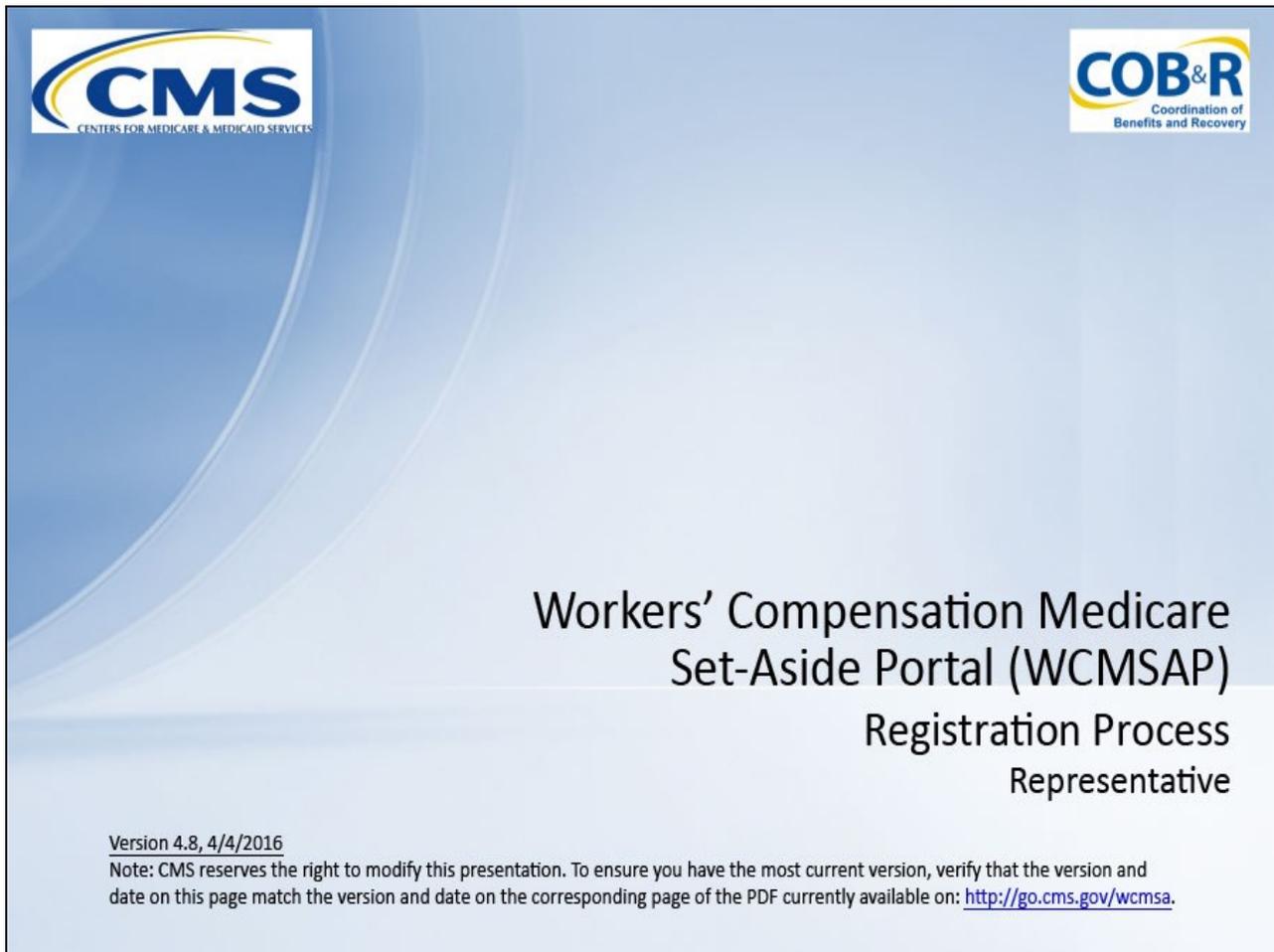


Slide 1 - of 35



The slide features a light blue background with a white curved graphic on the left side. In the top left corner is the CMS logo (Centers for Medicare & Medicaid Services). In the top right corner is the COB&R logo (Coordination of Benefits and Recovery). The main title is centered on the right side, and the version information and a note are in the bottom left corner.

