

# Medicare Secondary Payer Recovery Portal (MSPRP) Enhancements High-Level Overview

Effective January 5, 2019



### Overview

- "Self-Reporting" and When Should Users Self-Report in the MSPRP?
- Background Information
- Self-Reporting as a Non-Beneficiary
- Self-Reporting as a Beneficiary
- Multi-Factor Authentication Updates
- Additional Resources



# "Self-Reporting" and When Should Users Self-Report in the MSPRP?

12/18/2018



# "Self-Reporting"

- The purpose of this Medicare Secondary Payer Recovery Portal (MSPRP) update is to provide the ability for MSPRP users to self-report a Non-Group Health Plan (NGHP) Medicare Secondary Payer (MSP) case through the MSPRP application.
- "Self-reporting" is when an MSP case is reported by a beneficiary or their representative, or when an insurer or insurer representative is trying to report in a situation that is otherwise inappropriate to report via their Section 111 reporting.



# When Should users Self-Report in the MSPRP?

- Beneficiaries and Beneficiary Representatives can use the Self-Reporting option via the MSPRP rather than calling a representative or sending in written correspondence to notify Medicare when a claim is made against liability insurance (including self-insurance), no-fault insurance, or Workers' Compensation (collectively referred to as Non-Group Health Plans, or NGHPs).
- Insurers/Insurer Representatives can use the Self-Reporting option when they do not have Ongoing Responsibility for Medicals (ORM) and need to report a pending settlement.



When Should users NOT Self-Report in the MSPRP?

 Insurers/Insurer Representatives should not use the Self-Reporting option when they have accepted ORM or reached a settlement. The insurer should not self-report seeking losses against recovery, following BCRC recovery against a settlement.



# **Background Information**

12/18/2018

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# Background Information (2)

• Currently, Medicare beneficiaries, insurers, recovery agents, attorneys, and other individuals/entities have the ability to self-report a new NGHP MSP case to the Benefits Coordination & Recovery Center (BCRC) via a phone call. During the call, the BCRC Customer Service Representative (CSR) will ask a series of questions to collect the data needed to create the



# Background Information (3)

- When reporting a Case to the BCRC pertaining to a liability, no-fault, or workers' compensation claim, be prepared to provide the following information:
  - Beneficiary Information: Full Name, Medicare ID, Gender and Date of Birth and complete Address and Phone Number
  - Case Information: Date of Injury/Accident, date of first exposure, ingestion or, implant, Description of alleged injury or illness or harm, Type of Claim (Liability, No-Fault or Workers' Compensation Insurance) and the Insurer/Workers' Compensation entity name and address
  - Representative Information: Attorney or other representative name, Law firm name if representative is an attorney and complete address and phone number



# Background Information (4)

Once all information has been provided and the self-reported case is successfully added, the following will occur:

- The information will be developed into a beneficiary-debtor case.
- The Rights and Responsibilities (RAR) letter will be generated and sent.
- The basic case information will be immediately accessible in MSPRP
- Claims history will be retrieved and claims filtering will be completed per current functionality.
- Beneficiary users will be able to immediately upload settlement information from the "Case Information" page.
- Beneficiary representatives will be able to upload settlement information after first uploading a Proof of Representation document.
- If settlement information is uploaded prior to claims history being retrieved and the claims filtering process being completed, a Conditional Payment Notice (CPN) will be systematically generated, otherwise a Conditional Payment Letter (CPL) or No Claims Paid (NCP) will be generated.



# Self-Reporting as a Non-Beneficiary



# MSPRP Report a Case Link

Welcome!         Account: 31295 MFA PLOG UPDATE TEST         The Medicare Secondary Payer Recovery Portal provides a quick and efficient way to request case information and provide information to assist in resolving Medicare's recovery claim.         With the use of this portal, you may submit a valid authorization, request an update to the conditional payment amount, submit settlement information and dispute claims.         You may view the account activity by clicking the appropriate link under the Account Settings.         To request information regarding a case you have not already associated to your account, click the Request Case Access link below.         To submit a case, click the Report A Case link below.         Note: You will not be able to use the links below until your Profile Report has been returned.         Request Case Access         Case Listing	Home	About This Site	CMS Links	How To	Reference Materials	Contact Us	Logoff
Account: 31295 MFA PLOG UPDATE TEST The Medicare Secondary Payer Recovery Portal provides a quick and efficient way to request case information and provide information to assist in resolving Medicare's recovery claim. With the use of this portal, you may submit a valid authorization, request an update to the conditional payment amount, submit settlement information and dispute claims. You may view the account activity by clicking the appropriate link under the Account Settings. To request information regarding a case you have not already associated to your account, click the Request Case Access link below. To submit a case, click the Report A Case link below. Note: You will not be able to use the links below until your Profile Report has been returned. Request Case Access Case Listing Devided Report A Devided R	Nelcome!					Quick Hel	Ip This Page
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With the use of this portal, you may submit a valid authorization, request an update to the conditional payment amount, submit settlement information and dispute claims.       Account Settings         You may view the account activity by clicking the appropriate link under the Account Settings.       Update Account Information Designee Maintenance View Account Activity         To request information regarding a case you have not already associated to your account, click the Request Case Access link below.       To see cases that you have previously associated to your account, click the Case Listing link below.         To submit a case, click the Report A Case link below.       The MSPRE will click Report A         Note: You will not be able to use the links below until your Profile Report has been returned.       Request Case Access         Case Listing       Link to start case, submit access submit case s	he Medicare Second nformation to assist in	lary Payer Recovery Port n resolving Medicare's rec	al provides a quick and e covery claim.	fficient way to request	case information and provide		
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## **MSPRP** Report a Case

Home	About This Site	CMS Links	How To	Reference Materials	Contact Us	Logoff
Report a	Case				Quick Help	
To report a case, yo Number, Date of Bi Compensation).	ou will be required to provide inth, Date of Accident/Inciden	the following information t, and identify the type o	n: Medicare Beneficia f case being reported	ry's Last Name, Medicare (Liability, No-Fault, or Workers'	Help About This	Page
Please Note: Med ensure receipt of re Representation do	icare will not release informa ecovery related corresponde cument from the beneficiary.	tion regarding this case nce, you will need to sub You will be able to subm	without proper authori mit a signed Consent it this information late	zation from the beneficiary. To to Release or Proof of r in this process.		
A case should only a pending settleme ongoing basis, for t	be reported if ongoing resp ent, but settlement has not ye the injured party's (the Media	onsibility for medicals (O t been reached. Note: O care beneficiary's) "medic	RM) has not been acc RM refers to the Insur cals" (medical care) as	epted for the case and there is rer's responsibility to pay, on an ssociated with a claim.		
An asterisk(*) indic	ates a required field.					
Please identify if Beneficiary Re	you are reporting a case on presentative Oinsurer or I	behalf of a beneficiary or nsurer Representative	an insurer:			
Click Continue to p	proceed. Click Cancel to ret	um to the Account List p	age without reporting t	the new case.		
Continue 3	Cancel 🚨					



# MSPRP Report a Case (2)

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Report a	Case				Quick Help	
To report a case, y Number, Date of B Compensation). Please Note: Med ensure receipt of m Representation do A case should only a pending settleme ongoing basis, for An asterisk(*) indic	ou will be required to provide linth, Date of Accident/Incider licare will not release informat ecovery related corresponde current from the beneficiary y be reported if ongoing resp ent, but settlement has not yo the injured party's (the Media cates a required field.	e the following informatio nt, and identify the type o ation regarding this case nce, you will need to sub You will be able to subm onsibility for medicals (O et been reached. Note: O care beneficiary's) "medi	n: Medicare Beneficia If case being reported without proper author mit a signed Consent at this information late RMI) has not been ac RMI refers to the Insu cals" (medical care) a	Print this page iny's Last Name, Medicare (Liability, No-Fault, or Workers' ization from the beneficiary. To to Release or Proof of er in this process. cepted for the case and there is rer's responsibility to pay, on an ssociated with a claim.	Help About Th	is Page
* Please identify if Beneficiary Re	you are reporting a case on epresentative Olinsurer or	behalf of a beneficiary or insurer Representative	r an insurer:			
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# MSPRP Report a Case (3)

