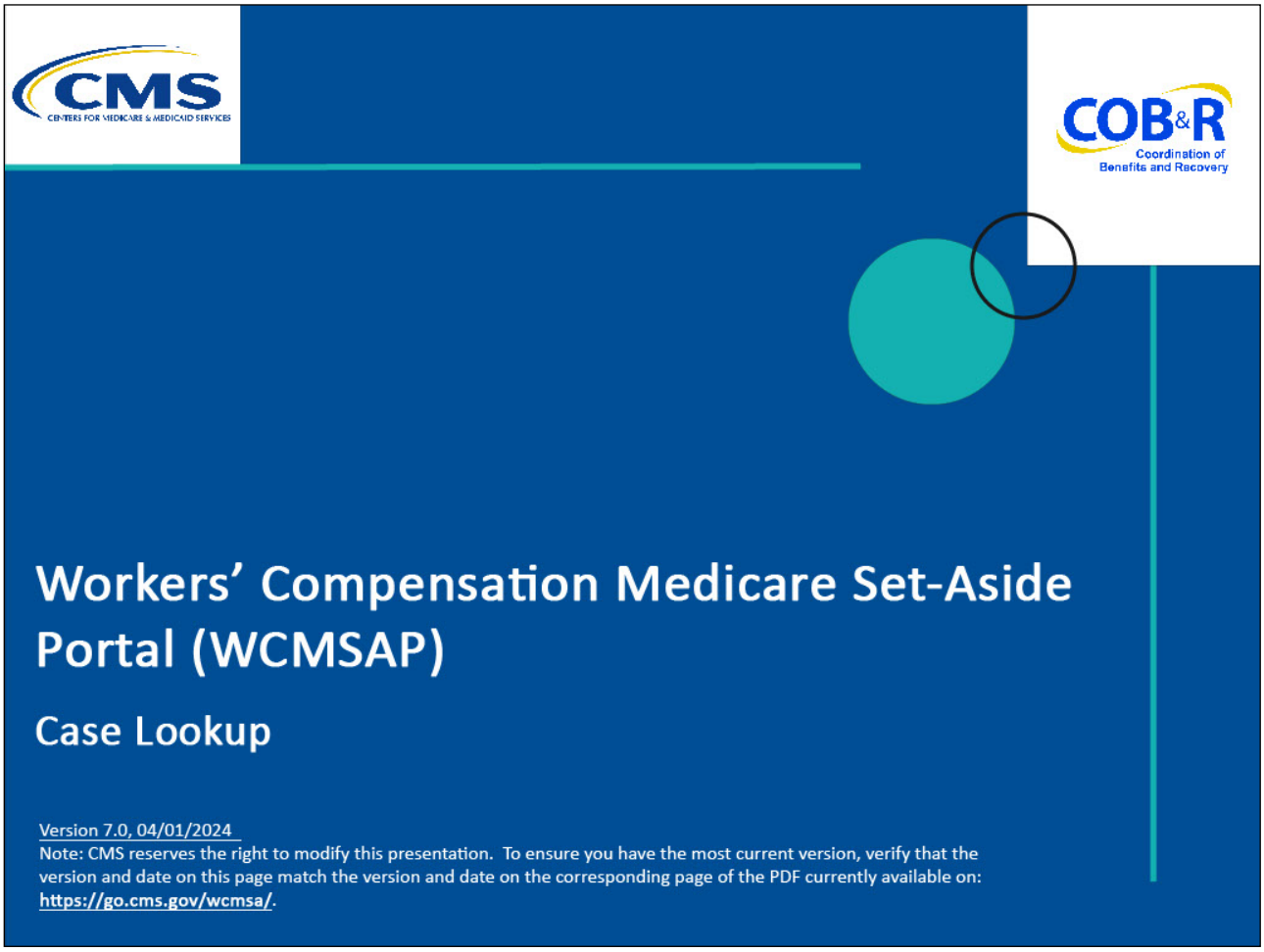
Case Lookup Introduction

Slide 1 of 45 - Case Lookup Introduction



Slide notes

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

Slide 2 of 45 - Disclaimer

Disclaimer

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

Slide notes

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

Slide 3 of 45 - Course Overview

Course Overview

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

- Discuss the WCMSAP Case Lookup Features
  - How to view a WCMSA Case
  - How to view a Work-In Progress (WIP) Case
- Explain how to submit case for re-review
- Describe when and how to resubmit a WCMSA case

Slide notes

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

Discuss the WCMSAP Case Lookup Features,

How to view a WCMSA Case

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

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

Describe when and how to resubmit a WCMSA case.

Slide 4 of 45 - WCMSAP URL - Login Warning Page

Login Warning

Print this page

UNAUTHORIZED ACCESS TO THIS COMPUTER SYSTEM IS PROHIBITED BY LAW

This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this Government system, which includes: (1) this computer network, (2) all computers connected to this network, and (3) all devices and storage media attached to this network or to a computer on this network. This system is provided for Government-authorized use only.

Unauthorized or improper use of this system is prohibited and may result in disciplinary action and/or civil and criminal penalties

Personal use of social media and networking sites on this system is limited as to not interfere with official work duties and is subject to monitoring.

By using this system, you understand and consent to the following:

*You have no reasonable expectation of privacy regarding any communication or data transiting or stored on this system.

*The Government may monitor, record, and audit your system usage, including usage of personal devices and email systems for official duties or to conduct HHS business. Therefore, you have no reasonable expectation of privacy regarding any communication or data transiting or stored on this system. At any time, and for any lawful Government purpose, the Government may monitor, intercept, and search and seize any communication or data transiting or stored on this system.

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

http://www.cms.hhs.gov/About-CMS/Agency-Information/Aboutwebsite/Security-Protocols.html

Privacy Act Statement

The collection of this information is authorized by 42 U.S.C. 1395y(b)(5). The information collected will be used to identify and recover past mistaken Medicare primary payments and to prevent Medicare from making mistakes in the future for those Medicare Secondary Payer situations that continue to exist.

Attestation of Information

I have submitted all relevant information obtained and/or have knowledge of regarding this claimant, that was generated at any time on or after the Date of Incident (DOI) for the alleged accident/illness/injury/incident at issue, and has been included as part of this submission of the proposed amount for this WCMSA to the Centers for Medicare & Medicaid Services.

The information provided is complete, truthful, accurate, and meets all requirements set forth to use this process; and, I have read and understand all of the Centers for Medicare & Medicaid Services information at Workers Compensation Agency Services

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

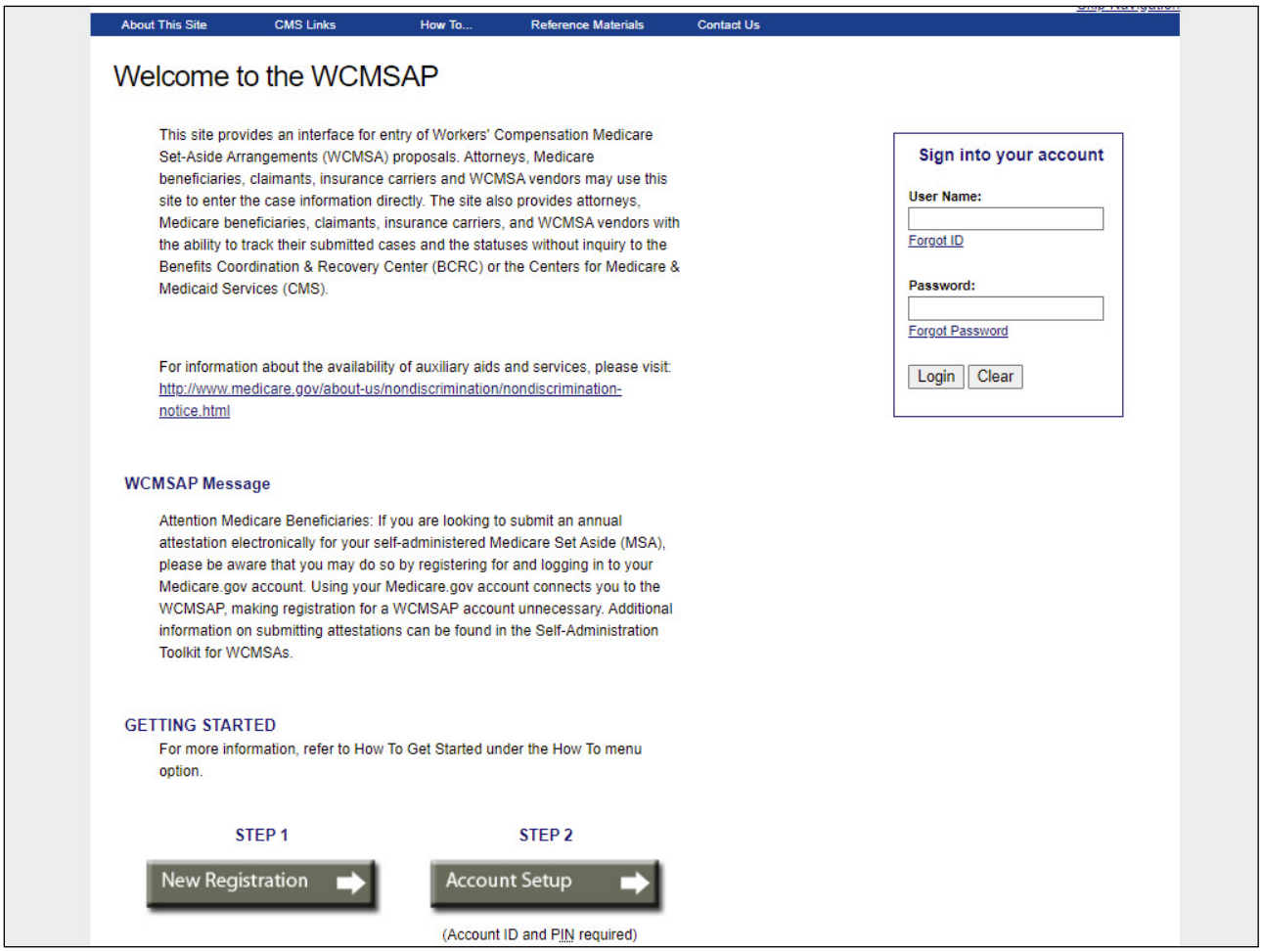
I Accept

Decline

Slide notes

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

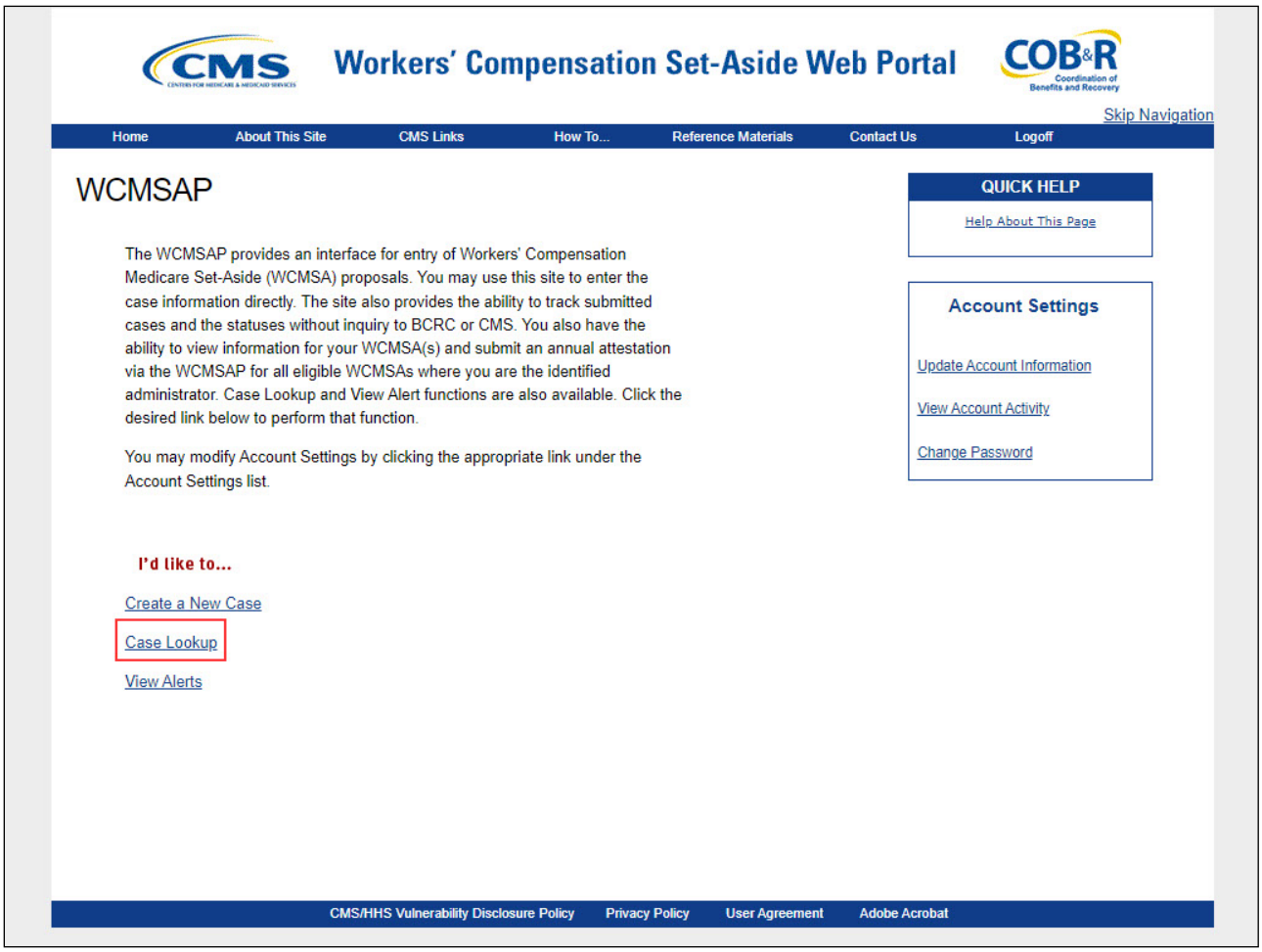
Slide 5 of 45 - Welcome to the WCMSAP Page



Slide notes

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

Slide 6 of 45 - WCMSAP Home Page



Slide notes

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

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

Slide 7 of 45 - WCMSA Case Lookup Page

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Case Lookup

You can access Workers' Compensation Medicare Set-Aside (WCMSA) cases that have been submitted through the Web portal and are associated with your Login ID using various search criteria.