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

COB&R
Coordination of
Benefits and Recovery

Workers' Compensation Medicare Set-Aside Portal (WCMSAP) Registration Process Representative

Version 4.8, 4/4/2016
Note: CMS reserves the right to modify this presentation. To ensure you have the most current version, verify that the version and date on this page match the version and date on the corresponding page of the PDF currently available on: <http://go.cms.gov/wcmsa>.

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 representative account.

A representative account indicates that the submitter is registering as a non-corporate entity with no Employer Identification Number (EIN), but will be submitting multiple 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 35

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://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: <https://go.cms.gov/wcmsa/>.

Slide 3 - of 35

Course Overview

- Representative Registration
- Next Steps



Slide notes

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

Slide 4 - of 35

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.

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](#)

* 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.

[Privacy Policy](#) [User Agreement](#) [Adobe Acrobat](#)

Slide notes

All users must register for a Web portal account on the WCMSAP URL.

To create your representative account, you must go to the WCSMAP URL (<https://www.cob.cms.hhs.gov/WCMSA>) to begin the registration process.

Slide 5 - of 35

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.

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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](#)

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Slide notes

Each time a user visits the WCSMAP 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.

All users must agree to the terms of this warning each time they access the WCMSAP application.

Slide 6 - of 35

**Workers' Compensation Set-Aside Web Portal**

Login Warning [Print this page](#)

UNAUTHORIZED ACCESS TO THIS COMPUTER SYSTEM IS PROHIBITED BY LAW

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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](#)

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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 7 - of 35

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

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

Welcome to the WCMSAP

This site provides an interface for entry of Workers' Compensation Medicare Set-Aside Arrangements (WCMSA) proposals. Attorneys, Medicare beneficiaries, claimants, insurance carriers and WCMSA vendors may use this site to enter the case information directly. The site also provides attorneys, Medicare beneficiaries, claimants, insurance carriers, and WCMSA vendors with the ability to track their submitted cases and the statuses without inquiry to the Benefits Coordination & Recovery Center (BCRC) or the Centers for Medicare & Medicaid Services (CMS).

For information about the availability of auxiliary aids and services, please visit: <http://www.medicare.gov/about-us/non-discrimination/non-discrimination-office.html>

WCMSAP Message

Reminder that the use of ICD-10 codes has been implemented. All WCMSA proposals, with a date of incident (DOI) on or after October 1, 2015, should be submitted using the new ICD 10 codes. The WCMSA related User Guides and training materials have been updated to include ICD 10 information.

GETTING STARTED

For more information, refer to How To Get Started under the How To menu option.

STFP 1 **STFP 2**

New Registration → **Account Setup** →
 (Account ID and PIN required)

Privacy Policy | User Agreement | Adobe Acrobat

Slide notes

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

Slide 8 - of 35

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

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

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GETTING STARTED

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STFP 1 **STFP 2**

New Registration → **Account Setup** →
 (Account ID and PIN required)

Privacy Policy User Agreement Adobe Acrobat

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 9 - of 35

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

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

Welcome to the WCMSAP

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GETTING STARTED

For more information, refer to How To Get Started under the How To menu option.

STFP 1 **STFP 2**

New Registration → **Account Setup** →
 (Account ID and PIN required)

Privacy Policy User Agreement Adobe Acrobat

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 10 - of 35

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

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

Welcome to the WCMSAP

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GETTING STARTED

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STFP 1 **New Registration** →

STFP 2 **Account Setup** →
 (Account ID and PIN required)

Privacy Policy User Agreement Adobe Acrobat

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

Slide 11 - of 35

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

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

Welcome to the WCMSAP

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For information about the availability of auxiliary aids and services, please visit: <http://www.medicare.gov/about-us/nondiscrimination/nondiscrimination-office.html>

Sign into your account

User Name:

Forgot ID

Password:

Forgot Password

Login Clear

WCMSAP Message

Reminder that the use of ICD-10 codes has been implemented. All WCMSA proposals, with a date of incident (DOI) on or after October 1, 2015, should be submitted using the new ICD 10 codes. The WCMSA related User Guides and training materials have been updated to include ICD 10 information.

