Slide 1 - of 41

Slide notes

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

Note: This module is intended for those entities who will register for a corporate account. A corporate account indicates that the submitter is registering as a corporate entity with an Employer Identification Number (EIN) and will be regularly submitting WCMSA requests.

As a reminder, you may view the slide number you are on by clicking on the moving cursor. Additionally, you can view the narration by clicking the Closed Captioning [CC] button in the lower right hand corner of the screen.

Slide 2 - of 41

Disclaimer

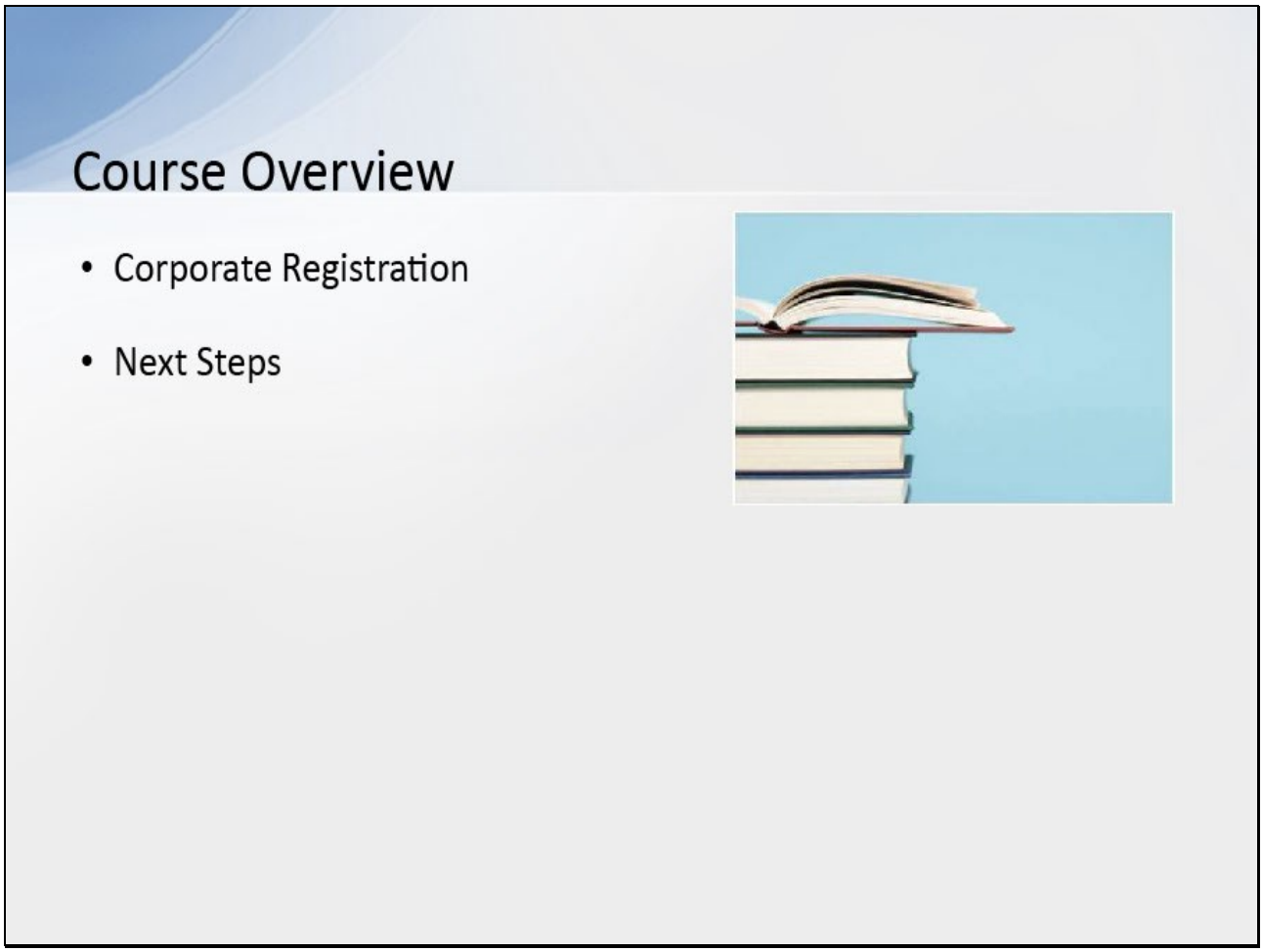
While all information in this document is believed to be correct at the time of writing, this Computer Based Training (CBT) is for educational purposes only and does not constitute official Centers for Medicare & Medicaid Services (CMS) instructions for the WCMSAP. All affected entities are responsible for following the applicable CMS instructions found at the following link: http://go.cms.gov/wcmsa.

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: http://go.cms.gov/wcmsa.

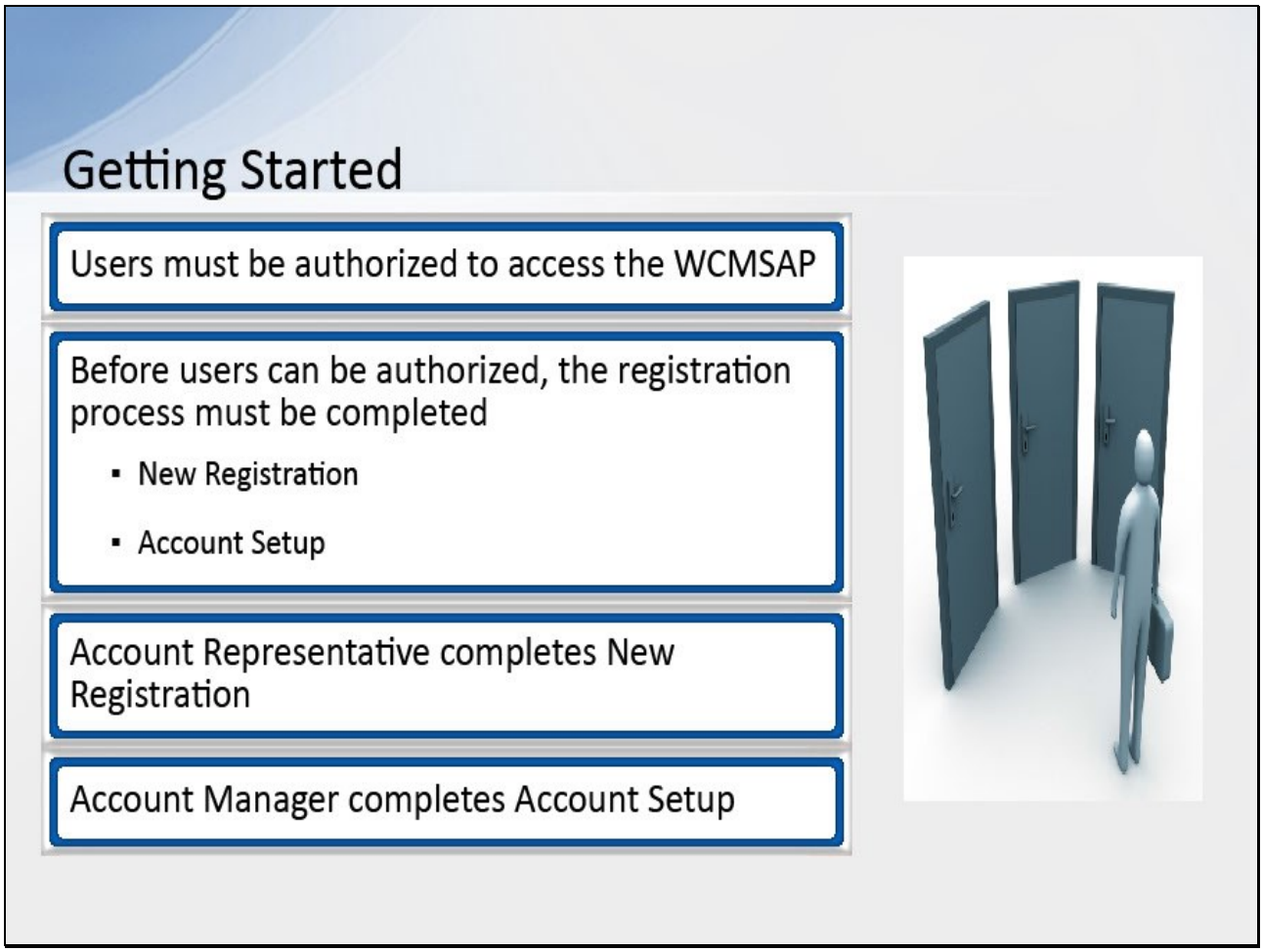
Slide 3 - of 41



Slide notes

This course will provide instruction on how to complete a Corporate registration on the WCMSAP and the steps to follow once the registration has been submitted.

Slide 4 - of 41



Slide notes

Users must be authorized to access the WCMSAP.

Before a new user can become authorized, the corporate entity must complete the registration process which involves the following steps: New Registration and Account Setup.

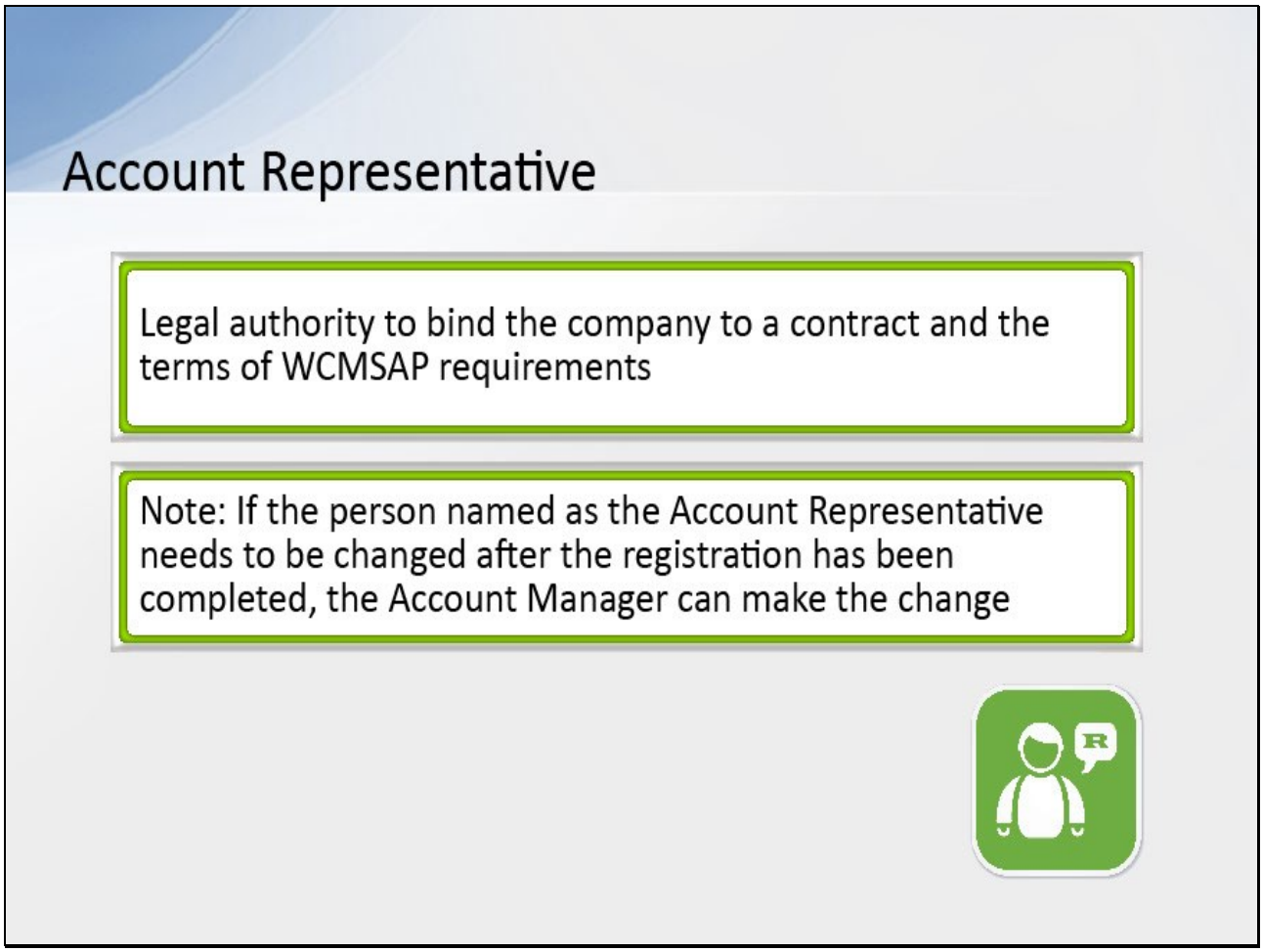
New Registration must be completed by the person named as the Account Representative.

Account Setup must be completed by the person named as the Account Manager.

Note: The focus of this CBT is on the New Registration process.

For more information on Account Setup, please see the Corporate Account Setup CBT.