Home	About This Site	CMS Links	How To	Reference Materials	Contact Us	Logoff
Report a	Case				Quick Help	
To report a case, y Number, Date of B Compensation).	ou will be required to provid inth, Date of Accident/Incident	e the following information nt, and identify the type o	n: Medicare Beneficia f case being reported	ry's Last Name, Medicare (Liability, No-Fault, or Workers	Help About This	Page
Please Note: Med ensure receipt of re Representation do	icare will not release informa ecovery related corresponde current from the beneficiary.	ation regarding this case in nce, you will need to sub You will be able to subm	without proper authorit mit a signed Consent it this information later	zation from the beneficiary. To to Release or Proof of r in this process.		
A case should only a pending settleme ongoing basis, for t	be reported if ongoing resp int, but settlement has not yo the injured party's (the Media	onsibility for medicals (O et been reached. Note: O care beneficiary's) "medic	RM) has not been acc RM refers to the Insur cals" (medical care) as	epted for the case and there is er's responsibility to pay, on a sociated with a claim.		
An asterisk(*) indic	ates a required field.					
Please identity if Beneficiary Re	you are reporting a case on presentative Insurer or I	behalf of a beneficiary or Insurer Representative	an insurer:			
If you are reporting	a case on behalf of an insu	rer, please provide a resp	onse to the following	questions:		
• Has the insurer a	coepted ORM? Ves	No				
Has a settlement	been reached for the accide	ent/incident you are report	ting? @Yes @No			
" Is there a pending	g settlement for the accident	/incident you are reportin	g? ©Yes ©No			
Click Continue to	proceed. Click Cancel to ret	urn to the Account List pa	age without reporting t	he new case.		
Continue	Cancel 🔝					



# MSPRP Report a Case (4)

*Please identify	if you are	reporting a cas	se on behalf of	a beneficiary or	an insurer.
-774					

Beneficiary Representative 

 Insurer or Insurer Representative

If you are reporting a case on behalf of an insurer, please provide a response to the following questions:

\* Has the insurer accepted ORM? O Yes O No

\* Has a settlement been reached for the accident/incident you are reporting?  $\,\,\bigcirc\,$  Yes  $\,\,\bigcirc\,$  No

\* Is there a pending settlement for the accident/incident you are reporting? O Yes O No

Click Continue to proceed. Click Cancel to return to the Welcome page without reporting the new case.



 Once all the questions have been answered, click
 Continue to proceed.

 If the user clicks Cancel, they will be returned to the Account List page without reporting the new case.



# MSPRP Report a Case (5)

#### The case you are attempting to report cannot be submitted on the MSPRP. It must be reported via the MMSEA Section 111 reporting process.

#### Report a Case



To report a case, you will be required to provide the following information: Medicare Beneficiary's Last Name, Medicare Number, Date of Birth, Date of Accident/Incident, and identify the type of case being reported (Liability, No-Fault, or Workers' Compensation).

Please Note: Medicare will not release information regarding this case without proper authorization from the beneficiary. To ensure receipt of recovery related correspondence, you will need to submit a signed Consent to Release or Proof of Representation document from the beneficiary. You will be able to submit this information later in this process.

A case should only be reported if ongoing responsibility for medicals (ORM) has not been accepted for the case and there is a pending settlement, but settlement has not yet been reached. Note: ORM refers to the insurer's responsibility to pay, on an ongoing basis, for the injured party's (the Medicare beneficiary's) "medicals" (medical care) associated with a claim.

An asterisk(\*) indicates a required field.

\* Please identify if you are reporting a case on behalf of a beneficiary or an insurer. Beneficiary Representative Insurer or Insurer Representative

If you are reporting a case on behalf of an insurer, please provide a response to the following questions:

- Yes No \* Has a settlement been reached for the accident/incident you are reporting?
- Yes No Is there a pending settlement for the accident/incident you are reporting?

Click Continue to proceed. Click Cancel to return to the Account List page without reporting the new case.



Cancel

If the user has accepted ORM or already reached a settlement, the system will alert them "The case

Quick Help

Help About This Page

you are attempting to report cannot be submitted on the MSPRP. It must be reported via MMSEA Section 111 reporting process."

#### 12/18/2018



# MSPRP Case Creation (Non-Beneficiary)

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inter data related t hat the data meets etter will be genera	o the accident/incident. Th the criteria for creating a c ited and mailed.	is information will be vali case. Once the case is s	idated to ensure the c uccessfully submitted,	ase does not already exist and the Rights and Responsibilities	Help About This	s Page
lick Continue to p	roceed. Click Cancel to ret	um to the Welcome pag	e without submitting th	te new case.		
n asterisk(*) indic	ates a required field.					
Beneficiary's Me	dicare ID:	OR "Social S	ecurity Number(SSN	0:		
Beneficiary's Las	t Name:	(at k	east first five letters)			
Beneficiary's Dat	e of Birth: /	/ (MM/DD/	0000			
Date of Accident	Incident: /	/ (MM/DD/	C(YY)			
Insurance Type:						
Liability (includi legligence, inappro ut is not limited to Aalpractice liability No-Fault - insur incident, regardles issurance policies,	ng self-insurance) - covera priate action, or inaction th the following: Homeowne insurance, Uninsured mot ance that pays for health ci s of who is at fault for caus Homeowners? insurance p	ge that protects the polic hat results in bodily injury rs' liability insurance, Au orist liability insurance, a are services resulting fro ling the accident. No-fau policies, Commercial Insu	cyholder or self-insure y or damage to proper tomobile liability insur- ind Underinsured moti m injury to an individu It insurance may be fo urance plans, Medical	d entity against claims based on ty. Liability insurance includes, ance, Product liability insurance, orist liability insurance. al or damage to property in an sund as part of: Automobile Payments Coverage/Personal		
njury Protection/M	edical Expense Coverage.					
-Workers' Comp ossessions of the lnesses. The term frectly or indirectly lness. Workers? c mployees are cov	ensation - law or program United States) or the Unite includes a similar compen- through an insurer, to pro- ompensation is a law or pia ered under workers? Comp	administered by a state of States to provide com sation plan established to vide compensation to a v an that compensates em pensation plans.	(defined to include co pensation to workers to by an employer that is worker of such employ ployees who get sick	mmonwealths, territories and for work-related injuries and/or funded by such employer er for a work-related injury or or injured on the job. Most		
Continue 3	Gancel					

Privacy Policy | User Agreement | Adobe Acrobat



# MSPRP Case Creation (Non-Beneficiary) (2)

Click Continue to proceed	J. Click Cancel to return to the	Welcome page w	ithout submitting the new case.
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An asterisk(*)	indicates a	required	field
MIL daterrant 1	110100163.0	requireu	HIGH.

*Beneficiary's Medicare ID:	OR *Social Security Number(SSN):
*Beneficiary's Last Name:	(at least first five letters)
*Beneficiary's Date of Birth:	/ / (MM/DD/CCYY)
*Date of Accident/Incident:	// (MM/DD/CCYY)

\*Insurance Type:

CLiability (including self-insurance) - coverage that protects the policyholder or self-insured entity against claims based negligence, inappropriate action, or inaction that results in bodily injury or damage to property. Liability insurance includes but is not limited to, the following: Homeowners' liability insurance, Automobile liability insurance, Product liability insurance Malpractice liability insurance, Uninsured motorist liability insurance, and Underinsured motorist liability insurance.

Ono-Fault - insurance that pays for health care services resulting from injury to an individual or damage to property in ar accident, regardless of who is at fault for causing the accident. No-fault insurance may be found as part of: Automobile insurance policies, Homeowners? insurance policies, Commercial insurance plans, Medical Payments Coverage/Persona Injury Protection/Medical Expense Coverage.

Oworkers' Compensation - law or program administered by a state (defined to include commonwealths, territories and possessions of the United States) or the United States to provide compensation to workers for work-related injuries and/o illnesses. The term includes a similar compensation plan established by an employer that is funded by such employer directly or indirectly through an insurer, to provide compensation to a worker of such employer for a work-related injury or illness. Workers? compensation is a law or plan that compensates employees who get sick or injured on the job. Most employees are covered under workers? Compensation plans.



•From the case creation page, a Medicare ID or SSN, Beneficiary Last Name, date of birth, the Date of the Accident or Injury for the case they are reporting and the Insurance type (Liability, No-Fault or Workers' Compensation) should be entered.

 This information will be validated to ensure the case does not already exist and that the data meets the criteria for creating a case.

•Once the case is successfully submitted, the Rights and Responsibilities letter will be generated and mailed.



# Benefits and Recovery MSPRP Case Creation Validation

- First the system will verify that the Medicare ID or SSN, Last name and DOB match an active beneficiary in the COB database.
- If there is a matching recovery case(s), the system will add the case to the user's MSPRP Case Listing and display a response on the Case Found page. The linked Case IDs will display on the Case Found page for the user to easily access the Case Information.
- If an existing case does not exist, the system will check for any matching reports. If a report exists, it will be used to develop a case.
- If no case or report exists, a new report and a new case will need to be created. Once the case search is complete and has determined that a case will need to be created the system will display the Case Creation Continued page.