QUICK HELP
Help About This Page

Enter the search criteria in the provided fields and click 'Search.' Selecting 'Cancel' will return you to the Home page.
Helpful Hints:

- WIP cases do not have a Submission Date
- Date Range is limited to a maximum of six months

All Cases (Both submitted and WIP cases)
Submitted Cases Only
WIP Cases Only

Enter one of the following:
Case Control Number:
Medicare ID: OR SSN:

Date Range:
Case Creation Date Range:
From Date: / / To Date: / /
Case Submission Date Range:
From Date: / / To Date: / /

Clear Cancel Search

Slide notes

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

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

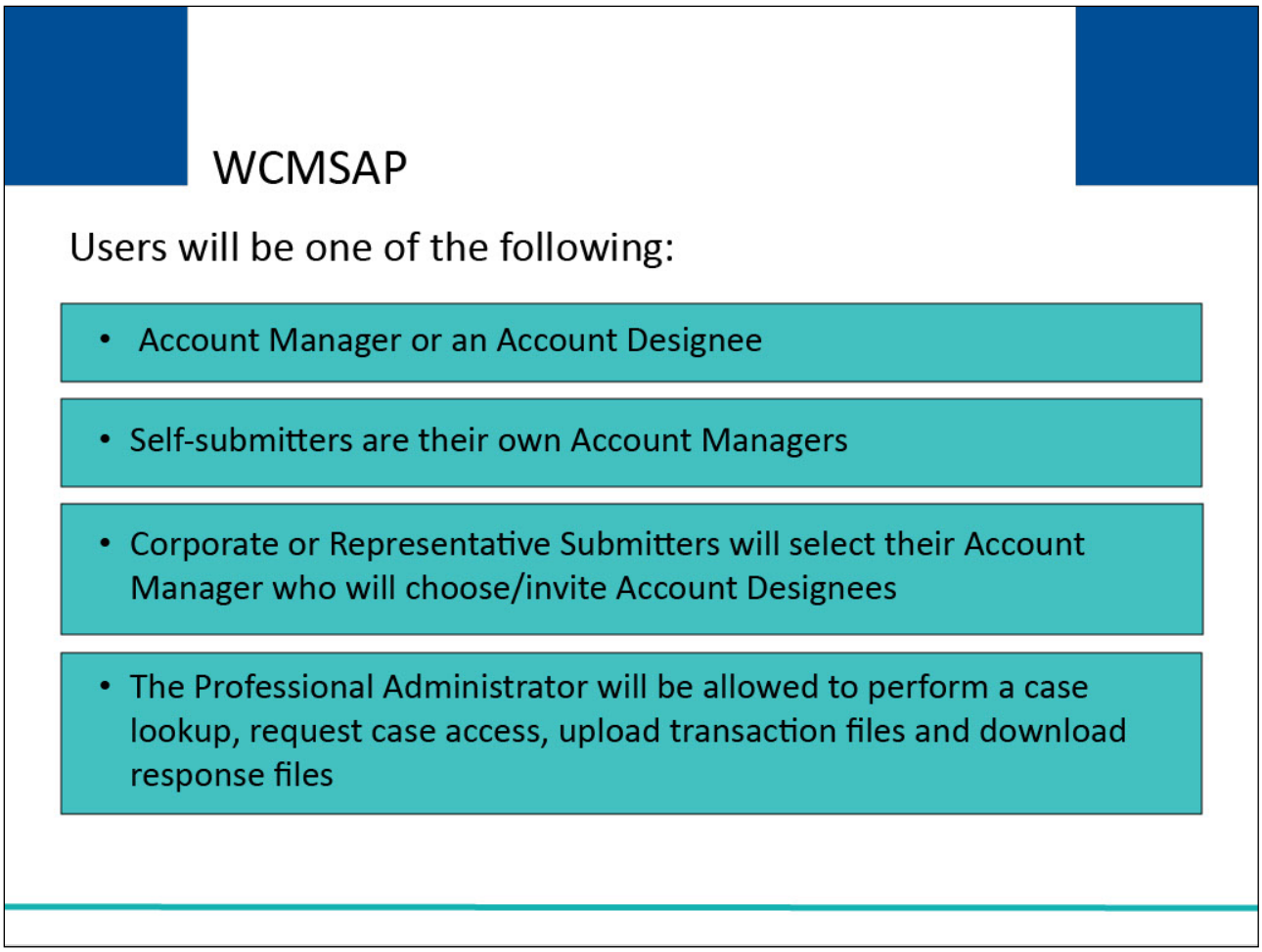
The Web Portal also enables you to search cases by:

Case Control Number,

Medicare ID (Health Insurance Claim Number [HICN] or Medicare Beneficiary Identifier [MBI]), and

Social Security Number (SSN).

Slide 8 of 45 - WCMSAP



Slide notes

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

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

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

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

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

Slide 9 of 45 - Case Lookup Page

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Case Lookup

You can access Workers' Compensation Medicare Set-Aside (WCMSA) cases that have been submitted through the Web portal and are associated with your Login ID using various search criteria.

QUICK HELP
Help About This Page

Enter the search criteria in the provided fields and click 'Search.' Selecting 'Cancel' will return you to the Home page.
Helpful Hints:

- WIP cases do not have a Submission Date
- Date Range is limited to a maximum of six months

All Cases (Both submitted and WIP cases)
Submitted Cases Only
WIP Cases Only

Enter one of the following:
Case Control Number:
Medicare ID: OR SSN:

Date Range:
Case Creation Date Range:
From Date: / / To Date: / /
Case Submission Date Range:
From Date: / / To Date: / /

Clear | Cancel | Search

Slide notes

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

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

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

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

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

Slide 10 of 45 - Case Listing Search Result Table

Skip Navigation

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Case Listing

QUICK HELP

Help About This Page

This page lists all cases entered into the Workers' Compensation Medicare Set-Aside Web Portal that are associated with your Login ID. Click on the Case Number to view the details of the case. Selecting 'Cancel' will return you to the Home page. To delete a case select the Delete function to the left of the Case Number. Submitted cases may not be deleted.

Delete	Case Number	Claimant Name	Date of Injury	Case Status	Case Location	Creation Date	Submission Date	Case Access
	123456	Smith, Jane	2010-01-19	Received	WCRC	2010-02-15	2010-02-23	Manage Access
	798654	Jones, Mary	2009-11-17	Received	WCRC	2009-11-27	2009-12-05	Manage Access
	798655	DANA, ROSE	2009-11-17	COMG	WCRC	2015-11-27	2016-01-05	Manage Access

Slide notes

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

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

Case Number,

Claimant Name,

Date of Injury,

Case Status,

Case Location,

Creation Date,

Submission Date, and

Case Access.

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

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

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

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

RECD (received),

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

CLTR (closeout),

ASGN (assigned),

BUND (beneficiary under threshold),

CLOS (case has been manually closed),

COMP (completed),

DECD (beneficiary has been flagged as deceased),

DENY (case denied, unable to process case),

DEVP (in development),

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

DREC (document received),

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

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

ZERO (zero set-aside), and

APPR (approved).

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

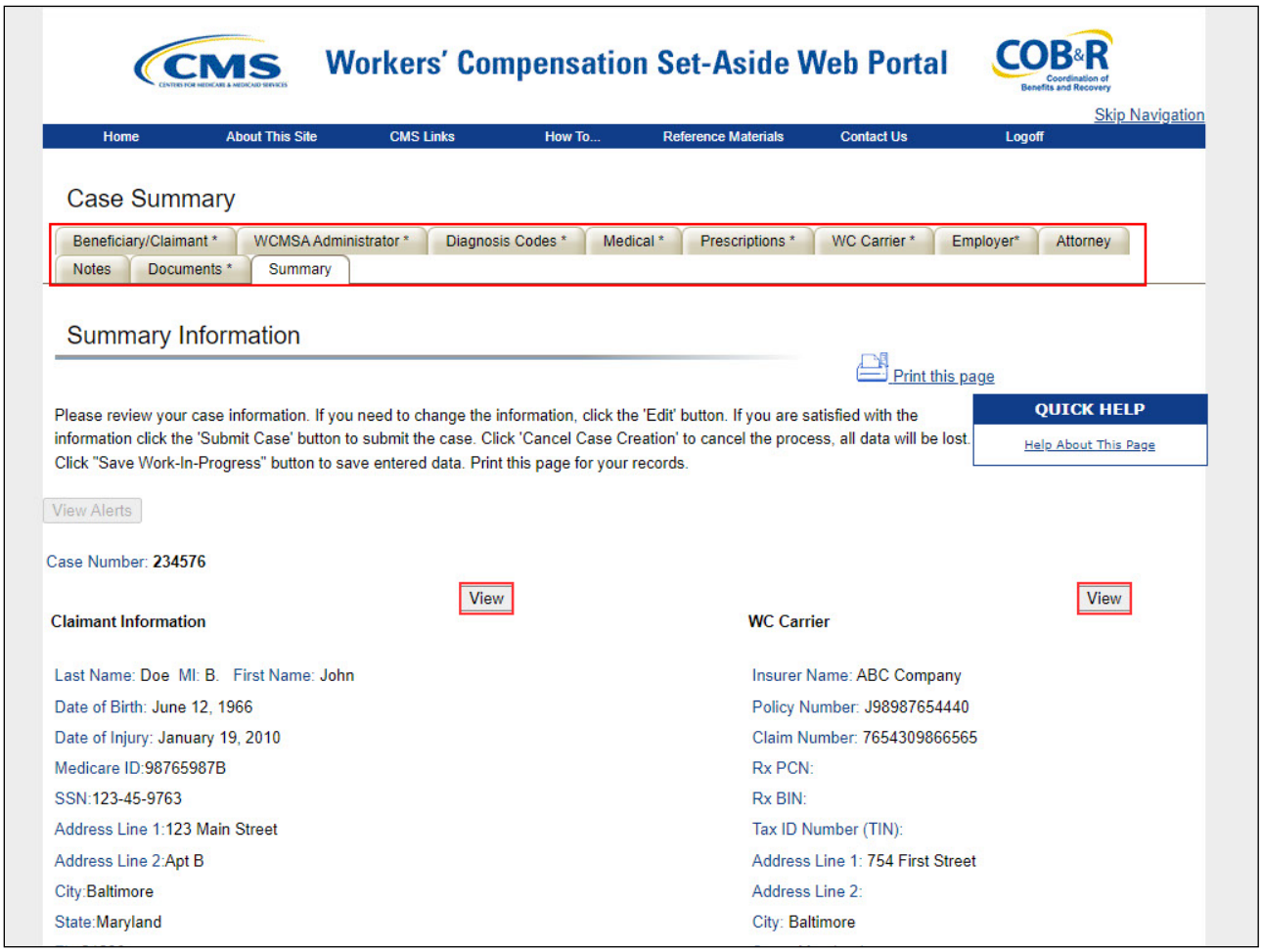
Once the RO has completed their review of the case, the user will receive an email alert notification and they can go to the Alerts listing page and retrieve the approval letter.

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

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

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

Slide 11 of 45 - Case Summary Information Tabs



Slide notes

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

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

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

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

Slide 12 of 45 - Case Information Next Steps

Skip Navigation

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Case Summary

Beneficiary/Claimant * | WCMSA Administrator * | Diagnosis Codes * | Medical * | Prescriptions * | WC Carrier * | Employer* | Attorney | Notes | Documents * | Summary

Summary Information

Print this page

QUICK HELP

Help About This Page

More than 12 months have passed since the date of the last Closeout Letter, a full resubmission is now required and must include all documents submitted on the original case and all documentation for the pas two years (up to present date). Please select the Required Resubmission button to create your new case. Required Resubmission

Please review your case information. Please note that a Consent Form is required prior to case submission. If you need to change the information, click the 'Edit' button. If you are satisfied with the information, click the 'Submit Case' button to submit the case. Click 'Cancel Case Creation' to cancel the process, all data will be lost. Click 'Save Case as Work-In-Process' button to save entered data. Print this page for your records.