Slide 5 - of 41



Slide notes

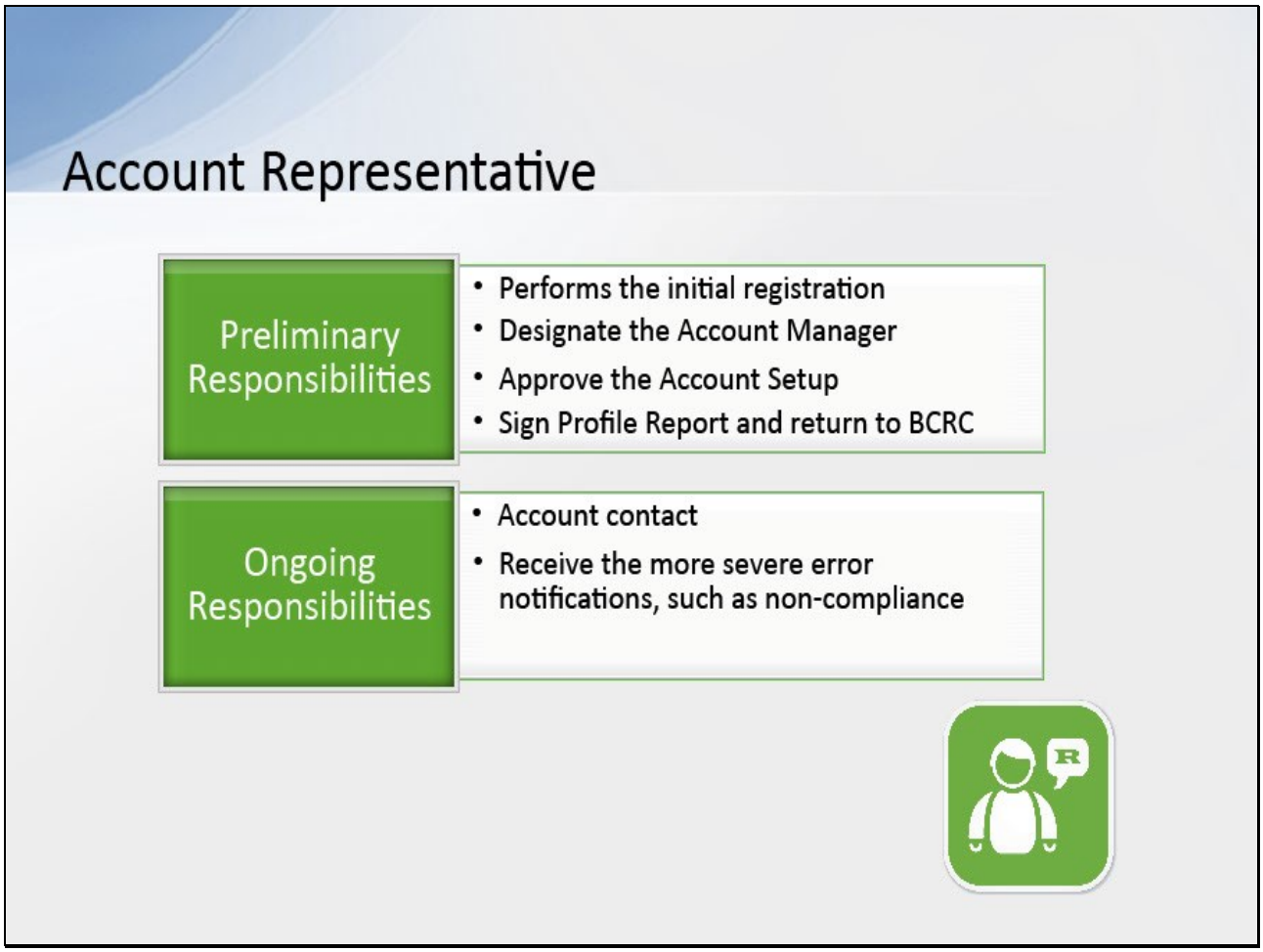
To begin the New Registration, the corporate entity must identify their Account Representative.

The Account Representative is the individual who has the legal authority to bind the company to a contract and the terms of WCMSAP requirements and processing.

Note: If the person named as the Account Representative needs to be changed after the registration has been completed, the Account Manager can make the change.

The Account Representative may also be associated with more than one account.

Slide 6 - of 41



Slide notes

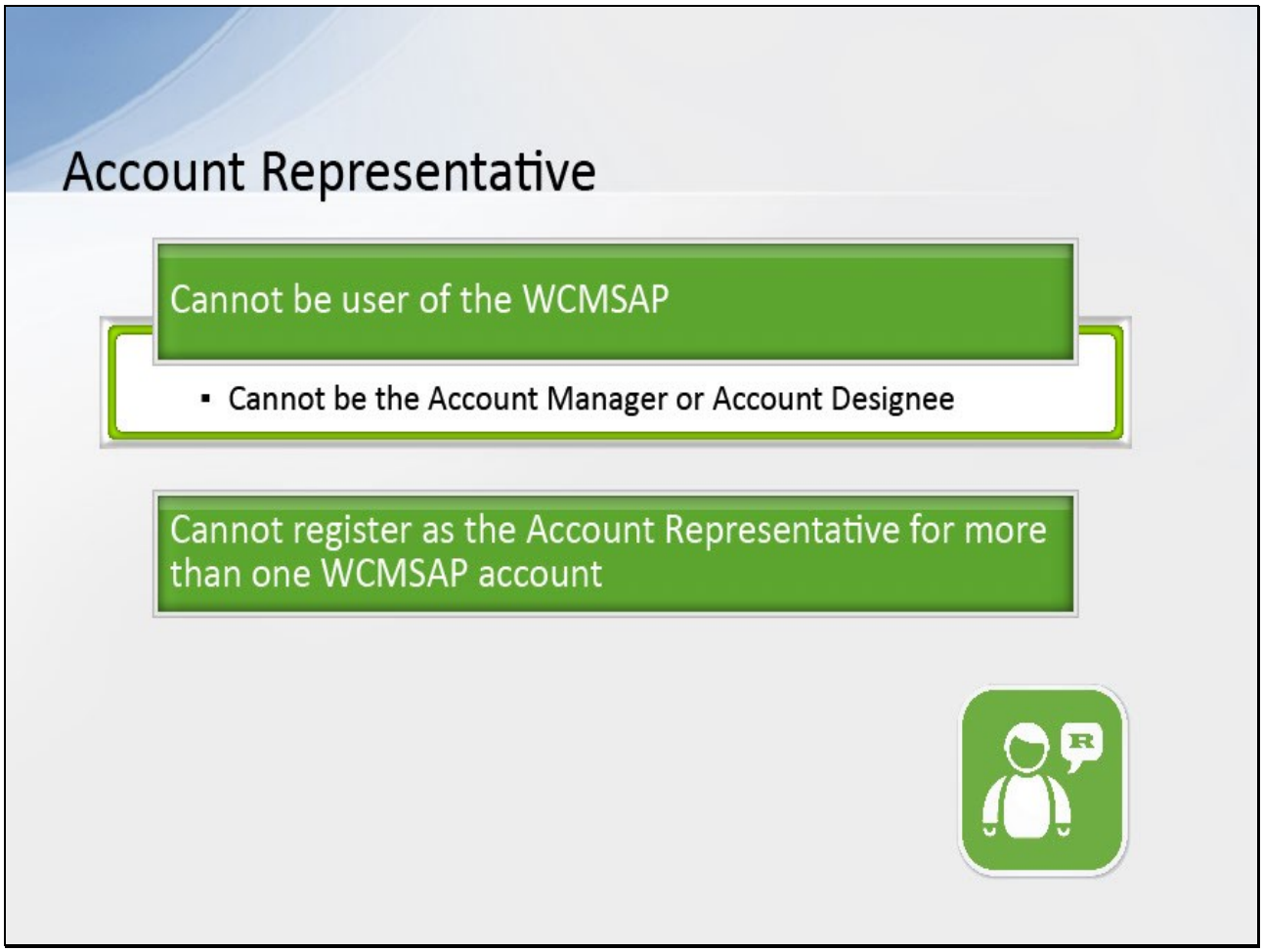
The Account Representative performs the New Registration on the WCMSAP and provides all of the information requested by the system.

This person is responsible for designating the Account Manager.

Additionally, the Account Representative must approve the Account Setup, by physically signing the Profile Report and returning it to the Benefits Coordination and Recovery Center (BCRC).

The Account Representative will be the account contact and recipient of the more severe error notifications, such as non-compliance.

Slide 7 - of 41

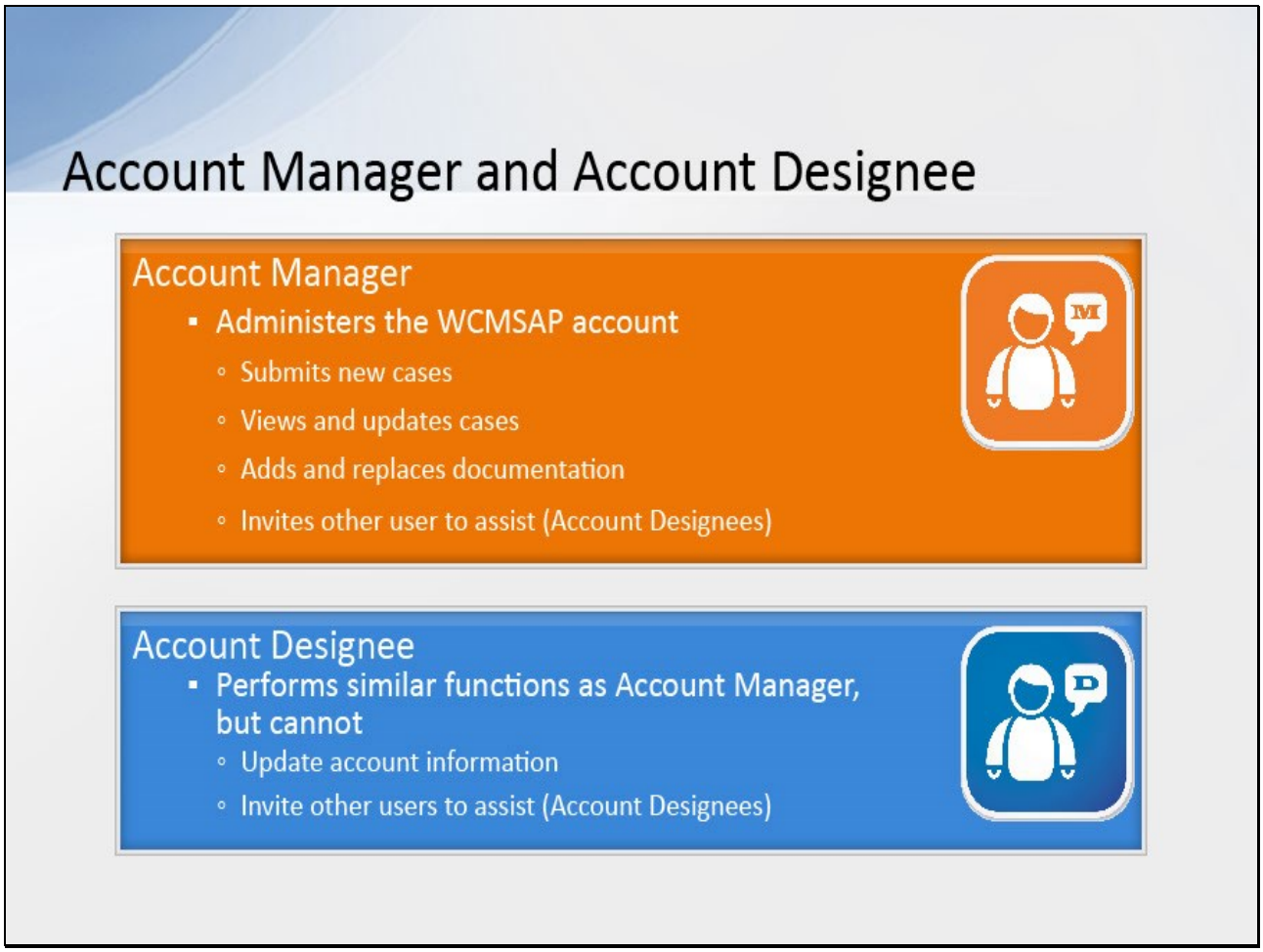


Slide notes

The Account Representative cannot be an actual user of the WCMSAP (i.e., cannot be the Account Manager or Account Designee) and cannot register as the Account Representative for more than one WCMSAP account.

Please note: Only those individuals who are assigned the role of an Account Manager or Account Designee can access and use the WCMSAP.

Slide 8 - of 41



Slide notes

The Account Manager is assigned by the Account Representative.

This individual will administer the account on the WCMSAP.

This includes: submitting new cases, viewing and updating cases, adding and replacing documentation and inviting others to assist (Account Designees).

An Account Designee can perform similar functions as the Account Manager, but these individuals cannot modify WCMSAP account information or invite other users to assist.

Slide 9 - of 41

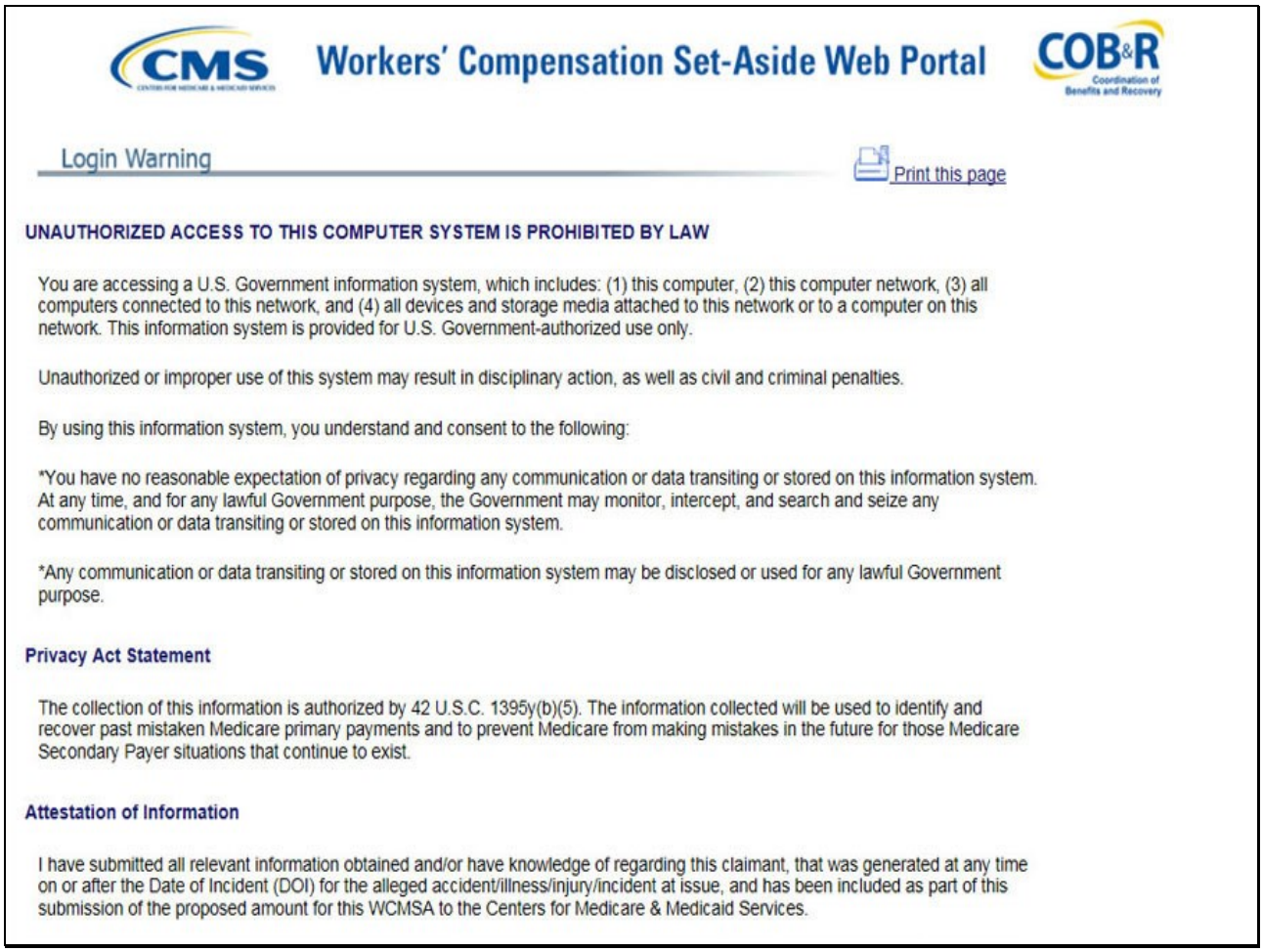
Slide notes

All users must register for a Web portal account on the WCMSAP URL. To create your corporate account, your Account Representative must go to the WCMSAP URL (https://www.cob.cms.hhs.gov/WCMSA) to begin the registration process.