# MSPRP Case Found

About this site	CMS Links	How To	Reference Materials	Contact Us	
Case Found				Print this page	Quick Help Help About This Par
Beneficiary Medicare ID:	*****6789		Beneficiary Last Name:	Doe	
The case you reported aire case. Click Continue to ret 201117409000150 201117409000151 201117409000152 201117409000153 Continue	ady exists in the syst um to the Welcome P	em. Click the Case I lage.	D to access the Case Informa	tion page for the selected	C

If the case information entered is located in the system, meaning a case with matching information already exists, the Case Found page will appear with the cases associated to your account.

The Case ID links displayed on the Case Found page shall redirect the user to the existing Case Information where they will be able to access and manage the existing case based on their level of authority rather than creating a duplicate case.



#### **Coordination of** Benefits and Recovery MSPRP Case Creation Continued

recovery proce	mation on the previous pa ess. You can directly enter	ge has been valid: diagnosis codes o	ated. It is recommend one at a time or perfo	ded that you includ orm a search to loc	te diagnosis codes related to the ate and add specific diagnosis	ne accident/incident, as this codes.	aids in the
Click Continu	e to submit the case to CM	IS. Click Cancel to	o return to the Accou	nt List page without	it submitting the case.		
An asterisk(*)	indicates a required field.						
Beneficiary N	edicare ID:	Benefic	iary Last Name:		Beneficiary Dat	e of Birth:	
Date of Accid	ent/incident:	Insuran	ce Type:	No-fault Auto			
DX Code S	earch [ Injury Catego	ry DX Code Sea	irch				
* Related Dia	gnosis (DX) Code(s):		DX Ind: OICD-9	OICD-10	Add DX Code	Total Codes Sele	cted: 0
Delete	DX Code	DX Ind	Descrip	tion			
Continue	Cancel S						



# MSPRP Case Creation Continue (2)

Date of Accident/Incident: 01/15/2013	Insurance Type:	No-fault Auto		
DX Code Search Injury Category DX Co	de Search			
• Related Diagnosis (DX) Code(s):	DX Ind: OICD-9	OICD-10	Add DX Code	Total Codes Selected: 0
Delete DX Code DX Ir	d Descrip	otion		
Continue > Cancel 😫				
•From the Case Creation	Continued nag	e users wi	ll he able to ad	d un to 25 diagnosis

codes to their case.

- •The users will have three options for adding the diagnosis codes:
- 1) Direct entry of a single code
- 2) DX Code Search Button
- 3) Injury Category DX Code Search Button.

• If the user is unsure of the Diagnosis Code, select the Diagnosis Code Search Button to display the Diagnosis Code Search page.



# MSPRP Diagnosis (DX) Code Search Page

Diagnosis Code Se	earch Criteria		
Date of Accident/Incident:	12/12/2012		
Current Count on Case:	0	Total Count:	0
Selected Count:	0	Total Diagnosis Codes Remaining:	25
C Enter Single Code	Diagnosis Code:		
© Enter Range	Diagnosis Code Start:	Diagnosis Code End.	
Center Code List	Diagnosis Code(s):		
C Enter Description	Diagnosis Code Description	(wild sand % not required)	
CICD-9 CICD-10			
Search			
Diagnosis Code Se	earch Results		



# MSPRP DX Search Page (2)

Enter Single Code	Diagnosis Code:		
Enter Range	Diagnosis Code Start:		agnosis Code End:
© Enter Code List	Diagnosis Code(s):		
© Enter Description	Diagnosis Code Description	(wild card % not required)	•The user will be able to search by
Diagnosis Code S	earch Results		<ul> <li>DX Code,</li> <li>a range of DX codes,</li> <li>a list of codes, or by text description.</li> </ul>
Select DX Code No results to display Add Selected Codes	DX Ind	Description	•The results for a search will be displayed with Code and a description and will allow the user to select multiple codes at a time.
			•Once the Add selected Codes button i selected, the codes will display on the Case Creation Continued page.



# DX Code Selection by Injury





# DX Code Selection by Injury (2)

- Conditions
- Head & Neck
- Lower Extremities

Mid Section

Upper Extremities

Cancel

Add Selected Codes 👂

Organs

Select	Description	DX Code
	Ankle	9597
Call		7295
E Femur		82100
	Foot	9597
8	Heel	9597
8	Нр	9595
Knee Knee		9597
8	Leg	9597
8	Thigh	9595
8	Toe	9597

- The users can select diagnosis codes based on the body part that was affected by the accident or injury.
- One or multiple diagnosis codes can be selected at a time. The system will then copy the selected codes over to the Case Creation Continued page.
- Click the Add Selected Codes button to proceed.



# **Diagnosis Codes**

- When an MSPRP user adds or searches for a diagnosis code, they shall be limited to search for diagnosis codes that are applicable to the Date of Accident/Incident.
- If the Date of Accident/Incident is on or after October 1, 2015, they shall only be able to search for ICD-10 diagnosis codes.
- If the date of accident/incident is prior to October 1, 2015, they shall be able to search for ICD-9 or ICD-10 diagnosis codes.



### MSPRP Case Creation Continued (3)

Home	About This Site	CMS Links	How To	Reference Materials	Contact Us	Logoff
Case C	reation Conti	nued		See Print 1	his page Quic	k Help : Help About This Page
The case inform recovery proces Click <b>Continue</b>	nation on the previous pag is. You can directly enter d to submit the case to CMS	e has been validated. It is re lagnosis codes one at a tim 3. Click <b>Cancel</b> to return to t	ecommended that you inc e or perform a search to the Account List page with	tude diagnosis codes related to locate and add specific diagnos hout submitting the case.	the ac Ca is cost Co	se Creation ntinued Page
An asterisk(") in Beneficiary Me Date of Accide	dicates a required field. dicare ID: ntlincident: 10/10/2010	Beneficiary Last M Insurance Type:	lame: LONG Liability	Beneficiary D	On Cod Cat	ce the user's Diagnosi des and Injury tegories have been ded, selecting
DX Code Se	arch Injury Categor	y DX Code Search		Add DV Code	cor	ntinue will take the
Delete	DX Code	DX Ind	Description	Add DA Code	use	er to the case
×	7295	ICD-9	Pain in limb		cor	nfirmation page. The
Continue	Cancel 🛛				use cor one ado	er will not be able to ntinue until at least e DX Code has been ded.



#### **Case Submission Confirmation**





### Case Submission Confirmation (2)

Case ID: 20183 45090 00009 Case Type: Liability Case Status: In Development What is this?	Medicare ID: Beneficiary DOB: 03/25/1945 Beneficiary Last Name: LONG	
Date of Incident: 10/10/2010 industry Date of Incident: 😳 What is this?	Authorization Level: Beneficiary Proof of Representation Authorization Status: Verified	
Payment information		If the user selects the
Rights and Responsibilities Letter Mail Date:		Case ID link to access the
Conditional Payment Letter Mail Date: NA Current Conditional Payment Amount: 50:00 Note: Claims are retrieved daily. This amount is current as of: 12/15/2018.	Conditional Payment Notice Amount: Conditional Payment Notice Mail Date: Conditional Payment Notice Response Due Date:	they will have the option
Pernand Letter Mail Date: Pernand Amount:		to View/Provide the
		Notice of Settlement
Please select an action from the following list, if the op	tion is disabled it may not be available for the case at this time	information.
Over / Request Authorizations		
C Request an update to the conditional payment amount What is this?		
C Request an electronic conditional payment letter with Current Condition	nal Payment Amount What is this?	
C Request a mailed copy of the conditional payment letter What is this	°	
Begin Final Conditional Payment Process and Provide 120 Days"	Notice of Anticipated Settlement What is this?	