If you would like to request a CMS Re-Review of this case, please click the Request Case Re-Review button. Request Case Re-Review

View Alerts

Case Number: **434577** Prior Case Number: 234576 New Case Number:

View

Claimant Information

Last Name: Doe MI: B. First Name: John
Date of Birth: June 12, 1966
Date of Injury: January 19, 2010
Medicare ID:98765987B
SSN:123-45-9763
Address Line 1:123 Main Street
Address Line 2:Apt B
City:Baltimore

View

WC Carrier

Insurer Name: ABC Company
Policy Number: J98987654440
Claim Number: 7654309866565
Rx PCN:
Rx BIN:
Tax ID Number (TIN):
Address Line 1: 754 First Street
Address Line 2:

Slide notes

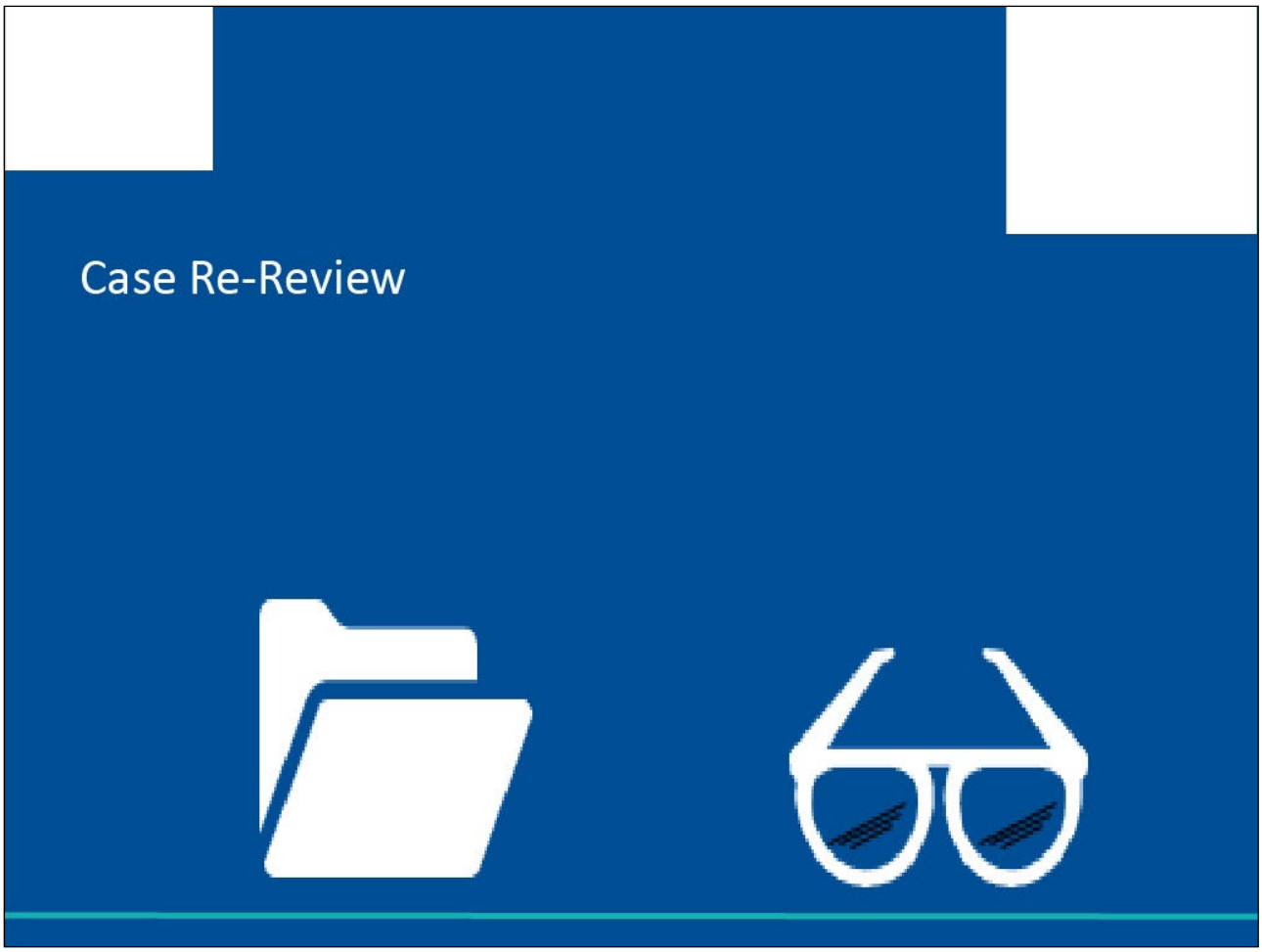
If you disagree with the RO's decision on a WCMSAP submitted case, or if projected care for a case has changed so much that the new proposed settlement amount differs from CMS' approved amount by 10% or $10,000 (whichever is greater), you can submit a re-review request.

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

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

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

Slide 13 of 45 - Case Re-Review



Slide notes

Case Re-Reviews

Slide 14 of 45 - Case Information Next Steps

Skip Navigation

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Case Summary

Beneficiary/Claimant * | WCMSA Administrator * | Diagnosis Codes * | Medical * | Prescriptions * | WC Carrier * | Employer* | Attorney | Notes | Documents * | Summary

Summary Information

Print this page

QUICK HELP

Help About This Page

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If you would like to request a CMS Re-Review of this case, please click the Request Case Re-Review button. Request Case Re-Review

View Alerts

Case Number: **434577** Prior Case Number: 234576 New Case Number:

View

View

Claimant Information

Last Name: Doe MI: B. First Name: John
Date of Birth: June 12, 1966
Date of Injury: January 19, 2010
Medicare ID:98765987B
SSN:123-45-9763
Address Line 1:123 Main Street
Address Line 2:Apt B
City:Baltimore

WC Carrier

Insurer Name: ABC Company
Policy Number: J98987654440
Claim Number: 7654309866565
Rx PCN:
Rx BIN:
Tax ID Number (TIN):
Address Line 1: 754 First Street
Address Line 2:

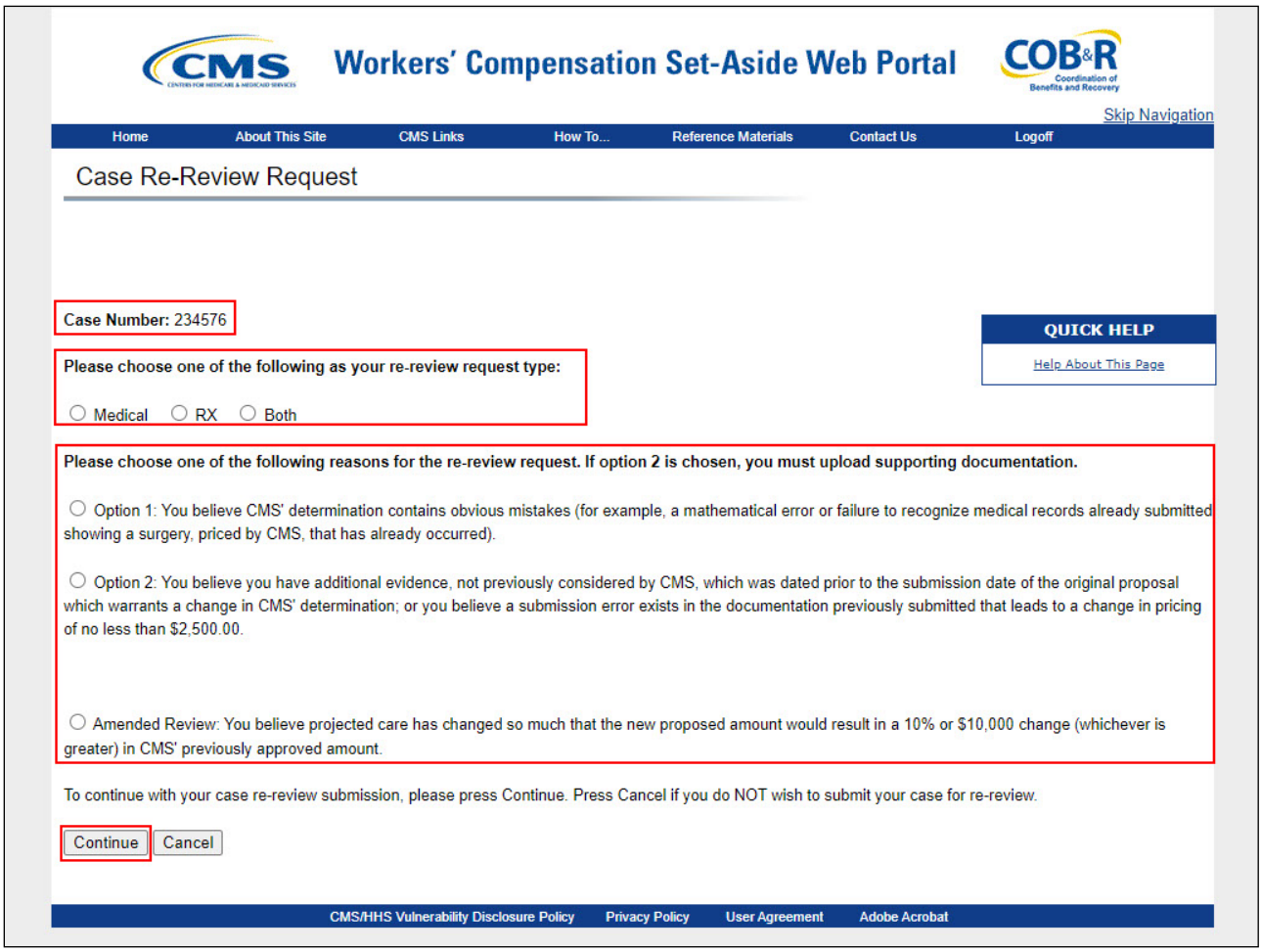
Slide notes

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

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

Select the case request re-review button to continue.

Slide 15 of 45 - Case Re-Review Request Page



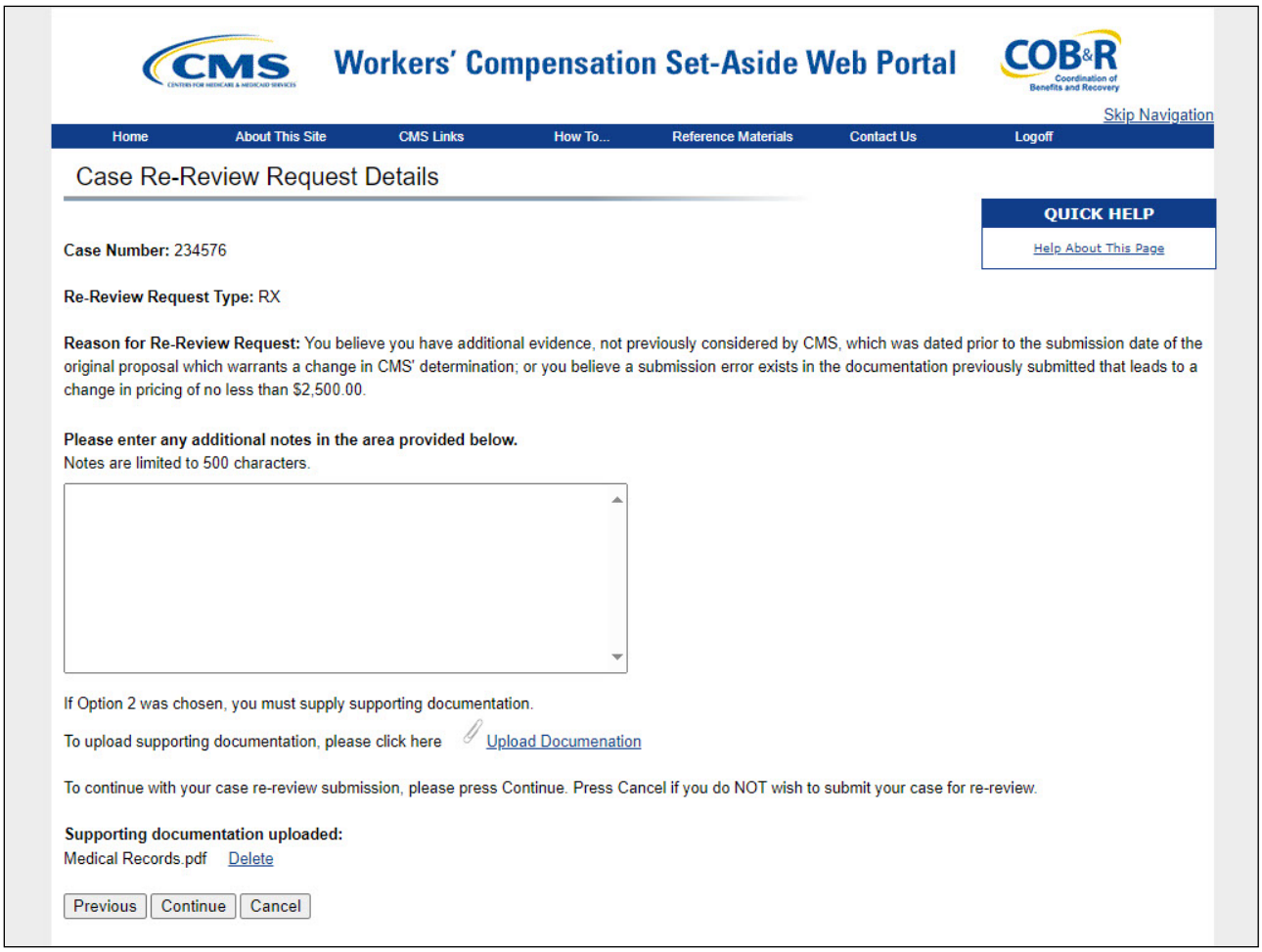
Slide notes

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

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

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

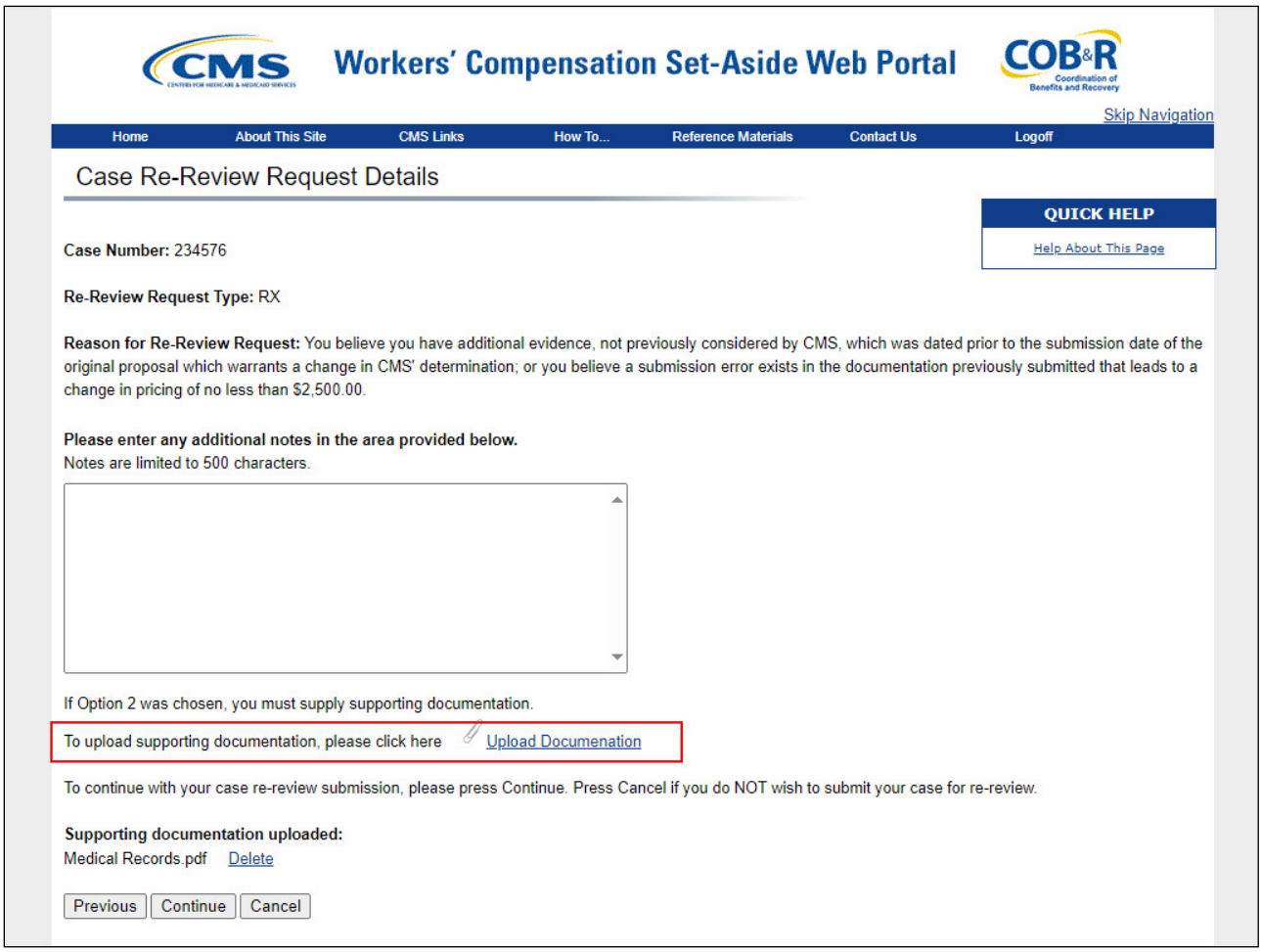
Slide 16 of 45 - Amended Review Case Documents



