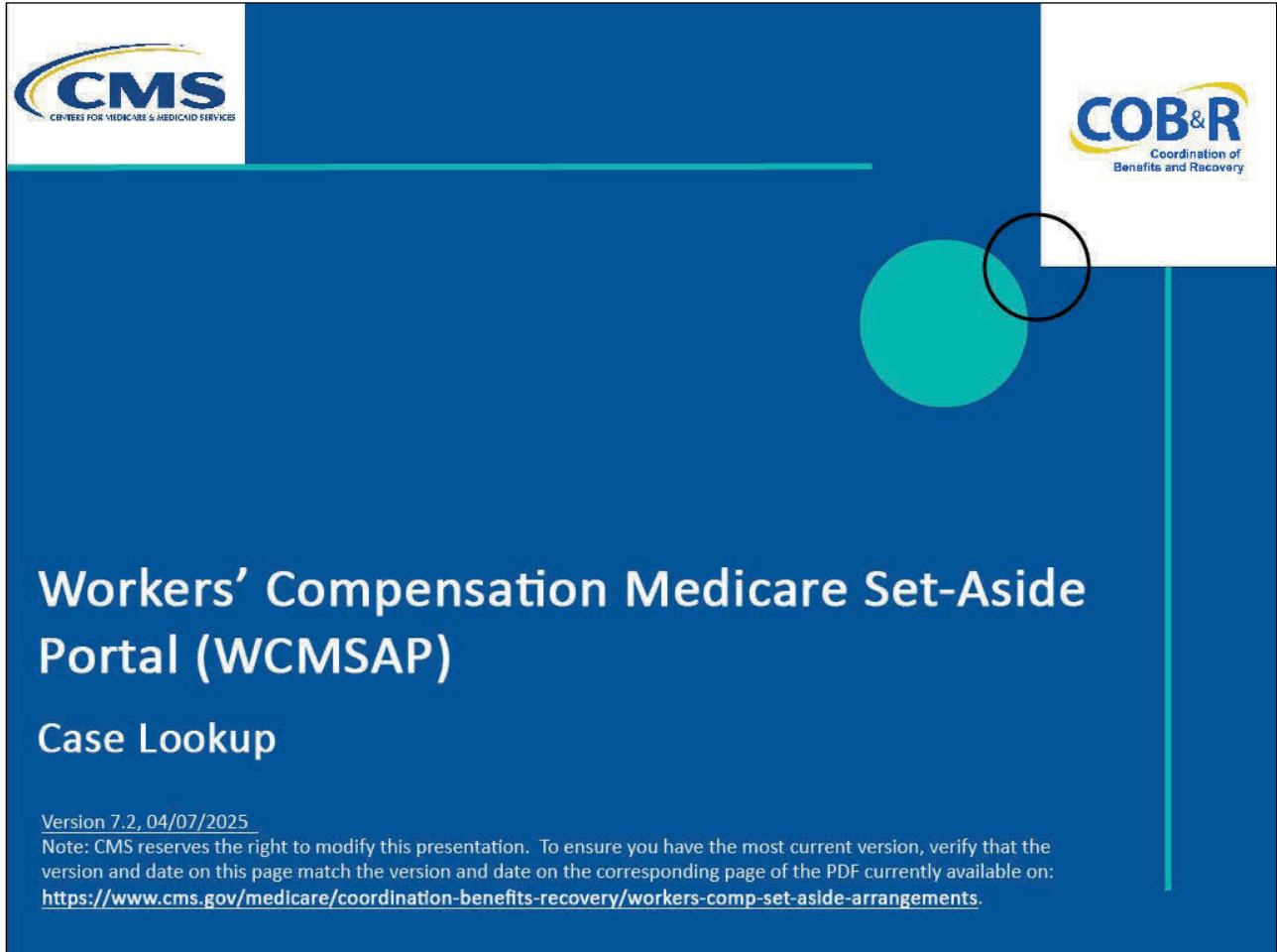


Case Lookup Introduction

Slide 1 - of 45 - Case Lookup Introduction

The slide has a blue background. In the top left corner is the CMS logo (Centers for Medicare & Medicaid Services). In the top right corner is the COB&R logo (Coordination of Benefits and Recovery). A large teal circle is on the right side, with a black circle overlapping its top right edge. The main title 'Workers' Compensation Medicare Set-Aside Portal (WCMSAP)' is in white text, followed by 'Case Lookup' in a smaller white font. At the bottom left, there is a version number and a note about the presentation's currency, with a URL provided for the latest PDF version.

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

COB&R
Coordination of
Benefits and Recovery

Workers' Compensation Medicare Set-Aside Portal (WCMSAP)

Case Lookup

Version 7.2, 04/07/2025
Note: CMS reserves the right to modify this presentation. To ensure you have the most current version, verify that the version and date on this page match the version and date on the corresponding page of the PDF currently available on:
<https://www.cms.gov/medicare/coordination-benefits-recovery/workers-comp-set-aside-arrangements>.

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>.

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: [Workers' Compensation Medicare Set Aside Arrangements | CMS](#).

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:

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.