Slide 10 - of 41

Slide notes

Slide 11 - of 41



Workers' Compensation Set-Aside Web Portal

Login Warning

Print this page

UNAUTHORIZED ACCESS TO THIS COMPUTER SYSTEM IS PROHIBITED BY LAW

You are accessing a U.S. Government information system, which includes: (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for U.S. Government-authorized use only.

Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties.

By using this information 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 information 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 information system.

*Any communication or data transiting or stored on this information system may be disclosed or used for any lawful Government purpose.

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.

Slide notes

Each time you visit the WCMSAP Web site, the Login Warning page will display the Data Use Agreement (DUA). The DUA provides information about WCMSAP security measures including access, penalty and privacy laws.

You must agree to the terms of this warning each time you access the WCMSAP application.

Slide 12 - of 41

Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties.

By using this information 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 information 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 information system.

*Any communication or data transiting or stored on this information system may be disclosed or used for any lawful Government purpose.

Privacy Act Statement

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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
Workers Compensation Agency Services

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

I Accept

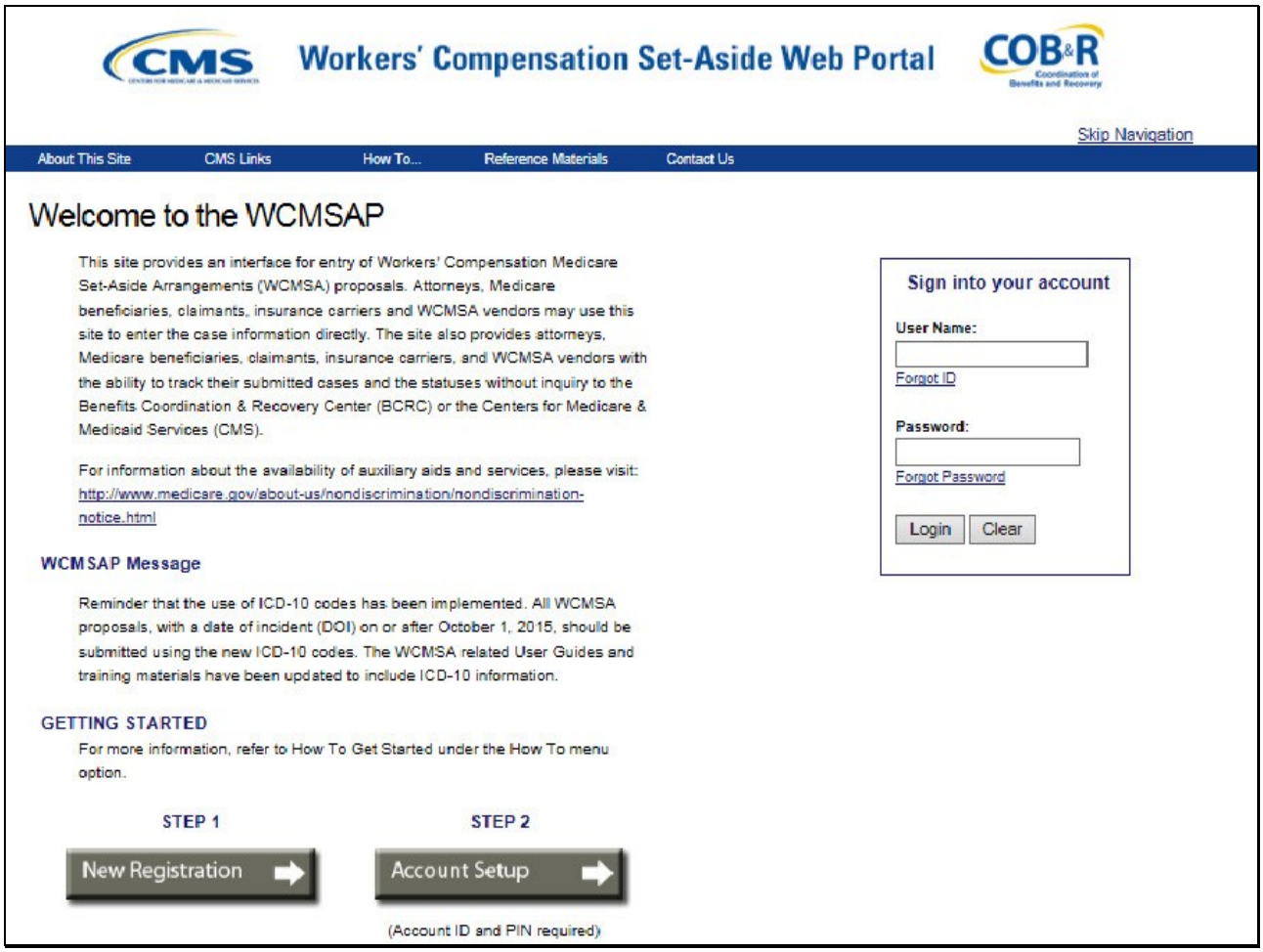
Decline

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

Slide notes

You must review the DUA and click the [I Accept] link at the bottom of the page to continue otherwise you will be denied access to the WCMSAP site and will be unable to register.

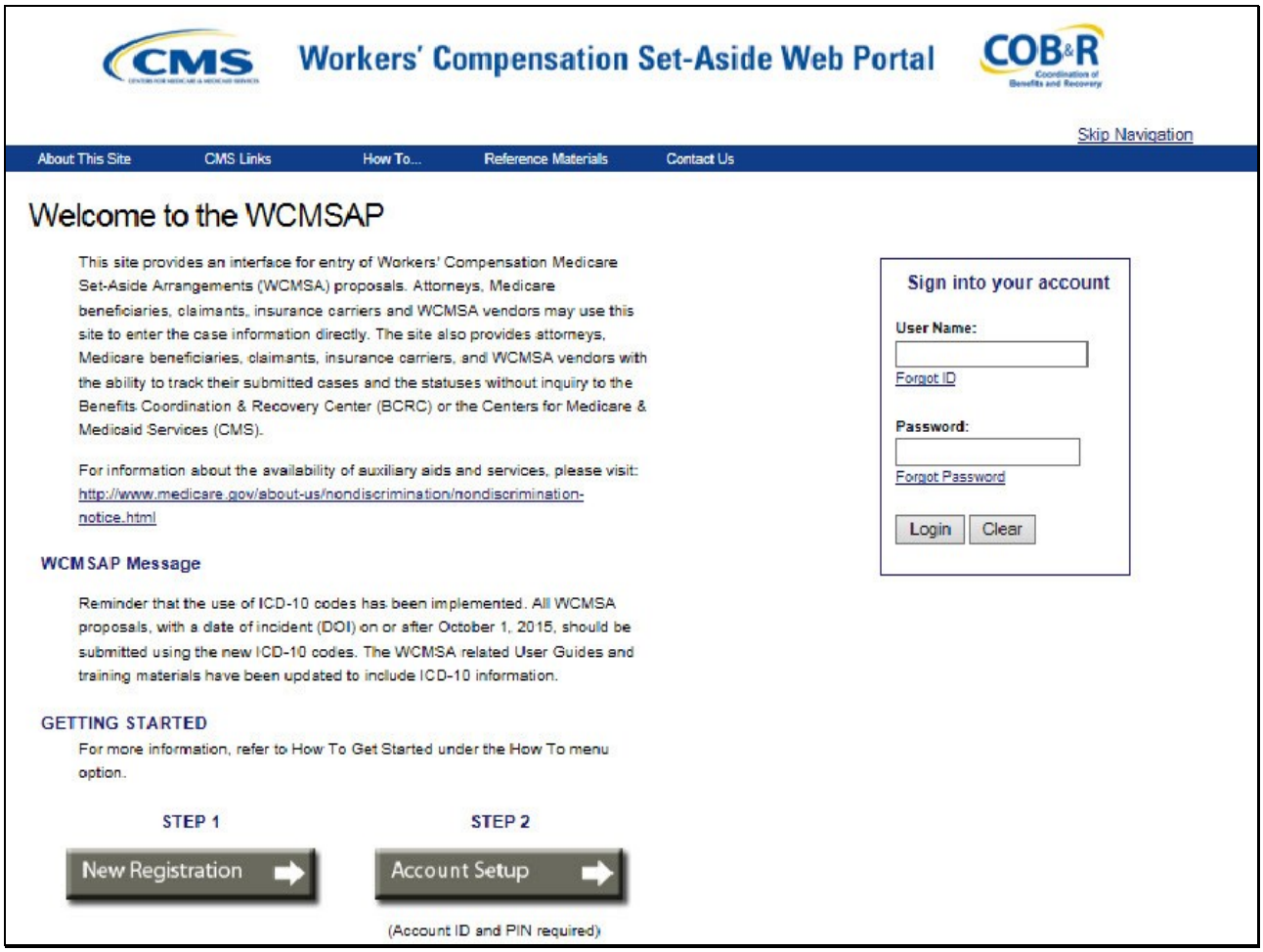
Slide 13 - of 41



Slide notes

Once you have clicked on the I Accept link, you will be brought to the Login (Welcome) page. Here you will find various menu options.

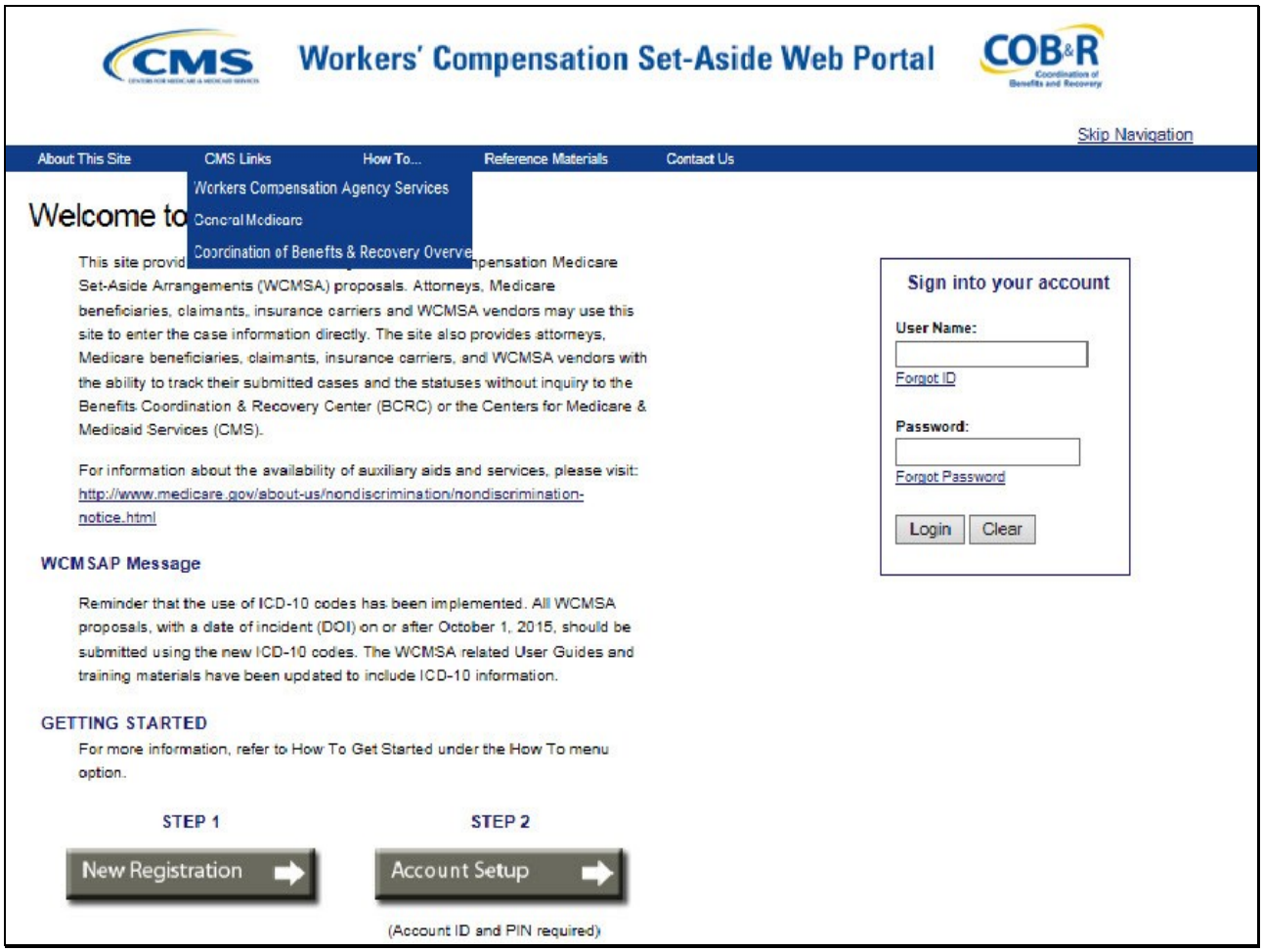
Slide 14 - of 41



Slide notes

"About This Site" navigates to the How to Use This Site link, offering general information on how to use the WCMSAP application.