Slide notes

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

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



Slide notes

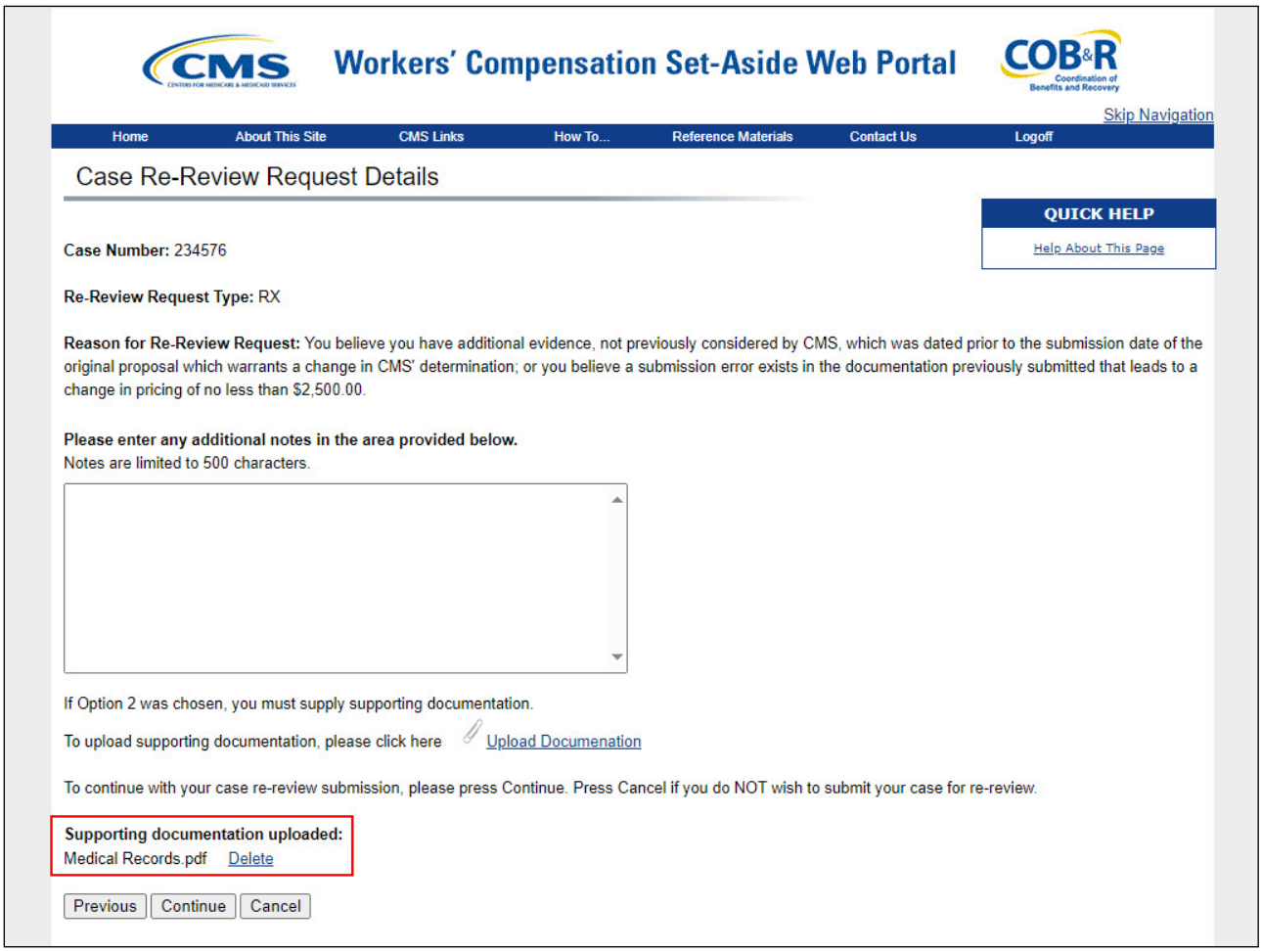
To add a documentation for the Amended Review Request, click the Upload Documentation link Documents must be in PDF file format and cannot exceed 40 MB (megabytes).

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

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

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

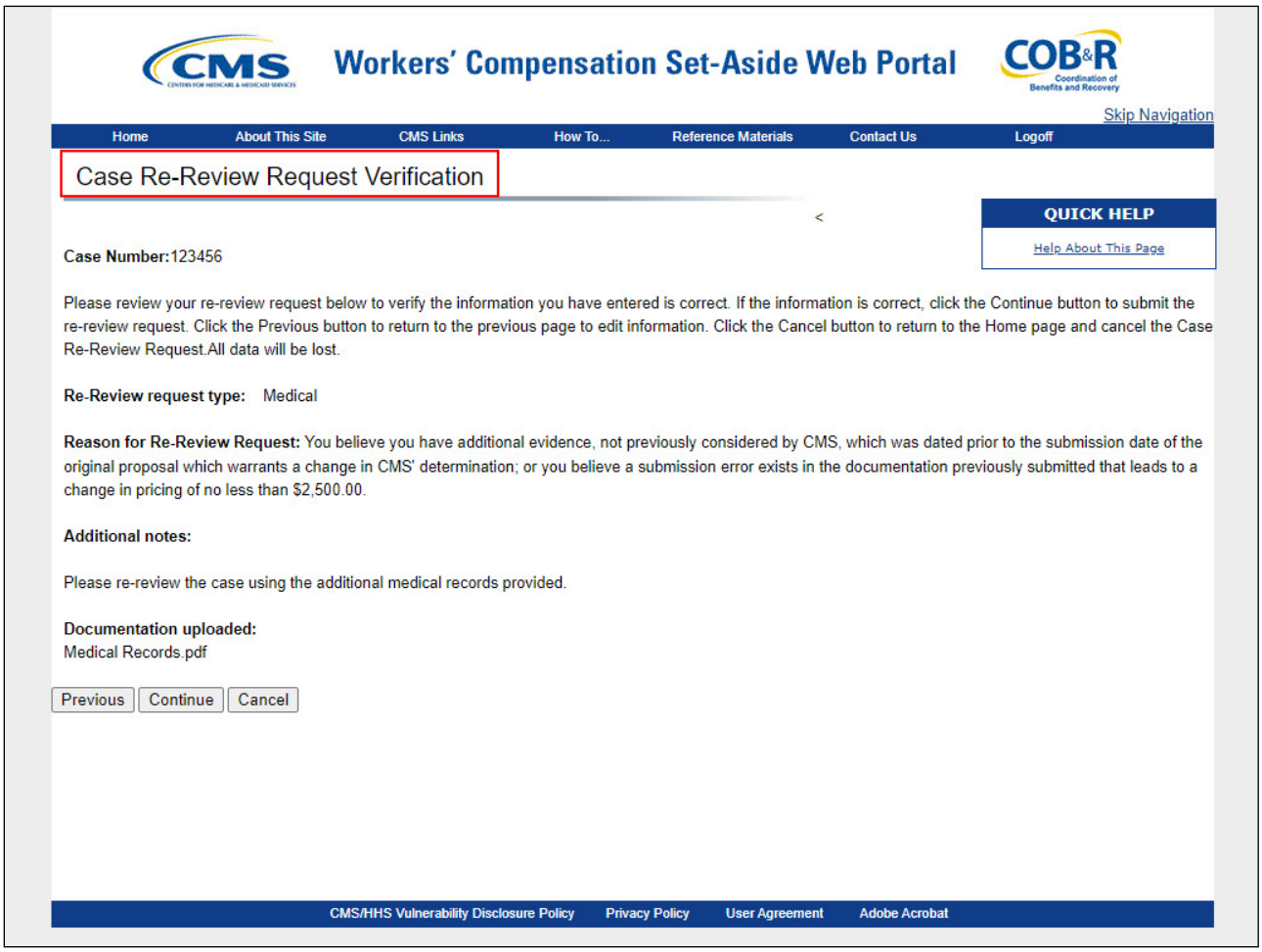
Slide 18 of 45 - Amended Review Case Documents



Slide notes

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

Slide 19 of 45 - Case Re-Review Verification



Slide notes

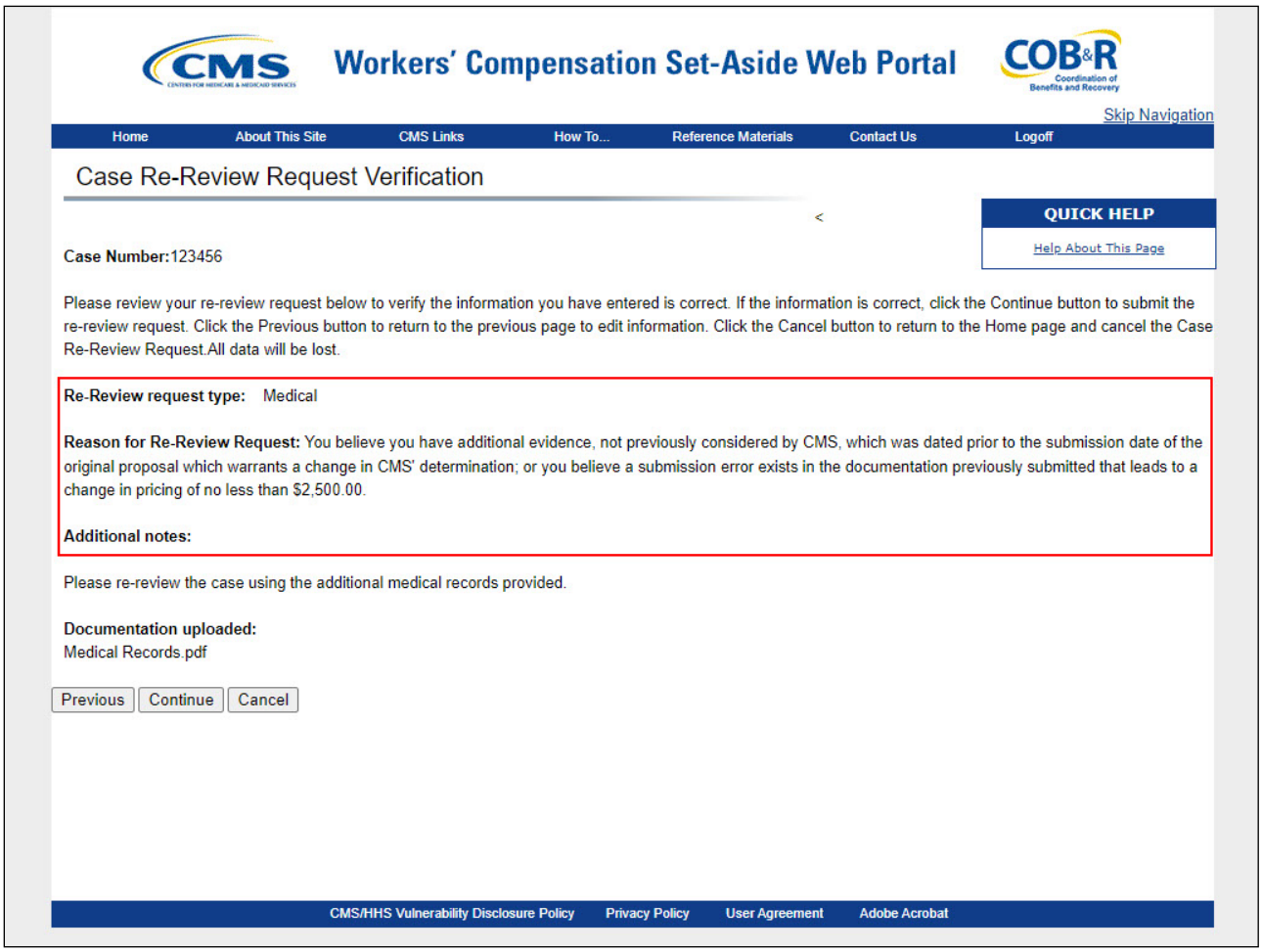
The Case Re-Review Request Verification page appears after Option 1 or Option 2 has been selected.