GETTING STARTED

For more information, refer to How To Get Started under the How To menu option.

STFP 1 **New Registration** →

STFP 2 **Account Setup** →
 (Account ID and PIN required)

Privacy Policy User Agreement Adobe Acrobat

Slide notes

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

Slide 12 - of 35

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

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

Welcome to the WCMSAP

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WCMSAP Message

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GETTING STARTED

For more information, refer to How To Get Started under the How To menu option.

STFP 1 **New Registration** →

STFP 2 **Account Setup** →
 (Account ID and PIN required)

Privacy Policy User Agreement Adobe Acrobat

Slide notes

"Contact Us" displays the following page which provides information on how to contact the Benefits Coordination & Recovery Center (BCRC).

Slide 13 - of 35

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

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

Welcome to the WCMSAP

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WCMSAP Message

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GETTING STARTED

For more information, refer to How To Get Started under the How To menu option.

STFP 1 **STFP 2**

New Registration → **Account Setup** →
 (Account ID and PIN required)

Privacy Policy User Agreement Adobe Acrobat

Slide notes

Account Registration is the first step in the WCMSAP registration process.

During the account registration process, basic information related to the representative and the beneficiary are required.

To begin the initial registration process, click New Registration.

Slide 14 - of 35

The screenshot shows the 'Workers' Compensation Set-Aside Web Portal' with logos for CMS (Center for Medicare & Medicaid Services) and COB&R (Coordination of Benefits and Recovery). A navigation bar includes links for 'About This Site', 'CMS Links', 'How To...', 'Reference Materials', and 'Contact Us', along with a 'Skip Navigation' link. The main heading is 'Select Account Type'. Below it, a prompt asks the user to select the account type for registration. Three options are listed: 'Corporate', 'Representative' (which is selected), and 'Self'. Each option includes a brief description of the account type. A 'QUICK HELP' button with a 'Help About This Page' link is located in the top right. At the bottom, there are 'Previous' and 'Next' navigation buttons.

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](#)

Select Account Type

Please select the type of account for which you are registering:

Corporate

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

Representative

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

Self

Self submitters are Medicare beneficiaries or future Medicare beneficiaries (claimant) submitting a case on their own behalf. The registrant must be a Medicare beneficiary or claimant and may only submit cases for themselves.

[Previous](#) [Next](#)

QUICK HELP
[Help About This Page](#)

Slide notes

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

Slide 15 - of 35

Account Type

- Corporate
 - Corporate entity with an Employer Identification Number (EIN)
 - Will regularly submit WCMSAP requests
- Representative
 - Non-corporate WCMSAP user
 - Do not have EIN
 - Will submit multiple cases
- Self
 - Medicare beneficiary/claimant
 - Will submit a case on their own behalf

Slide notes

You will be required to first specify the type of account for which you 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 user.

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.

Slide 16 - of 35

The screenshot shows the 'Workers' Compensation Set-Aside Web Portal' with logos for CMS (Center for Medicare & Medicaid Services) and COB&R (Coordination of Benefits and Recovery). A navigation bar includes links for 'About This Site', 'CMS Links', 'How To...', 'Reference Materials', and 'Contact Us', along with a 'Skip Navigation' link. The main heading is 'Select Account Type'. Below this, a prompt asks the user to select the account type for registration. Three options are listed: 'Corporate', 'Representative' (which is selected), and 'Self'. Each option includes a brief description of the account type. A 'QUICK HELP' button with a link to 'Help About This Page' is located in the top right. At the bottom, there are 'Previous' and 'Next' navigation buttons.

Select Account Type

Please select the type of account for which you are registering:

Corporate

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

Representative

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

Self

Self submitters are Medicare beneficiaries or future Medicare beneficiaries (claimant) submitting a case on their own behalf. The registrant must be a Medicare beneficiary or claimant and may only submit cases for themselves.

[Previous](#) [Next](#)

QUICK HELP
[Help About This Page](#)

Slide notes

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.

This course focuses on how to register for a representative account.

