C	Case' button to su d data. Print this p	bmit the case. Click 'Cance bage for your records.	el Case Creation' t	Re-Review
outton. If you are s ost. Click 'Save Ca If you would like to /iew Alerts ase Number: 434	atisfied with the informati ase as Work-In-Process' p request a CMS Re-Rev p request a CMS Re-Rev Prior Case Numb	ion, click the 'Submit (button to save entere iew of this case, pleas	Case' button to su d data. Print this p se click the Reque	brit the case. Click 'Cance bage for your records. Inst Case Re-Review button	el Case Creation' 1	to cancel the process, all data will be
button. If you are s ost. Click 'Save Ca If you would like to /iew Alerts ase Number: 4345	atisfied with the informati ase as Work-In-Process' p request a CMS Re-Rev p request a CMS Re-Rev Prior Case Numb	on, click the 'Submit (button to save entere iew of this case, pleas er: <u>234576</u> New C	Case' button to su d data. Print this p se click the Reque	bmit the case. Click 'Cance bage for your records.	el Case Creation' 1	Re-Review
outton. If you are s ost. Click 'Save Ca If you would like to /iew Alerts ase Number: 434 laimant Informati	atisfied with the informati ase as Work-In-Process' p request a CMS Re-Rev p request a CMS Re-Rev Prior Case Numb	on, click the 'Submit (button to save entere iew of this case, pleas er: <u>234576</u> New C	Case' button to su d data. Print this p se click the Reque	brownit the case. Click 'Cance wage for your records. est Case Re-Review button WC Car	el Case Creation' 1	Re-Review
outton. If you are s ost. Click 'Save Ca If you would like to /iew Alerts ase Number: 434 laimant Informati ast Name: Doe N	atisfied with the informati ase as Work-In-Process' o request a CMS Re-Rev 777 Prior Case Numb ion 11: B. First Name: John	on, click the 'Submit (button to save entere iew of this case, pleas er: <u>234576</u> New C	Case' button to su d data. Print this p se click the Reque	brownit the case. Click 'Cance wage for your records. est Case Re-Review button WC Car Insurer	el Case Creation' i	Re-Review
outton. If you are s ost. Click 'Save Ca If you would like to /iew Alerts ase Number: 434 laimant Informati ast Name: Doe M Date of Birth: June	atisfied with the informati ase as Work-In-Process' o request a CMS Re-Rev 777 Prior Case Numb ion 11: B. First Name: John 12, 1966	on, click the 'Submit (button to save entere iew of this case, pleas er: <u>234576</u> New C	Case' button to su d data. Print this p se click the Reque	brownit the case. Click 'Cance wage for your records. est Case Re-Review button WC Car Insurer Policy N	el Case Creation' f . Request Case rier Name: ABC Com	Re-Review View
outton. If you are s ost. Click 'Save Ca If you would like to /iew Alerts ase Number: 434 laimant Informati ast Name: Doe N Date of Birth: June Date of Injury: Janu	atisfied with the informati ase as Work-In-Process' o request a CMS Re-Rev 577 Prior Case Numb ion 11: B. First Name: John 12, 1966 Jary 19, 2010	on, click the 'Submit (button to save entere iew of this case, pleas er: <u>234576</u> New C	Case' button to su d data. Print this p se click the Reque	brownit the case. Click 'Cance wage for your records. est Case Re-Review button WC Car Insurer Policy N	rier Name: ABC Comp lumber: J9898765 umber: 76543096	Re-Review View
button. If you are s lost. Click 'Save Ca If you would like to /iew Alerts ase Number: 434 ! laimant Informati ast Name: Doe N Date of Birth: June Date of Injury: Janu Aedicare ID:98765	atisfied with the informati ase as Work-In-Process' o request a CMS Re-Rev 577 Prior Case Numb ion 11: B. First Name: John 12, 1966 Jary 19, 2010	on, click the 'Submit (button to save entere iew of this case, pleas er: <u>234576</u> New C	Case' button to su d data. Print this p se click the Reque	brownit the case. Click 'Cance wage for your records. est Case Re-Review button WC Car Insurer Policy N Claim N	rier Name: ABC Comp lumber: J9898765 umber: 76543098	Re-Review View
button. If you are s lost. Click 'Save Ca If you would like to /iew Alerts ase Number: 434 laimant Informati ast Name: Doe M Date of Birth: June Date of Injury: Janu Aedicare ID:98765 SSN:123-45-9763	atisfied with the informati ase as Work-In-Process' o request a CMS Re-Rev 577 Prior Case Numb ion 11: B. First Name: John 12, 1966 Jary 19, 2010 987B	on, click the 'Submit (button to save entere iew of this case, pleas er: <u>234576</u> New C	Case' button to su d data. Print this p se click the Reque	brownit the case. Click 'Cance wage for your records. est Case Re-Review button WC Car Insurer Policy N Claim N Rx PCN Rx BIN:	rier Name: ABC Comp lumber: J9898765 umber: 76543098	Re-Review View
button. If you are s lost. Click 'Save Ca If you would like to View Alerts case Number: 434 Claimant Informat	atisfied with the informati ase as Work-In-Process' o request a CMS Re-Rev 577 Prior Case Numb ion 11: B. First Name: John 12, 1966 Jary 19, 2010 987B 3 Main Street	on, click the 'Submit (button to save entere iew of this case, pleas er: <u>234576</u> New C	Case' button to su d data. Print this p se click the Reque	broken the case. Click 'Cance wage for your records. est Case Re-Review button WC Car Insurer Policy N Claim N Rx PCN Rx BIN: Tax ID I	rier Name: ABC Comp lumber: J9898768 umber: 76543098	Re-Review View 54440 366565

Slide notes

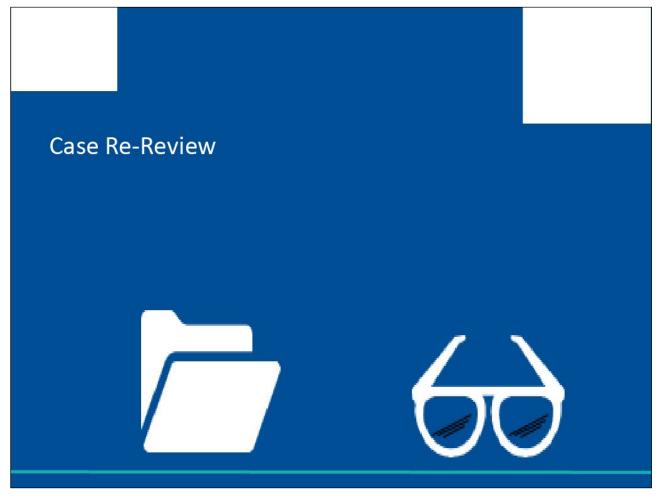
If you disagree with the RO's decision on a WCMSAP submitted case, or if projected care for a case has changed so much that the new proposed settlement amount differs from CMS' approved amount by 10% or \$10,000 (whichever is greater), you can submit a re-review request.

A WCMSAP case is eligible for re-review when it is in approved status and a re-review is not already in progress. Additionally, cases must have been reviewed and approved between one year prior to and no later than four years after the last approval date.

Note: The [Request Case Re-Review] button will be disabled if the case is not eligible for the re-review request.

To request a re-review of a case, click the [Request Case Re-Review] button.

Slide 13 of 45 - Case Re-Review



Slide notes

Case Re-Reviews

Slide 14 of 45 - Case Information Next Steps

Home	About This Site	CMS Links	How To	Reference Materials	Contact Us	<u>Skip Navigat</u> Logoff
0 0						
Case Sumr	mary					
Beneficiary/Claim	ant * WCMSA Admin	istrator * Diagnos	is Codes * Me	dical * Prescriptions *	WC Carrier *	Employer* Attorney
Notes Docum	nents * Summary					
Contraction of the Contraction						
0						
Summary I	nformation					
					Print	this page
						QUICK HELP
Aore than 12 month	hs have nassed since th	e date of the last Clo	seout Letter a full	resubmission is now requ	ired and must inclu	de ell
				ears (up to present date).		Help About This Page
	ssion button to create yo					
	<u>í</u>					
Please review your	case information Pleas	e note that a Consen	t Form is required	prior to case submission	If you need to char	nge the information, click the 'Edit'
						to cancel the process, all data will be
	se as Work-In-Process'				cer case creation i	to cancer the process, an data will be
			a add. i fint and p	age for year records.	12	
If you would like to	request a CMS Re-Rev	iew of this case, plea	se click the Reque	est Case Re-Review butto	n. Request Case	Re-Review
					· · ·	
iew Alerts						
			2 201 12			
ase Number: 4345	77 Prior Case Numb		Case Number:			
		View				View
aimant Information	on			WC Ca	rrier	
ast Name: Doe M	I: B. First Name: John			Insure	Name: ABC Com	nany
ate of Birth: June					Number: J9898765	
ate of Injury: Janu					Number: 76543098	
ledicare ID:987659				Rx PC		
SN:123-45-9763				Rx BI		
ddress Line 1:123	Main Street				Number (TIN):	
ddress Line 2:Apt					s Line 1: 754 First	Street
	5				A CHIEFT TO THE THOU	
ity:Baltimore					ss Line 2	

Slide notes

From the Case Summary - Summary Information page, you can also resubmit cases that fall under the required submission status.