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

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

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

Slide 20 of 45 - Case Re-Review Verification



Slide notes

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

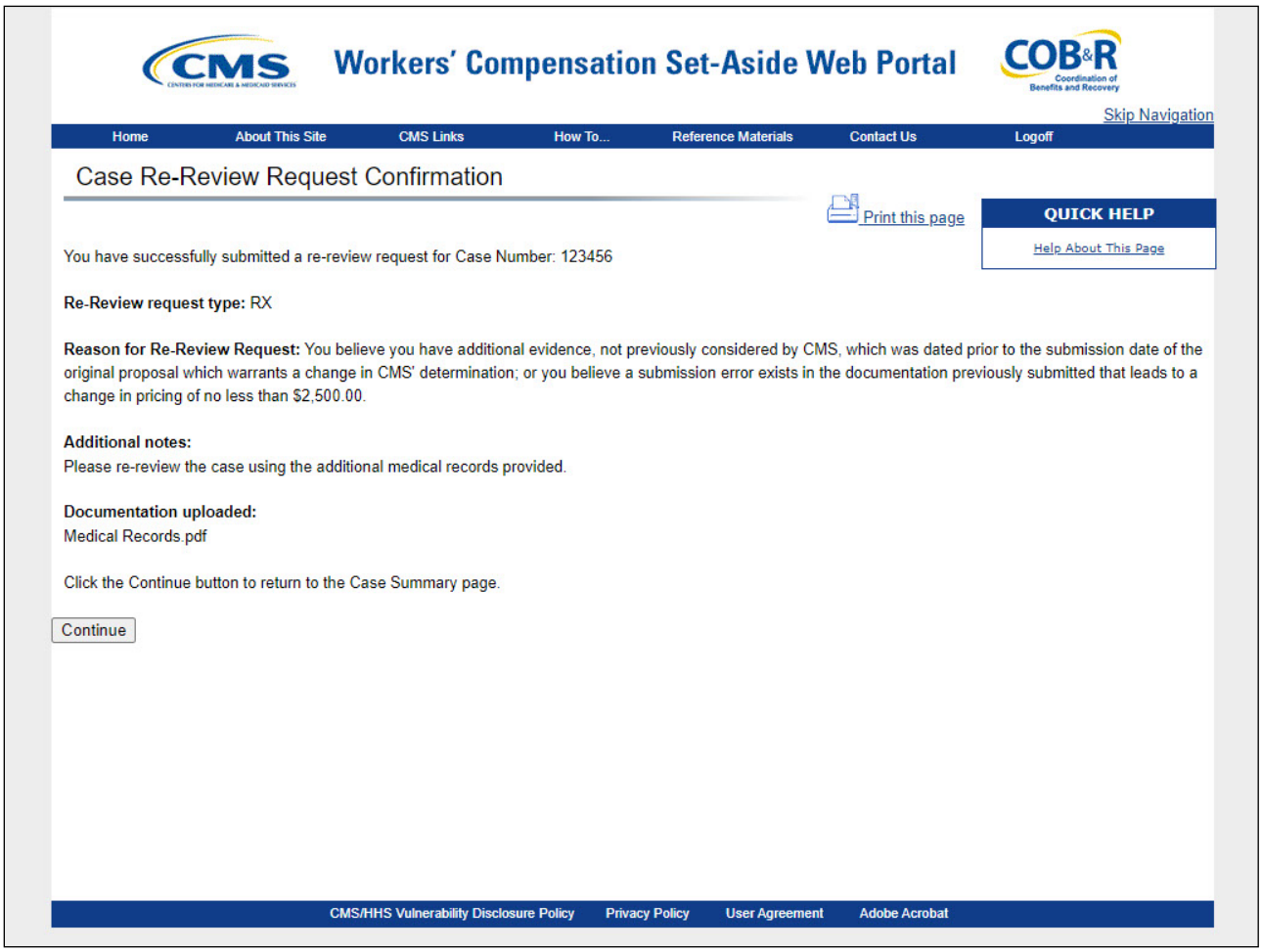
Verify that the information provided is accurate. Click [Previous] to make changes.

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

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

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

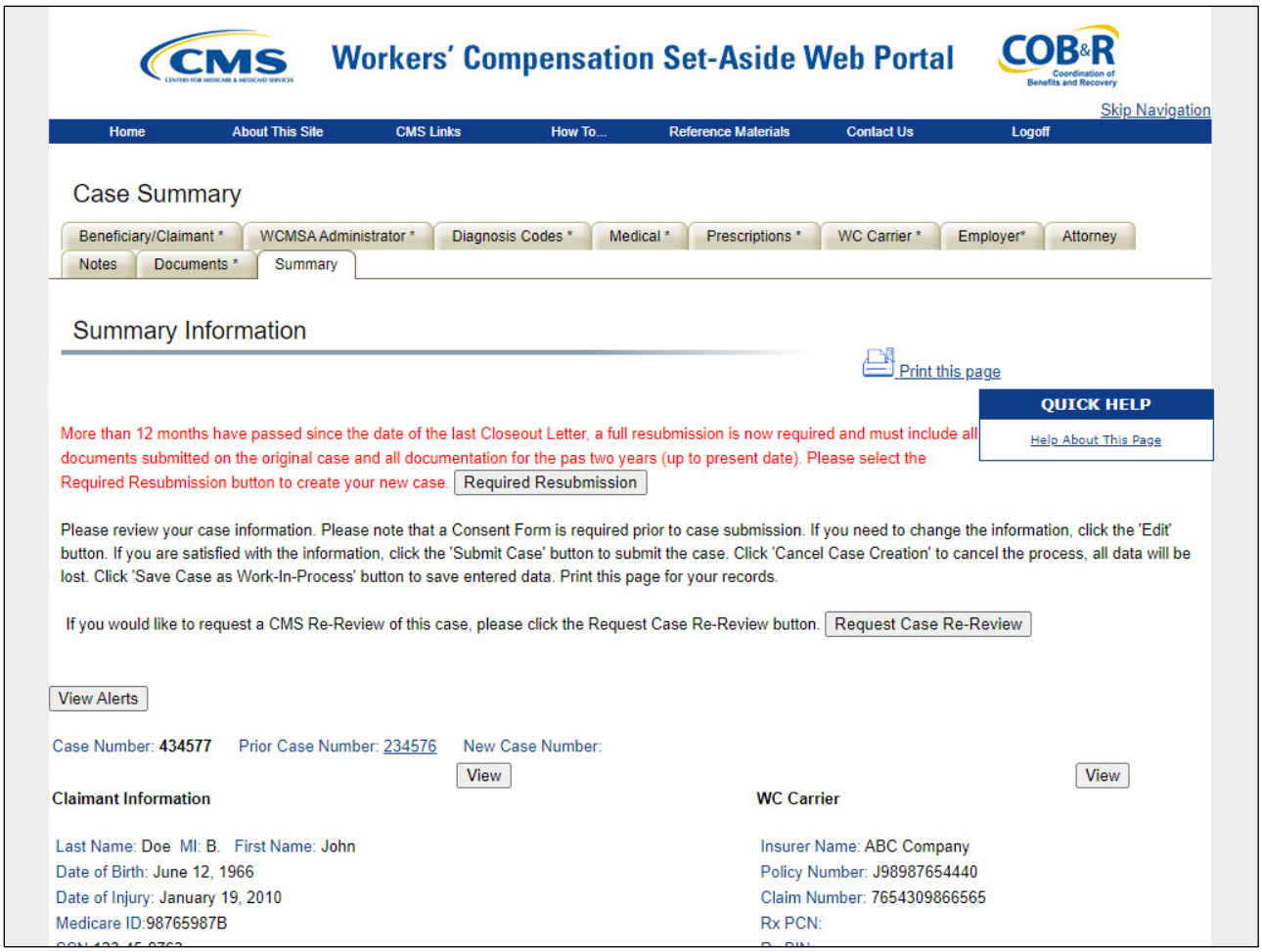
Slide 21 of 45 - Case Re-Review Request Confirmation Page



Slide notes

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

Slide 22 of 45 - Verification Review



Slide notes

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

Slide 23 of 45 - Verification Review

Prescription Drugs View

Is claimant currently taking or expected to take prescription drugs as a result of the injury? **Yes**

Delete	Drug Name	Dosage	NDC	Frequency Per Day	Frequency Per Week	Frequency Per Month	# Years
ACETAMINOPHEN		62991-2690-04		1.0		15	
OXAZEPAM	10 MG	00172-4804-60	3.0			15	

View

Diagnosis Codes

Diag Code:
933
5933

View

Medical

Does the proposed WCMSA for this settlement include any costs associated with a major medical center? **Yes**
Zip Code: 21204
NPI: 1265619498
Facility: Great Baltimore Medical Center

View

Case Notes

2010-02-08 John Smith Attached additional medical forms.
2010-01-10 John Smith Collecting documentation, saving as work in progress case.

View

Case Documents

05 - Submitter Letter or Other Summary Documents *

subLetter.pdf

Slide notes

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

Slide 24 of 45 - Case Submission Confirmation Page

View

Diagnosis Codes

Diag Code:
933
5933

View

Medical

Does the proposed WCMSA for this settlement include any costs associated with a major medical center? **Yes**

Zip Code: 21204

NPI: 1265619498

Facility: Great Baltimore Medical Center

View

Case Notes

2010-02-08	John Smith	Attached additional medical forms.
2010-01-10	John Smith	Collecting documentation, saving as work in progress case.