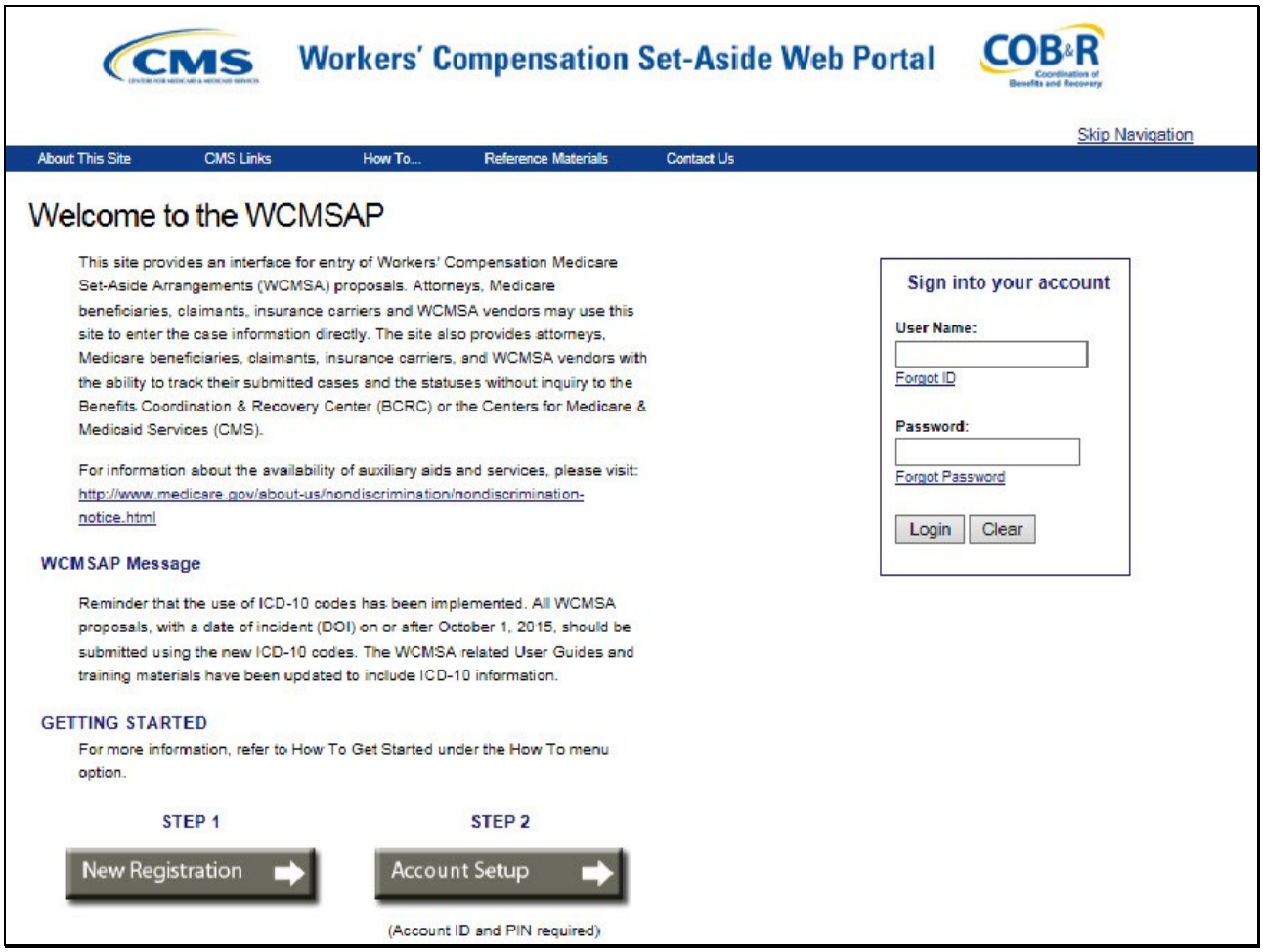
Slide 15 - of 41



Slide notes

"CMS Links" provides links to the Workers' Compensation Agency Services page, the Medicare Web site, and the Coordination of Benefits & Recovery Overview Web site.

Slide 16 - of 41

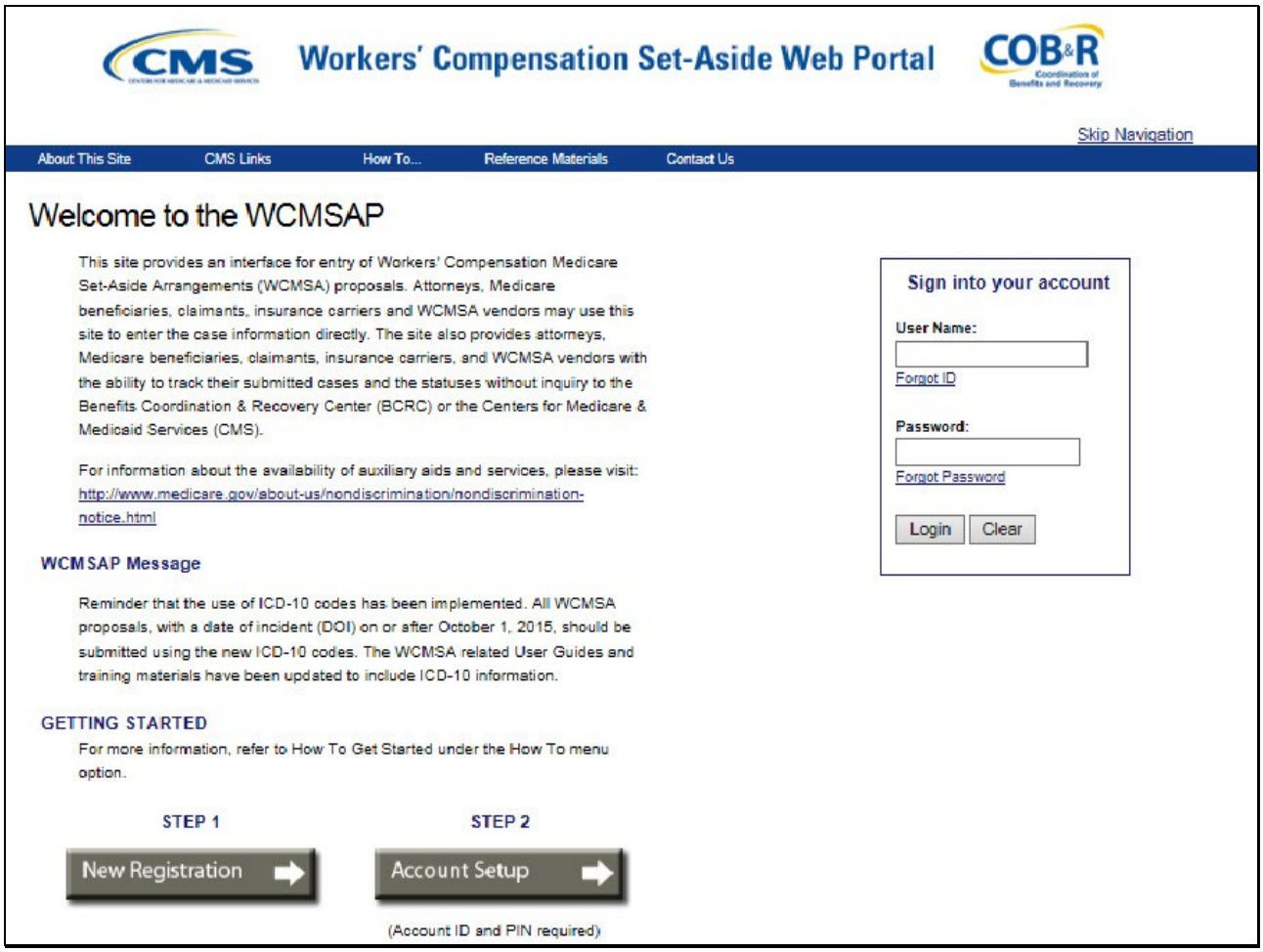


Slide notes

"The How To…" section provides detailed information on performing the following functions: Getting Started, Requesting your Login ID, Requesting your Password, Changing your Password, Resetting your PIN,

Changing your Account Representative, Changing your Account Manager, and Inviting Account Designees.

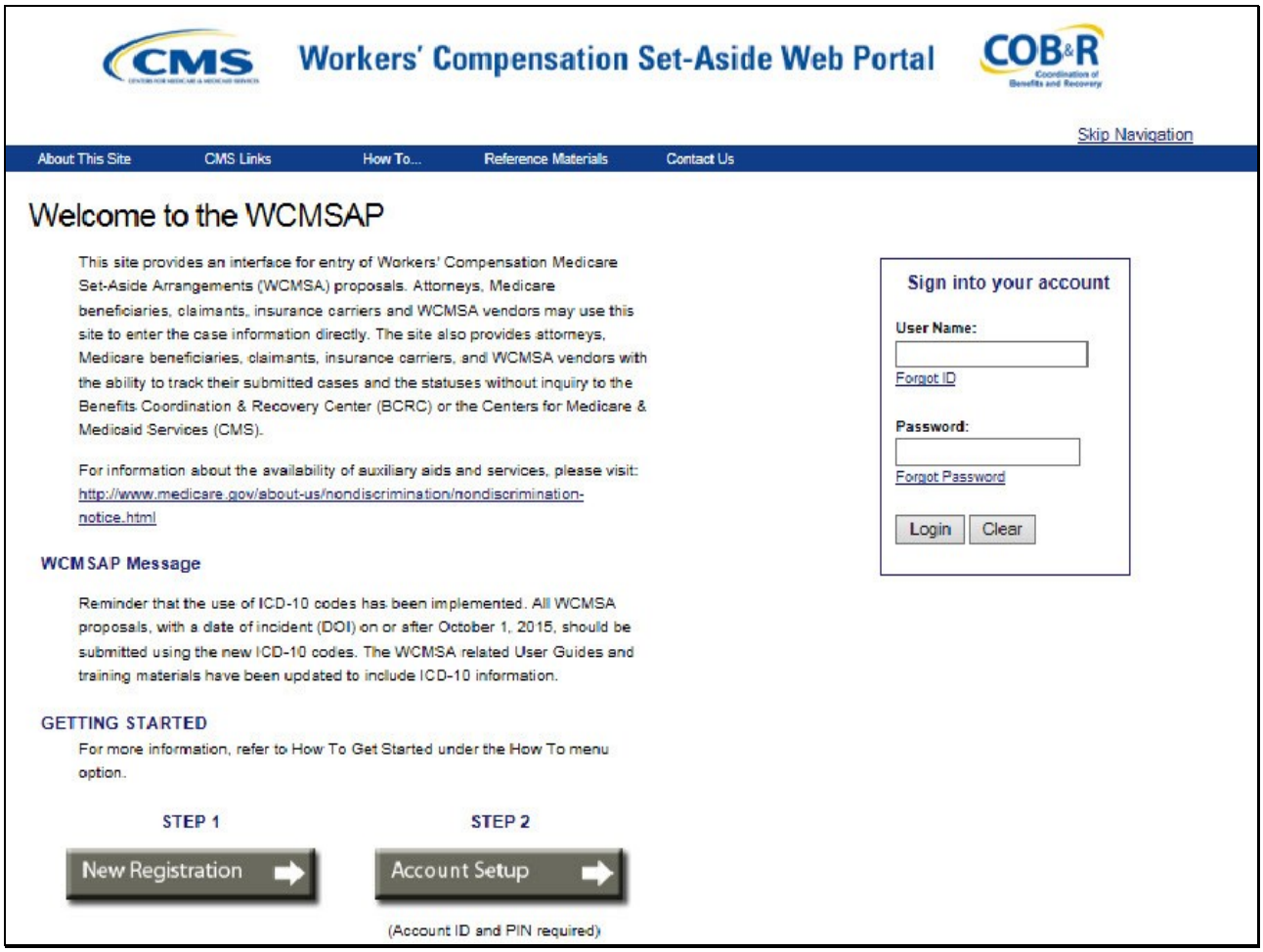
Slide 17 - of 41



Slide notes

"Reference Materials" provides a link to the WCMSAP User Guide.

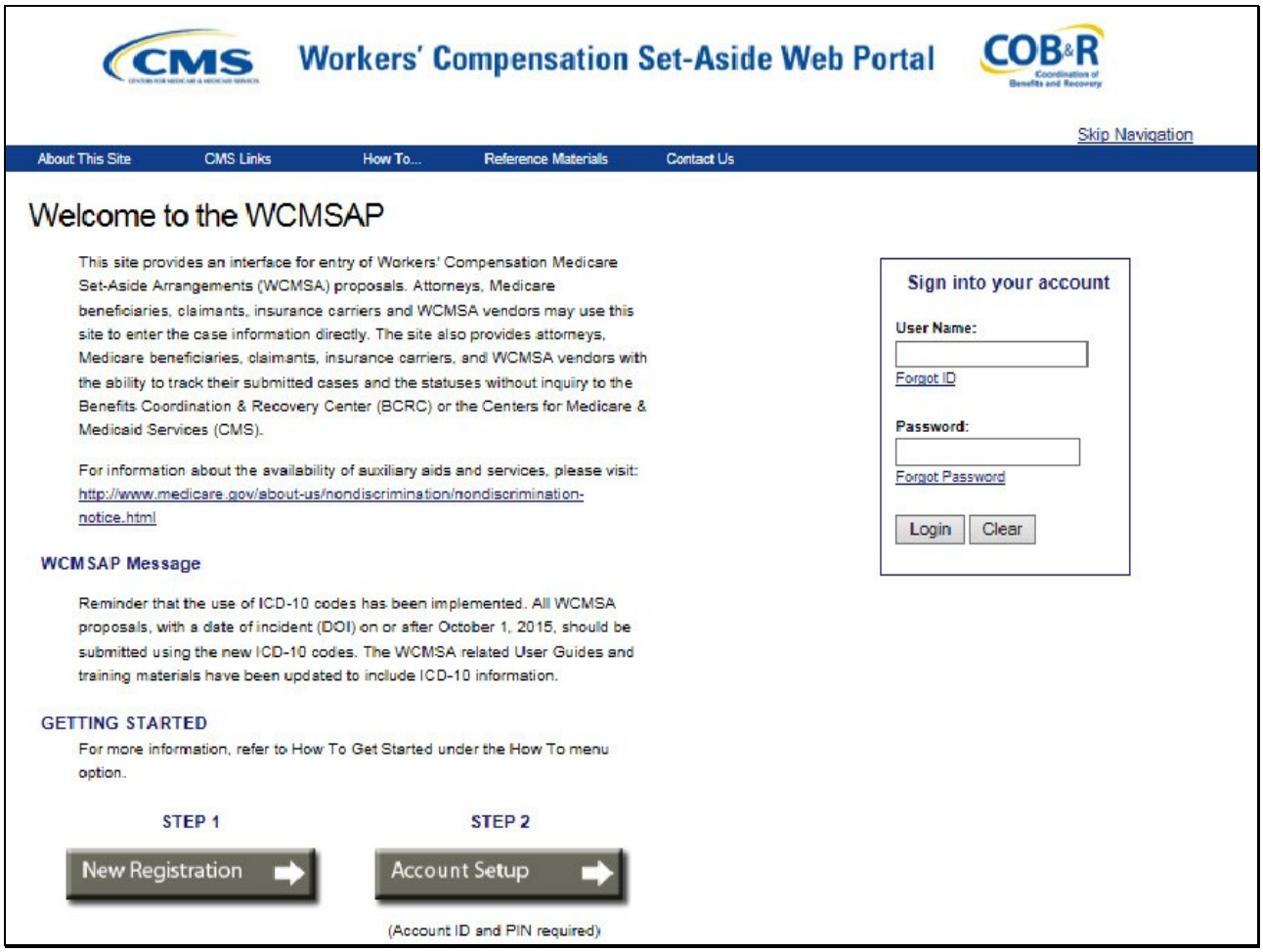
Slide 18 - of 41



Slide notes

"Contact Us" displays the following message which provides information on how to contact the BCRC.