(See the Case Submission CBT for more information on Require Resubmissions)

Select the case request re-review button to continue.

Slide 15 of 45 - Case Re-Review Request Page

Home	About This Site	e CMS Links	How To	Reference Materials	Contact Us	Logoff	
Case Re-	Review Requ	lest					
	0.4570					-	
Case Number: 2	34576					QUICK HE	ELP
Please choose of	one of the following	as your re-review req	uest type:			Help About This	s Page
O Medical	RX OBoth						
		reasons for the re-rev	view request. If optic	on 2 is chosen, you must	upload supporting	documentation.	
		reasons for the re-rev	view request. If optic	on 2 is chosen, you must	upload supporting	documentation.	
Please choose o	one of the following u believe CMS' deter	mination contains obvio	ous mistakes (for exar	o n 2 is chosen, you must mple, a mathematical error			dy submitt
Please choose o	one of the following u believe CMS' deter		ous mistakes (for exar				dy submitt
Please choose o Option 1: Yo showing a surger Option 2: Yo	one of the following u believe CMS' deter ry, priced by CMS, th u believe you have a	mination contains obvio at has already occurred dditional evidence, not p	ous mistakes (for exar l). previously considered	mple, a mathematical error I by CMS, which was dated	or failure to recogniz prior to the submiss	ze medical records alread sion date of the original p	roposal
Please choose o Option 1: Yo showing a surger Option 2: Yo	one of the following u believe CMS' deter ry, priced by CMS, th u believe you have a change in CMS' det	mination contains obvio at has already occurred dditional evidence, not p	ous mistakes (for exar l). previously considered	mple, a mathematical error	or failure to recogniz prior to the submiss	ze medical records alread sion date of the original p	roposal
Please choose o Option 1: You showing a surger Option 2: You which warrants a	one of the following u believe CMS' deter ry, priced by CMS, th u believe you have a change in CMS' det	mination contains obvio at has already occurred dditional evidence, not p	ous mistakes (for exar l). previously considered	mple, a mathematical error I by CMS, which was dated	or failure to recogniz prior to the submiss	ze medical records alread sion date of the original p	roposal
Please choose o Option 1: Yoi showing a surger Option 2: Yoi which warrants a	one of the following u believe CMS' deter ry, priced by CMS, th u believe you have a change in CMS' det	mination contains obvio at has already occurred dditional evidence, not p	ous mistakes (for exar l). previously considered	mple, a mathematical error	or failure to recogniz prior to the submiss	ze medical records alread sion date of the original p	roposal
Please choose of Option 1: You showing a surger Option 2: You which warrants a of no less than \$: O Amended Re	one of the following u believe CMS' deter y, priced by CMS, th u believe you have a change in CMS' det 2,500.00.	mination contains obvio at has already occurred dditional evidence, not p ermination; or you believ ojected care has change	ous mistakes (for exar)). previously considered ve a submission error	mple, a mathematical error	or failure to recogniz prior to the submiss n previously submitt	ze medical records alread sion date of the original p ted that leads to a change	roposal e in pricin
Please choose of Option 1: You showing a surger Option 2: You which warrants a of no less than \$: O Amended Re	one of the following u believe CMS' deter y, priced by CMS, th u believe you have a change in CMS' det 2,500.00.	mination contains obvio at has already occurred dditional evidence, not p ermination; or you believ ojected care has change	ous mistakes (for exar)). previously considered ve a submission error	mple, a mathematical error d by CMS, which was dated r exists in the documentatio	or failure to recogniz prior to the submiss n previously submitt	ze medical records alread sion date of the original p ted that leads to a change	roposal e in pricin
Please choose of Option 1: You showing a surger Option 2: You which warrants a of no less than \$2 O Amended Re greater) in CMS'	one of the following u believe CMS' deter ry, priced by CMS, th u believe you have a change in CMS' det 2,500.00. eview: You believe pr previously approved	mination contains obvio at has already occurred dditional evidence, not p ermination; or you believ ojected care has change amount.	ous mistakes (for exar)). previously considered ve a submission error ed so much that the r	mple, a mathematical error d by CMS, which was dated r exists in the documentatio	or failure to recogniz prior to the submiss n previously submitt d result in a 10% or	ze medical records alread sion date of the original p ted that leads to a change \$10,000 change (whiche	roposal e in pricin

Slide notes

Select the request type: Medical, Rx (Pharmacy) or Both (Medical and Pharmacy). Next, select the reason for the request: Option 1, Option 2 or amended review.

If you believe CMS's determination contains obvious mistakes (e.g., a mathematical error or failure to recognize medical records already submitted showing a surgery, priced by CMS, that has already occurred), select Option 1 and then upload supporting documentation and/or submit comments in the Additional Notes field.

However, if you believe you have additional evidence, not previously considered by CMS, which was dated prior to the submission date of the original proposal which warrants a change in CMS's determination, select Option 2 and then upload your supporting documentation. Note: If you have selected Option 2, you are required to upload supporting documentation. Click the [Continue] button.

Slide 16 of 45 - Amended Review Case Documents

Home	About This Site	CMS Links	How To	Reference Materials	Contact Us	Logoff	
Case Re-R	eview Request	Details				15	
						QUICK HELP	
Case Number: 234	1576					Help About This Page	
Re-Review Reques	st Type: RX						
Please enter any a	additional notes in the	area provided below					
			•				
Notes are limited to							
			•				
Notes are limited to			*				
Notes are limited to	500 characters.	upporting documentati	*				
Notes are limited to	sen, you must supply s	upporting documentati se click here	■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■	1 ncel if you do NOT wish to	submit your case fo	r re-review	

Slide notes

The Case Re-Review Request Details page will appear. If you believe you have additional evidence, not previously considered by CMS, which was available prior to the submission date of the original proposal which warrants a change in CMS' determination, enter information in the additional notes section and upload any supporting documentation you may have.

Slide 17 of 45 - Case Re-Review Request Details Page

Home	About This Site	CMS Links	How To	Reference Materials	Contact Us	Logoff	<u>p Navigat</u>
Case Re-R	eview Reques	t Details				_	
Case Number: 23	1576					QUICK H	
Re-Review Reque						Trend The Development	
		^{IO.} e area provided below	. 1				leads to a
change in pricing o	f no less than \$2,500.0	10.					
Please enter any a	additional notes in the						
Please enter any a	additional notes in the						
Please enter any a	additional notes in the						
Please enter any a	additional notes in the						
Please enter any a Notes are limited to	additional notes in the		*				
Please enter any a Notes are limited to	additional notes in the	e area provided below	*	1			
Please enter any a Notes are limited to If Option 2 was cho To upload supportin	additional notes in the 500 characters. sen, you must supply s	e area provided below supporting documentations use click here	on.	1 ncel if you do NOT wish to	submit your case fo	or re-review.	

Slide notes

To add a documentation for the Amended Review Request, click the Upload Documentation link Documents must be in PDF file format and cannot exceed 40 MB (megabytes).

Before submitting your request for an Amended Review, please ensure that all case documentation from the original submission date going forward and up to the current date is included in the re-review request. To delete documentation, locate the document and click the 'Delete' button that appears to the right of the file name.

Once you have added all required documentation, click the Continue button at the bottom of the screen.

Note: The Case Documents page text has been updated to remove the 100-page limit for medical records.