View

Case Documents

05 - Submitter Letter or Other Summary Documents

10 - Consent Form *

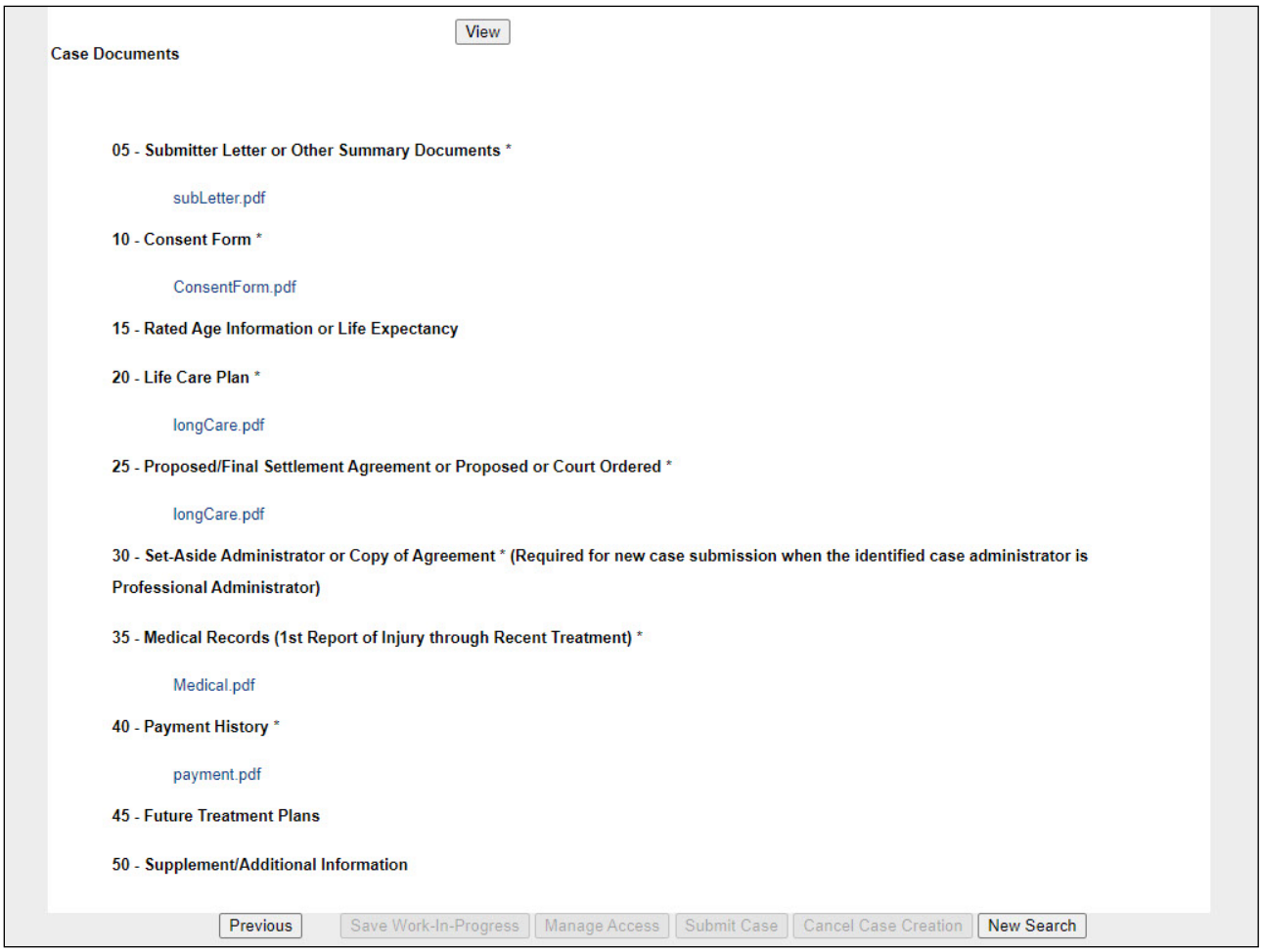
ConsentForm.pdf

15 - Rated Age Information or Life Expectancy

Slide notes

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

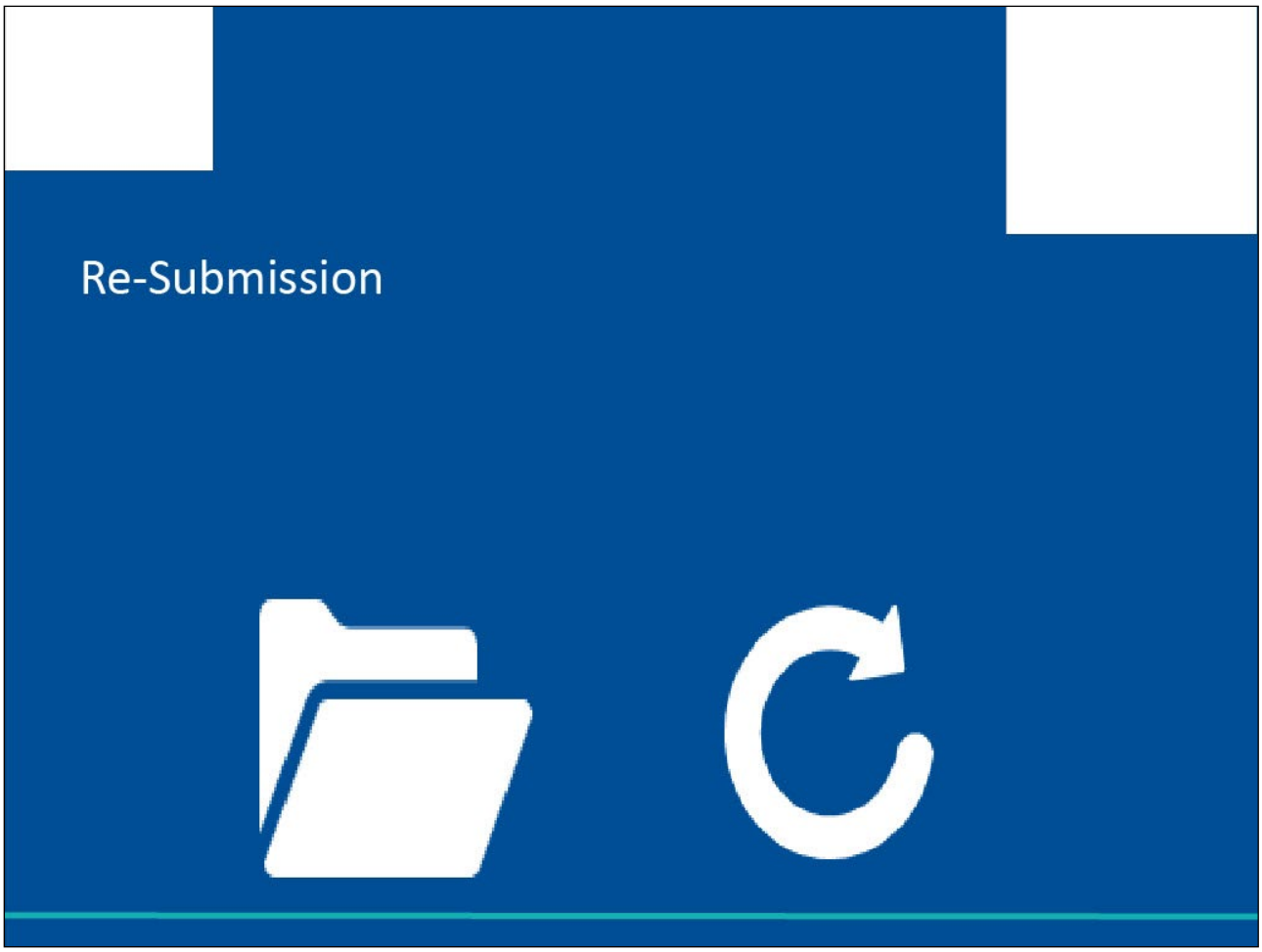
Slide 25 of 45 - Case Submission Confirmation



Slide notes

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

Slide 26 of 45 - Re-Submission



Slide notes

Re-submission of a case.

Slide 27 of 45 - Resubmission

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Case Summary

Beneficiary/Claimant * | WCMSA Administrator * | Diagnosis Codes * | Medical * | Prescriptions * | WC Carrier * | Employer* | Attorney | Notes | Documents * | Summary

Summary Information

Print this page

QUICK HELP

Help About This Page

More than 12 months have passed since the date of the last Closeout Letter, a full resubmission is now required and must include all documents submitted on the original case and all documentation for the pas two years (up to present date). Please select the Required Resubmission button to create your new case. Required Resubmission

Please review your case information. Please note that a Consent Form is required prior to case submission. If you need to change the information, click the 'Edit' button. If you are satisfied with the information, click the 'Submit Case' button to submit the case. Click 'Cancel Case Creation' to cancel the process, all data will be lost. Click 'Save Case as Work-In-Process' button to save entered data. Print this page for your records.

If you would like to request a CMS Re-Review of this case, please click the Request Case Re-Review button. Request Case Re-Review

View Alerts

Case Number: **434577** Prior Case Number: 234576 New Case Number: View

Claimant Information

Last Name: Doe MI: B. First Name: John
Date of Birth: June 12, 1966
Date of Injury: January 19, 2010
Medicare ID:98765987B
SSN:123-45-9763
Address Line 1:123 Main Street
Address Line 2:Apt B
City:Baltimore

WC Carrier View

Insurer Name: ABC Company
Policy Number: J98987654440
Claim Number: 7654309866565
Rx PCN:
Rx BIN:
Tax ID Number (TIN):
Address Line 1: 754 First Street
Address Line 2:

Slide notes

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

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

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New Case Creation

QUICK HELP

Help About This Page

The information requested below will be systematically validated to ensure the Workers' Compensation Medicare Set-Aside (WCMSA) case does not already exist in the Web portal and that the data entered meets the criteria set for new case creation. A new WCMSA case should not be created if the beneficiary is deceased or the proposed settlement amount is under the threshold limits set for a WCMSA case. Note: The Total Settlement Amount field will be rounded to the nearest whole dollar amount.

Once the information is validated, you can continue adding case information, upload corresponding documentation in PDF file format, and if necessary, create a work-in-progress case. A work-in-progress case allows you to enter part of the new case information and save it to the WCMSAP. The information saved will be available when you return to the portal to complete the new case creation process.

To begin the new case creation process, enter the required data and click the 'Continue' button. To cancel the case creation, click the 'Cancel' button to return to the Home page.

An asterisk (*) indicates a required field.

The Beneficiary/Claimant's Social Security Number (SSN) or Medicare ID must be provided. You may not provide both. The Initial Date of Injury CCYY may not be less than 1965.

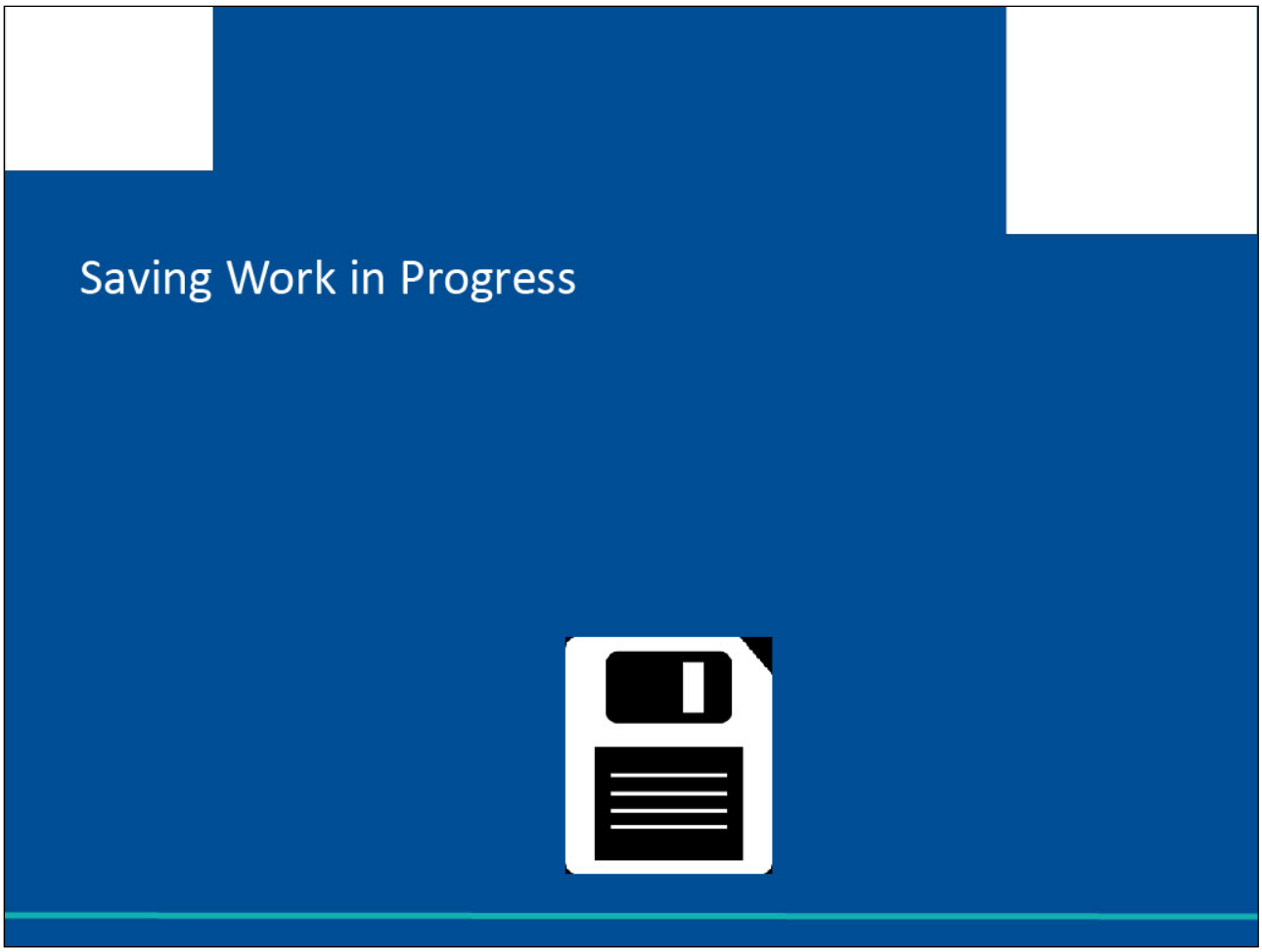
The information below reflects the information provided during initial registration. If this information has changed it may be updated via the "Update Account Information" link on the WCMSAP Home page.

Medicare ID: * OR SSN: * - -
Re-Enter Medicare ID: * OR SSN: * - -
Initial Date of Injury: * / / (MM/DD/CCYY)
Last Name: * First Name: * MI:
Gender: * -Select-
Date of Birth: * / / (MM/DD/CCYY)
Proposed Settlement Amount: * $.

Slide notes

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

Slide 29 of 45 - Saving Work In Progress



Slide notes

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

Slide 30 of 45 - Case Status - WIP

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Case Listing

QUICK HELP

Help About This Page

This page lists all cases entered into the Workers' Compensation Medicare Set-Aside Web Portal that are associated with your Login ID. Click on the Case Number to view the details of the case. Selecting 'Cancel' will return you to the Home page. To delete a case select the Delete function to the left of the Case Number. Submitted cases may not be deleted.

Delete	Case Number	Claimant Name	Date of Injury	Case Status	Case Location	Creation Date	Submission Date	Case Access
	123456	Smith, Jane	2010-01-19	Received	WCRC	2010-02-15	2010-02-23	Manage Access
	798654	Jones, Mary	2009-11-17	Received	WCRC	2009-11-27	2009-12-05	Manage Access
	798655	DANA, ROSE	2009-11-17	COMG	WCRC	2015-11-27	2016-01-05	Manage Access
X	987654	Doe, John	2009-12-15	Work in Progress	Submitter	2010-01-24		Manage Access
	888888	Smith, Jane	2010-01-19	Received	WCRC	2010-02-15	2010-02-23	Manage Access
X	555555	Doe, John	2009-12-15	Work in Progress	Submitter	2010-01-24		Manage Access
	777777	Smith, Jane	2010-01-19	Received	WCRC	2010-02-15	2010-02-23	Manage Access
X	666666	Doe, John	2009-12-15	Work in Progress	Submitter	2010-01-24		Manage Access
	799604	Doe, John	2009-11-17	Approved	WCRC	2009-11-27	2009-12-05	Manage Access
	799604	Doe, John	2009-11-17	Closed	WCRC	2014-11-27	2014-12-05	Manage Access

Slide notes

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

Slide 31 of 45 - Case Summary WIP

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Case Summary

Beneficiary/Claimant * | WCMSA Administrator * | Diagnosis Codes * | Medical * | Prescriptions * | WC Carrier * | Employer* | Attorney | Notes | Documents * | Summary

Summary Information

Print this page

QUICK HELP

Help About This Page

Please review your case information. Please note that a consent form is required prior to case submission. If you need to change the information, click the 'Edit' button. If you are satisfied with the information click the 'Submit Case' button to submit the case. Click 'Cancel Case Creation' to cancel the process, all data will be lost. Click "Save Work-In-Progress" button to save entered data. Print this page for your records.

View Alerts

Case Number: **WC334578**

Edit

Claimant Information

Last Name: Doe MI: B. First Name: John
Date of Birth: June 12, 1966
Date of Injury: January 19, 2010
Medicare ID:98765987B
SSN:123-45-9763
Address Line 1:123 Main Street
Address Line 2:Apt B
City:Baltimore
State:Maryland
Zip:21236
Phone:

Edit

WC Carrier

Insurer Name: ABC Company
Policy Number: J98987654440
Claim Number: 7654309866565
Rx PCN:
Rx BIN:
Tax ID Number (TIN):
Address Line 1: 754 First Street
Address Line 2:
City: Baltimore
State: Maryland
Zip: 21236

Slide notes

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

Slide 32 of 45 - Case Summary WIP

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Case Information

Beneficiary/Claimant * | WCMSA Administrator * | Diagnosis Codes * | Medical * | Prescriptions * | WC Carrier * | Employer* | Attorney | Notes | Documents * | Summary

Beneficiary/Claimant Information

A superscript ([1]) indicates a field required for submission.