## Case Submission Confirmation (3)

About This Site CM	IS Links	How To	Reference Materials	Contact Us		an a the	
Case Submissi	on Confirma	ation			Quick Help Al	k Help bout This Page	
Case ID: Beneficiary Last Name:	201117409000150 Doe	Beneficiary	Medicare ID: *****678	9			
You have successfully submittee beneficiary and all authorized pa- items or services that Medicare ensure receipt of this letter, auth submit this information now. Below text is only visible for ben Case page. If a settlement has been reacher CPL if settlement information is also advises on what actions mu- settlement information, authorize submit this information now. One	d the case. The Condit arties after the claims n paid conditionally whic horization must be on fi <b>reficiary or for users wf</b> d for the submitted cas provided at this time. L ust be taken within 30 o ation must be on file fo ce submitted, settleme	ional Payment I etrieval process In have been id le for all parties no are identified e, a Conditiona ike the CPL, th days of its recei can parties exc nt information c	Letter (CPL) will automatically a has completed. This letter pro- entified as being related to the a except the beneficiary. Click I I themselves as Beneficiar, rej I Payment Notice (CPN) will b a CPN provides conditional pa pt or the demand letter will be ept the beneficiary. Click Provi can be provided from the Case	be mailed to the ovides information on submitted case. To Provide Authorization to presentative on Report e mailed instead of the syment information but, issued. To upload ide Authorization to Information page.		•The user ca the Continu button to re to the Weld page.	an click ue eturn come!
Click Continue to return to the Continue	Welcome page. Click the	e Case ID link	to access the Case Informatio	n page.			



## Case Listing (Non-Beneficiary)

					Print this page	Hale About This Dags	
e following a	re the case reports	associated to Account I	D: 99999			nep Audur This Page	
view case d	letail information, clic	ck the case number. To	manage Designee acce	ess to the case, c	lick on the Manage		
cess link. To	perform a search, e	nter any search criteria	and click the Search bu	utton.	ne About This Sile	CMILLINIS How To., Reference Materials	Contact Us Lugot
you are appro	oaching settlement o yment process, cont	on a case that is not yet act the Benefits Coordi	available on the MSPR nation & Recovery Cent	P and y Weld	come!		Quick Help
By phone : (855) 798-2627					E 31395 MFA PLOG UPDATE TES	r.	Help Adout This Page
By mail:	NGHP			The Med	Icare Secondary Payer Recovery Port	al provides a quick and efficient way to request case information and provid	
	PO Box 138832			mormati	on to assets in resolving Medicare's rec	covery claim.	Account Settings
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eneficiary I a	est Namo:		Conroth Lint	To subm	it a case, citix the Report A Case link	Dehtow	
energially co			J Search Faile	Note: Yo	ou will not be able to use the links belo	e until your Profile Report has been returned.	
				Request	Case Access		
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### Case Submission Confirmation (4)

About This Site	CMS Links	How To	Reference Materials	Contact Us			
Case Subn	nission Confii	mation			Quick Help Help About This P	age	
Case ID: Beneficiary Last Nam	201117409000 ne: Doe	0150 Beneficia	ry Medicare ID: *****6	3789			
You have successfully beneficiary and all auth items or services that N ensure receipt of this le submit this information	submitted the case. The C horized parties after the cla Medicare paid conditionally etter, authorization must be now.	Conditional Payme ims retrieval proce which have been e on file for all part	nt Letter (CPL) will automatica ess has completed. This letter identified as being related to ies except the beneficiary. Clir	Ily be mailed to the provides information on the submitted case. To ck Provide Authorization to			
Below text is only visibl Case page.	le for beneficiary or for use	ers who are identif	ied themselves as Beneficiary	representative on Report			
If a settlement has been CPL if settlement inform also advises on what a settlement information, submit this information Click <b>Continue</b> to retur	en reached for the submitte mation is provided at this ti actions must be taken within , authorization must be on a now. Once submitted, set m to the Welcome page. C	d case, a Conditio ime. Like the CPL, n 30 days of its re file for all parties e filement informatio lick the Case ID li	nal Payment Notice (CPN) wi the CPN provides conditional ceipt or the demand letter will except the beneficiary. Click Pr n can be provided from the Ca nk to access the Case Informa	I be mailed instead of the I payment information but, be issued. To upload rovide Authorization to ase Information page. ation page.		•The conf also inclu take the the Auth	irmation page will ude a button to user directly to orization
Continue 3	Provide Authorizati	ion 👂 🖊				Docume the case	ntation page for



#### **Authorization Documentation**

Home About This Site CMS Links How To Reference Materials Contact Us Logoff	
Authorization Documentation  Percents says  Quick Help : Help About This Page  Chick H	
Authorizations Authorization Type Status What is this? Start Date End Date	
Submit New Authorization: An asterisk (*) indicates a required field.	
*Select the authorization type:  Beneficiary Consent to Release What is Beneficiary Consent to Release?  Beneficiary Proof of Representation What is Beneficiary Proof of Representation?  To get more information about the Beneficiary Proof of Representation or Consent to Release, and to obtain blank templates, go to http://go.cms.gov/MEDRECOVPROC. To get more information about the Recovery Agent Authorization and to see the model language, go to http://go.cms.gov/MEDRECOVPROC. To get more information about the Recovery Agent Authorization and to see the model language, go to http://go.cms.gov/MEDRECOVPROC. To get more information one of the following which best describes the representation type: Select.  Please select from one of the following which best describes the representation type: Select.  Start Date of Authorization:  (MMADDICCYY) End Date of Authorization:  (MMADDICCYY) Optional  Representative Information  (Interception one of the following when to perform actions on the case and permit them to receive correspondence related to the case.  This action will not make them an account designee.	•To upload Documentation, fill in the required fields and click the Upload Documentation
* Supporting Documentation is Required. Please refer to Help About This Page to identify whet documents should be submitted. To upload supporting documentation, please click here <u>Upload Documentation</u> .	



# Authorization Documentation Upload Page

Home About This Site	CMS Links	How To	Reference Materials	Contact Us	Logoff
Authorization Documer	ntation Upload		Print this page	Quick Help	
Please click browse to find the document.				Help About Thi	is Page
The document must be in .PDF format and the	e size limit is 40 MB (megab)	yte) per document (	or attachments.		
Selecting Continue will upload the documents and documents will not be uploaded.	s. Selecting Cancel will retur	n you to the Author	ization Documentation page		
Choose File No file chosen Choose File No file chosen No file chosen Continue Cancel	Choose File Choose File No file o	chosen chosen		<ul> <li>Use</li> <li>File</li> <li>and</li> <li>app</li> <li>doc</li> <li>click</li> </ul>	the Choose links to sear add the ropriate uments and c Continue.



## Authorization Documentation (2)

Authorization Documentation This page displays a list of authorizations currently on file that are associated with the case for the user who is currently logged in. This page will also allow the submission of new authorizations.	
Authorizations         Authorization Type       Status What is this?       Start Date       End Date         Submit New Authorization:	<ul> <li>The Authorization Documentation page will display</li> </ul>
End Date of Authorization: 01 / 12 / 2019 (MM.EDC/CCYY) Optional Representative Information * Is this authorization being submitted for someone other than yourself/your company? ©rise ®No Submitting an authorization for another party will allow them to perform actions on the case and permit them to receive correspondence related to the case. This action will not make them an account designee.	documentation listed for your
Supporting Documentation is Required. Please refer to Help About This Page to identify what documents should be submitted. To upload supporting documentation, please click here ( <u>beload Documentation</u> )	review before continuing.
By checking this box, I attest that the information provided and uploaded documentation is complete and accurate to the best of my knowledge. Selecting Continue will submit the files to CMS. Selecting Cancel will return you to the Case information page, the files will not be submitted to CMS. Continue C	



# Authorization Documentation Confirmation

Home	About This Site	CMS Links	How To	Reference Materials	Contact Us Logoff	
Authoriza Case ID: 20183450 Beneficiary Last N	tion Document	tation Confir Medicar	mation	Print this page	Quick Help Help About This Page	
You have successf	ully submitted the Authorizat	ion documentation for th	e case listed above.			
Click Continue to re Continue	eturn to the Case Information	n page.		•	After selectin the confirmat display notify that their Aut Documentation successfully s	g continue, tion page will ing the user thorization on has been ubmitted.
				•	The user can Case informa clicking Conti	access the tion Page by nue.