Slide 18 of 45 - Amended Review Case Documents

Home	About This Site	CMS Links	How To	Reference Materials	Contact Us	Logoff	<u>kip Navigat</u>
Case Re-R	eview Request	Details					
Case Number: 234	576					QUICK H	
Re-Review Reques							
	dditional notes in the						
Please enter any a Notes are limited to	dditional notes in the						
	dditional notes in the						
	dditional notes in the						
	dditional notes in the						
	dditional notes in the						
Notes are limited to	dditional notes in the	area provided below	*				
Notes are limited to	dditional notes in the 500 characters.	area provided below	*	1			
Notes are limited to	dditional notes in the 500 characters. sen, you must supply su g documentation, pleas	area provided below upporting documentati e click here	on.	l ncel if you do NOT wish to	submit your case fo	r re-review.	

Slide notes

To delete documentation, locate the document and click the 'Delete' button that appears to the right of the file name. Once you have added all required documentation, click the Continue button at the bottom of the screen.

Slide 19 of 45 - Case Re-Review Verification

	About This Site	CMS Links	How To	Reference Materials	Contact Us	Logoff	
Case Re-	Review Request	t Verification					
					<	QUIC	K HELP
Case Number:12	23456					Help Abo	ut This Page
	est.All data will be lost. est type: Medical						
				reviously considered by C	MS, which was date	d prior to the submis	sion date of t
change in pricing	of no less than \$2,500.0		n; or you believe a	submission error exists in	the documentation p	previously submitted	I that leads to
change in pricing Additional notes	of no less than \$2,500.0	0.		submission error exists in	the documentation p	previously submitted	l that leads to
change in pricing Additional notes Please re-review Documentation	of no less than \$2,500.0 :: the case using the additi uploaded:	0.		submission error exists in	the documentation p	previously submitted	l that leads to
change in pricing Additional notes Please re-review Documentation (Medical Records.	of no less than \$2,500.0 the case using the additi uploaded: pdf	0.		submission error exists in	the documentation p	previously submitted	I that leads to
change in pricing Additional notes Please re-review Documentation (Medical Records.	of no less than \$2,500.0 the case using the additi uploaded: pdf	0.		submission error exists in	the documentation p	oreviously submitted	I that leads to
change in pricing Additional notes Please re-review Documentation (Medical Records.	of no less than \$2,500.0 the case using the additi uploaded: pdf	0.		submission error exists in	the documentation p	previously submitted	I that leads to

Slide notes

The Case Re-Review Request Verification page appears after Option 1 or Option 2 has been selected.

Verify that the information provided is accurate. Click [Previous] to make changes.

If you wish to cancel the re-review request, click [Cancel]. All information for the Re-Review Request is discarded.

To proceed with the re-review request, click [Continue].

Slide 20 of 45 - Case Re-Review Verification

iew Request	Verification					
				<	QUIC	C HELP
					Help Abou	t This Page
pe: Medical						
warrants a change i	n CMS' determination;					
ase using the additio	nal medical records pro	vided.				
ded:						
Cancel						
Cancel						
	review request below the Previous buttor I data will be lost. pe: Medical v Request: You belie warrants a change i less than \$2,500.00 ase using the additio	review request below to verify the information of the Previous button to return to the previous of data will be lost. pe: Medical v Request: You believe you have additional warrants a change in CMS' determination; less than \$2,500.00. ase using the additional medical records pro-	review request below to verify the information you have enter (the Previous button to return to the previous page to edit inf) data will be lost. pe: Medical v Request: You believe you have additional evidence, not previous warrants a change in CMS' determination; or you believe a seless than \$2,500.00. ase using the additional medical records provided.	review request below to verify the information you have entered is correct. If the inform the Previous button to return to the previous page to edit information. Click the Cancel data will be lost. pe: Medical v Request: You believe you have additional evidence, not previously considered by Cl warrants a change in CMS' determination; or you believe a submission error exists in less than \$2,500.00. ase using the additional medical records provided.	review request below to verify the information you have entered is correct. If the information is correct, click (the Previous button to return to the previous page to edit information. Click the Cancel button to return to t I data will be lost. pe: Medical v Request: You believe you have additional evidence, not previously considered by CMS, which was dated warrants a change in CMS' determination; or you believe a submission error exists in the documentation p less than \$2,500.00. ase using the additional medical records provided.	eview request below to verify the information you have entered is correct. If the information is correct, click the Continue buttor the Previous button to return to the previous page to edit information. Click the Cancel button to return to the Home page and data will be lost. pe: Medical v Request: You believe you have additional evidence, not previously considered by CMS, which was dated prior to the submiss warrants a change in CMS' determination; or you believe a submission error exists in the documentation previously submitted less than \$2,500.00.

Slide notes

If you only amended RX information, this information will appear. Verify all the related information.

Verify that the information provided is accurate. Click [Previous] to make changes.

If you wish to cancel the re-review request, click [Cancel]. All information for the Re-Review Request is discarded.

To proceed with the re-review request, click [Continue].

Upon the case re-review, you will receive either a Re-Review Request Decision - Approval Letter or Re-Review Request Decision - Denial Letter

Slide 21 of 45 - Case Re-Review Request Confirmation Page

	About This Site	CMS Links	How To	Reference Materials	Contact Us	Logoff
Case Re-R	eview Request	t Confirmation				
					Print this page	QUICK HELP
You have successf	ully submitted a re-revie	ew request for Case Nu	mber: 123456			Help About This Page
Re-Review reques	st type: RX					
change in pricing o	hich warrants a change f no less than \$2,500.0		; or you believe a	a submission error exists	in the documentation p	reviously submitted that leads t
Additional notes: Please re-review th	e case using the additi	onal medical records pr	ovided.			
Documentation u	ploaded:					
Medical Records.p	df					
Click the Continue	button to return to the C	Case Summary page.				
Continue						

Slide notes

The Case Re-Review Request Confirmation page confirms that your re-review request has been submitted. If Prescription changes or Both was selected for the re-review, these changes will appear on the summary page.

Slide 22 of 45 - Verification Review

CMS Workers' Compensa	ation Set-Aside Web Portal COB®R
CENTRE FOR HERCIER & MEDICUS REPORTS	Conditiation of Benefits and Recovery Skip Naviga
Home About This Site CMS Links How To	
Case Summary	
Beneficiary/Claimant * WCMSA Administrator * Diagnosis Codes *	Medical * Prescriptions * WC Carrier * Employer* Attorney
Notes Documents * Summary	incurcui incomptiono incomptione incomptin
Notes Documents Communy	
Summary Information	
	Print this page
	QUICK HELP
More than 12 months have passed since the date of the last Closeout Letter,	a full resubmission is now required and must include all
documents submitted on the original case and all documentation for the pas t	
Required Resubmission button to create your new case. Required Resubm	
Required Resubmission button to create your new case. Required Resubm	lission
Please review your case information. Please note that a Consent Form is rea	uired prior to case submission. If you need to change the information, click the 'Edit'
	to submit the case. Click 'Cancel Case Creation' to cancel the process, all data will be
lost. Click 'Save Case as Work-In-Process' button to save entered data. Print	
If you would like to request a CMS Re-Review of this case, please click the F	Request Case Re-Review button. Request Case Re-Review
/iew Alerts	
ase Number: 434577 Prior Case Number: 234576 New Case Numbe	<i>r</i> .
View	View
laimant Information	WC Carrier
ast Name: Doe MI: B. First Name: John	Insurer Name: ABC Company
Date of Birth: June 12, 1966	Policy Number: J98987654440
Date of Injury: January 19, 2010	
, , , , , , , , , , , , , , , , , , , ,	Claim Number: 7654309866565
ledicare ID:98765987B	Claim Number: 7654309866565 Rx PCN:

Slide notes

The new Case Summary page will appear, displaying the Case Number and the Prior Case Number. Please review your case information.

Slide 23 of 45 - Verification Review

			Drug Name	Dosage	NDC	Per Day	Per Week	Frequency Per Month # Years
ACETAMINOPHEI	N			62991-2690-04		1.0		15
OXAZEPAM			10 MG	00172-4804-60	3.0)		15
Diagnosis Cod	es		View					
Diag Code: 933 5933								
			View					
Medical								
NPI: 12656194 Facility: Great Case Notes	98 Baltimore Medi	ical Center	View					
2010-02-08 2010-01-10		Attached additional r Collecting document		rk in progress case.				
Case Docume	nts		View					

Slide notes

The middle section of the Case Summary page will display all Prescription Drug, Diagnosis Code, and Medical information, as well as the Case Notes.