Slide 19 - of 41

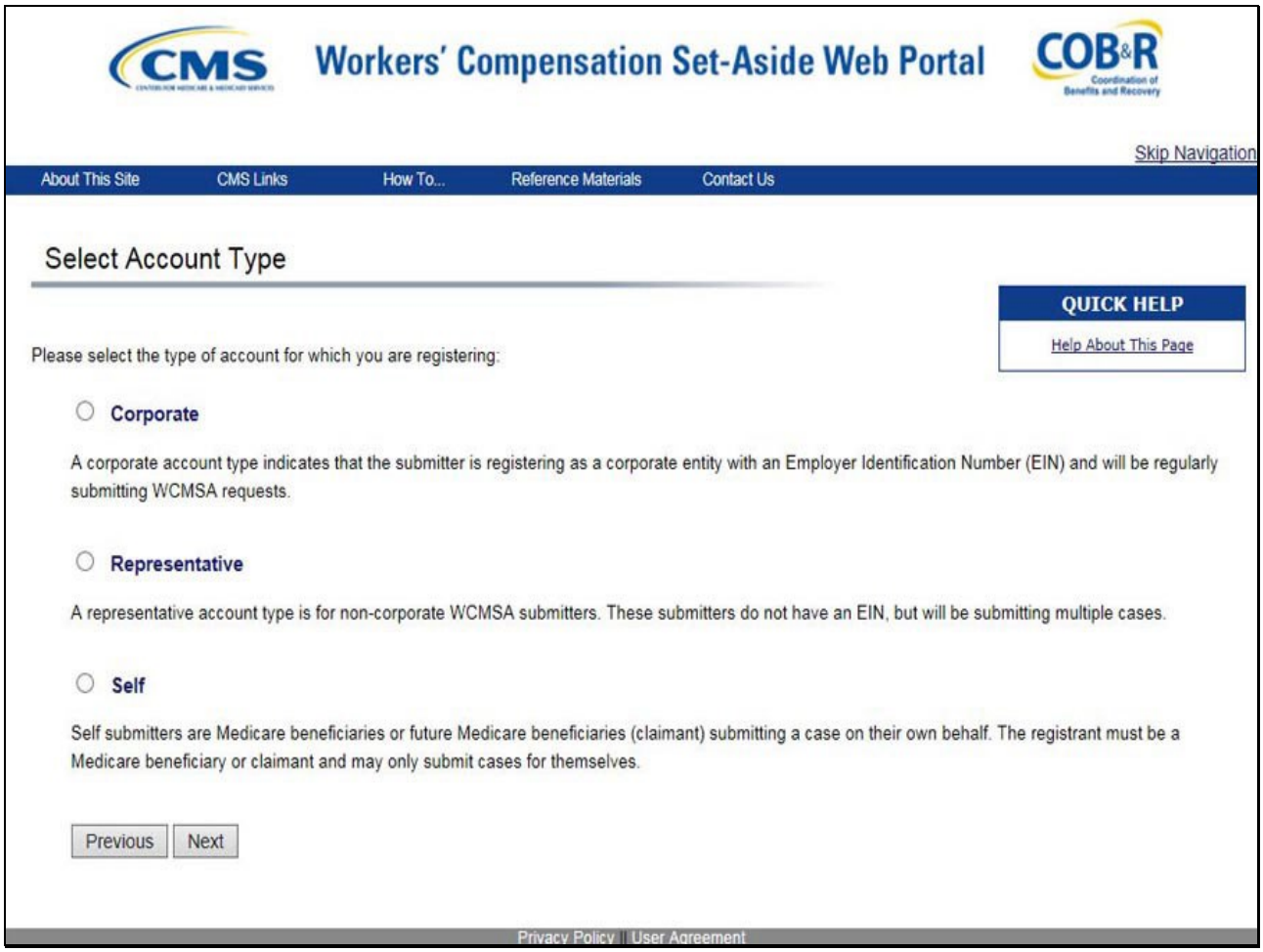


Slide notes

The first step in the WCMSAP registration process is Account Registration. During this step, basic information related to your company and your Account Representative are required.

To begin this process, your designated Account Representative must click the New Registration button.

Slide 20 - of 41



Slide notes

The Select Account Type page displays. This page describes the differences between each account type.

Slide 21 - of 41

Account Type

- Corporate
  - Corporate entity with an Employer Identification Number (EIN)
  - Will regularly submit WCMSAP requests
- Representative
  - Non-corporate WCMSAP submitter with no EIN
  - Will submit multiple cases
- Self
  - Medicare beneficiary/claimant
  - Submit a case for themselves

Slide notes

Users will be required to first specify the type of account for which they are registering.

There are three types of WCMSAP accounts: Corporate, Representative, and Self.

A corporate account type indicates that the submitter is registering as a corporate entity with an Employer Identification Number (EIN). Those registering as a corporate account type will be regularly submitting WCMSAP requests.

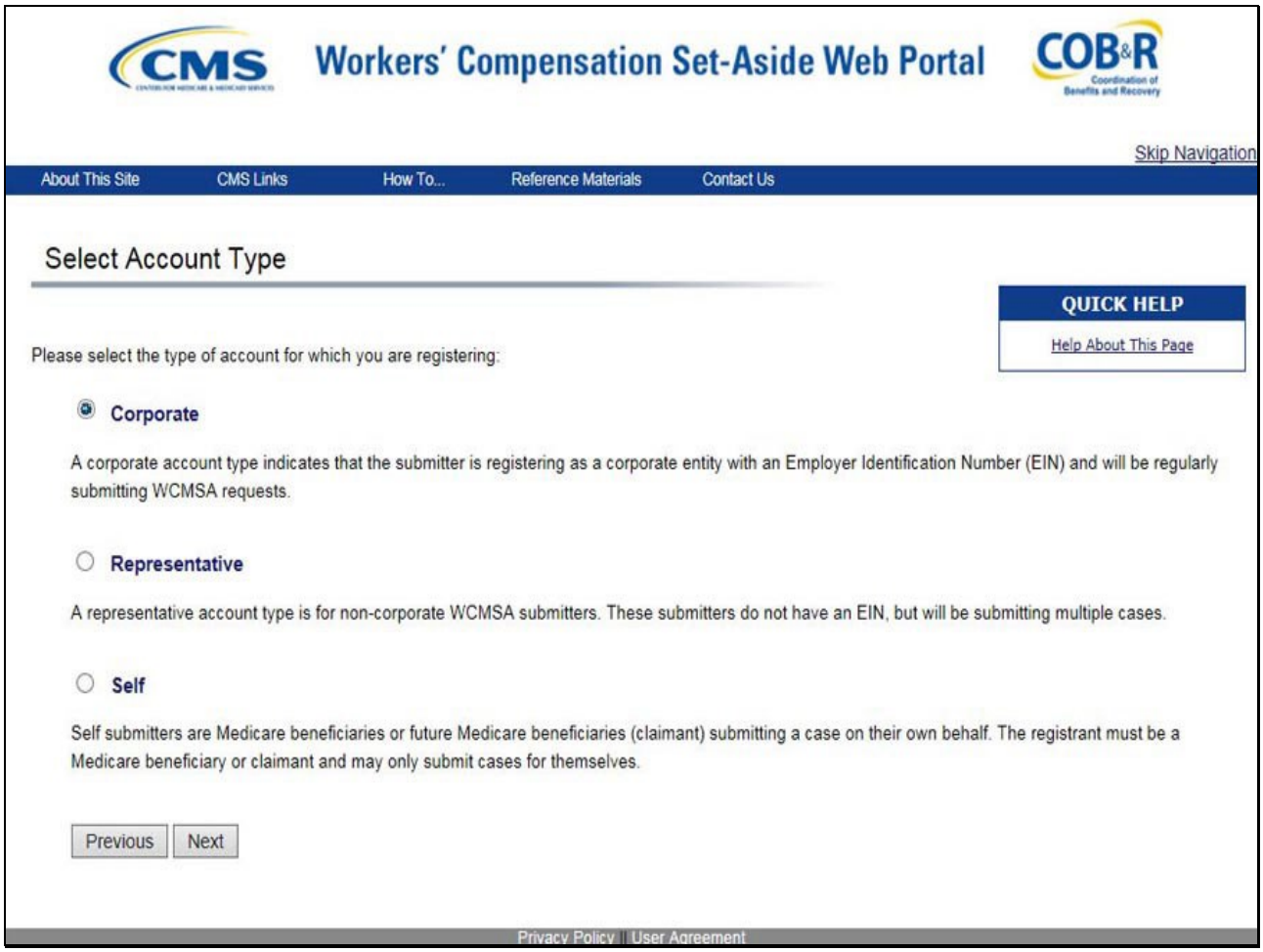
A representative account type is for a non-corporate WCMSAP submitter. These submitters do not have an EIN, but will be submitting multiple cases.

A self-submitter account type is for a Medicare beneficiary or a claimant who has a reasonable expectation of becoming a Medicare beneficiary within 30 months and is submitting a case on their own behalf.

The self-submitter can only submit cases for themselves.

The account type selected will determine both the basic information that is captured during the registration process and the level of vetting that is subsequently undertaken.

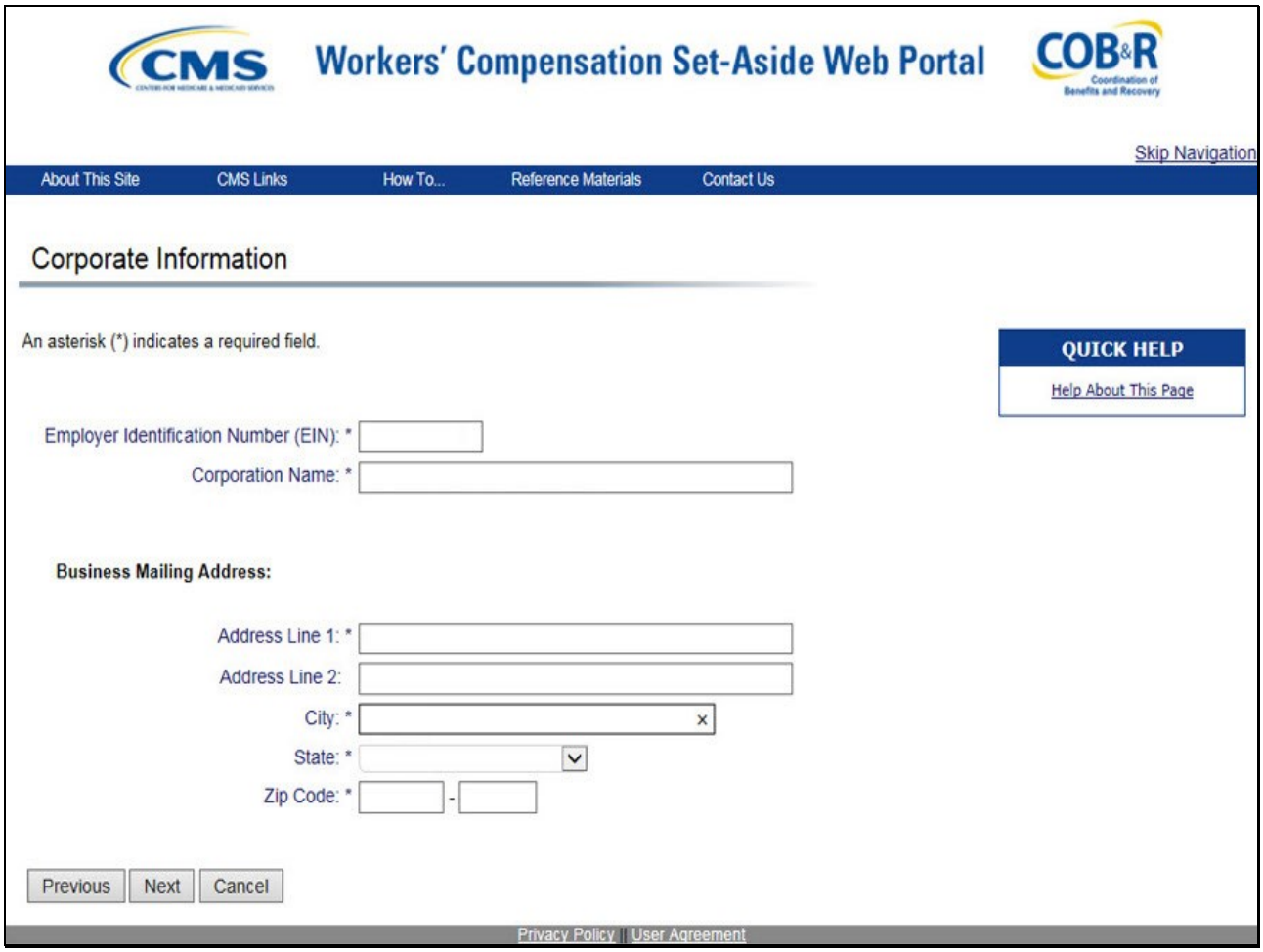
Slide 22 - of 41



Slide notes

To register as a Corporate user, select the Corporate button and then click Next.

Slide 23 - of 41



Slide notes

After the Corporate account type is selected, the Account Representative will be directed to the Corporate Information page.

Slide 24 - of 41

Workers' Compensation Set-Aside Web Portal

Skip Navigation

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

Corporate Information

An asterisk (*) indicates a required field.