#### **Case Information Page**

Case Information	Print this page Quick Help : Help About This Page
Cese ID: 20183 45090 00009 Cese Type: Liability Cese Status: In Development What is this?	Medicare ID: Beneficiary DOB: 03/25/1945 Beneficiary Last Name: LONO
Date of Incident: 10/10/2010 Industry Date of Incident: 👽 What is this?	Authorization Level: Beneficiary Proof of Representation Authorization Status: Verified
Payment Information	
Rights and Responsibilities Letter Mail Date:	
Conditional Payment Letter Mail Date: N/A "Current Conditional Payment Amount: \$0.00 Note: Claims are retrieved daily. This amount is current as of: 12/11/2018.	Conditional Payment Notice Amount: Conditional Payment Notice Mail Date: Conditional Payment Notice Response Due Date:
Conditional Payment Letter Mail Date: N/A 'Current Conditional Payment Amount: \$0.00 Note: Claims are retrieved daty. This amount is current as of 12/11/2018. Demand Letter Mail Date: Demand Amount: Please select an action from the following list, if the	Conditional Payment Notice Amount: Conditional Payment Notice Mail Date: Conditional Payment Notice Response Due Date:
Conditional Payment Letter Mail Date: N/A 'Current Conditional Payment Amount: \$0.00 Note: Claims are retrieved daty. This amount is current as of 12/11/2018. Demand Letter Mail Date: Demand Amount: Please select an action from the following list, if the off View / Request Authorizations	Conditional Payment Notice Amount: Conditional Payment Notice Response Due Date: Conditional Payment Notice Response Due Date:
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Conditional Payment Letter Mail Date: N/A 'Current Conditional Payment Amount: \$0.00 Note: Clams are retrieved Gally. The amount is current as of 12/15/2018. Demand Letter Mail Date: Demand Amount: Please select an action from the following list, if the of View / Request Authorizations © Request an update to the conditional payment amount. What is the @ Request an electronic conditional payment letter with Current Cond	Conditional Payment Notice Amount: Conditional Payment Notice Response Due Date: Conditional Payment Notice Response Due Date:
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Conditional Payment Letter Mail Date: N/A Current Conditional Payment Amount: \$0.00 Note: Clams are retrieved daty. The amount is current as of 12/11/2018. Demand Letter Mail Date: Demand Amount: Please select an action from the following list, if the of View / Request Authorizations @ Request an electronic conditional payment amount. What is the @ Request an electronic conditional payment letter. with Current Cond @ Request an electronic conditional payment letter. What is the @ Request an electronic conditional payment letter. What is the @ Begin Final Conditional Payment Process and Provide 120 Daym	Conditional Payment Notice Amount: Conditional Payment Notice Mail Date: Conditional Payment Notice Response Due Date: option is disabled it may not be available for the case at this time: a? tional Payment Amount What is this? his?
Conditional Payment Letter Mail Date: N/A Current Conditional Payment Amount: 50:00 Note: Clams are retrieved daty. The amount is current as of 12/15/2018. Demand Letter Mail Date: Demand Amount: Please select an action from the following list, if the retrieved Amount: © View / Request Authorizations © Request an update to the conditional payment amount. What is the © Request an electronic conditional payment letter with Current Cond © Request a mailed copy of the conditional payment letter. What is the © Begin Final Conditional Payment Process and Provide 120 Days © Yiew / Dispute Claims Listing. What is this?	Conditional Payment Notice Amount: Conditional Payment Notice Response Due Date: Conditional Payment Notice Response Due Date: option is disabled it may not be available for the case at this time: epiton is disabled it may not be available for the case at this time: % Notice of Anticipated Settlement What is this?

- The Case Information Page will display. The user will be able to view their case information or "Cancel" to return back the Welcome Page.
- If the user did has not provided Notice of Settlement Information and would like to do so at this time, the option to view or provide the NOS can be found at the bottom of the Case Information page.



#### **Settlement Information Page**

Settlement Info	rmation				Quick Help
				and the second s	Main Shout This P
This page allows you to enter I Fixed Percentage Option. Con claims listing on the Claims Lis	Notice of Settlement rpletion of this page v sting Page are unrela	information, upload I will result in the issue red to the case, click	Notice of Settlement do ance of a demand/bill. I Cancel and select the	cournentation, or elect the Note: If you believe any of the Wew / Dispute Claims Listing	
option to submit a dispute. Ple	ase do not submit a l	dispute as part of the	settlement documents	ation.	
An asterisk (*) indicates a requ	ired field.				
Injury Type:					
Note : If this case is in the Fin Injury, CMS reserves the right alleged injury resulting from ex the Final Conditional Payment	al Conditional Payme to amend or modify t posure, implantation Amount.	nt Process and the I the Final Conditional , or ingestion of a su	njury Type selected is Payment Amount If ad Isstance are later ident	Non-Physical Trauma-Based ditional claims related to the fied and were not included in	
O Traumate Injury Ia n. Sin a	end Fall or Auto Annie	fant)			
O Non-Physical Trauma-Base substance.)	d Injury (e.g. Alleged	I injury resulting from	exposure, implantatio	n, or ingestion of a	
Settlement Amount:		(0.00 -	000,000,000,000)		
Settlement Date:		(MM/DD/	CCYY)		
Settlement Details					
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12/18/2018



# Settlement Information Page (2)

*Injury Type: Note : If this case is in the Fin Injury, CMS reserves the right alleged injury resulting from ex- the Final Conditional Payment © Traumatic Injury (e.g. Slip a © Non-Physical Trauma-Base substance.)	nal Conditional Payment Process and the Injury Type selected is t to amend or modify the Final Conditional Payment Amount if a exposure, implantation, or ingestion of a substance are later ider t Amount. and Fall or Auto Accident) ed Injury (e.g. Alleged injury resulting from exposure, implantati	s Non-Physical Trauma-Based additional claims related to the ntified and were not included in ion, or ingestion of a
*Settlement Amount: *Settlement Date: Settlement Details	(0.00 - 999,999,999.00)	Enter the following required data: • Injury Type • Settlement Amount • Settlement Date • All Settlement Details



# Settlement Information Page (3)

Please choose one of the following options:	
Note: Fees and costs are limited to what the ben the beneficiary should be entered. If nothing is en	eficiary had to pay to attain his/her settlement. Only those costs borne by ttered, this request will be processed without Attorney Fees.
None     Attorney Fees What are Attorney Fees?	
Attorney Fees:	(0.00 - 999,999,999.00)
Attorney Expenses:	(0.00 - 999,999,999.00)
C Attorney Fee Percentage:	5
C Fixed Percentage Option What is Fixed Per	roentage Option?
Exclusions	
MED/PIP/Other	(0.00 - 999,999,999.00) What are Exclusions?
-	//
To upload supporting documenation, please c	lick here Upload Documentation
Note: Please submit settlement related document	ation only. Any other documents submitted will not be reviewed.
Selecting Continue will submit the files to CMS. S not be submitted toCMS.	Selecting Cancel will return you to the Case Information page, the files will
Continue 🔉 Cancel 🔀	
Note: This does not ap	ply to insurers as they are not to
Note: This does not appreself-report for a settlen	ply to insurers as they are not to

- The bottom portion of the Settlement page will allow you to attest that the settlement information is correct if settlement information is uploaded on the same day as the lead submission,
- A Conditional Payment Notice (CPN) will be systematically generated after the claims history has been retrieved and claims filtering has been completed, otherwise a Conditional Payment Letter (CPL) will be generated.
- The user can add supporting documentation. Select the upload documentation link to add documents.



# Notice of Settlement Documentation Upload Page

lotice of	Settlement Doc	umentation l	Jpload	Dert Dia sage	Quick Help
ease click brows	e to find the document.				Help about thi
e document mu	st be in .POF format and the	size limit is 40 MB (me	pabyte) per documen	t for attachments.	
lecting Continue currents will no	e will upload the documents. I be uploaded.	Selecting Cancel will re	etum you to the Settle	ment information page and	
			Browse.		
			Browse		
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Continue	Cancel		Browse		
Continue	Cancel 💶		Browse.		
Continue	Cancel		Browse		
Continue D	Cancel		Browse		
Continue S	Cancel		Browse		
Continue	Cancel		Browse		
Continue D	Cancel		Browse		
Continue 3	Cancel		Browse		
Continue D	Cancel		Browse		
Continue D	Cancel		Browse		
Continue D	Cancel		Browse		
Continue	Cancel		Browse		

#### File Requirements:

- The file format must be Adobe Acrobat (.PDF).
- The file must be virus free.
- The file size must be less than or equal to 40 MB (megabytes) in size.
- The filename (naming convention) must only include the following valid characters: alphanumeric (any letter: A-Z, a-z; any number 0-9), and any of the following special characters: hyphen, period and underscore.
- The filename does not include spaces.



# Settlement Information Page (4)





#### Notice of Settlement Confirmation

Home	About This Sile	CMS Links	How To	Reference Materials		Contact Us	Logoff
Notice of S Case ID: 20183 450 Beneficiary Last N		nfirmation Medicare	ID:	Dista da	•	Quick Help Help About T	his Page
Beneficiary Last N You have successfu Click Continue to re Continue	ame: LONG By submitted the Notice of S durn to the Case Information	lettlement documentation	for the case listed abov	PB.	•	The Not Settlem Confirm appears print thi clicking page lin right-ha	ice of ent ation page . You can is page by the Print this k in the upper nd corner.
						click Co return t Informa	ntinue to o the Case tion Page.