View	
Diagnosis Codes	
Diag Code:	
933	
5933	
View	
Medical	
Does the proposed WCMSA for this settlement include	
any costs associated with a major medical center? Yes	
Zip Code: 21204	
NPI: 1265619498	
Facility: Great Baltimore Medical Center	
View	
Case Notes	
2010-02-08 John Smith Attached additional medical forms. 2010-01-10 John Smith Collecting documentation, saving as work in progress case.	
2010-01-10 John Shilli Collecting documentation, saving as work in progress case.	
View	
Case Documents	
05 - Submitter Letter or Other Summary Documents	
10 - Consent Form *	
ConsentForm.pdf	
15 - Rated Age Information or Life Expectancy	

Slide notes

Verify the Prescription Drugs, Diagnosis Codes, Case Notes, and Case Documents. You can click the View button to view those individual pages.

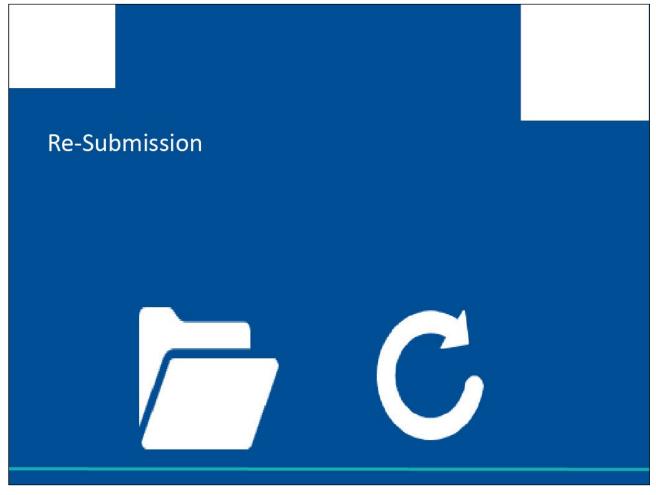
Slide 25 of 45 - Case Submission Confirmation

Case Documents View	
05 - Submitter Letter or Other Summary Documents *	
subLetter.pdf	
10 - Consent Form *	
ConsentForm.pdf	
15 - Rated Age Information or Life Expectancy	
20 - Life Care Plan *	
longCare.pdf	
25 - Proposed/Final Settlement Agreement or Proposed or Court Ordered *	
longCare.pdf	
30 - Set-Aside Administrator or Copy of Agreement * (Required for new case submission when the identified case administrator is	
Professional Administrator)	
35 - Medical Records (1st Report of Injury through Recent Treatment) *	
Medical.pdf	
40 - Payment History *	
payment.pdf	
45 - Future Treatment Plans	
50 - Supplement/Additional Information	
Previous Save Work-In-Progress Manage Access Submit Case Cancel Case Creation New Search	

Slide notes

All supporting documentation will display at the bottom. You can click Previous to go back to the Case Documents page or you can click New Search to search for a new case.

Slide 26 of 45 - Re-Submission



Slide notes

Re-submission of a case.

Slide 27 of 45 - Resubmission

Home	About This Site	CMS Links	How To	Reference Materials	Contact Us	<u>Skip Navigat</u> Logoff
Tiome	About this one	CIVIS LINKS	110w 10	Reference materials	Contact US	Logon
-						
Case Sum	imary					
Beneficiary/Clair	mant * WCMSA Admin	istrator * Diagnosi	is Codes * Med	dical * Prescriptions *	WC Carrier *	Employer* Attorney
	uments * Summary					
110100 2000	Gammary					
	20021 001					
Summary	Information					
					Print	this page
						QUICK HELP
				resubmission is now requ		Ide all Help About This Page
				ears (up to present date).	Please select the	
Required Resubm	ission button to create yo	ur new case Requi	red Resubmissior	n		
	ir case information. Pleas	e note that a Consent	t Form is required	prior to case submission	It you need to cha	nge the information, click the 'Edit'
button. If you are :	satisfied with the informati	on, click the 'Submit	Case' button to su			to cancel the process, all data will be
	satisfied with the informati ase as Work-In-Process'			, bmit the case. Click 'Cano		to cancel the process, all data will be
				, bmit the case. Click 'Cano		to cancel the process, all data will be
lost. Click 'Save C	ase as Work-In-Process'	button to save entere	d data. Print this p	, bmit the case. Click 'Cano	el Case Creation'	
lost. Click 'Save C	ase as Work-In-Process'	button to save entere	d data. Print this p	, bmit the case. Click 'Cano bage for your records.	el Case Creation'	
ost. Click 'Save C	ase as Work-In-Process'	button to save entere	d data. Print this p	, bmit the case. Click 'Cano bage for your records.	el Case Creation'	
lost. Click 'Save C If you would like t	ase as Work-In-Process'	button to save entere	d data. Print this p	, bmit the case. Click 'Cano bage for your records.	el Case Creation'	
lost. Click 'Save C If you would like t	ase as Work-In-Process'	button to save entere	d data. Print this p	, bmit the case. Click 'Cano bage for your records.	el Case Creation'	
lost. Click 'Save C If you would like t /iew Alerts	ase as Work-In-Process' to request a CMS Re-Rev	button to save entere iew of this case, plea:	d data. Print this p	, bmit the case. Click 'Cano bage for your records.	el Case Creation'	
lost. Click 'Save C If you would like t /iew Alerts	case as Work-In-Process' to request a CMS Re-Rev	button to save entere iew of this case, plea:	ed data. Print this p se click the Reque	, bmit the case. Click 'Cano bage for your records.	el Case Creation'	
ost. Click 'Save C If you would like t /iew Alerts ase Number: 434	case as Work-In-Process' to request a CMS Re-Rev 1577 Prior Case Numb	button to save entere iew of this case, pleas er: <u>234576</u> New C	ed data. Print this p se click the Reque	, bmit the case. Click 'Cano bage for your records.	el Case Creation'	Re-Review
lost. Click 'Save C If you would like t /iew Alerts ase Number: 434	case as Work-In-Process' to request a CMS Re-Rev 1577 Prior Case Numb	button to save entere iew of this case, pleas er: <u>234576</u> New C	ed data. Print this p se click the Reque	bmit the case. Click 'Canc bage for your records. est Case Re-Review butto	el Case Creation'	Re-Review
lost. Click 'Save C If you would like t /iew Alerts ase Number: 434 laimant Informat	case as Work-In-Process' to request a CMS Re-Rev 1577 Prior Case Numb	button to save entere iew of this case, pleas er: <u>234576</u> New C	ed data. Print this p se click the Reque	brit the case. Click 'Canc bage for your records. est Case Re-Review buttor WC Car	el Case Creation'	Re-Review
lost. Click 'Save C If you would like t /iew Alerts ase Number: 434 laimant Informat ast Name: Doe 1	case as Work-In-Process' to request a CMS Re-Rev 1577 Prior Case Numb tion MI: B. First Name: John	button to save entere iew of this case, pleas er: <u>234576</u> New C	ed data. Print this p se click the Reque	brit the case. Click 'Canc bage for your records. est Case Re-Review buttor WC Car Insurer	el Case Creation' n. Request Case	Re-Review View
lost. Click 'Save C If you would like t /iew Alerts ase Number: 434 laimant Informat ast Name: Doe 1 Date of Birth: June	to request a CMS Re-Rev 577 Prior Case Numb tion MI: B. First Name: John a 12, 1966	button to save entere iew of this case, pleas er: <u>234576</u> New C	ed data. Print this p se click the Reque	bonit the case. Click 'Canc page for your records. est Case Re-Review buttor WC Ca Insurer Policy I	el Case Creation' n. Request Case rrier Name: ABC Com	Parany 54440
lost. Click 'Save C If you would like t /iew Alerts ase Number: 434 laimant Informat ast Name: Doe 1 Date of Birth: June Date of Injury: Jan	to request a CMS Re-Rev 577 Prior Case Numb tion MI: B. First Name: John a 12, 1966 uary 19, 2010	button to save entere iew of this case, pleas er: <u>234576</u> New C	ed data. Print this p se click the Reque	bonit the case. Click 'Canc page for your records. est Case Re-Review buttor WC Ca Insurer Policy I	el Case Creation' n. Request Case rrier Name: ABC Com Number: J989876 Number: 7654309	Parany 54440
lost. Click 'Save C If you would like t /iew Alerts ase Number: 434 laimant Informat ast Name: Doe 1 Date of Birth: June Date of Injury: Jan Medicare ID:98765	to request a CMS Re-Rev 577 Prior Case Numb tion MI: B. First Name: John a 12, 1966 uary 19, 2010 5987B	button to save entere iew of this case, pleas er: <u>234576</u> New C	ed data. Print this p se click the Reque	bonit the case. Click 'Canc page for your records. est Case Re-Review buttor WC Car Insurer Policy I Claim I	el Case Creation' n. Request Case rrier Name: ABC Com Number: J989876 Number: 7654309 N:	Parany 54440
lost. Click 'Save C If you would like t /iew Alerts ase Number: 434 laimant Informat .ast Name: Doe M Date of Birth: June Date of Injury: Jan Aedicare ID:98765 SSN:123-45-9763	Case as Work-In-Process' to request a CMS Re-Rev 1577 Prior Case Numb tion VII: B. First Name: John 12, 1966 uary 19, 2010 5987B	button to save entere iew of this case, pleas er: <u>234576</u> New C	ed data. Print this p se click the Reque	bonit the case. Click 'Canc page for your records. est Case Re-Review buttor wc Ca Insurer Policy I Claim I Rx PCI Rx BIN	el Case Creation' n. Request Case rrier Name: ABC Com Number: J989876 Number: 7654309 N:	Parany 54440
lost. Click 'Save C If you would like t View Alerts ase Number: 434 Claimant Informat	Case as Work-In-Process' to request a CMS Re-Rev 577 Prior Case Numb tion VII: B. First Name: John 9 12, 1966 uary 19, 2010 5987B 3 Main Street	button to save entere iew of this case, pleas er: <u>234576</u> New C	ed data. Print this p se click the Reque	bmit the case. Click 'Canc bage for your records. est Case Re-Review buttor WC Car Insurer Policy I Claim I Rx PCI Rx BIN Tax ID	el Case Creation' n. Request Case rrier Name: ABC Com Number: J989876 Number: 7654309 N:	pany 54440 866565