QUICK HELP

Help About This Page

Employer Identification Number (EIN): * 1234567890

Corporation Name: * ABC Company

Business Mailing Address:

Address Line 1: * 200 Test Ave

Address Line 2:

City: * Towson

State: * Maryland

Zip Code: * 21204 - 3276

Previous | Next | Cancel

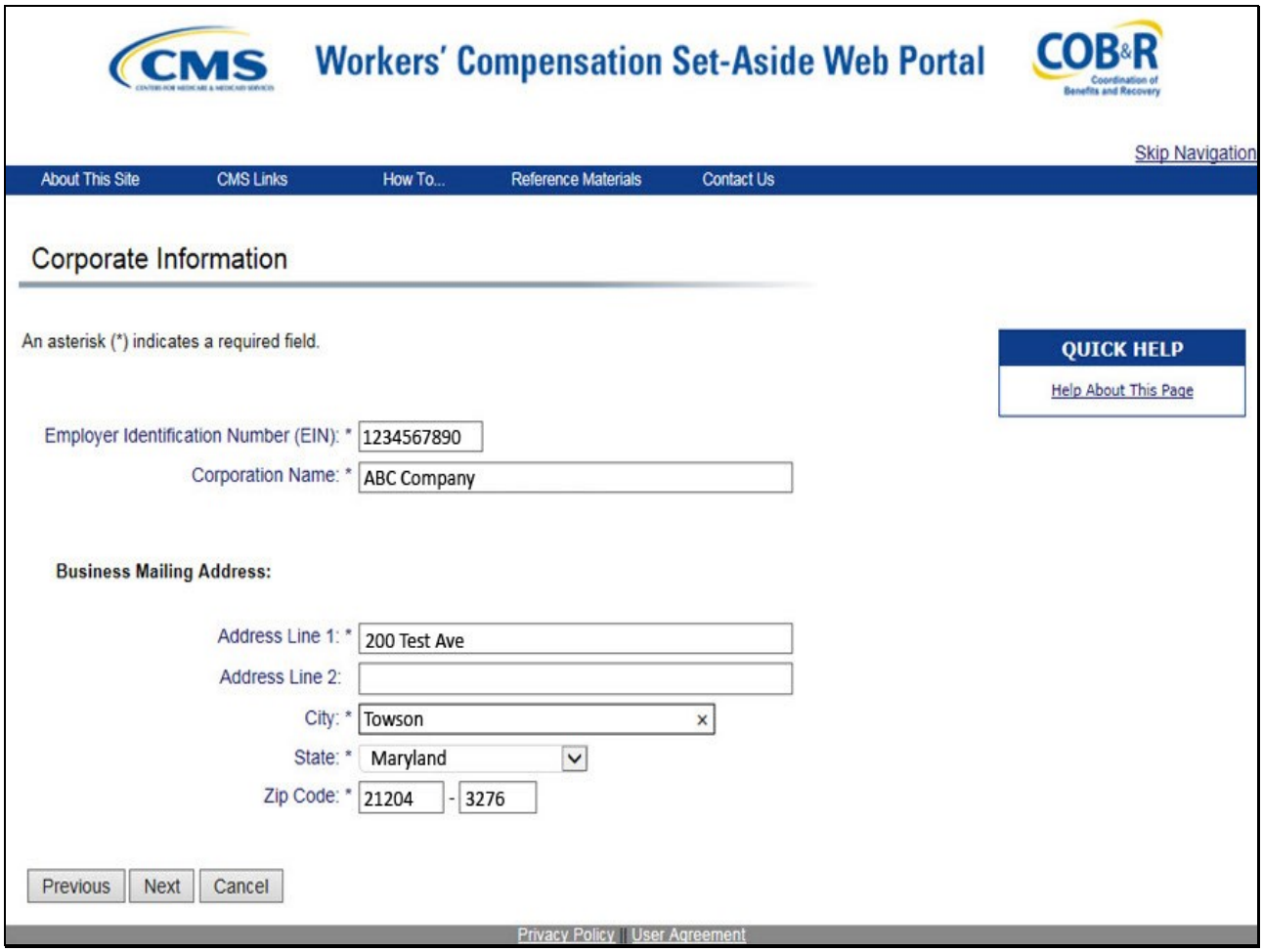
Privacy Policy | User Agreement

Slide notes

Enter the EIN associated with the corporation reflected under this WCMSAP registration. If you have more than one EIN, you may submit this registration with any one of those EINs. Enter the corporation's mailing address.

The business address will be used by the BCRC to send the Profile Report and any correspondence regarding this Account ID to the corporation. Fields marked with an asterisk (*) are required.

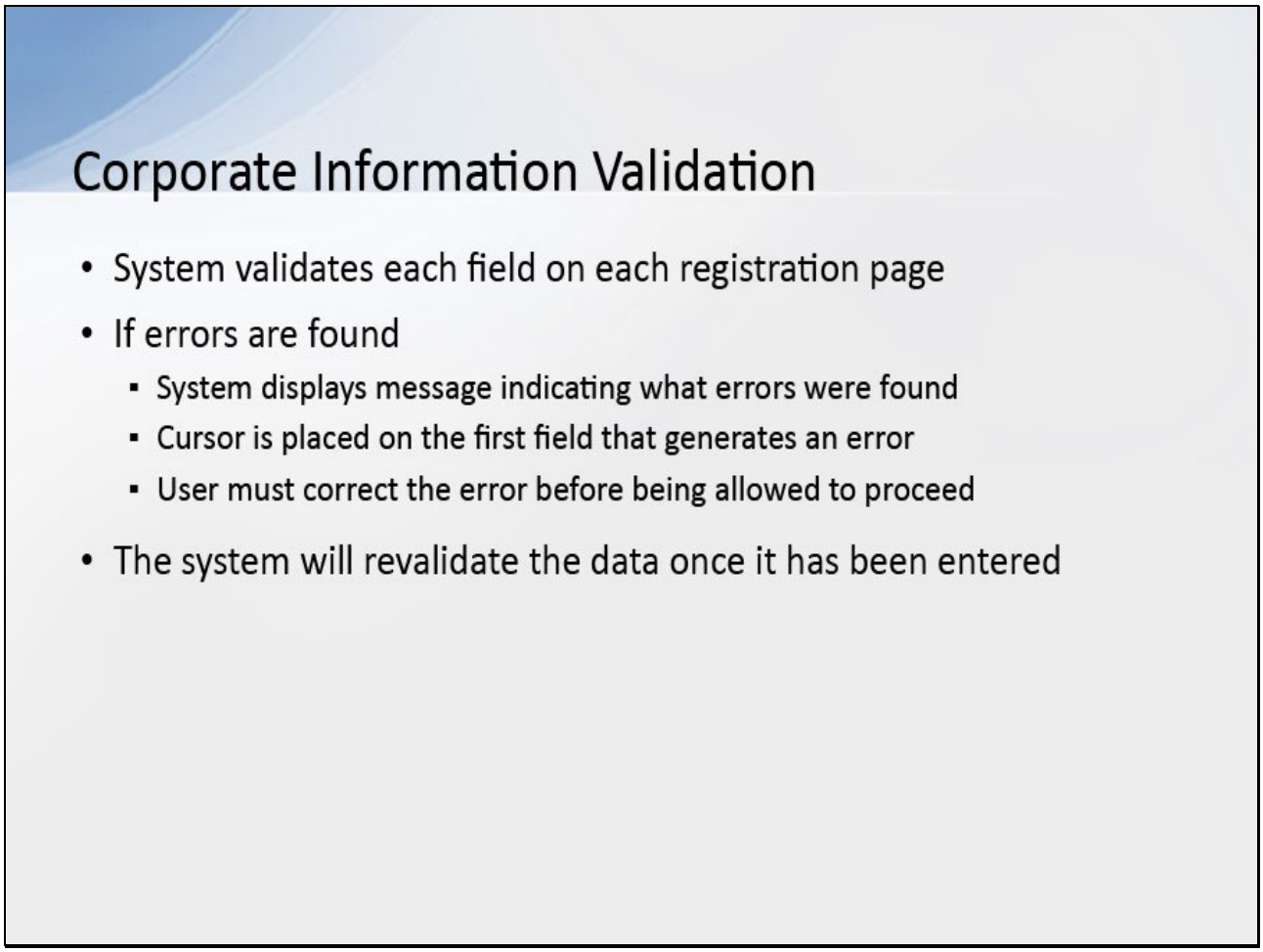
Slide 25 - of 41



Slide notes

If you need to cancel the registration process, click cancel. Once clicked, information entered on the current page and any previous pages will NOT be saved. To continue with the registration process, click Next.

Slide 26 - of 41



Slide notes

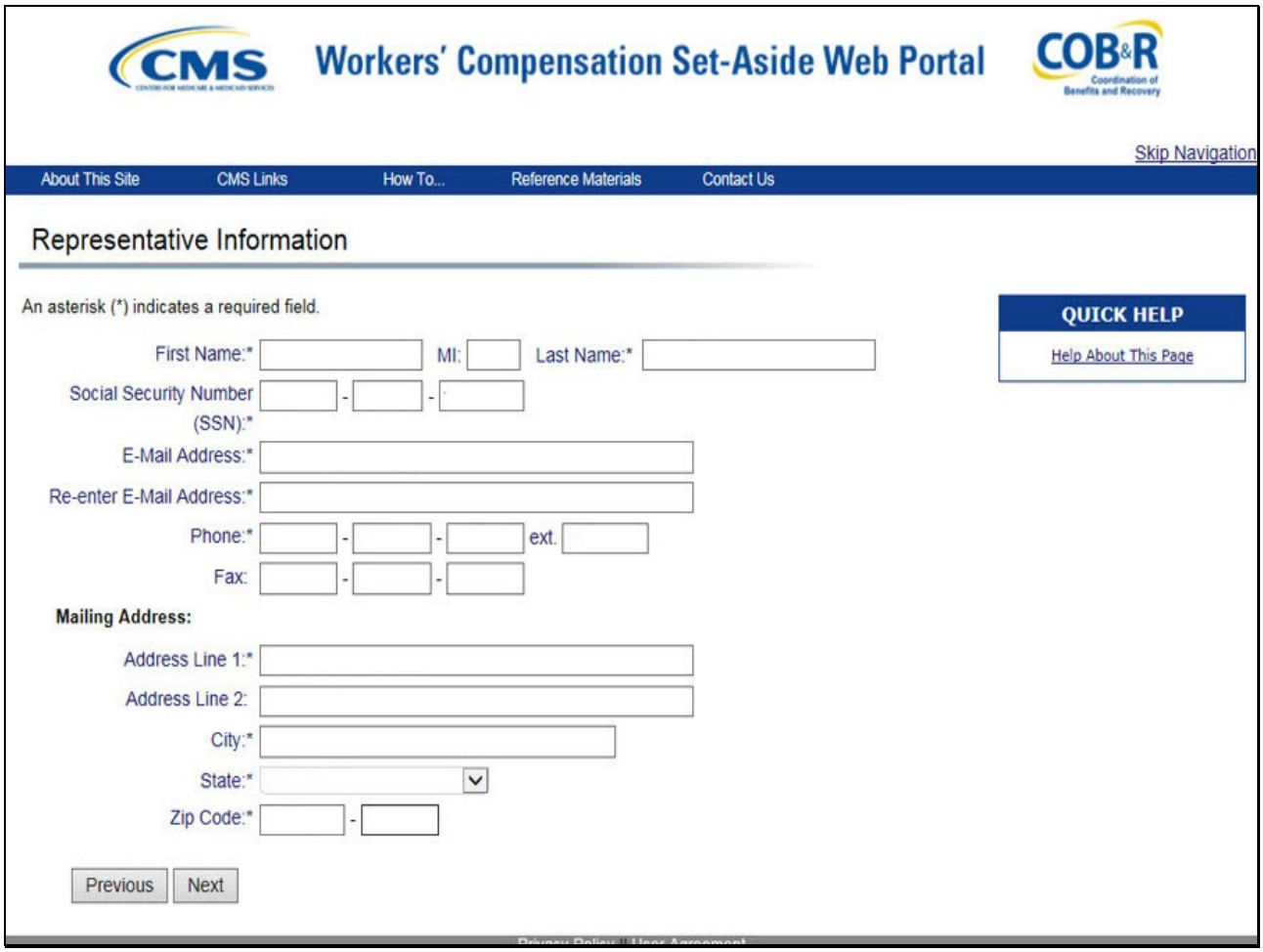
The system will validate each field on each registration page for accuracy and completeness.

If errors are found, the system will display applicable error messages on the screen indicating what error condition(s) were found.

When errors are discovered, the cursor will be placed on the first field that generates an error condition. This will either be a required field that is missing data or a field that contains a data error.

The user must correct the error before the system will allow the user to proceed to the next page. Once the data has been corrected, the system will revalidate all data that has been entered.

Slide 27 - of 41



Slide notes

As long as all information was entered correctly on the Corporate Information page, the Account Representative (AR) Information page will display next. This page captures information related to the Account Representative.

As the Account Representative, you must enter your personal information here. Note: An Account Representative can only have that one role; the Account Representative cannot function as an Account Manager or an Account Designee.

E-mail addresses for each user role will be verified upon entry, and any address matches between the Account Manager, Account Designee or Account Representative roles will be denied. Fields marked with an asterisk (*) are required.

Slide 28 - of 41

Workers' Compensation Set-Aside Web Portal

Skip Navigation

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

Representative Information

An asterisk (*) indicates a required field.

QUICK HELP

Help About This Page

First Name:* Jane MI: A Last Name:* Smith

Social Security Number (SSN):* 123 - 45 - 6789

E-Mail Address:* JSmith@abcassociates.com

Re-enter E-Mail Address:* JSmith@abcassociates.com

Phone:* 123 - 456 - 7890 ext.

Fax: - -

Mailing Address:

Address Line 1:* 500 Main Street

Address Line 2:

City:* Springfield

State:* New York

Zip Code:* 12345 - 3254

Previous Next

Slide notes

Once the Account Representative Information page is complete, click the Next button to continue the registration process.

Slide 29 - of 41

CMS Workers' Compensation Set-Aside Web Portal COB&R Coordination of Benefits and Recovery

Skip Navigation

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

Registration Summary

Print this page

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

QUICK HELP

Help About This Page

Account Type: Representative Edit

Representative Information Edit

First Name: MI:

Last Name:

SSN:

E-Mail Address:

Phone: ext:

Fax:

Representative Mailing Address Edit

Address Line 1:

Address Line 2:

City:

State:

Zip Code:

Beneficiary Information Edit

Last Name: First Initial:

HICN:

SSN:

Date of Birth:

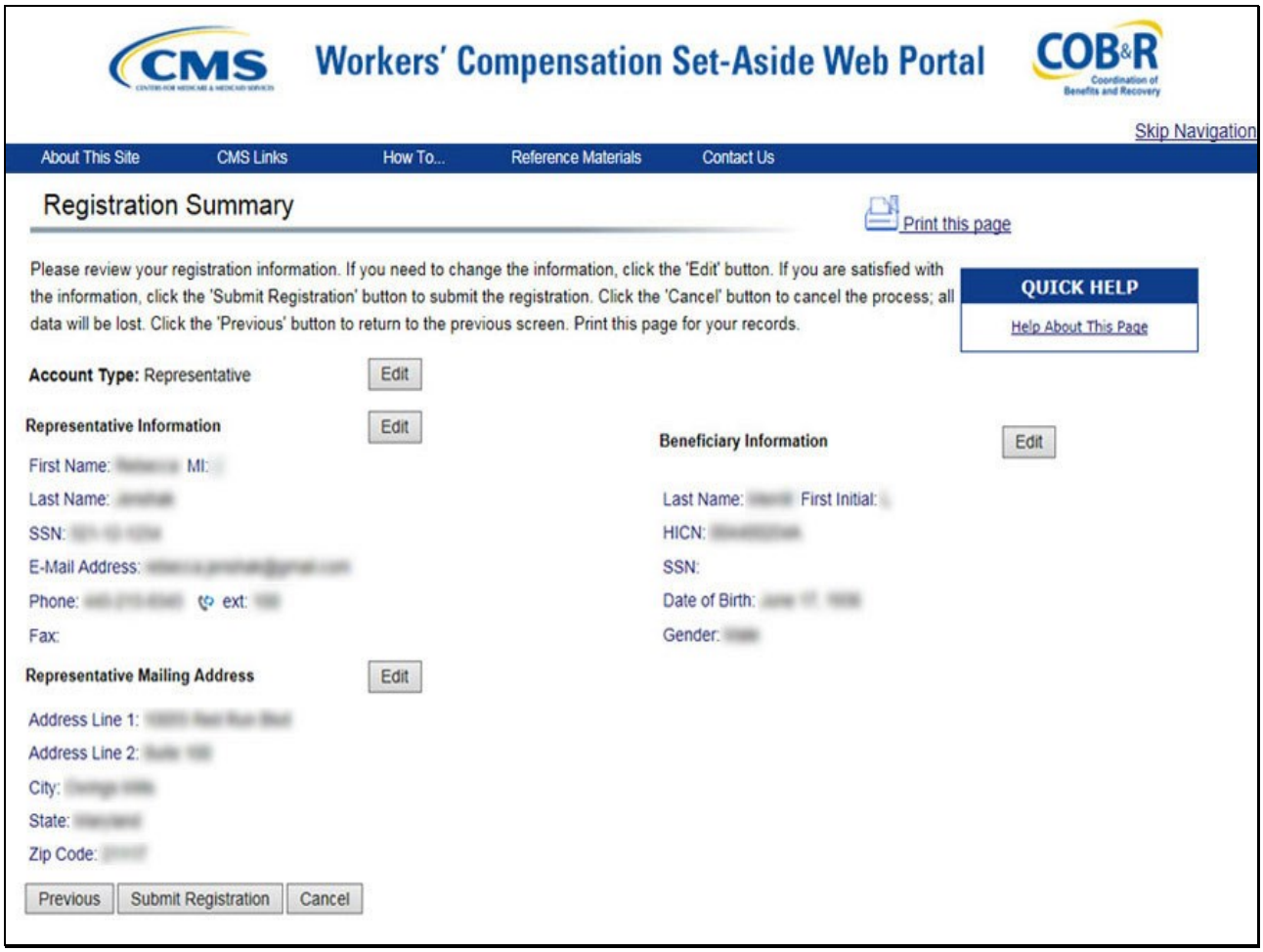
Gender:

Previous | Submit Registration | Cancel

Slide notes

The Registration Summary page will then display. This page lists all the information that was previously entered. All information should be reviewed and verified before continuing.