## Case Information Page (2)

٠

Case Drive 1995 20153 45000 00000     Case Driv: 20163 45000     Case Driv: 20163     Conditional Payment Notice Amount: 2016     Conditional Payment Notice Response Due Date:     Conditional Payment Notice Response Date Date:     Conditional Payment Notice Response Date Date:     Conditi	Logoff	nlact Us	Contac	Reference Materials	How To	MS Links	his Sille	About TI	Home
Case ID: 20183 45000 00000 Case Type: Liability       Beneficiary DOB: 03/28/1145 Beneficiary CoB: 03/28/1145 Beneficiary Last Name: LONO         Date of Incident: 10/10/2010 Industry Date of Incident: 10/10/2010 Industry Date of Incident: 10/10/2010       Authorization Level: Deneficiary Proof of Representation Authorization Status: Verified         Payment Information       Image: Conditional Payment Autorization Payment Notice Amount: "Current Conditional Payment Amount: 50:00 "Net: Class are refrired Cably This amount is current as of 12/110216.       Conditional Payment Notice Amount: Conditional Payment Notice Response Due Date:         Demand Letter Mail Date: Demand Amount:       If the option is disabled it may not be available for the case at this to "View / Request Authorizations         IP Request an update to the conditional payment amount: What is this?       Image: What is this?         IP Request an update to the conditional payment enter: What is this?       Image: What is this?         IP Request an an electoric conditional payment letter with Current Conditional Payment Amount What is this?	About This	pe Quick Help : Help / Page	Print this page	<b>3</b>		]	matior	e Infor	Case
Payment Information         Rights and Responsibilities Letter Mail Date:         Conditional Payment Letter Mail Date: NIA       Conditional Payment Notice Amount:         *Current Conditional Payment Amount: \$0.00       Conditional Payment Notice Amount:         *Unrent Conditional Payment Amount: \$0.00       Conditional Payment Notice Mail Date:         *Use: Cases are retrieved daily. This amount is current as of 12/11/2018.       Conditional Payment Notice Response Due Date:         Demand Letter Mail Date:       Conditional Payment Notice Response Due Date:         Demand Letter Mail Date:       Conditional Payment Notice Response Due Date:         Demand Letter Mail Date:       Conditional Payment Notice Response Due Date:         Demand Letter Mail Date:       Conditional Payment Notice Response Due Date:         Demand Amount:       Demand Amount:         View / Request Authorizations       Conditional Payment Amount:         @ Neguest Authorizations       Conditional Payment Amount:         @ Request an electoric conditional payment letter with Current Conditional Payment Amount:       What is this?         @ Request an anied copy of the conditional payment letter:       What is this?		presentation	Proof of Repre	ID: y DOB: 03/28/1946 y Last Name: LONO tion Level: Beneficiary P tion Status: Verified	Medicare Beneficia Beneficia Authoriza Authoriza	2	9 It What is this? So What is t	0183 45090 0000 Liability s; In Developmen ident: 10/10/2010 ate of Incident:	Case ID: 201 Case Type: L Case Status: Date of Incid Industry Date
Rights and Responsibilities Letter Mail Date:         Conditional Payment Letter Mail Date:         "Current Conditional Payment Amount: 50:00         "Current Conditional Payment Amount: 50:00         "Note: Conditional Payment Notice Amount:         "Conditional Payment Notice Mail Date:         "Note: Conditional Payment Notice Response Due Date:         Demand Letter Mail Date:         Demand Letter Mail Date:         Demand Amount:								t Information	Payment in
Conditional Payment Letter Mail Date: NA Conditional Payment Notice Amount:  Current Conditional Payment Amount: 50:00 Conditional Payment Notice Mail Date:  Note: Claims are retrieved daily. This amount is current as of 12/11/2018.  Demand Letter Mail Date: Demand Amount:  Please select an action from the following list, if the option is disabled it may not be available for the case at this ti  View / Request Authorizations  Request an update to the conditional payment letter with Current Conditional Payment Amount.  Request an electronic conditional payment letter with Current Conditional Payment Amount.  Request an electronic conditional payment letter.  Request a mailed copy of the conditional payment letter.  What is this?  Request a mailed copy of the conditional payment letter.  What is this?							Letter Mail Date	Responsibilities	Rights and R
Please select an action from the following list, if the option is disabled it may not be available for the case at this ti  View / Request Authorizations  Request an update to the conditional payment amount. What is this?  Request an electronic conditional payment letter with Current Conditional Payment Amount. What is this?  Request a mailed copy of the conditional payment letter. What is this?		• Date:	ount: I Date: ponse Due Da	al Payment Notice Amo al Payment Notice Mail I al Payment Notice Resp	Condition Condition Condition	rae of 12110018.	Mail Date: NA ent Amount: \$0.0 This amount is ou	I Payment Letter onditional Payme s are retrieved daily	Conditional I *Current Con *Note: Claims (
Please select an action from the following list, if the option is disabled it may not be available for the case at this ti  View / Request Authorizations  Request an update to the conditional payment amount. What is this?  Request an electronic conditional payment letter with Current Conditional Payment Amount. What is this?  Request a mailed copy of the conditional payment letter. What is this?								mount:	Demand Ame
View / Request Authorizations     Request an update to the conditional payment amount. What is this?     Request an electronic conditional payment letter with Current Conditional Payment Amount. What is this?     Request a mailed copy of the conditional payment letter. What is this?	me:	or the case at this tir	ailable for th	led it may not be ava	ption is disab	lowing list, if the o	tion from the	se select an ac	Please
Request an update to the conditional payment amount. What is this?     Request an electronic conditional payment letter with Current Conditional Payment Amount. What is this?     Request a mailed copy of the conditional payment letter. What is this?							ations	Request Authoriz	©View / Re
Request an electronic conditional payment letter with Current Conditional Payment Amount What is this?     Request a mailed copy of the conditional payment letter What is this?					?	amount What is this	conditional paym	st an update to the	C Request
Request a mailed copy of the conditional payment letter What is this?				ount What is this?	ional Payment Ar	ler with Current Condi	ndtional payment	st an electronic co	@ Request
					is?	nent letter What is th	f the conditional p	st a mailed copy o	C Request
C Begin Final Conditional Payment Process and Provide 120 Days' Notice of Anticipated Settlement What is this?			is?	Settlement What is this	tice of Anticipate	Provide 120 Days' No	ayment Process	Final Conditional P	C Begin Fin
View / Dispute Claims Listing What is this?							ting What is thi	Dispute Claims Lis	

The user can continue to view or make requests on their case or they can select Cancel to return to the Welcome Page.



#### Welcome Page

Home	About This Site	CMS Links	How To	Reference Materials	Contact Us	Logoff
Welcome!					Quick Help	
Account: 31295	MFA PLOG UPDATE TEST	r			Help About This	Page
The Medicare Seco information to assis	ondary Payer Recovery Porta it in resolving Medicare's rec	al provides a quick and e overy claim.	flicient way to request	case information and provide		
With the use of this	portal, you may submit a va	lid authorization, reques	t an update to the con	ditional payment amount,	Account Sett	ings
submit settlement in You may view the a	nformation and dispute claim account activity by clicking th	is. ie appropriate link under	the Account Settings.		Update Account Designee Mainte View Account Ac	Information mance tivity
To request information to the second se	tion regarding a case you ha	ive not already associate	d to your account, clic	k the Request Case Access		
To see cases that y	you have previously associat	ed to your account, click	the Case Listing link	selow.		
To submit a case, o	lick the Report A Case link t	below.				
Note: You will not t	be able to use the links below	w until your Profile Repor	rt has been returned.			
Request Case Acce	ess					
Case Listing						
Report A Case						
		Privacy Po	licy   User Agreemer	t   Adobe Acrobat		



### **Case Submission Information**

#### MSPRP users should to be aware that:

- The Conditional Payment Letter (CPL) will automatically be mailed to the beneficiary and all authorized parties after the claim's retrieval process has completed. This letter provides information on items or services that Medicare paid conditionally which have been identified as being related to the submitted case.
- To ensure receipt of this letter, authorization must be on file for all parties except the beneficiary. Click Provide Authorization to submit this information.
- If a settlement has been reached for the submitted case, a Conditional Payment Notice (CPN) will be mailed instead of the CPL if settlement information is provided at this time.
- To upload settlement information, authorization must be on file for all parties except the beneficiary.