QUICK HELP

Help About This Page

Last Name: Doe
First Name: John
MI: A
Beneficiary/Claimant SSN: ***-**-1234
Beneficiary/Claimant Date of Birth: 06/15/1966 (MM/DD/CCYY)
Beneficiary/Claimant Gender: Male
Address Line 1:[1] 123 MAIN STREET
Address Line 2:
City:[1] Windsor Mill
State of Residence:[1] Maryland
Zip Code:[1] 21014 - 1234
Phone:[1] 111-222-3333
State where injury occurred: [1] - Select -
Submitter Type: [1] -Select-

Next | Save Work-In-Progress | Case Summary | Cancel Case Creation

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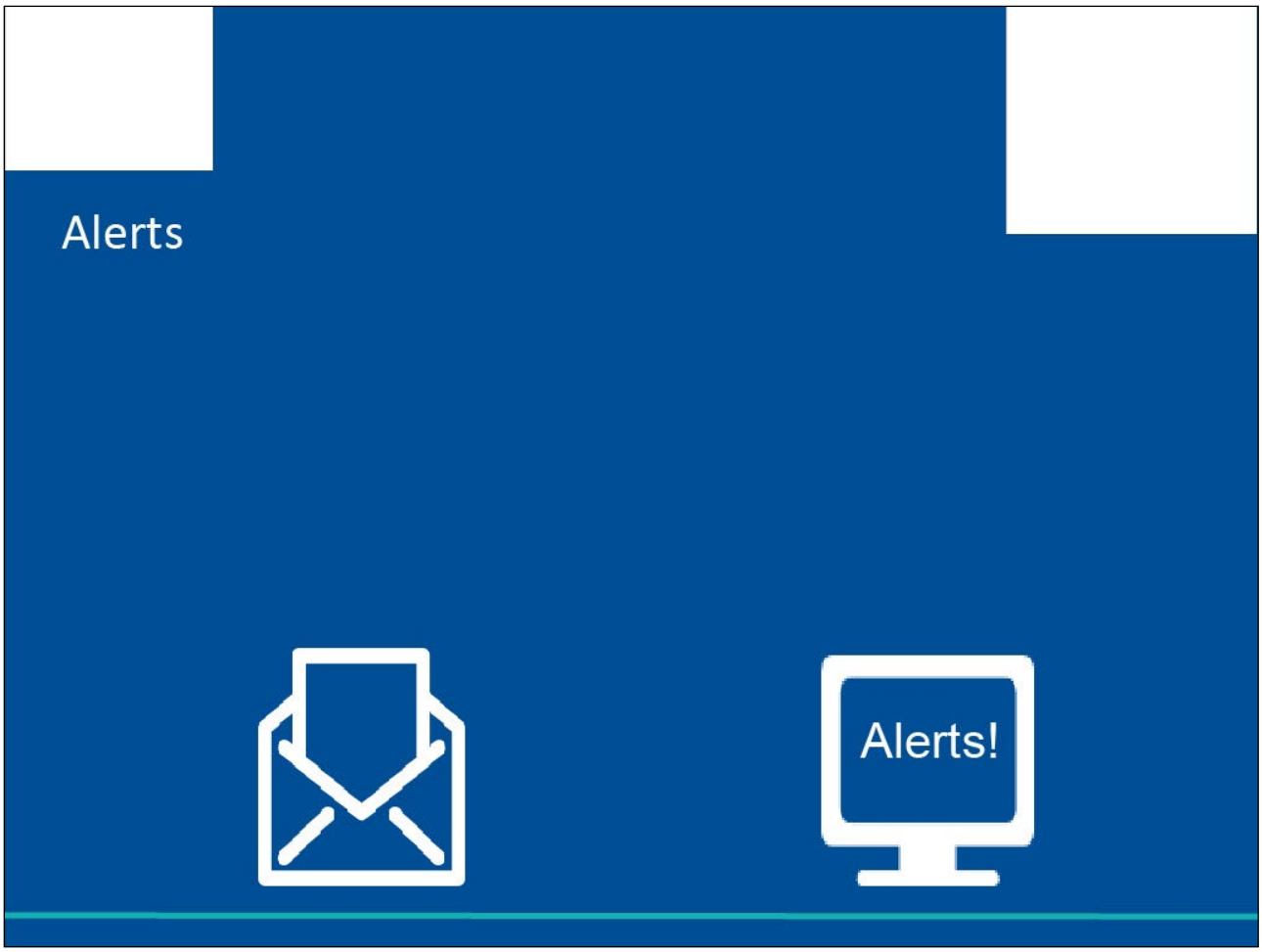
Slide notes

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

Slide 33 of 45 - Alerts



Slide notes

Alerts

Slide 34 of 45 - Accessing Alerts

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Case Summary

Beneficiary/Claimant * | WCMSA Administrator * | Diagnosis Codes * | Medical * | Prescriptions * | WC Carrier * | Employer* | Attorney | Notes | Documents * | Summary

Summary Information

Print this page

QUICK HELP

Help About This Page

More than 12 months have passed since the date of the last Closeout Letter, a full resubmission is now required and must include all documents submitted on the original case and all documentation for the pas two years (up to present date). Please select the Required Resubmission button to create your new case. Required Resubmission

Please review your case information. Please note that a Consent Form is required prior to case submission. If you need to change the information, click the 'Edit' button. If you are satisfied with the information, click the 'Submit Case' button to submit the case. Click 'Cancel Case Creation' to cancel the process, all data will be lost. Click 'Save Case as Work-In-Process' button to save entered data. Print this page for your records.

If you would like to request a CMS Re-Review of this case, please click the Request Case Re-Review button. Request Case Re-Review

View Alerts

Case Number: **434577** Prior Case Number: 234576 New Case Number:

View View

Claimant Information

Last Name: Doe MI: B. First Name: John
Date of Birth: June 12, 1966
Date of Injury: January 19, 2010
Medicare ID:98765987B
SSN:123-45-9763
Address Line 1:123 Main Street
Address Line 2:Apt B
City:Baltimore

WC Carrier

Insurer Name: ABC Company
Policy Number: J98987654440
Claim Number: 7654309866565
Rx PCN:
Rx BIN:
Tax ID Number (TIN):
Address Line 1: 754 First Street
Address Line 2:

Slide notes

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

Slide 35 of 45 - Alert Listings

Workers' Compensation Set-Aside Web Portal

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Alert Listing

Case Number: **WC1103900010517**

This page lists all the alerts for the selected case. The data is sorted by Alert Creation Date (descending).

QUICK HELP

Help About This Page

Alert ID	Alert Creation Date	Alert Type	Creator	Status	Medicare ID/SSN	Bene Name
163	02/14/2011	Closeout	WCSA	Not Read	*****2013A	MARY JONES
99	01/04/2011	Commingled	WCSA	Archived	*****2013A	MARY JONES

Previous

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Slide notes

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

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

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

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

Slide 36 of 45 - Alert Listings

Workers' Compensation Set-Aside Web Portal

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Alert Listing

Case Number: **WC1103900010517**

This page lists all the alerts for the selected case. The data is sorted by Alert Creation Date (descending).

QUICK HELP

Help About This Page

Alert ID	Alert Creation Date	Alert Type	Creator	Status	Medicare ID/SSN	Bene Name
163	02/14/2011	Closeout	WCSA	Not Read	*****2013A	MARY JONES
99	01/04/2011	Commingled	WCSA	Archived	*****2013A	MARY JONES

Previous

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Slide notes

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

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

Slide 37 of 45 - Alerts

Where possible, please submit any requested documents via the website instead of faxing or mailing.

Archive this Alert | Close This Window

Account Number:	30400
Case Control Number:	WC1103900010517
Date of Alert:	01/04/2011
Alert Type:	Commingled Documentation
Alert Number:	99
Medicare ID/SSN:	*****2013A
Claimant:	Mary Jones

A review of the WCMSA submission indicates that the file contains commingled documents. A document is considered "commingled" when the documentation received contains dta for more than one beneficiary.

Any file containing commingled documents must be replaced with a file without commingled documents, via the web portal within 10 business days from the date of this alert. Instructions relating to the replacement of a commingled document can be found in Online Help on the WCMSAP *Case Documents* screen. If files containing commingled documents are not replaced within 10 business days from the date of this alert, the case will be closed automatically. Commingled documents have been discovered in:

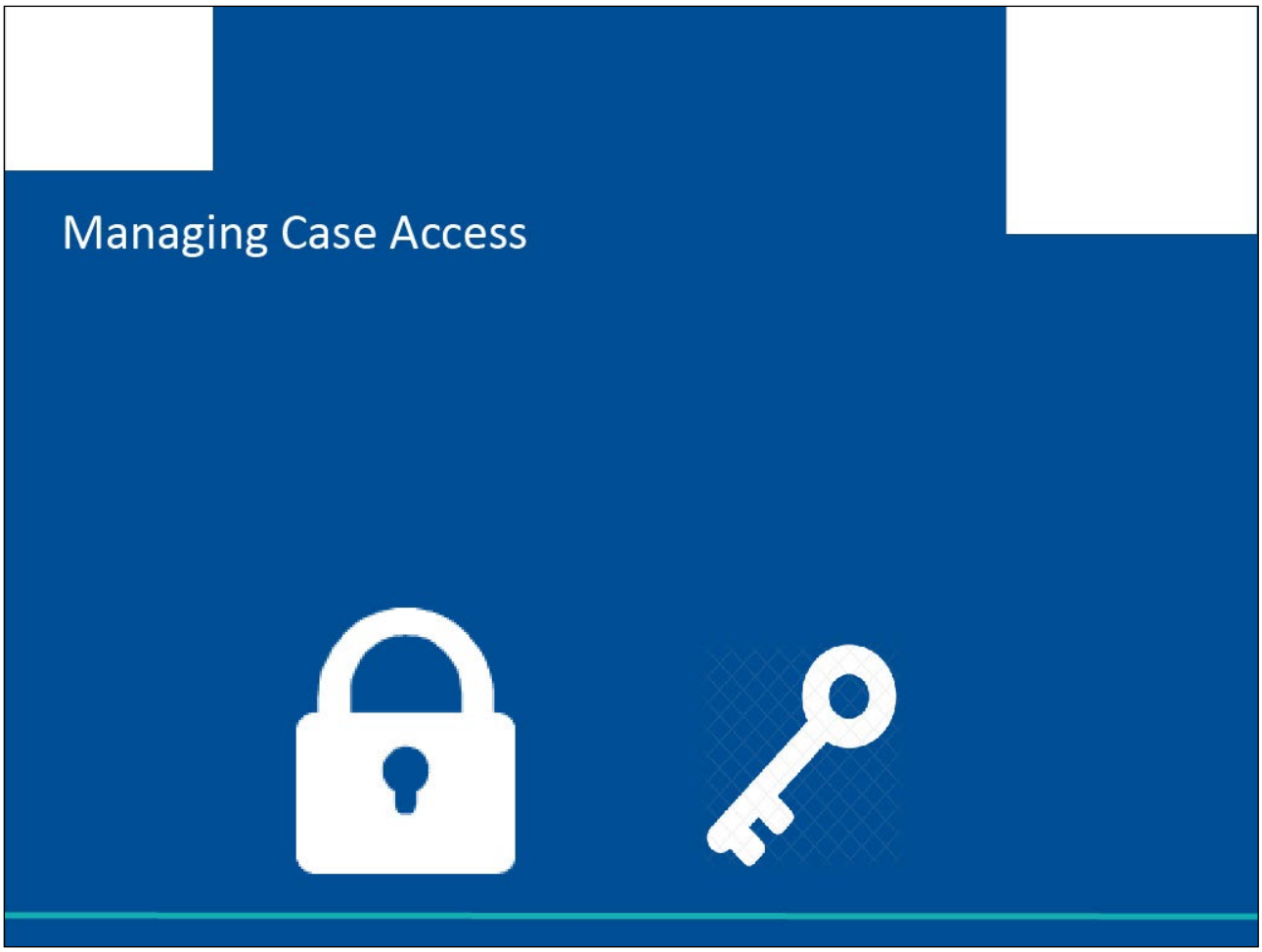
THE FIFTH SUBMITTER LETTER FILE IS COMMINGLED. PLEASE REPLACE IT WITH ANOTHER FILE.

If you have any questions regarding this alert, please contact the WCRC at (301) 575-0160 for additional information.

Slide notes

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

Slide 38 of 45 - Managing Case Access



Slide notes

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

Slide 39 of 45 - Case Listing

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Case Listing

QUICK HELP

Help About This Page

This page lists all cases entered into the Workers' Compensation Medicare Set-Aside Web Portal that are associated with your Login ID. Click on the Case Number to view the details of the case. Selecting 'Cancel' will return you to the Home page. To delete a case select the Delete function to the left of the Case Number. Submitted cases may not be deleted.

Delete	Case Number	Claimant Name	Date of Injury	Case Status	Case Location	Creation Date	Submission Date	Case Access
	123456	Smith, Jane	2010-01-19	Received	WCRC	2010-02-15	2010-02-23	Manage Access
	798654	Jones, Mary	2009-11-17	Received	WCRC	2009-11-27	2009-12-05	Manage Access
	798655	DANA, ROSE	2009-11-17	COMG	WCRC	2015-11-27	2016-01-05	Manage Access

Slide notes

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

Slide 40 of 45 - Case Listing - Professional Administrators

Workers' Compensation Set-Aside Web Portal

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Case Listing

QUICK HELP

Help About This Page

This page lists all WCMSAs that are associated with your Login ID that matched the search criteria provided. Select 'Continue' to return to the Home page.

Case Number	Claimant Name	Date of Injury	Settlement Date	WCMSA Balance
WC1211211212123	John Smith	1998-10-15	2018-10-15	59500.50
WC1211211212124	Michael Smith	2001-10-15	2017-10-15	67500.50
WC1211211212125	Tom Smith	2003-10-15	2016-10-15	35500.50
WC1211211212126	Xian Cao	2007-10-15	2015-10-15	97500.50