Slide notes

The Case Summary page will appear. If the case is eligible for re-resubmisson You will be able to select the request case re-submission button.

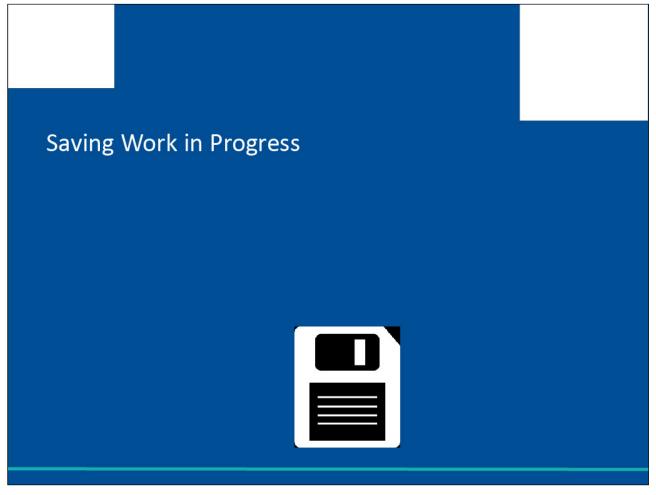
Slide 28 of 45 - Case Resubmission - New Case Creation Page

	About This Site	CMS Links	How To	Reference Materials	Contact Us	Logoff	
	O						
New Case	Creation					er Hitseen	
						QUI	CK HELP
				kers' Compensation Medic		Help At	bout This Page
	· · · · · · · · · · · · · · · · · · ·			meets the criteria set for no osed settlement amount is		mits set for a W	CMSA case Note:
	ent Amount field will be ro					This sector a m	omorreuse. Hote.
				d corresponding documen			
				information and save it to	the WCMSAP. The inf	ormation saved	will be available
hen you return to	o the portal to complete the	ne new case creation	n process.				
begin the new	case creation process er	ter the required data	a and click the 'Cont	tinue' button. To cancel the	case creation click th	e 'Cancel' hutto	on to return to the
ome page.	case creation process, er	ner me required date		ande batton. To cancer the	case creation, click an	e ouncer butte	into retain to the
asterisk (*) indi	cates a required field.						
asterisk (*) indi	cates a required field.						
he Beneficiary/0		y Number (SSN) or M	Medicare ID must b	e provided. You may not p	rovide both. The Initia	I Date of Injury	CCYY may not be
he Beneficiary/0		y Number (SSN) or M	Medicare ID must b	e provided. You may not p	rovide both. The Initia	I Date of Injury	CCYY may not be
he Beneficiary/0 ess than 1965.	Claimant's Social Securit						-
The Beneficiary/(ess than 1965. The information	Claimant's Social Securit	rmation provided d		e provided. You may not p ration. If this information			-
The Beneficiary/(ess than 1965. The information	Claimant's Social Securit	rmation provided d					-
The Beneficiary/(ess than 1965. The information	Claimant's Social Securit	rmation provided d					-
The Beneficiary/(ess than 1965. The information	Claimant's Social Securit below reflects the info ation" link on the WCM	rmation provided d SAP Home page.		ration. If this information			-
The Beneficiary/(ess than 1965. The information	Claimant's Social Securit below reflects the info ation" link on the WCM Medicare ID: *	rmation provided d SAP Home page.	luring initial regist	OR SSN: * CR SSN: *			-
The Beneficiary/(ess than 1965. The information	Claimant's Social Securit below reflects the info ation" link on the WCM Medicare ID: * Re-Enter Medicare ID: *	rmation provided d SAP Home page.	luring initial regist	OR SSN: * [OR SSN: * [IM/DD/CCYY)	has changed it may		-
The Beneficiary/(ess than 1965. The information	Claimant's Social Securit below reflects the info ation" link on the WCM Medicare ID: * Re-Enter Medicare ID: * Initial Date of Injury: * Last Name: *	rmation provided d SAP Home page.	luring initial regist	OR SSN: * CR SSN: *			-
The Beneficiary/(ess than 1965. The information	Claimant's Social Securit below reflects the info ation" link on the WCM Medicare ID: Re-Enter Medicare ID: Initial Date of Injury: Last Name: Gender:	rmation provided d SAP Home page.	luring initial regist	OR SSN: * [OR SSN: * [OR SSN: * [IM/DD/CCYY) First Name: *	has changed it may		-
The Beneficiary/(ess than 1965. The information Account Information	Claimant's Social Securit below reflects the info ation" link on the WCM Medicare ID: * Re-Enter Medicare ID: * Initial Date of Injury: * Last Name: * Gender: *	rmation provided d SAP Home page.	luring initial regist	OR SSN: * [OR SSN: * [IM/DD/CCYY)	has changed it may		
The Beneficiary/(ess than 1965. The information Account Information	Claimant's Social Securit below reflects the info ation" link on the WCM Medicare ID: Re-Enter Medicare ID: Initial Date of Injury: Last Name: Gender:	rmation provided d SAP Home page.	luring initial regist	OR SSN: * [OR SSN: * [OR SSN: * [IM/DD/CCYY) First Name: *	has changed it may		-

Slide notes

The new Case Creation page will appear, and you can complete this page to begin the case resubmission. (See the Case Submission CBT for more information on Require Resubmissions)

Slide 29 of 45 - Saving Work In Progress



Slide notes

If you have work-in progress, login to the WCMSA Portal.

Slide 30 of 45 - Case Status - WIP

	Home	About This Site	CMS Links	How To	Reference Materia	ils Contact L	ls Logoff	
Ca	se Listing							
_							Q	UICK HELP
							Help	About This Page
This pag	ge lists all cases	entered into the Wor	kers' Compensati	on Medicare Set-As	ide Web Portal that a	re associated with	your Login ID. Click	on the Case Numbe
	the details of the ed cases may no		ncel' will return you	u to the Home page.	To delete a case sel	ect the Delete fun	ction to the left of the	Case Number.
	Case Number		Date of Injury	Case Status	Case Location	Creation Date	Submission Date	Case Access
	<u>123456</u>	Smith, Jane	2010-01-19	Received	WCRC	2010-02-15	2010-02-23	Manage Access
	<u>798654</u>	Jones, Mary	2009-11-17	Received	WCRC	2009-11-27	2009-12-05	Manage Access
	<u>798655</u>	DANA, ROSE	2009-11-17	COMG	WCRC	2015-11-27	2016-01-05	Manage Access
×	<u>987654</u>	Doe, John	2009-12-15	Work in Progress	Submitter	2010-01-24		Manage Access
	888888	Smith, Jane	2010-01-19	Received	WCRC	2010-02-15	2010-02-23	Manage Access
×	<u>555555</u>	Doe, John	2009-12-15	Work in Progress	Submitter	2010-01-24		Manage Access
	<u>777777</u>	Smith, Jane	2010-01-19	Received	WCRC	2010-02-15	2010-02-23	Manage Access
×	666666	Doe, John	2009-12-15	Work in Progress	Submitter	2010-01-24		Manage Access
	799604	Doe, John	2009-11-17	Approved	WCRC	2009-11-27	2009-12-05	Manage Access

Slide notes

From the Case Listing page, you can select the WIP case. The case status column shows you all cases that were previously in the process of being submitted.