# Self-Reporting as a Beneficiary



# MSPRP Report A Case Link (2)

Home	About This Site	CMS Links	How To	Reference Materials	Contact Us	Logoff
Welcome!					Quick	Help
Account: 31295	MFA PLOG UPDATE TEST	r			Help Abo	out This Page
The Medicare Seco nformation to assis	ndary Payer Recovery Ports t in resolving Medicare's rec	al provides a quick and e overy claim.	efficient way to reques	case information and provide		
With the use of this submit settlement in	portal, you may submit a va nformation and dispute claim	ilid authorization, reques	an update to the con	ditional payment amount,	Accourt Update /	Account Information
You may view the a	account activity by clicking th	e appropriate link under	the Account Settings.		Designer View Acc	e Maintenance count Activity
To request informat ink below.	tion regarding a case you ha	ive not already associate	ed to your account, clic	k the Request Case Access		
To see cases that y	ou have previously associat	led to your account, click	the Case Listing link	below.		The MSPRP user
Note: You will not b	be able to use the links below	v until your Profile Repo	rt has been returned.			will click the
Request Case Acce	155					Report A Case
Case Listing						case submission
Report A Case						process.
					L.	
		Privacy Po	blicy   User Agreemer	t   Adobe Acrobat		
18/2018						



#### MSPRP Case Creation (Beneficiary)

Home	About This Site	CMS Links	How To	Reference Materials	Contact Us	Sign of
Case Crea	tion				Quick Help	
Enter data related to that the data meets t letter will be generate	the accident/incident. Thi he criteria for creating a c ed and mailed.	s information will be valid ase. Once the case is sur	ated to ensure the ca ccessfully submitted, t	e does not already exist and he Rights and Responsibilities	Help About This	Page
Click Continue to pro	ceed. Click Cancel to retu	m to the Welcome page	without submitting the	new case.		
An asterisk(*) indical	es a required field.					
"Beneficiary's Medi	care ID:					
"Beneficiary's Last	Name: Smith					
"Beneficiary's Date	of Birth: 02/15	/ 1940				
Date of Accident In	cident:		MMODICCYY)			
Insurance Type:						
CLiability (including negligence, inapprop but is not limited to, t Malpractice liability in	self-insurance) - coverag riate action, or inaction th he following: Homeowner surance, Uninsured moto	e that protects the policy at results in bodily injury if liability insurance, Auto rist liability insurance, an	holder or self-insured or damage to property mobile kability insurar d Underinsured motor	entity against claims based on . Liability insurance includes, ice, Product liability insurance, ist liability insurance.		
ONo-Fault - insuran accident, regardless insurance policies, H Injury Protection/Med	ce that pays for health ca of who is at fault for causi omeowners' insurance po scal Expense Coverage.	re services resulting from ng the accident. No-fault licies, Commercial insura	injury to an individua insurance may be fou nce plans, Medical P	or damage to property in an nd as part of Automobile syments Coverage/Personal		
Workers* Comper commonwealths, ten for work-related injur funded by such empi a work-related injury on the job. Most emp	esation - law or plan mea itories and possessions o les and/or illnesses. The t oyer directly or indirectly o or illness. Workers' comp koyees are covered under	ns a law or program adm (the United States) or the erm includes a similar co through an insurer, to pro ensation is a law or plan t workers' Compensation	nistered by a state (d c United States to pro mpensation plan esta vide compensation to hat compensates em plans.	efined to include vide compensation to workers blished by an employer that is a worker of such employer for ployees who get sick or injured		
Continue 👂	Cancel					
Developer Note: Clic	k here to continue in cas	e there is an existing cas	for the information p	rovided in this page.		



# **MSPRP** Case Creation

*Beneficiary's Medicare ID:		
*Beneficiary's Last Name:	Smith	
*Beneficiary's Date of Birth:	02 / 15 / 1940	
*Date of Accident/Incident:		•From the o

"Insurance Type:

OLiability (including self-insurance) - coverage that protects the policyholder or self-insured entity against claims bat negligence, inappropriate action, or inaction that results in bodily injury or damage to property. Liability insurance inclubut is not limited to, the following: Homeowners' liability insurance, Automobile liability insurance, Product liability insu Malpractice liability insurance, Uninsured motorist liability insurance, and Underinsured motorist liability insurance.

ONo-Fault - insurance that pays for health care services resulting from injury to an individual or damage to property i accident, regardless of who is at fault for causing the accident. No-fault insurance may be found as part of: Automobil insurance policies, Homeowners' insurance policies, Commercial insurance plans, Medical Payments Coverage/Pers/ Injury Protection/Medical Expense Coverage.

OWorkers' Compensation - law or plan means a law or program administered by a state (defined to include commonwealths, territories and possessions of the United States) or the United States to provide compensation to we for work-related injuries and/or illnesses. The term includes a similar compensation plan established by an employer t funded by such employer directly or indirectly through an insurer, to provide compensation to a worker of such employ a work-related injury or illness. Workers' compensation is a law or plan that compensates employees who get sick or i on the job. Most employees are covered under workers' Compensation plans.

•From the case creation page, the date related to the accident/incident field should be entered.

•This information will be validated to ensure the case does not already exist and that the data meets the criteria for creating a case.

•Once the case is successfully submitted, the Rights and Responsibilities letter will be generated and mailed.



# MSPRP Case Found (2)

Case Found Beneficiary Medicare ID: *****6789	Beneficiary Last Name:	Print this page	Quick Help Help About This Page	<ul> <li>If the case entered is located in the system, the Case Found page will appear with the cases associated to your account.</li> </ul>
The case you reported already exists in the system. Clic case. Click Continue to return to the Welcome Page. Case ID 201117409000150 201117409000151 201117409000153 Continue	ck the Case ID to access the Case Informat	ion page for the selected		<ul> <li>The Case ID links displayed on the Case Found page shall redirect the user to the existing Case Information where they will be able to access and manage the existing case based on their level of authority.</li> </ul>

Case	Creation Cont	nued					Outet Hele - Hele Atr
Cu30 C	outon cont	nuou				Print this	page QUICK Help : Help Abo
Beneficiary M Date of Accid	Medicare ID:	Ben	eficiary Last rance Type:	Name:	No-fault Auto	Beneficiary Date	e of Birth:
DY Core C	The second se	DY Code (	and a				
DX Code S	search   Injury Catego	ry DX Code s	search	0.00	0.00		
	and the second states and the second se		DX Ind:	UICD-9	UCD-10	Add DX Code	Total Codes Selecter

Privacy Policy | User Agreement | Adobe Acrobat

12/18/2018



#### MSPRP Case Creation Continued (5)





#### Case Submission Confirmation (5)

About This Site     CMS Links     How To     Reference Materials     Contact Us       Case Submission Confirmation	Quick Help Help About This Page
Case ID:       20117409000150       Beneficiary Medicare ID:       ****6789         Beneficiary Last Name:       Do:         You have successfully submitted the case. The Conditional Payment Letter (CPL) will automatically be mailed to the beneficiary and all authorized parties after the claims retrieval process has completed. This letter provides information on items or services that Medicare paid conditionally which have been identified as being related to the submitted case. To ensure receipt of this letter, authorization must be on file for all parties except the beneficiary. Click Provide Authorization to submit this information now.         Beow text is only visible for beneficiary or for users who are identified themselves as Beneficiary representative on Report Case page.         If a settlement has been reached for the submitted case, a Conditional Payment Notice (CPN) will be mailed instead of the CPL if settlement information is provided at this time. Like the CPL, the CPN provides conditional payment information but, also advises on what actions must be on file for all parties except the beneficiary. Click Provide Authorization to submit this information, authorization must be on file for all parties except the beneficiary. Click Provide Authorization to submit this information is provided at this time. Like the CPL, the CPN provides conditional payment information but, also advises on what actions must be on file for all parties except the beneficiary. Click Provide Authorization to submit this information now. Once submitted, settlement information can be provided from the Case Information page.         Click Continue to return to the Welcome page. Click the Case ID link to access the Case Information page.	• The Case ID will be hyperlinked to take the user directly to the Case Information page or they can click the Continue button to return to the Welcome! page.