Continue

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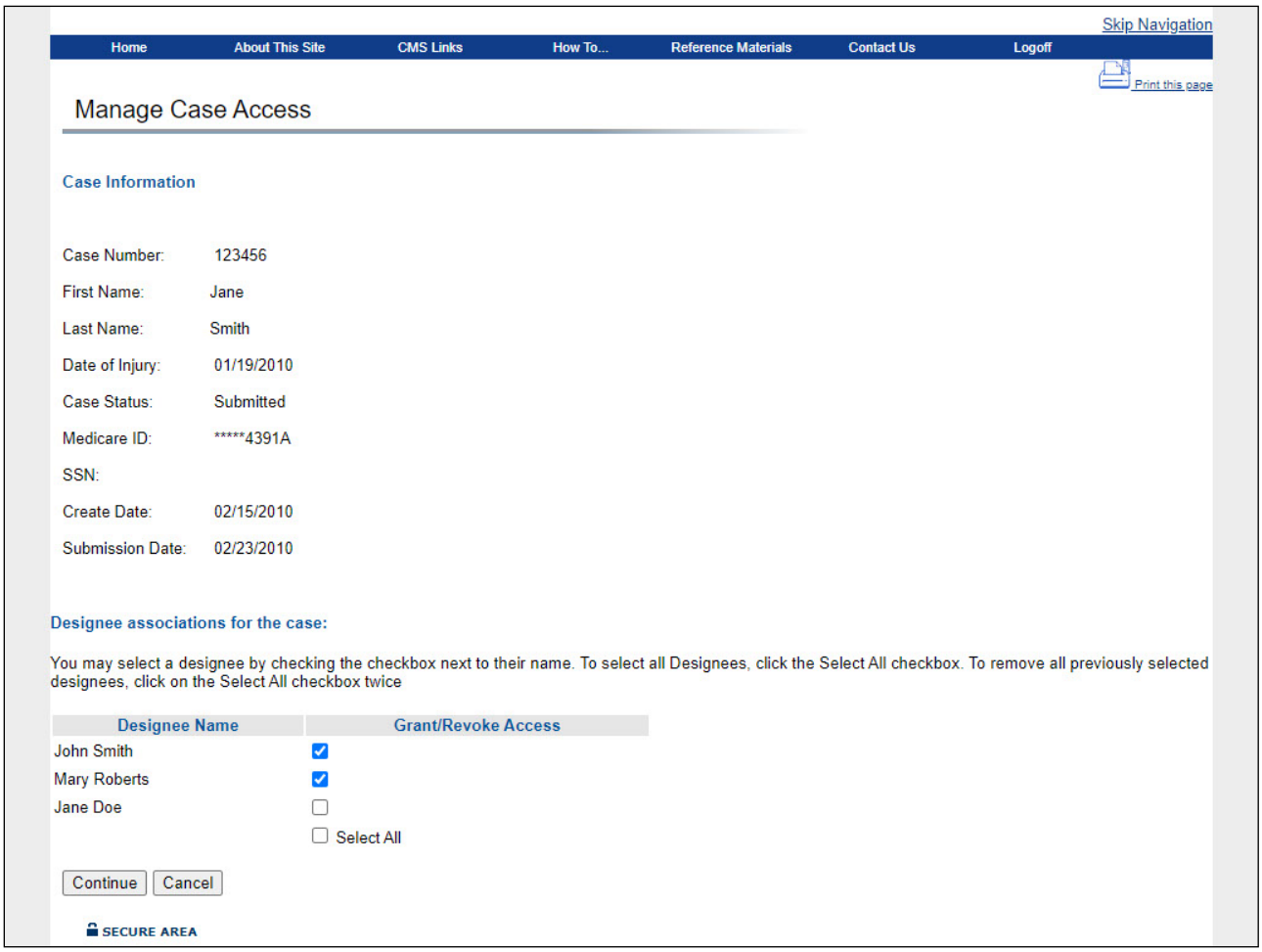
Slide notes

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

Slide 41 of 45 - Manage Case Access Page



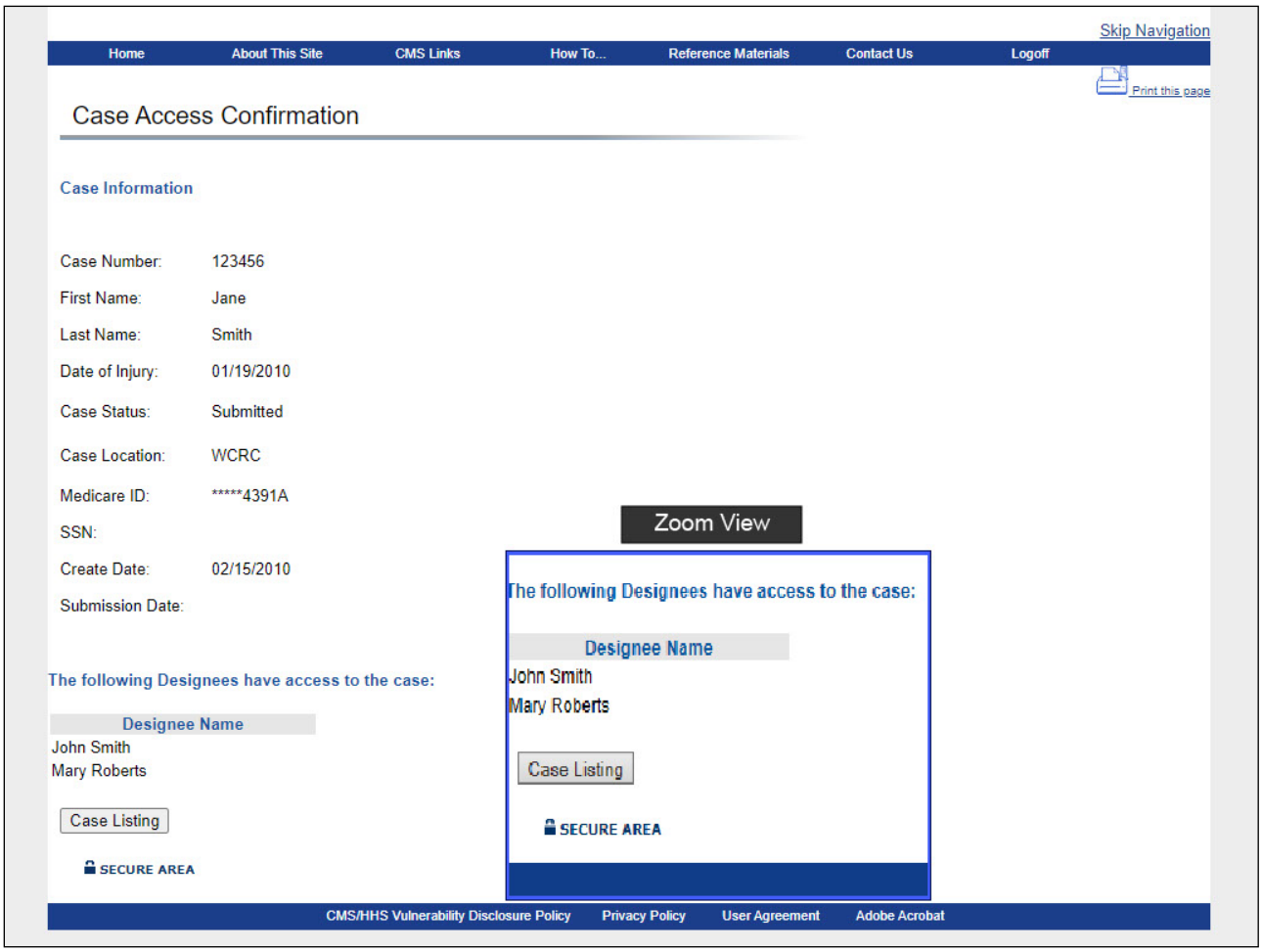
Slide notes

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

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

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

Slide 42 of 45 - Case Access Confirmation Page



Slide notes

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

Slide 43 of 45 - Course Summary

Course Summary

You are now able to:

- Discuss the WCMSAP Case Lookup Features
  - How to view a WCMSA Case
  - How to view a Work-In Progress (WIP) Case
- Explain how to submit case for re-review
- Describe when and how to resubmit a WCMSA case

Slide notes

You are now able to:

Discuss the WCMSAP Case Lookup Features,

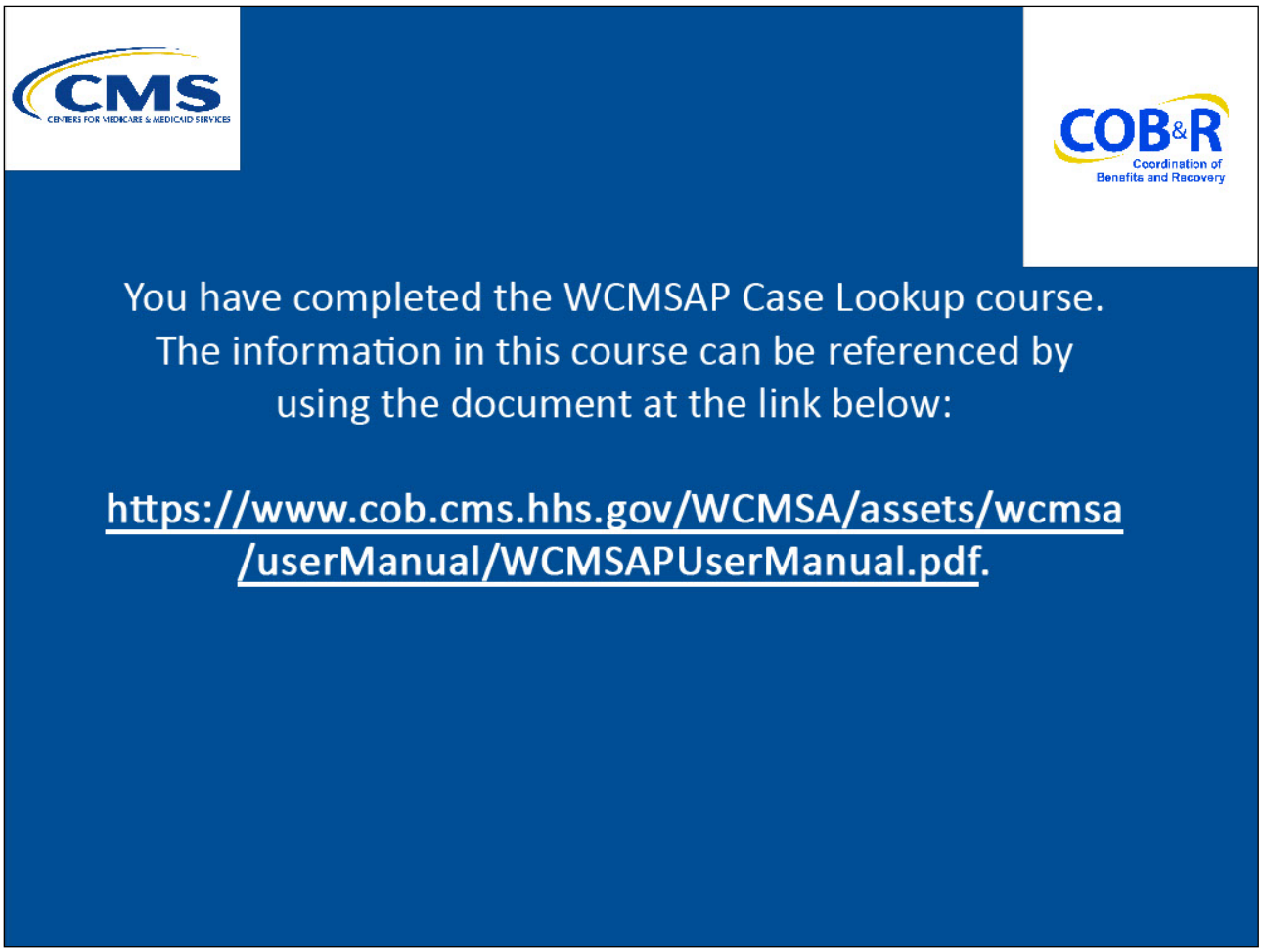
How to view a WCMSA Case

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

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

Describe when and how to resubmit a WCMSA case.

Slide 44 of 45 - Conclusion

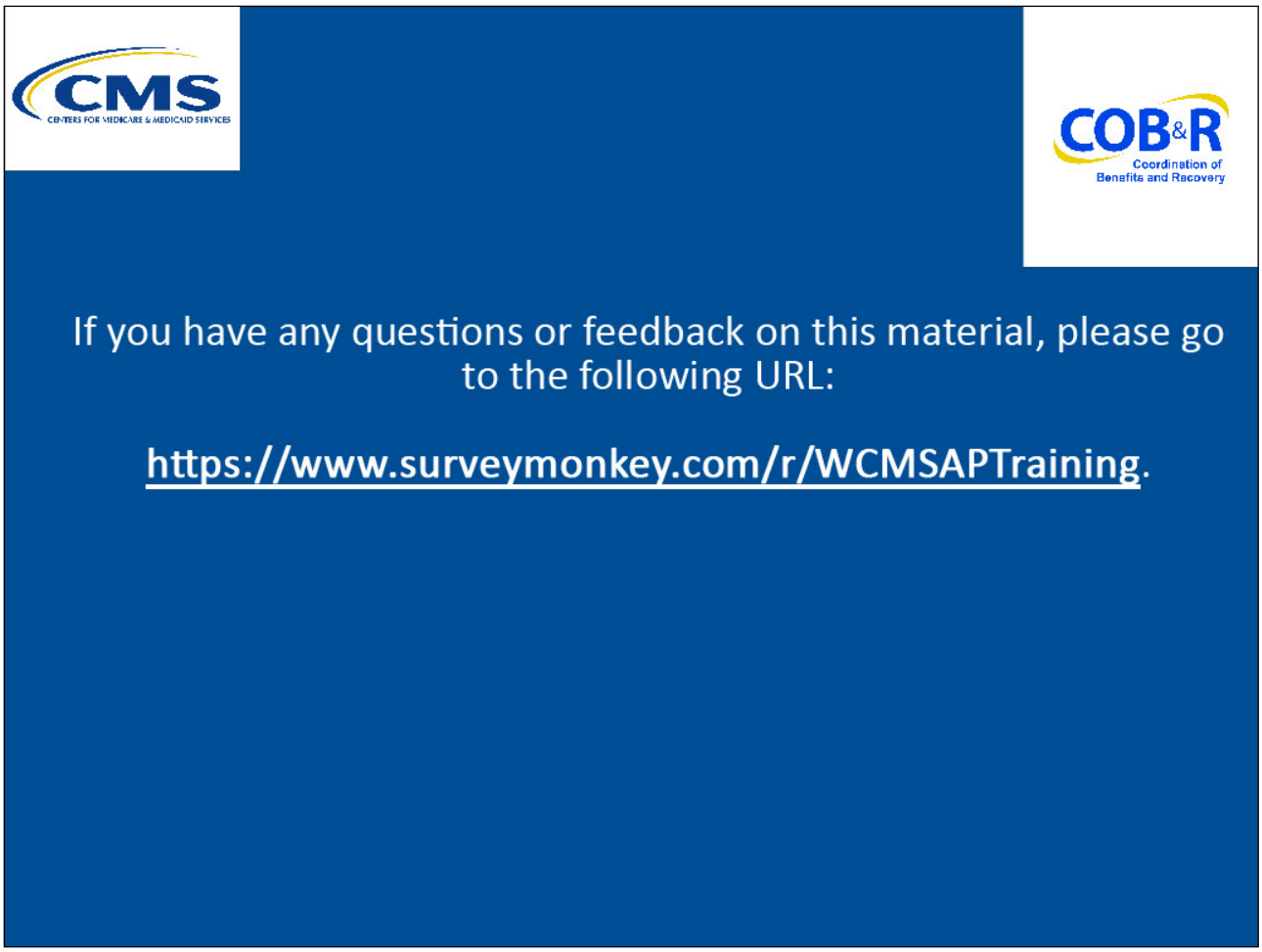


Slide notes

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

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

Slide 45 of 45 - Training Survey



Slide notes

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