Slide 31 of 45 - Case Summary WIP

Home	About This Site	CMS Links	How To	Reference Materials	Contact Us	Logoff	<u>Skip Naviga</u>
Case Sumn	nary						
Beneficiary/Claima	ant * WCMSA Admin	istrator * Diagnos	is Codes * Mee	dical * Prescriptions	* WC Carrier *	Employer*	Attorney
Notes Docum	ents * Summary						
Summary Ir	nformation						
					Print	this page	
loaso roviow your	case information. Pleas	o note that a concept	form is required p	rior to caso submission	If you need to chan	QU	ICK HELP
	e 'Edit' button. If you are					alt	About This Page
Cancel Case Creati	on' to cancel the proce					The provide the second se	Level marage
nis page for your re	cords.						
iew Alerts							
ase Number: WC33	34578						
		Edit	ן				Edit
laimant Informatio	on			WC C	arrier		
ast Name: Doe M	I B First Name: John	e		Insur	er Name: ABC Com	nany	
ate of Birth: June					y Number: J9898765		
ate of Injury: Janu					Number: 76543098		
Addicare ID:98765				Rx P			
SN:123-45-9763				Rx B			
ddress Line 1:123	Main Street				D Number (TIN):		
ddress Line 2:Apt					ess Line 1: 754 First	Street	
City:Baltimore					ess Line 2		
State:Maryland					Baltimore		
(ip:21236					Maryland		
hone:					21236		
nono.				zip. 2	1200		

Slide notes

The Case Summary page will appear. You can select the Edit button to update any case information.

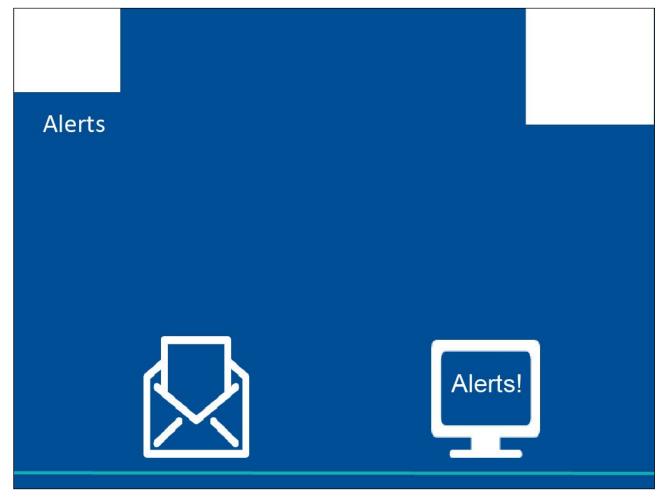
Slide 32 of 45 - Case Summary WIP

Beneficiary/Claimant *	WCMSA Notes	Administrator * Documents *	Diagnosis Co Summary	des* Med	dical *	Prescriptions *	WC Carri	er * Employer	* Attorney	
Beneficiary/Claim			Guinnary							
A superscript (¹) indicates	s a field requ	ired for submissi	on.						QUICK HELP	
	Last	Name: Doe							Help About This Page	2
	First	Name: John								-
		MI: A								
Beneficiar	y/Claimant S	SSN: ***-**-123	1							
Beneficiary/Claim	ant Date of	Birth: 06/15/196	6 (MM/DD/CCY	Y)						
Beneficiary/C	laimant Ger	nder: Male								
	Address Lir	ne 1:1 123 MAIN	STREET							
	Address L									
		City:1 Windsor M	lill							
Sta		ence:1 Maryland								
		ode:1 21014 - 12								
	Ph	one:1 111-222-3	333							
State where	injury occu	rred: 1 - Select	• •							
	Submitter T	ype: 1 -Select-			•					

Slide notes

While editing any information needed, you can select Save Work in Progress at any time.

Slide 33 of 45 - Alerts



Slide notes

Alerts

Slide 34 of 45 - Accessing Alerts

Home	About This Site	CMS Links	How To	Reference Materials	Contact Us	Logoff
Case Sumr	narv					
Beneficiary/Claima		istrator * Diagnosi	is Codes * Me	dical * Prescriptions *	WC Carrier *	Employer* Attorney
Notes Docun						
Cummond	formation					
Summary In	normation					
					Print	this page
						QUICK HELP
More than 12 month	ns have passed since th	e date of the last Clos	seout Letter, a full	resubmission is now requ	ired and must inclu	
				ears (up to present date).		Help About This Page
	sion button to create yo					
button. If you are sa		ion, click the 'Submit	Case' button to su	ubmit the case. Click 'Cano		nge the information, click the 'Edit' to cancel the process, all data will b
button. If you are sa lost. Click 'Save Ca	tisfied with the informat se as Work-In-Process'	ion, click the 'Submit button to save entere	Case' button to su ed data. Print this p	ubmit the case. Click 'Cano	el Case Creation'	to cancel the process, all data will b
button. If you are sa lost. Click 'Save Ca If you would like to	tisfied with the informat se as Work-In-Process'	ion, click the 'Submit button to save entere	Case' button to su ed data. Print this p	ubmit the case. Click 'Cano page for your records.	el Case Creation'	to cancel the process, all data will b
button. If you are sa lost. Click 'Save Ca If you would like to /iew Alerts	titsfied with the informat se as Work-In-Process' request a CMS Re-Rev	ion, click the 'Submit button to save entere riew of this case, plea	Case' button to su d data. Print this p se click the Reque	ubmit the case. Click 'Cano page for your records.	el Case Creation'	to cancel the process, all data will b
button. If you are sa lost. Click 'Save Ca If you would like to /iew Alerts	titsfied with the informat se as Work-In-Process' request a CMS Re-Rev	ion, click the 'Submit button to save entere riew of this case, please er: <u>234576</u> New C	Case' button to su ed data. Print this p	ubmit the case. Click 'Cano page for your records.	el Case Creation'	to cancel the process, all data will b
button. If you are sa lost. Click 'Save Ca If you would like to	ttisfied with the informat se as Work-In-Process' request a CMS Re-Rev 77 Prior Case Numb	ion, click the 'Submit button to save entere riew of this case, plea	Case' button to su d data. Print this p se click the Reque	ubmit the case. Click 'Cano page for your records.	el Case Creation'	to cancel the process, all data will b
button. If you are sa lost. Click 'Save Ca If you would like to /iew Alerts ase Number: 4345	ttisfied with the informat se as Work-In-Process' request a CMS Re-Rev 77 Prior Case Numb	ion, click the 'Submit button to save entere riew of this case, please er: <u>234576</u> New C	Case' button to su d data. Print this p se click the Reque	ubmit the case. Click 'Cano page for your records. est Case Re-Review butto	el Case Creation'	to cancel the process, all data will b
button. If you are sa lost. Click 'Save Ca If you would like to /iew Alerts ase Number: 4345 laimant Informatio	ttisfied with the informat se as Work-In-Process' request a CMS Re-Rev 77 Prior Case Numb	ion, click the 'Submit of button to save entere riew of this case, pleas er: <u>234576</u> New C View	Case' button to su d data. Print this p se click the Reque	ubmit the case. Click 'Cano page for your records. est Case Re-Review butto WC Ca	el Case Creation'	Re-Review
button. If you are sa lost. Click 'Save Ca If you would like to /iew Alerts ase Number: 4345 laimant Informatic ast Name: Doe MI	titsfied with the informat se as Work-In-Process' request a CMS Re-Rev 77 Prior Case Numb on : B. First Name: John	ion, click the 'Submit of button to save entere riew of this case, pleas er: <u>234576</u> New C View	Case' button to su d data. Print this p se click the Reque	ubmit the case. Click 'Cano page for your records. est Case Re-Review butto WC Ca Insurer	n. Request Case	Re-Review View
button. If you are sa lost. Click 'Save Ca If you would like to /iew Alerts ase Number: 4345 laimant Informatic ast Name: Doe MI Date of Birth: June 1	titsfied with the informat se as Work-In-Process' request a CMS Re-Rev 77 Prior Case Numb on : B. First Name: John 12, 1966	ion, click the 'Submit of button to save entere riew of this case, pleas er: <u>234576</u> New C View	Case' button to su d data. Print this p se click the Reque	ubmit the case. Click 'Cano page for your records. est Case Re-Review butto WC Ca Insurer Policy	n. Request Case rrier Name: ABC Com	Re-Review View 54440
button. If you are sa lost. Click 'Save Ca If you would like to /iew Alerts ase Number: 4345 laimant Information ast Name: Doe MI Date of Birth: June 1 Date of Injury: Janua	titsfied with the informat se as Work-In-Process' request a CMS Re-Rev 77 Prior Case Numb on : B. First Name: John 12, 1966 ary 19, 2010	ion, click the 'Submit of button to save entere riew of this case, pleas er: <u>234576</u> New C View	Case' button to su d data. Print this p se click the Reque	ubmit the case. Click 'Cano page for your records. est Case Re-Review butto WC Ca Insurer Policy	n. Request Case rrier Name: ABC Com Number: J989876 Number: 7654309	Re-Review View 54440
button. If you are sa lost. Click 'Save Ca If you would like to /iew Alerts ase Number: 4345 laimant Informatio ast Name: Doe MI Date of Birth: June 1 Date of Injury: Janua Aedicare ID:987655	titsfied with the informat se as Work-In-Process' request a CMS Re-Rev 77 Prior Case Numb on : B. First Name: John 12, 1966 ary 19, 2010	ion, click the 'Submit of button to save entere riew of this case, pleas er: <u>234576</u> New C View	Case' button to su d data. Print this p se click the Reque	ubmit the case. Click 'Cano page for your records. est Case Re-Review butto WC Ca Insurer Policy Claim	n. Request Case rrier Name: ABC Com Number: 7654309 N:	Re-Review View 54440
button. If you are sa lost. Click 'Save Ca If you would like to //iew Alerts ase Number: 4345 laimant Informatio	ttisfied with the informat se as Work-In-Process' request a CMS Re-Rev 77 Prior Case Numb on : B. First Name: John 12, 1966 ary 19, 2010 187B	ion, click the 'Submit of button to save entere riew of this case, pleas er: <u>234576</u> New C View	Case' button to su d data. Print this p se click the Reque	binit the case. Click 'Cano page for your records. est Case Re-Review butto WC Ca Insurer Policy Claim Rx PC Rx BIN	n. Request Case rrier Name: ABC Com Number: 7654309 N:	Re-Review View 54440
button. If you are sa lost. Click 'Save Ca If you would like to //iew Alerts ase Number: 4345 laimant Informatio ase Name: Doe MI Date of Birth: June 1 Date of Birth: June 1 Date of Injury: Janu Aedicare ID:987655 SSN:123-45-9763	ttisfied with the informat se as Work-In-Process' request a CMS Re-Rev 77 Prior Case Numb 77 Prior Case Numb 78 12, 1966 ary 19, 2010 187B Main Street	ion, click the 'Submit of button to save entere riew of this case, pleas er: <u>234576</u> New C View	Case' button to su d data. Print this p se click the Reque	binit the case. Click 'Cano page for your records. est Case Re-Review butto WC Ca Insurer Policy Claim Rx PC Rx BIN Tax ID	rrier Name: ABC Com Number: 7654309 N:	Re-Review View 54440 366565