### Case Listing Page (Beneficiary)

Home About This Site CMIS Links How To	Reference Materials	Contact Us	Sign off	
Case Listing		Quick Help		
elow is a listing of the cases for which you have previously requested information.	Print this page	Help About This	Page	
o view case detail information, click the case number. To manage Designee access to the case, o ccess link. To perform a search, enter any search criteria and click the Search button.	click on the Manage			
you are approaching settlement on a case that is not yet available on the MSPRP and you wish to onditional Payment process, contact the Benefits Coordination & Recovery Center (BCRC):	o initiate the Final			
By phone : (855) 798-2627				
By mail: NGHP				
PO Box 138832	Home About	The Sile CME La	es How To., Reference	Malerials Contact Un Linguit
Oklahoma City, OK 73113	Welcome!			Quick Help
ase ID:	Account: 31295 MFA.PLOG	UPDATE TEST		Help About This Page
	The Medicare Secondary Payer	Recovery Portal provides a g	uick and efficient way to request case information	and provide
earch	With the use of this nortal, unum	sectored a valid authoritation	n request an uniate to the conditional neumani	Account Settings
	submit settlement information an	d dispute claims.	er, regene ar spene is en conserva papene.	Lodate Account Information
he Case Listing is sorted by Case ID in ascending order. Selecting Cancel will return to the Horr	You may view the account activity	ty by clicking the appropriate	ink under the Account Settings.	Designee Maintenance View Account Activity
Case IDs denoted with an asterisk were reported via the Case Submission process on the MSPI	To request information regarding link below	a case you have not arready	associated to your account, click the Request C	ase Access
3686	To see cases that you have pre-	lovely associated to your acc	ount, click the Case Listing Ink below.	
	To submit a case, click the Repo	rt A Case Ink below.		
Case ID	Note: You will not be able to use	the lims below until your Pro	the Report has been returned.	
201117409000150*	Request Case Access			
201117409000151	Case Listing			
201117409000152	Happort A Casa			
201117409000153				
Cancel 1			Trues Palicy   User Agreement   Addre Auto	-

12/18/2018



#### Case Submission Confirmation (6)

About This Site CMS Links How To Reference Materials Contact Us	
Case Submission Confirmation	Quick Help
	Help About This Page
Case ID: 201117409000150 Beneficiary Medicare ID: *****6789	
Beneficiary Last Name: Doe	
You have successfully submitted the case. The Conditional Payment Letter (CPL) will automatically be mailed to the beneficiary and all authorized parties after the claims retrieval process has completed. This letter provides information on items or services that Medicare paid conditionally which have been identified as being related to the submitted case. To ensure receipt of this letter, authorization must be on file for all parties except the beneficiary. Click Provide Authorization t submit this information now. Below text is only visible for beneficiary or for users who are identified themselves as Beneficiary representative on Report Case page.	
If a settlement has been reached for the submitted case, a Conditional Payment Notice (CPN) will be mailed instead of the CPL if settlement information is provided at this time. Like the CPL, the CPN provides conditional payment information but also advises on what actions must be taken within 30 days of its receipt or the demand letter will be issued. To upload settlement information, authorization must be on file for all parties except the beneficiary. Click Provide Authorization to submit this information now. Once submitted, settlement information can be provided from the Case Information page. Click <b>Continue</b> to return to the Welcome page. Click the Case ID link to access the Case Information page.	<ul> <li>The confirmation page will also include a button to take the user directly to the authorization page for the case.</li> </ul>
Continue D Provide Authorization D	



# Multi-Factor Authentication (MFA) Updates

#### Effective January 5, 2019

12/18/2018



# **MFA** Overview

- The current MFA process via EIDM/Symantec is being replaced with an MFA solution provided by OKTA.
- Current MFA users will no longer be able to use their existing tokens. Instead, through OKTA, users will be offered the choice of voice call or SMS (text message) authentication methods.
- Effective January 5th, 2019, to continue to use MFA, current credentialed users will need to select the "Factor Required' link under the Multi Factor Authentication section of the Welcome page and progress through the required steps to set up their new authentication method.



## Multi-Factor Authentication (MFA)

Home	About This Dile	GMC Links	How To	Reference Materials	Contect Us	Logoff	
Account L Click the desired lan You may update yo Account Settings Li Authentication box	List is to access the associated a or personal information or of st. You may also activate for Multi-Factor MSPRP users may accessible to the br and Multi-Factor AL under the Multi-Factor stags. Crice you ha Complete.	account. hange your current pass- clors by clicking the Pact <b>Authentication</b> request access to view eneficiary, individuals ne athentication (MFA) pro- dor Authentication back, to we successfully complete	word by clicking the a for Required link locat ummasked claims data questing this access r ass. The status of you fou will click this link ad this process your s	ppropriate link under the ed in the Multi-Factor a that was previously only sust complete the ID Preofing in required the ID Preofing in required the required talus will be changed to	Quick Help Help About This Account Sett Update Personal Change Passero	Page ings Linformation rd	Factor Required steps must be completed after Jan. 5 <sup>th</sup> , 2019 <u>in order.</u> <u>for</u> a user to see unmasked case information.
by Diperion Credit not be stored on the To use MFA service method of roceiving Call, a landline pho Message (SMS) yo After the Factor reg activated phore nu You will be able to a process, click the N Associated Acce 36645	Sprives (en outside entity) i MSPRP. This process will support security folian to acce- ne or mobile device may be- u must register with a mobili- istration, you then must activity more per factor type. activate the factor after the N loct Step. Get Started link. sount IDs:	district of the second	Voice Call and/or Te ore. Voice Call and/or Te in using your MFA Lo inty token via phone of to receive your secur opin ID. You may only ed to Factor Require	An and your answers will an and your answers will an When registering for Voice rall. To negister for Text ity token via fect message. I have ONE registered or d. To begin the ID Proofing	Next Step: Facto	x Required	If a user does not click the link and complete the step, they will still be able to access their associated account ID's but will only have access to some case information.



Aulti-Fac	tor Authenticati	on (MFA) Cree	dential	Print Bile page	Quick Hel	P
laintena	nce				Help About This	s Page
our current sta	tus in the ID Proofing and Mi	A process is : ID Proof	d			
The Activated and	Registered Factor ID's asso	ciated to your Login ID a	re listed on this page	You must have at least one		
Factor ID in Active	ated status in order to view un	masked claim information	on on the Medicare S	econdary Payer Recovery		
Portal (MSPRP). registered on the	To activate a Factor ID, you m Register Factor page.	ust complete the activation	on processes for the	mobile phone number you		
No Factor IDs Fo	und					
_			1			
Deactivate (	Credential 🔰 🛛 Activ	ate Credential 🔰	Cancel 🔝			
And in case of the local division of the loc						



#### Benefits and Reconverter Multi-Factor Authentication (MFA) (3)

Нате	About This Sile	CMS Links	How To	Reference Materials	Contact Us	Logof
Register N If you are registering Call, a lancline photosocurity token via a device. After the Fa Pending Activation of Maintenance page. An asterisk (*) Indic Last Name: First Name: *Factor Type:	Aulti-Factor Au a Factor, please select the ne or a mobile device may b text message, you must rep ctor Type and applicable ph or Active Factor per Factor 1 ates a required field.	Thentication Factor Type you wish to a used to receive the sec ister for factor type Text one number have been e ype. Click Cancel to return SM(S)	(MFA) associate to your Log putity teken via a phon Message (SMS) and in intered, click Continue in to the Mutti-Factor	in ID. If registering for Voice e cell. To receive your enter a number for a Mobile b. You can only have one Authentication (MFA)	Quick Help Help About This	: Page
Continue	Cancel		•	Factor Type • Voice C • SMS (T Messag	Call ext ging)	



Home About This Site	CMS Links	How To	Reference Materials	Contact Us	Lagoti
tivate Factor				Quick Help	
se enter the MFA Security Token you received ( tinue. Click Cancel to return to the Mutti-Factor (Security Token, please click the Resend buttor starisk (*) indicates a required field. A Security Token:	in your registered mobile Authenfication (MFA) Mai i to raceive a new MFA Si Resend	device/phone nu nlenance page. I acunity Token.	nber and then click If you do not receive your	Help About This	Page

- Enter the MFA Security Token received on your registered mobile device/phone number
- If you do not receive your MFA Security Token, click Resend to receive a new one.
- Click Continue

Note: If the Security Token is invalid, check your token and enter a new Security Token. You only have 3 attempts to enter the correct information. On your third failed attempt, you will automatically be locked out of the MSPRP.

#### COB&R Coordination of Multi-Factor Authentication (MFA) (5) Benefits and Recovery





# **Additional Resources**

 Information in this course can be referenced by using the MSPRP User Manual found at the following link: <u>https://www.cob.cms.hhs.gov/MSPRP/</u>

 For assistance with MSPRP registration or technical issues, contact the EDI Department: 1-646-458-6740