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

Slide 17 - of 35

The screenshot shows the 'Representative Information' registration page. At the top, there are logos for CMS (Centers for Medicare & Medicaid Services) and COB&R (Coordination of Benefits and Recovery). A navigation bar includes links for 'About This Site', 'CMS Links', 'How To...', 'Reference Materials', and 'Contact Us', along with a 'Skip Navigation' link. The main heading is 'Representative Information'. A note states: 'An asterisk (*) indicates a required field.' On the right, there is a 'QUICK HELP' button with a link to 'Help About This Page'. The form fields are: First Name (*), MI, Last Name (*), Social Security Number (SSN) (*), E-Mail Address (*), Re-enter E-Mail Address (*), Phone (*), Fax, Address Line 1 (*), Address Line 2, City (*), State (*), and Zip Code (*). At the bottom left, there are 'Previous' and 'Next' buttons.

Slide notes

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

Slide 18 - of 35

The screenshot shows the 'Representative Information' page of the Workers' Compensation Set-Aside Web Portal. At the top, there are logos for CMS (Centers for Medicare & Medicaid Services) and COB&R (Coordination of Benefits and Recovery). A navigation bar includes links for 'About This Site', 'CMS Links', 'How To...', 'Reference Materials', and 'Contact Us', along with a 'Skip Navigation' link. The main heading is 'Representative Information'. Below this, a note states: 'An asterisk (*) indicates a required field.' To the right, there is a 'QUICK HELP' button with a link to 'Help About This Page'. The form fields are as follows: First Name (*), MI, Last Name (*), Social Security Number (SSN) (*), E-Mail Address (*), Re-enter E-Mail Address (*), Phone (*), Fax, Mailing Address (Address Line 1 (*), Address Line 2, City (*), State (*), Zip Code (*)). At the bottom of the form are 'Previous' and 'Next' buttons.

Slide notes

Enter your personal information on this page.

The address you enter on this page will be used to send the Profile Report and any correspondence from the BCRC regarding this Account ID.

Fields marked with an asterisk (*) are required.

Slide 19 - of 35

Representative Information Validation

- System validates each field on each registration page
- If errors are found
 - System displays message indicating errors found
 - Cursor is placed on the first field that generates error
 - User must correct error before being allowed to proceed
- Once data is corrected, system revalidates data

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) was/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.

You must correct the error before the system will allow you to proceed to the next page.

Once the data has been corrected, the system will re-validate all data that has been entered.

Slide 20 - of 35

The screenshot shows the 'Representative Information' registration page. At the top, there are logos for CMS (Connecticut Medicare & Medicaid Services), 'Workers' Compensation Set-Aside Web Portal', and COB&R (Coordinator of Benefits and Recovery). A navigation bar includes links for 'About This Site', 'CMS Links', 'How To...', 'Reference Materials', and 'Contact Us', along with a 'Skip Navigation' link. The main heading is 'Representative Information'. A note states: 'An asterisk (*) indicates a required field.' On the right, there is a 'QUICK HELP' button with a link to 'Help About This Page'. The form fields are as follows:

- First Name:* [text box]
- MI: [text box]
- Last Name:* [text box]
- Social Security Number (SSN):* [text box] - [text box] - [text box]
- E-Mail Address:* [text box]
- Re-enter E-Mail Address:* [text box]
- Phone:* [text box] - [text box] - [text box] ext. [text box]
- Fax: [text box] - [text box] - [text box]
- Mailing Address:**
 - Address Line 1:* [text box]
 - Address Line 2: [text box]
 - City:* [text box] (Owings Mills)
 - State:* [dropdown menu] (Maryland)
 - Zip Code:* [text box] - [text box]

At the bottom left, there are 'Previous' and 'Next' buttons.

Slide notes

When you have completed the Representative Information page, click Next to continue with the registration process.

Slide 21 - of 35

The screenshot displays the 'Beneficiary Information' page of the CMS Workers' Compensation Set-Aside Web Portal. At the top, there are logos for CMS (Center for Medicare & Medicaid Services) and COB&R (Coordination of Benefits and Recovery). A navigation bar includes links for 'About This Site', 'CMS Links', 'How To...', 'Reference Materials', and 'Contact Us', along with a 'Skip Navigation' link. The main heading is 'Beneficiary Information'. A note states: 'An asterisk (*) indicates a required field.' On the right, there is a 'QUICK HELP' button with a link to 'Help About This Page'. The form fields are: 'Bene Last Name:*' (text box), 'First Initial:*' (text box), 'Bene Health Insurance Claim Number (HICN):*' (text box) followed by 'OR', 'Bene Social Security Number (SSN):*' (text box with dashes) with a note '(SSN is required if HICN is not provided)', 'Bene Date of Birth:*' (text box with slashes) with a note '(MM/DD/CCYY)', and 'Bene Gender:*' (dropdown menu with '- Select -'). At the bottom left, there are three buttons: 'Previous', 'Next', and 'Cancel'.