Slide 30 - of 41



Slide notes

This page may be printed for your records.

Slide 31 - of 41

Workers' Compensation Set-Aside Web Portal

Skip Navigation

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

Registration Summary

Print this page

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

QUICK HELP

Help About This Page

Account Type: Representative Edit

Representative Information Edit

First Name: MI:

Last Name:

SSN:

E-Mail Address:

Phone: ext:

Fax:

Representative Mailing Address Edit

Address Line 1:

Address Line 2:

City:

State:

Zip Code:

Beneficiary Information Edit

Last Name: First Initial:

HICN:

SSN:

Date of Birth:

Gender:

Previous | Submit Registration | Cancel

Slide notes

To make any corrections, click the Edit button next to the applicable section. Once clicked, the system will display that information entry page.

Slide 32 - of 41

Workers' Compensation Set-Aside Web Portal

Skip Navigation

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

Representative Information

An asterisk (*) indicates a required field.

QUICK HELP

Help About This Page

First Name:* Jane MI: A Last Name:* Smith

Social Security Number (SSN):* 123 - 45 - 6789

E-Mail Address:* JSmith@abcassociates.com

Re-enter E-Mail Address:* JSmith@abcassociates.com

Phone:* 123 - 456 - 7890 ext.

Fax: - -

Mailing Address:

Address Line 1:* 500 Main Street

Address Line 2:

City:* Springfield

State:* New York

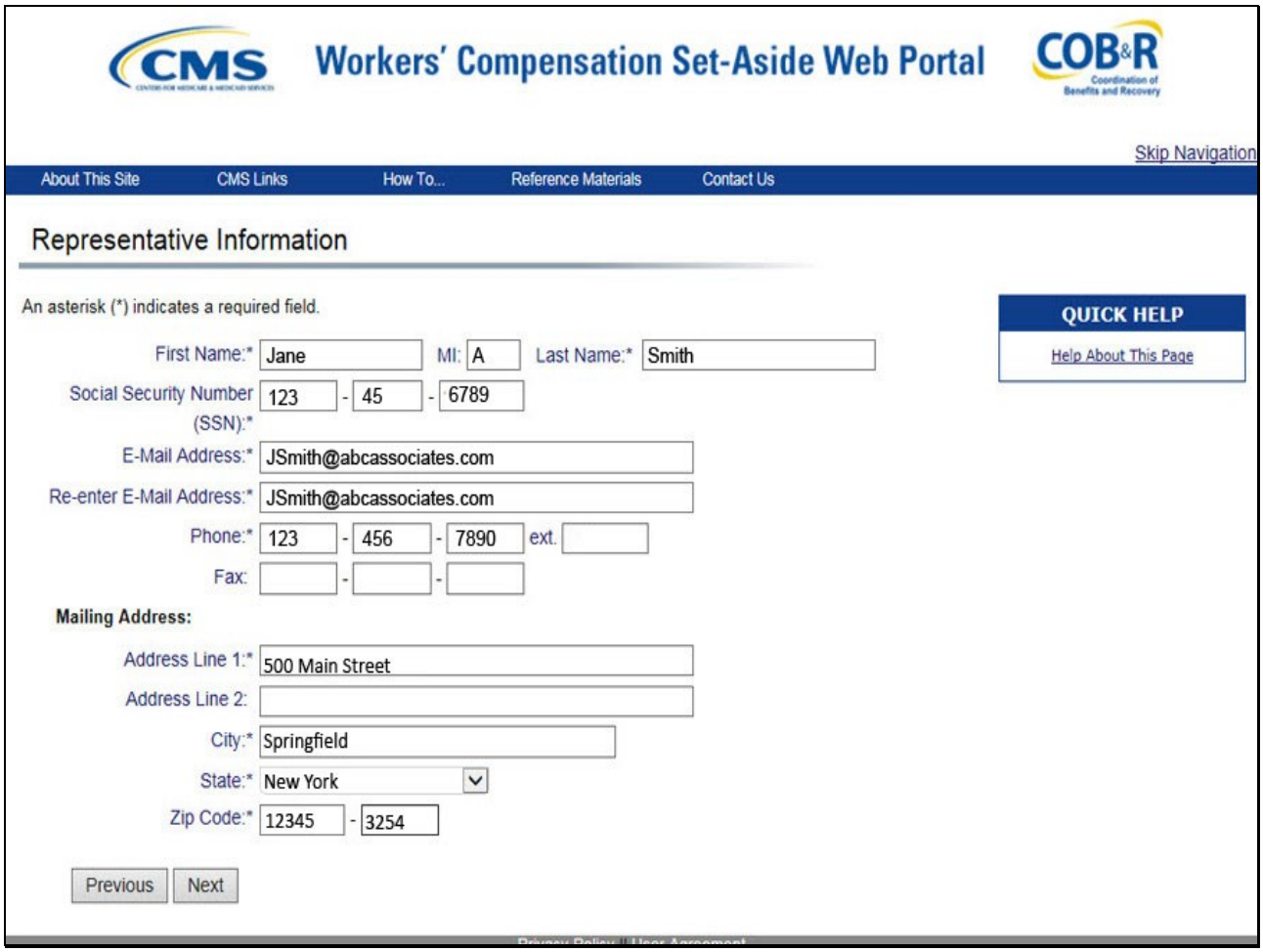
Zip Code:* 12345 - 3254

Previous Next

Slide notes

Add, change, or delete any of the information as needed.

Slide 33 - of 41



Slide notes

Once all corrections have been made, click Next to navigate back to the Registration Summary page.

Slide 34 - of 41

CMS Workers' Compensation Set-Aside Web Portal COB&R Coordination of Benefits and Recovery

Skip Navigation

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

Registration Summary

Print this page

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

QUICK HELP

Help About This Page

Account Type: Representative Edit

Representative Information Edit

First Name: MI:

Last Name:

SSN:

E-Mail Address:

Phone: ext:

Fax:

Representative Mailing Address Edit

Address Line 1:

Address Line 2:

City:

State:

Zip Code:

Beneficiary Information Edit

Last Name: First Initial:

HICN:

SSN:

Date of Birth:

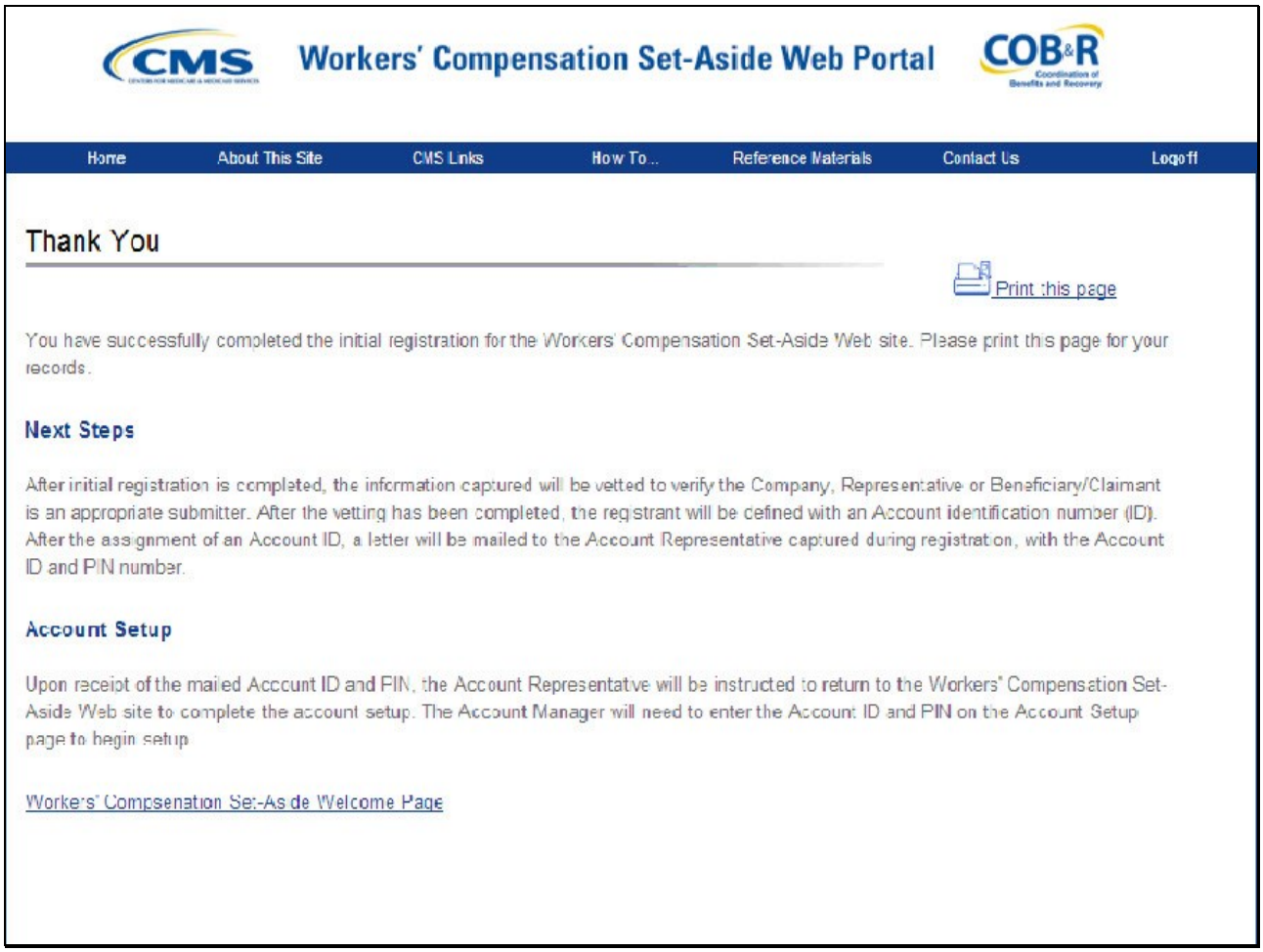
Gender:

Previous | Submit Registration | Cancel

Slide notes

Once you have returned to the Registration Summary page, click Submit Registration.

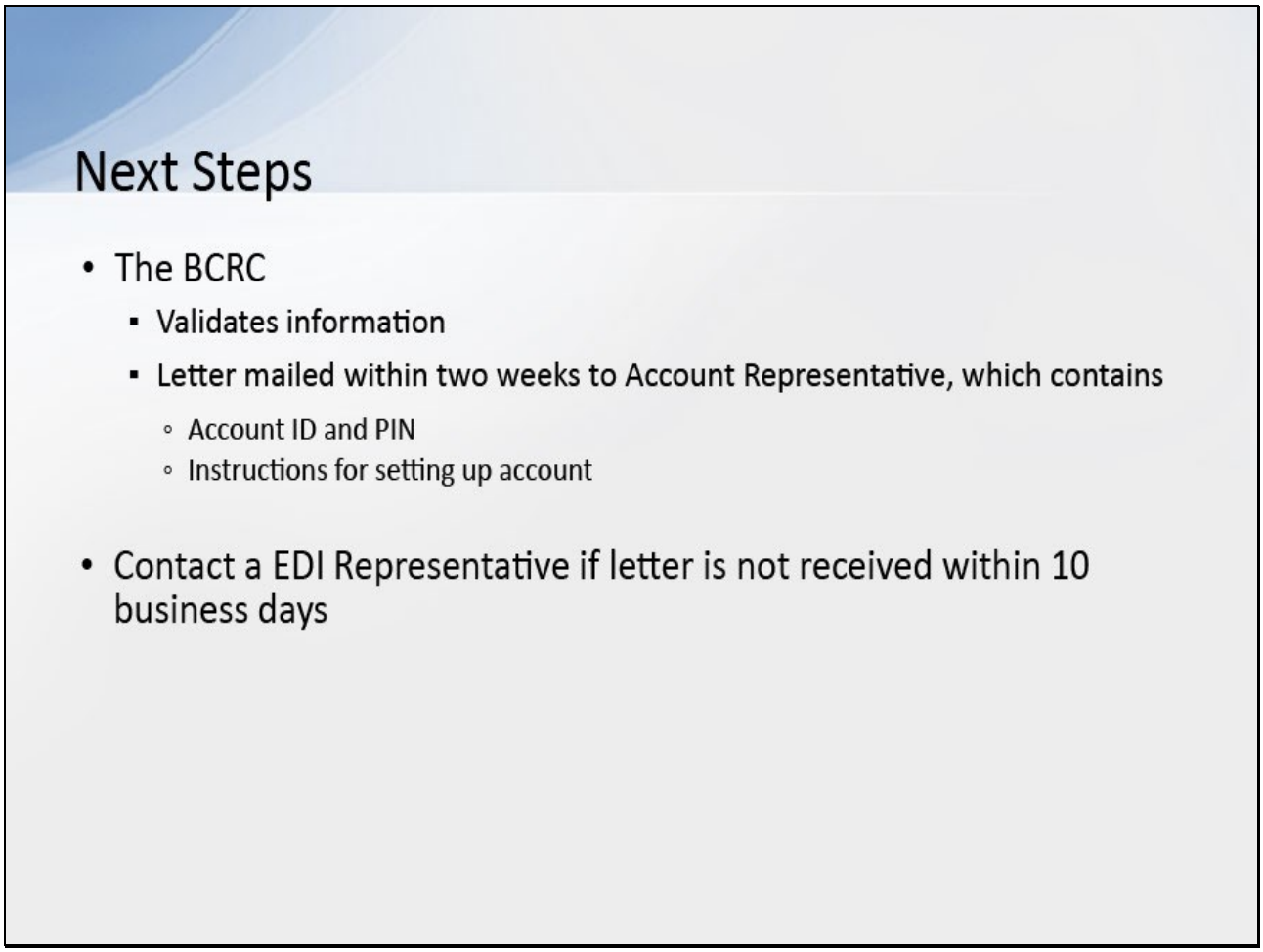
Slide 35 - of 41



Slide notes

Once the registration has been submitted, the Thank You page displays, outlining the next steps in the registration process.