Slide notes

When logging in, you may have alerts that correspond to the selected Account ID to view.

Slide 35 of 45 - Alert Listings

Case Numb	er: WC1103900010517					QUICK HELP
This page lis Date (desce	sts all the alerts for the selec	ted case. The data is sorte	ed by Alert Creation			<u>Help About This Page</u>
Date (desce	arung).					
			-	-		-
Alert ID	Alert Creation Date	Alert Type	Creator	Status	Medicare ID/SSN	Bene Name
<u>163</u>	02/14/2011	Closeout	WCSA	Not Read	*****2013A	MARY JONES
<u>99</u>	01/04/2011	Commingled	WCSA	Archived	*****2013A	MARY JONES
Previ	ous					

Slide notes

Instead of the hard copy letters currently generated in the Workers' Compensation Case Control System (WCCCS), the WCMSAP will generate email alerts to the case submitter.

The system will automatically display all alerts/notifications associated with a case in descending date order, but you can re-sort the case in ascending order, by case, by date, by date within a case, and by case within dates.

Note: A new WCMSAP Commingled Follow-up alert has been added to allow the WCRC to mark a case as comingled up to four times per review session. Also, a new letter/alert (using a separate template with different verbiage than the existing commingled letter/alert) will be automatically sent to submitters (using the same CC rule as the existing commingled letter/alert) after the second instance of commingling within the same WCRC review session.

For more information on Alerts, please see the Alerts CBT.

Slide 36 of 45 - Alert Listings

Case Numb	er: WC1103900010517					QUICK HELP
This page lis Date (desce	sts all the alerts for the selec ending).	ted case. The data is sorted	d by Alert Creation		L	<u>Help About This Page</u>
Alert ID	Alert Creation Date	Alert Type	Creator	Status	Medicare ID/SSN	Bene Name
<u>163</u>	02/14/2011	Closeout	WCSA	Not Read	*****2013A	MARY JONES
<u>99</u>	01/04/2011	Commingled	WCSA	Archived	*****2013A	MARY JONES
Previ	ous					

Slide notes

When the case number link is selected, the system will appear the Alert Listing page where all alerts associated to the selected case will be displayed.

You can then click an Alert ID link to view a specific alert.

Slide 37 of 45 - Alerts

Account Number: 30400 Case Control Number: WC1103900010517 Date of Alert: 01/04/2011 Alert Type: Commingled Documentation Alert Number: 99 Medicare ID/SSN: *****2013A Claimant: Mary Jones A review of the WCMSA submission indicates that the file contains commingled documents. A document is considered "commingled" when the documentation received contains dta for more than one beneficiary. Any file containing commingled documents must be replaced with a file without commingled documents relating to the replacement of a commingled document and be found in Online Help on the WCMSAP Case Documents screen. If files containing commingled documents are not replaced within 10 business days from the date of this alert, the case will be closed automatically. Commingled documents have been discovered in: THE FIFTH SUBMITTER LETTER FILE IS COMMINGLED. PLEASE REPLACE IT WITH ANOTHER FILE. If you have any questions regarding this alert, please contact the WCRC at (301) 575-0160 for additional information.	Where possible, pl	ease submit any requested documents via the website instead of faxing or mailing. Archive this Alert Close This Window	
Case Control Number: WCI103900010517 Date of Alert: 01/04/2011 Alert Type: Commingled Documentation Alert Number: 99 Medicare ID/SSN: *****2013A Claimant: Mary Jones A review of the WCMSA submission indicates that the file contains commingled documents. A document is considered "commingled" when the documentation received contains dta for more than one beneficiary. Any file containing commingled documents must be replaced with a file without commingled documents, via the web portal within 10 business days from the date of this alert. Instructions relating to the replacement of a commingled document can be found in Online Help on the WCMSAP <i>Case</i> <i>Documents</i> screen. If files containing commingled documents are not replaced within 10 business days from the date of this alert, the case will be closed automatically. Commingled documents have been discovered in: THE FIFTH SUBMITTER LETTER FILE IS COMMINGLED. PLEASE REPLACE IT WITH ANOTHER FILE. If you have any questions regarding this alert, please contact the WCRC at (301) 575-0160 for additional	Account Number:		
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A review of the WCMSA submission indicates that the file contains commingled documents. A document is considered "commingled" when the documentation received contains dta for more than one beneficiary. Any file containing commingled documents must be replaced with a file without commingled documents, via the web portal within 10 business days from the date of this alert. Instructions relating to the replacement of a commingled document can be found in Online Help on the WCMSAP <i>Case Documents</i> screen. If files containing commingled documents are not replaced within 10 business days from the date of this alert, the case will be closed automatically. Commingled documents have been discovered in: THE FIFTH SUBMITTER LETTER FILE IS COMMINGLED. PLEASE REPLACE IT WITH ANOTHER FILE. If you have any questions regarding this alert, please contact the WCRC at (301) 575-0160 for additional			
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If you have any questions regarding this alert, please contact the WCRC at (301) 575-0160 for additional	Any file containing of documents, via the w the replacement of a <i>Documents</i> screen. If from the date of this discovered in: THE FIFTH SUBMI	reb portal within 10 business days from the date of this alert. Instructions relating to commingled document can be found in Online Help on the WCMSAP <i>Case</i> ? files containing commingled documents are not replaced within 10 business days alert, the case will be closed automatically. Commingled documents have been	
	ANOTHER FILE.		
		tions regarding this alert, please contact the WCRC at (301) 575-0160 for additional	

Slide notes

Once a specific alert has been accessed, you should read the alert and determine what actions need to be taken. If the alert requires changes to the account, access the case using the Case Lookup link on the WCMSAP Home page.