Slide notes

As long as all information was entered correctly on the Representative Information page, you will be directed to the Beneficiary Information page.

Slide 22 - of 35

The screenshot displays the 'Beneficiary Information' form on the CMS Workers' Compensation Set-Aside Web Portal. The page header includes the CMS logo, the title 'Workers' Compensation Set-Aside Web Portal', and the COB&R logo. A navigation bar contains links for 'About This Site', 'CMS Links', 'How To...', 'Reference Materials', and 'Contact Us'. A 'Skip Navigation' link is also present. The form itself includes a note: 'An asterisk (*) indicates a required field.' The fields are: 'Bene Last Name:*' (text box), 'First Initial:*' (text box), 'Bene Health Insurance Claim Number (HICN):*' (text box), 'OR', 'Bene Social Security Number (SSN):*' (three text boxes with dashes), '(SSN is required if HICN is not provided)', 'Bene Date of Birth:*' (three text boxes with slashes), '(MM/DD/CCYY)', and 'Bene Gender:*' (dropdown menu with 'Male' selected). A 'QUICK HELP' button with a 'Help About This Page' link is on the right. At the bottom are 'Previous', 'Next', and 'Cancel' buttons.

Slide notes

Enter information on this page for a beneficiary associated with the case(s) that will be created using this Account ID.

Fields marked with an asterisk (*) are required.

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The screenshot displays the 'Beneficiary Information' page of the Workers' Compensation Set-Aside Web Portal. At the top, there are logos for CMS (Centers for Medicare & Medicaid Services) and COB&R (Coordination of Benefits and Recovery). A navigation bar includes links for 'About This Site', 'CMS Links', 'How To...', 'Reference Materials', and 'Contact Us', along with a 'Skip Navigation' link. The main heading is 'Beneficiary Information'. Below this, a note states: 'An asterisk (*) indicates a required field.' To the right, there is a 'QUICK HELP' button with a sub-link 'Help About This Page'. The form fields are: 'Bene Last Name:*' (text input), 'First Initial:*' (text input), 'Bene Health Insurance Claim Number (HICN):*' (text input), 'OR', 'Bene Social Security Number (SSN):*' (text input with dashes), and '(SSN is required if HICN is not provided)'. Below these are 'Bene Date of Birth:*' (MM/DD/CCYY format) and 'Bene Gender:*' (dropdown menu with 'Male' selected). At the bottom left, there are three buttons: 'Previous', 'Next', and 'Cancel'.

Slide notes

When the Beneficiary Information page is complete, click Next to continue.

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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

<p>Representative Information <input type="button" value="Edit"/></p> <p>First Name: [REDACTED] MI: [REDACTED] Last Name: [REDACTED] SSN: [REDACTED] E-Mail Address: [REDACTED] Phone: [REDACTED] ext: 100 Fax: [REDACTED]</p>	<p>Beneficiary Information <input type="button" value="Edit"/></p> <p>Last Name: [REDACTED] First Initial: L HICN: [REDACTED] SSN: [REDACTED] Date of Birth: June 17, 1936 Gender: Male</p>
--	--

Representative Mailing Address

Address Line 1: [REDACTED]
 Address Line 2: [REDACTED]
 City: [REDACTED]
 State: Maryland
 Zip Code: [REDACTED]

Slide notes

Once the Representative and Beneficiary Information pages are complete, the Registration Summary page displays.

This page lists all the information that was previously entered.

All information should be reviewed and verified before continuing.