Slide 36 - of 41



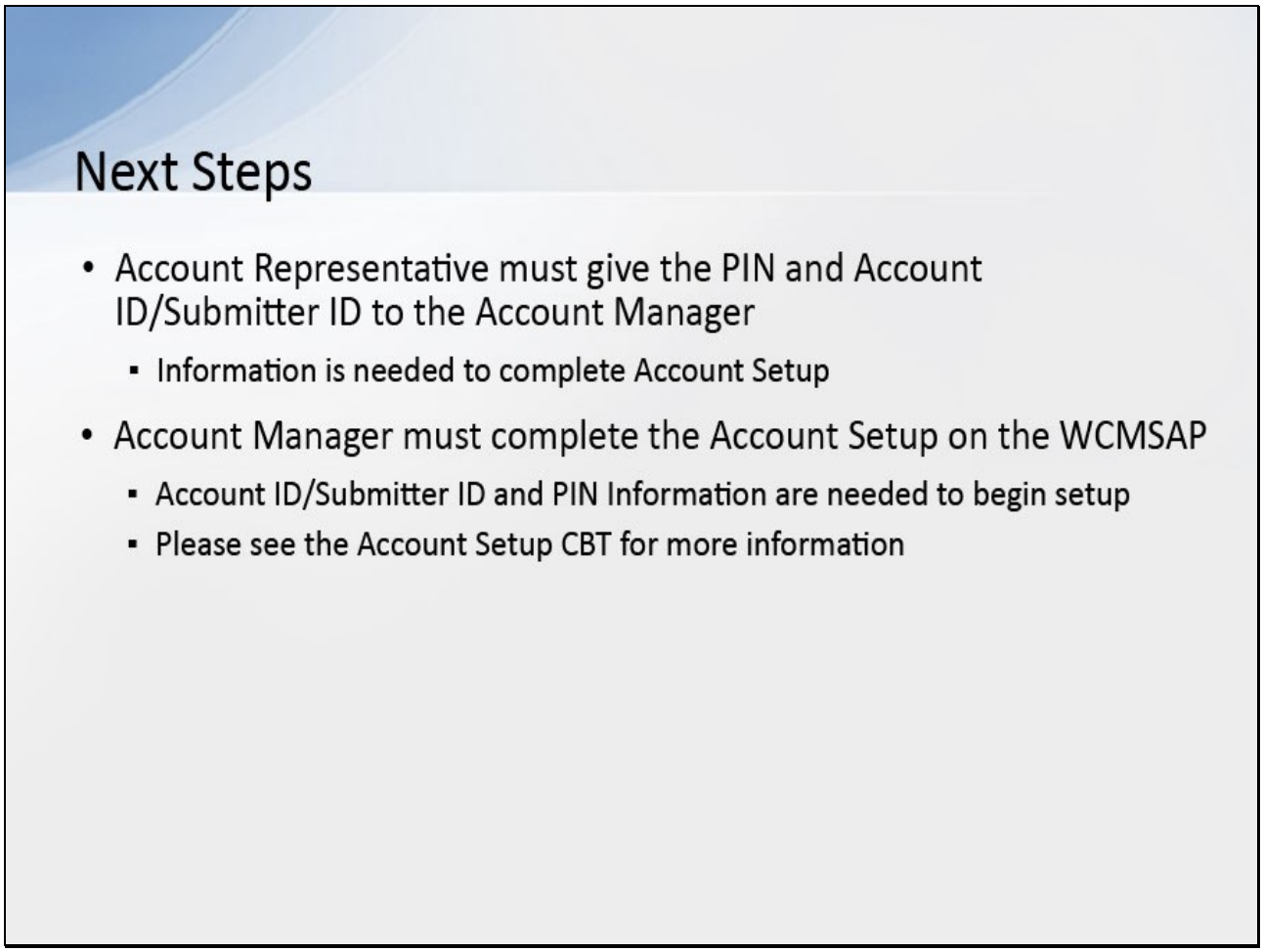
Slide notes

Once your registration application has been submitted, the information provided will be validated by the BCRC.

Within two weeks, a letter will be mailed to you, the Account Representative, that contains the Account ID and PIN, along with instructions for setting up the account (which will be completed by the Account Manager).

If a letter is not received within 10 business days, contact an EDI Representative.

Slide 37 - of 41



Slide notes

When the Account Representative has received the PIN and Account ID/Submitter ID, they must give this information to the Account Manager for the Corporate account.

The Account Manager needs this information in order to complete the next step in the registration process which is Account Setup. Account Setup must be completed on the WCMSAP Web site.

The Account Manager must return to the WCMSAP to complete the Account Setup. The Account Manager will need to enter the Account ID/Submitter ID and PIN on the main page to begin setup.

For more information on the Account Setup process, please see the Account Setup CBT.

Slide 38 - of 41

Next Steps

- Once the Account Manager has completed Account Setup, an e-mail is sent to the Account Representative
  - Includes a Profile Report and any additional information provided during the Account Setup
  - May take up to 10 business days to receive
- The Profile Report
  - Must be signed and returned to the BCRC within 60 business days
  - When returning the signed Profile Report via e-mail, use "WCMSAP Profile Report" in the subject line
  - If not received within 60 days, the account will be deleted on the 60th business day

Slide notes

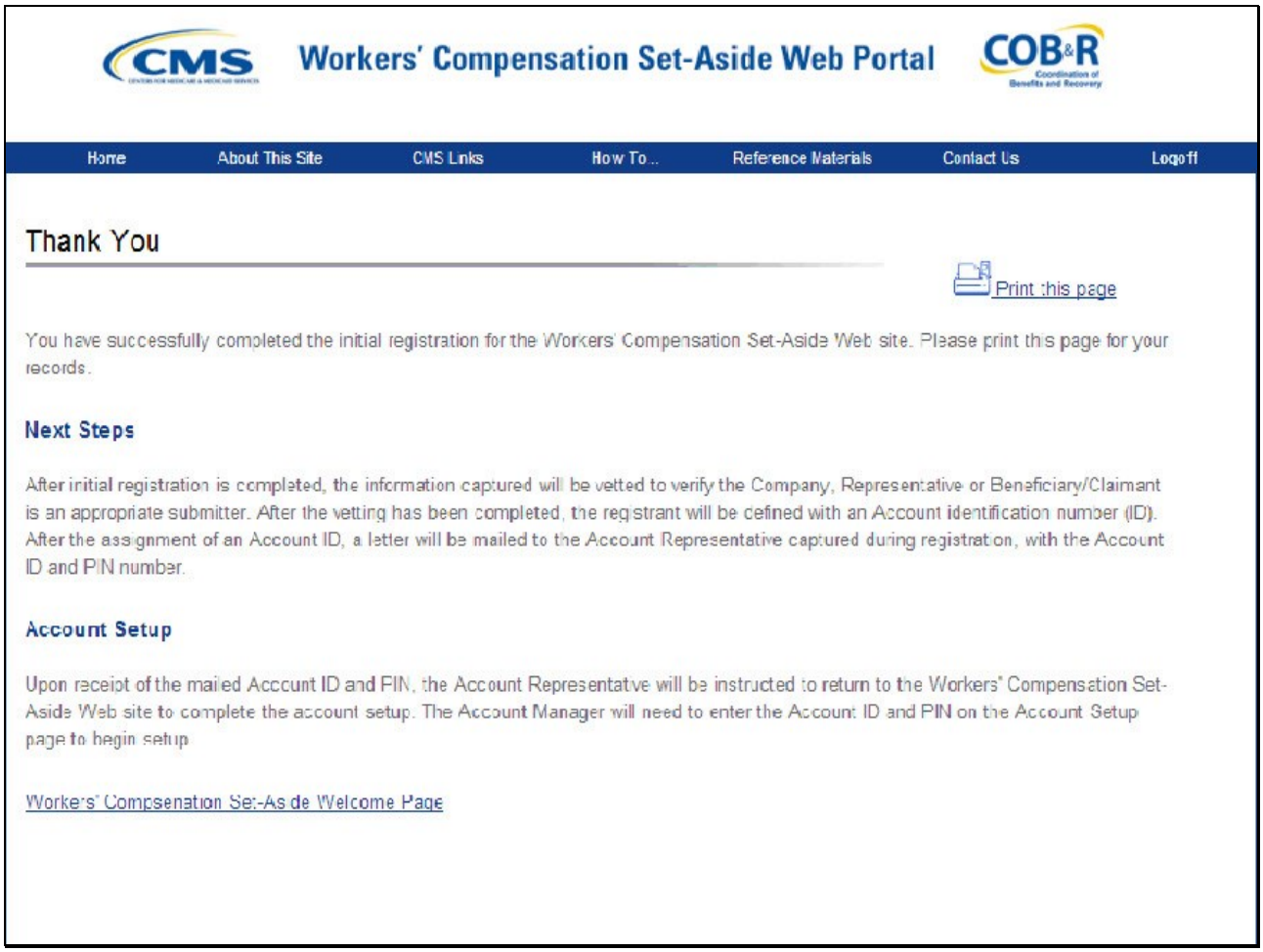
Once the Account Manager has completed the Account Setup, an e-mail notification will be sent to you, the Account Representative.

This notification will include a Profile Report denoting all information previously recorded during registration, and any additional information provided during the Account Setup.

It may take up to 10 business days to receive the Profile Report. You will have 60 business days to review, sign, and return the Profile Report to the BCRC. When returning the signed Profile Report via e-mail, use "WCMSAP Profile Report" in the subject line.

If a signed Profile Report is not received within that timeframe, the account will be automatically deleted on the 60th business day. If the account is deleted, you must start the registration process from the beginning.

Slide 39 - of 41



Slide notes

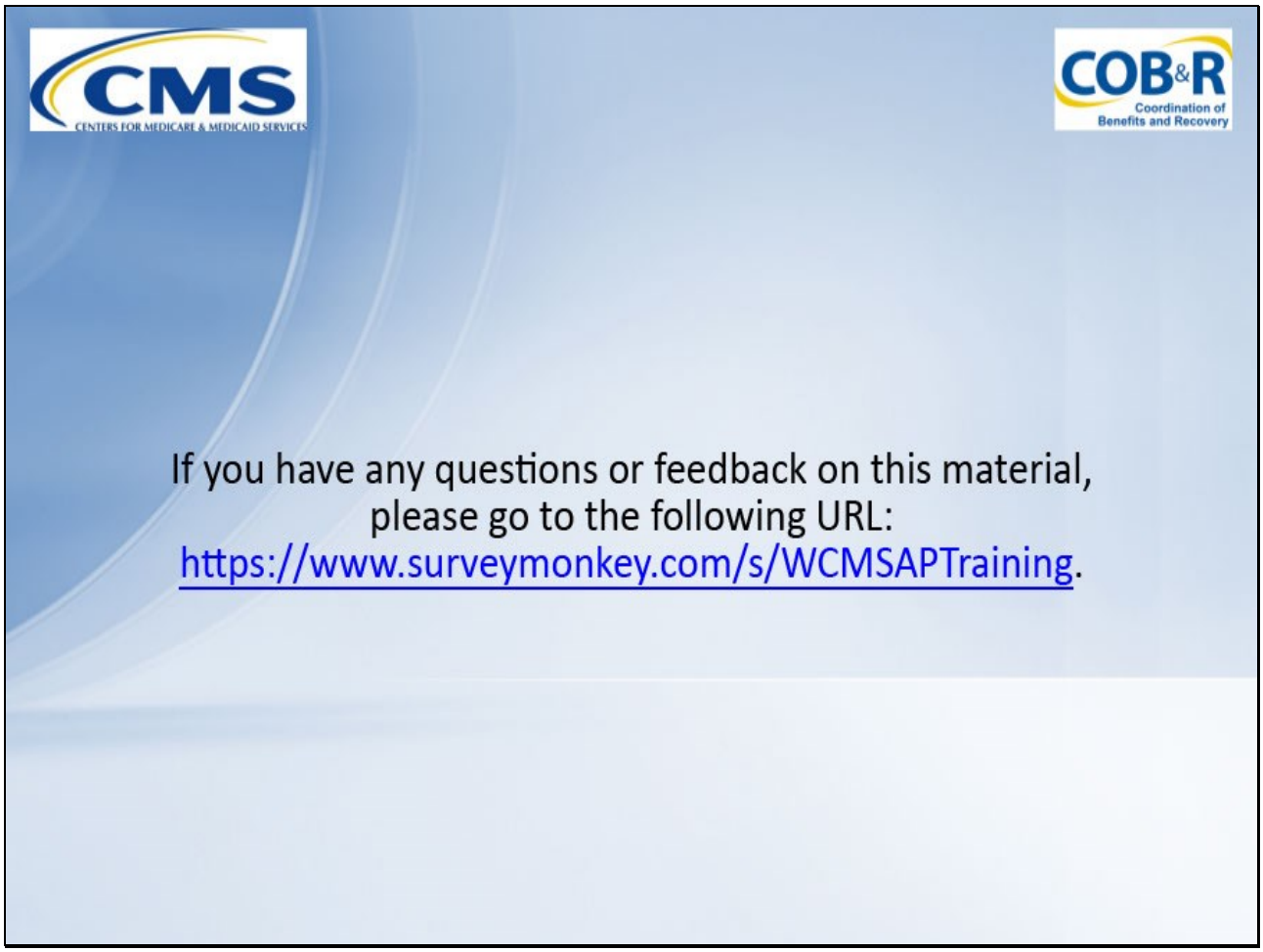
To return to the WCMSAP Welcome page, click the Workers' Compensation Set-Aside Welcome Page link.

Slide 40 - of 41

Slide notes

You have completed the WCMSAP Registration Process course. The information in this course can be referenced by using the document at the link below.
https://www.cob.cms.hhs.gov/WCMSA/help/userManual/WCMSAUserManual.pdf

Slide 41 - of 41



Slide notes

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