Slide 38 of 45 - Managing Case Access



Slide notes

Account Managers for Corporate and Representative accounts can grant or revoke Account Designees' access to specific cases under an Account ID.

Slide 39 of 45 - Case Listing

123456 Smith, Jane 2010-01-19 Received WCRC 2010-02-15 2010-02-23 Manage Acce 798654 Jones, Mary 2009-11-17 Received WCRC 2009-11-27 2009-12-05 Manage Acce		Home	About This Site	CMS Links	How To	Reference Materia	ls Contact l	Js Logoff	
Help About This Page Book of the case of the workers' Compensation Medicare Set-Aside Web Portal that are associated with your Login ID. Click on the Case Numbre tee details of the case. Selecting 'Cancel' will return you to the Home page. To delete a case select the Delete function to the left of the Case Number. tee Case Number Claimant Name Date of Injury Case Status Creation Date Submission Date Case Access 123456 Smith, Jane 2010-01-19 Received WCRC 2010-02-15 2010-02-23 Manage Access 798654 Jones, Mary 2009-11-17 Received WCRC 2009-11-27 2009-12-05 Manage Access	Ca	se Listing							
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constituted cases may not be deleted. Interpretation Claimant Name Date of Injury Case Status Case Location Creation Date Submission Date Case Access 123456 Smith, Jane 2010-01-19 Received WCRC 2010-02-15 2010-02-23 Manage Access 798654 Jones, Mary 2009-11-17 Received WCRC 2009-11-27 2009-12-05 Manage Access		-							
123456 Smith, Jane 2010-01-19 Received WCRC 2010-02-15 2010-02-23 Manage Acce 798654 Jones, Mary 2009-11-17 Received WCRC 2009-11-27 2009-12-05 Manage Acce	ubmitt	ed cases may no	t be deleted.						
798654 Jones, Mary 2009-11-17 Received WCRC 2009-11-27 2009-12-05 Manage Acce)elete	Case Number	Claimant Name	Date of Injury	Case Status	Case Location	Creation Date	Submission Date	Case Access
Providence contraction and a second descent second se		<u>123456</u>	Smith, Jane	2010-01-19	Received	WCRC	2010-02-15	2010-02-23	Manage Access
798655 DANA, ROSE 2009-11-17 COMG WCRC 2015-11-27 2016-01-05 Manage Access		<u>798654</u>	Jones, Mary	2009-11-17	Received	WCRC	2009-11-27	2009-12-05	Manage Access
		798655	DANA, ROSE	2009-11-17	COMG	WCRC	2015-11-27	2016-01-05	Manage Access

Slide notes

Please note: This option is only available to Account Managers. To grant or revoke access, the Account Manager can click the Manage Access link on the Case Listing screen.

Case Listin	9					QUICK HELP	
	CMSAs that are associate			he			
search criteria provi	ded. Select 'Continue' to r	eturn to the Hom	e page.				
Case Number	Claimant Name	Date of Ir				\$	
WC1211211212123	John Smith	1998-10-	15 2018-	10-15	59500.	50	
WC1211211212124	Michael Smith	2001-10-	15 2017-	10-15	67500.	50	
WC1211211212125	Tom Smith	2003-10-	15 2016-	10-15	35500.	50	
WC1211211212126	Xian Cao	2007-10-	15 2015-	10-15	97500.	50	
Continue							
	CMS/HHS V	ulnerability Disclosu	re Policy Privacy	Policy User Agr	reement Adobe Acrobat		
	CMS/HHS V	ulnerability Disclosu	re Policy Privacy	Policy User Agr	reement Adobe Acrobat		

Slide 40 of 45 - Case Listing - Professional Administrators

Slide notes

Professional administrators will only be able to view the case number, claimant name, date of injury, settlement date, and WCMSA balance on this page.

Slide 41 of 45 - Manage Case Access Page

Home	About This Site	CMS Links	How To	Reference Materials	Contact Us	Logoff	
Manage Ca	220000 000						Print this pa
Manage Ca	ISE ACCESS						
Case Information							
Case Number:	123456						
First Name:	Jane						
Last Name:	Smith						
Date of Injury:	01/19/2010						
Case Status:	Submitted						
Medicare ID:	*****4391A						
SSN:							
Create Date:	02/15/2010						
Submission Date:	02/23/2010						
esignee associati	ons for the case:						
ou may select a de	signee by checking th	e checkbox next to th	eir name. To select	all Designees, click the	e Select All checkbox	To remove all r	previously selecte
esignees, click on t	he Select All checkbo	x twice					
Designee I	Name	Grant/Revoke /	lccess				
ohn Smith	Sec.						
lary Roberts							
ane Doe							
	L Se	lect All					
Continue Cano	el						
Continue							

Slide notes

Once the Manage Access button is clicked, the Manage Case Access page will display all Account Designees assigned to the Account ID.

If the Account Designee currently has access to the selected case, the checkbox will be checked. If the Account Designee does not currently have access to the case, the checkbox will be empty.

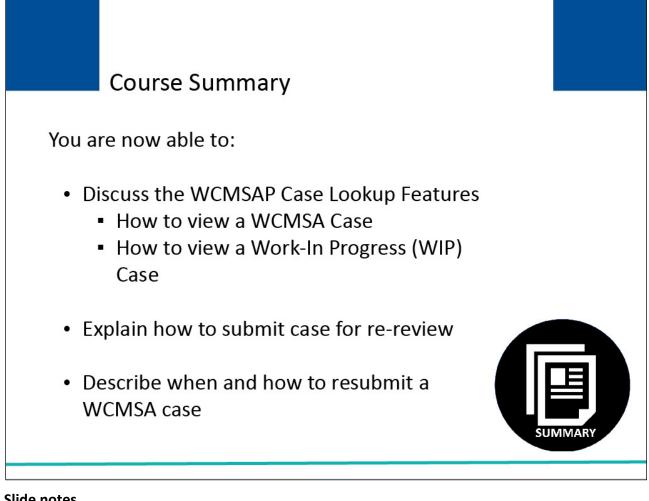
To revoke access to a case, remove the check. To grant access, place a check in the box. Place a check in the Select All box to grant access to all Account Designees. Check the box again to revoke access from all Account Designees. After all changes are complete, click Continue.

Case Acces	s Confirmation					Print this pa
Case Information						
Case Number:	123456					
First Name:	Jane					
Last Name:	Smith					
Date of Injury:	01/19/2010					
Case Status:	Submitted					
Case Location:	WCRC					
Medicare ID:	*****4391A		_			
SSN:				Zoom View		
Create Date:	02/15/2010					
Submission Date:			The following D	esignees have access	s to the case:	
			Desig	nee Name		
he following Desig	nees have access to	the case:	John Smith			
Designee	Namo		Mary Roberts			
ohn Smith	Name					
lary Roberts			Case Listing			
Case Listing			SECURE A	REA		
SECURE AREA						

Slide notes

The Case Access Confirmation page will appear, listing only the Account Designees with access granted to the case.

Slide 43 of 45 - Course Summary



Slide notes

You are now able to:

Discuss the WCMSAP Case Lookup Features,

How to view a WCMSA Case

How to view a Work-In Progress (WIP) Case

Explain how to submit a case for re-review, and

Describe when and how to resubmit a WCMSA case.

Slide 44 of 45 - Conclusion



Slide notes

You have completed the WCMSAP Case Lookup course. The information in this course can be referenced by using the document at the link below.

https://www.cob.cms.hhs.gov/WCMSA/assets/wcmsa/userManual/WCMSAUserManual.pdf

Slide 45 of 45 - Training Survey



Slide notes

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