Slide 25 - of 35

The screenshot shows the 'Registration Summary' page of the Workers' Compensation Set-Aside Web Portal. At the top, there are logos for CMS (Centers for Medicare & Medicaid Services) and COB&R (Coordination of Benefits and Recovery). A navigation bar includes links for 'About This Site', 'CMS Links', 'How To...', 'Reference Materials', and 'Contact Us', along with a 'Skip Navigation' link. The main heading is 'Registration Summary'. Below this, there is a 'Print this page' button. A paragraph of instructions reads: '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.' To the right of this text is a 'QUICK HELP' box with a 'Help About This Page' link. The form is divided into three sections: 'Account Type' (Representative) with an 'Edit' button; 'Representative Information' (including First Name, Last Name, SSN, E-Mail Address, Phone, and Fax) with an 'Edit' button; and 'Beneficiary Information' (including Last Name, First Initial, HICN, SSN, Date of Birth, and Gender) with an 'Edit' button. Below these is the 'Representative Mailing Address' section (including Address Line 1, Address Line 2, City, State, and Zip Code) with an 'Edit' button. At the bottom of the form are three buttons: 'Previous', 'Submit Registration', and 'Cancel'.

Slide notes

This page may be printed for your records.

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

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

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.

Account Type: Representative

Representative Information <input type="button" value="Edit"/>	Beneficiary Information <input type="button" value="Edit"/>
---	--

First Name: [REDACTED] MI: [REDACTED] Last Name: [REDACTED] Last Name: [REDACTED] First Initial: L
SSN: [REDACTED] HICN: [REDACTED]
E-Mail Address: [REDACTED] SSN: [REDACTED]
Phone: [REDACTED] ext: 100 Date of Birth: June 17, 1936
Fax: Gender: Male

Representative Mailing Address

Address Line 1: [REDACTED]
Address Line 2: [REDACTED]
City: [REDACTED]
State: Maryland
Zip Code: [REDACTED]

QUICK HELP
[Help About This Page](#)

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 27 - of 35

The screenshot displays the 'Workers' Compensation Set-Aside Web Portal' interface. At the top left is the CMS logo (Centers for Medicare & Medicaid Services), and at the top right is the COB&R logo (Coordination of Benefits and Recovery). A navigation bar below the logos contains links for 'About This Site', 'CMS Links', 'How To...', 'Reference Materials', and 'Contact Us'. A 'Skip Navigation' link is located in the top right corner. The main heading is 'Beneficiary Information'. Below the heading, a note states: 'An asterisk (*) indicates a required field.' To the right of the form is a 'QUICK HELP' button with a sub-link 'Help About This Page'. The form fields are: 'Bene Last Name:*' (text input), 'First Initial:*' (text input), 'Bene Health Insurance Claim Number (HICN):*' (text input), 'OR', 'Bene Social Security Number (SSN):*' (text input with dashes), '(SSN is required if HICN is not provided)', 'Bene Date of Birth:*' (text input with slashes), '(MM/DD/CCYY)', and 'Bene Gender:*' (dropdown menu with 'Male' selected). At the bottom left of the form are three buttons: 'Previous', 'Next', and 'Cancel'.

Slide notes

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

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The screenshot displays the 'Beneficiary Information' form on the 'Workers' Compensation Set-Aside Web Portal'. The page header includes the CMS logo, the portal title, and the COB&R logo. A navigation bar contains links for 'About This Site', 'CMS Links', 'How To...', 'Reference Materials', and 'Contact Us'. A 'Skip Navigation' link is also present. The form itself includes a note that an asterisk (*) indicates a required field. The fields are: 'Bene Last Name:*' (text input), 'First Initial:*' (text input), 'Bene Health Insurance Claim Number (HICN):*' (text input), 'OR', 'Bene Social Security Number (SSN):*' (text input with dashes), '(SSN is required if HICN is not provided)', 'Bene Date of Birth:*' (text input with slashes), '(MM/DD/CCYY)', and 'Bene Gender:*' (dropdown menu with 'Male' selected). A 'QUICK HELP' button with a 'Help About This Page' link is located on the right. At the bottom of the form are 'Previous', 'Next', and 'Cancel' buttons.

Slide notes

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

Slide 29 - of 35

The screenshot shows the 'Registration Summary' page of the Workers' Compensation Set-Aside Web Portal. At the top, there are logos for CMS and COB-R (Coordination of Benefits and Recovery). A navigation bar includes links for 'About This Site', 'CMS Links', 'How To...', 'Reference Materials', and 'Contact Us'. The main content area is titled 'Registration Summary' and contains a 'Print this page' link. A paragraph of instructions reads: '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.' To the right of this text is a 'QUICK HELP' box with a 'Help About This Page' link. Below the instructions are three sections, each with an 'Edit' button: 'Account Type: Representative', 'Representative Information', and 'Beneficiary Information'. The 'Representative Information' section includes fields for First Name, MI, Last Name, SSN, E-Mail Address, Phone, and Fax. The 'Beneficiary Information' section includes fields for Last Name, First Initial, HICN, SSN, Date of Birth, and Gender (Male). Below these is the 'Representative Mailing Address' section with fields for Address Line 1, Address Line 2, City (Owings Mills), State (Maryland), and Zip Code. At the bottom of the form are three buttons: 'Previous', 'Submit Registration', and 'Cancel'.

Slide notes

When the registration information has been verified, click Submit Registration.

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

Thank You

 [Print this page](#)

You have successfully completed the initial registration for the Workers' Compensation Set-Aside Web site. Please print this page for your records.

Next Steps

After initial registration is completed, the information captured will be vetted to verify the Company, Representative or Beneficiary/Claimant is an appropriate submitter. After the vetting has been completed, the registrant will be defined with an Account identification number (ID). After the assignment of an Account ID, a letter will be mailed to the Account Representative captured during registration, with the Account ID and PIN number.

Account Setup

Upon receipt of the mailed Account ID and PIN, the Account Representative will be instructed to return to the Workers' Compensation Set-Aside Web site to complete the account setup. The Account Manager will need to enter the Account ID and PIN on the Account Setup page to begin setup.

[Workers' Compensation Set-Aside Welcome Page](#)

Slide notes

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

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Next Steps

- Once the registration has been submitted, the BCRC validates the information
- Within two weeks, the Account Representative will receive the Account ID and PIN and instructions for setting up the account
 - If letter is not received within 10 business days, contact a BCRC EDI Representative

Slide notes

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

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

If a letter is not received within 10 business days, contact an Electronic Data Interchange (EDI) Representative.

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Next Steps

- Once Account Setup is completed
 - E-mail notification will be sent which includes a Profile Report
 - May take up to 10 business days to receive the Profile Report
- Profile Report must be reviewed, signed, and returned within 60 business days
 - When returning this via e-mail, use “WCMSAP Profile Report” in the subject line
 - If this is not received within the timeframe, the account will automatically be deleted on the 60th business day
 - If account is deleted, you must start the registration process from the beginning

Slide notes

Once you have completed the account setup, an e-mail notification will be sent to you, including 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 33 - of 35

Home	About This Site	CMS Links	How To...	Reference Materials	Contact Us	Logoff
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Thank You

 [Print this page](#)

You have successfully completed the initial registration for the Workers' Compensation Set-Aside Web site. Please print this page for your records.

Next Steps

After initial registration is completed, the information captured will be vetted to verify the Company, Representative or Beneficiary/Claimant is an appropriate submitter. After the vetting has been completed, the registrant will be defined with an Account identification number (ID). After the assignment of an Account ID, a letter will be mailed to the Account Representative captured during registration, with the Account ID and PIN number.

Account Setup

Upon receipt of the mailed Account ID and PIN, the Account Representative will be instructed to return to the Workers' Compensation Set-Aside Web site to complete the account setup. The Account Manager will need to enter the Account ID and PIN on the Account Setup page to begin setup.

[Workers' Compensation Set-Aside Welcome Page](#)

Slide notes

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

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You have completed the Registration Process for Representative Submitters course. The information in this course can be referenced by using the document at the link below.

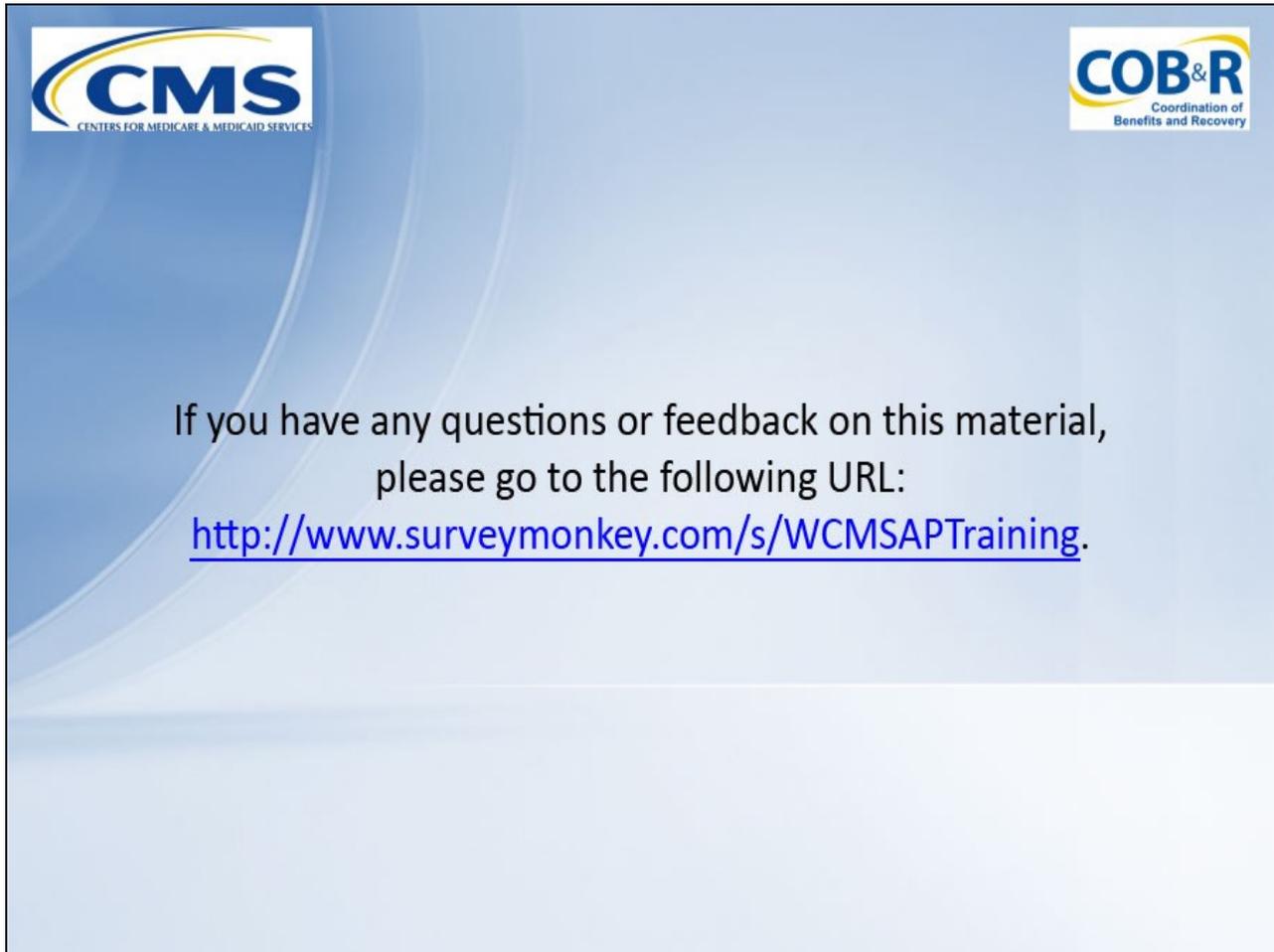
[https://www.cob.cms.hhs.gov/WCMSA/help/userManual/
WCMSAUserManual.pdf](https://www.cob.cms.hhs.gov/WCMSA/help/userManual/WCMSAUserManual.pdf)

Slide notes

You have completed the Registration Process for Representative Submitters 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>

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The slide features a light blue background with a white curved graphic on the left side. In the top left corner is the CMS logo (Centers for Medicare & Medicaid Services). In the top right corner is the COB&R logo (Coordination of Benefits and Recovery). The main text is centered and reads: "If you have any questions or feedback on this material, please go to the following URL: <http://www.surveymonkey.com/s/WCMSAPTraining>."

Slide notes

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