Privacy Act Statement

The collection of this information is authorized by Section 1862(b) of the Social Security Act (codified at 42 U.S.C 1395y(b)) (see also 42, C.F.R. 411.24). The information collected will be used to identify and recover past conditional and mistaken Medicare primary payments and to prevent Medicare from making mistaken payments in the future for those Medicare Secondary Payer situations that continue to exist. The Privacy Act (5 U.S.C. 552a(b)), as amended, prohibits the disclosure of information maintained by the Centers for Medicare & Medicaid Services (CMS) in a system of records to third parties, unless the beneficiary provides a written request or explicit written consent/authorization for a party to receive such information. Where the beneficiary provides written consent/proof of representation, CMS will permit authorized parties to access requisite information.

Attestation of Information

The information provided is complete, truthful, accurate, and meets all requirements set forth to use this process.

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: [WCMSAP Website](#). 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

The screenshot shows the homepage of the Workers' Compensation Set-Aside Web Portal. At the top, there are logos for CMS (Centers for Medicare & Medicaid Services) and COBR (Coordination of Benefits and Recovery). The main heading is "Workers' Compensation Set-Aside Web Portal". Below this is a navigation bar with links: "About This Site", "CMS Links", "How To...", "Reference Materials", and "Contact Us". A "Skip Navigation" link is also present.

Welcome to the WCMSAP

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

For information about the availability of auxiliary aids and services, please visit: [Accessibility & Nondiscrimination Notice](#)

WCMSAP Message

Check this location for important information regarding system outages, scheduled maintenance and special announcements.

GETTING STARTED

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

STEP 1

New Registration →

STEP 2

Account Setup →

(Account ID and PIN required)

Sign into your account

User Name:

[Forgot ID](#)

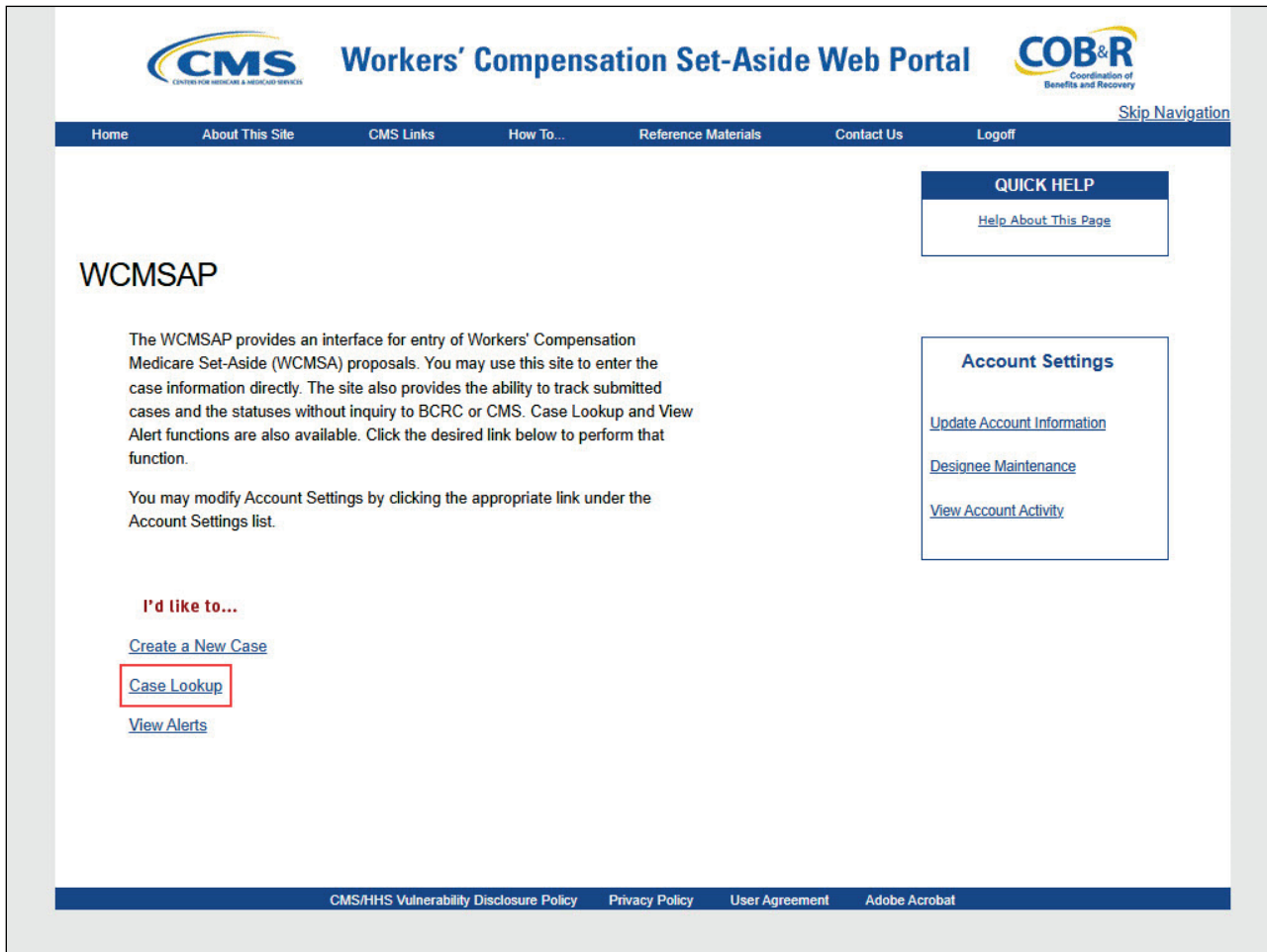
Password:

[Forgot Password](#)

Slide notes

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

Slide 6 of 45 - WCMSAP Home Page



The screenshot displays the WCMSAP Home Page. At the top, there are logos for CMS (Center for Medicare & Medicaid Services) and COB&R (Coordination of Benefits and Recovery), followed by the title "Workers' Compensation Set-Aside Web Portal". A navigation bar includes links for Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, and Logoff, with a "Skip Navigation" link on the right. The main content area is titled "WCMSAP" and contains a paragraph explaining the portal's purpose: "The WCMSAP provides an interface for entry of Workers' Compensation Medicare Set-Aside (WCMSA) proposals. You may use this site to enter the case information directly. The site also provides the ability to track submitted cases and the statuses without inquiry to BCRC or CMS. Case Lookup and View Alert functions are also available. Click the desired link below to perform that function." Below this, a section titled "I'd like to..." lists three links: "Create a New Case", "Case Lookup" (which is highlighted with a red box), and "View Alerts". On the right side, there are two boxes: "QUICK HELP" with a link to "Help About This Page", and "Account Settings" with links for "Update Account Information", "Designee Maintenance", and "View Account Activity". A footer bar at the bottom contains links for "CMS/HHS Vulnerability Disclosure Policy", "Privacy Policy", "User Agreement", and "Adobe Acrobat".

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

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

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.

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: / /

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 for 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

WCMSAP

Users will be one of the following:

- Account Manager or an Account Designee
- Self-submitters are their own Account Managers
- Corporate or Representative Submitters will select their Account Manager who will choose/invite Account Designees
- The Professional Administrator will be allowed to perform a case lookup, request case access, upload transaction files and download response files

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

The screenshot displays the 'Case Lookup' page with a navigation bar at the top containing links: Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, and Logoff. The page title 'Case Lookup' is prominently displayed. Below the title, a paragraph explains that users can access Workers' Compensation Medicare Set-Aside (WCMSA) cases submitted through the Web portal and associated with their Login ID using various search criteria. A 'QUICK HELP' button with a link to 'Help About This Page' is located on the right. The main section prompts users to enter search criteria and click 'Search,' noting that 'Cancel' returns them to the Home page. Under 'Helpful Hints,' two bullet points state: 'WIP cases do not have a Submission Date' and 'Date Range is limited to a maximum of six months.' Three radio buttons allow selection of 'All Cases (Both submitted and WIP cases)' (selected), 'Submitted Cases Only,' or 'WIP Cases Only.' Below these, a text box prompts users to 'Enter one of the following:' with fields for 'Case Control Number,' 'Medicare ID,' and 'SSN' (with a separator 'OR'). Further down, two date range sections are provided: 'Case Creation Date Range' and 'Case Submission Date Range,' each with 'From Date' and 'To Date' fields. At the bottom, there are 'Clear,' 'Cancel,' and 'Search' buttons.

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 (if 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 allows you to proceed.

[Skip Navigation](#)

[Home](#)
[About This Site](#)
[CMS Links](#)
[How To...](#)
[Reference Materials](#)
[Contact Us](#)
[Logoff](#)

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

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.

- Case Number,
- Claimant Name,
- Date of Injury,
- Case Status,
- Case Location,
- Creation Date,
- Submission Date, and
- Case Access.

Page 10 of 46

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

CMS **Workers' Compensation Set-Aside Web Portal** **COB&R**
 COORDINATION OF BENEFITS AND RECOVERY

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

Case Summary

Beneficiary/Claimant * WCMSA Administrator * Diagnosis Codes * Medical * Prescriptions * WC Carrier * Employer* Attorney

Notes Documents * Summary

Summary Information

Please review your case information. 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](#) [Print this page](#) **QUICK HELP** [Help About This Page](#)

Case Number: 234576 [View](#)

Claimant Information **WC Carrier**

Last Name: Doe MI: B First Name: John Insurer Name: ABC Company
 Date of Birth: June 12, 1966 Policy Number: J98987654440
 Date of Injury: January 19, 2010 Claim Number: 7654309866565
 Medicare ID: 98765987B Rx PCN:
 SSN: 123-45-9763 Rx BIN:
 Address Line 1: 123 Main Street Tax ID Number (TIN):
 Address Line 2: Apt B Address Line 1: 754 First Street
 City: Baltimore Address Line 2:
 State: Maryland City: Baltimore

Slide notes

The system will display 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

Home About This Site CMS Links How To... Reference Materials Contact Us Logoff [Skip Navigation](#)

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 past 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

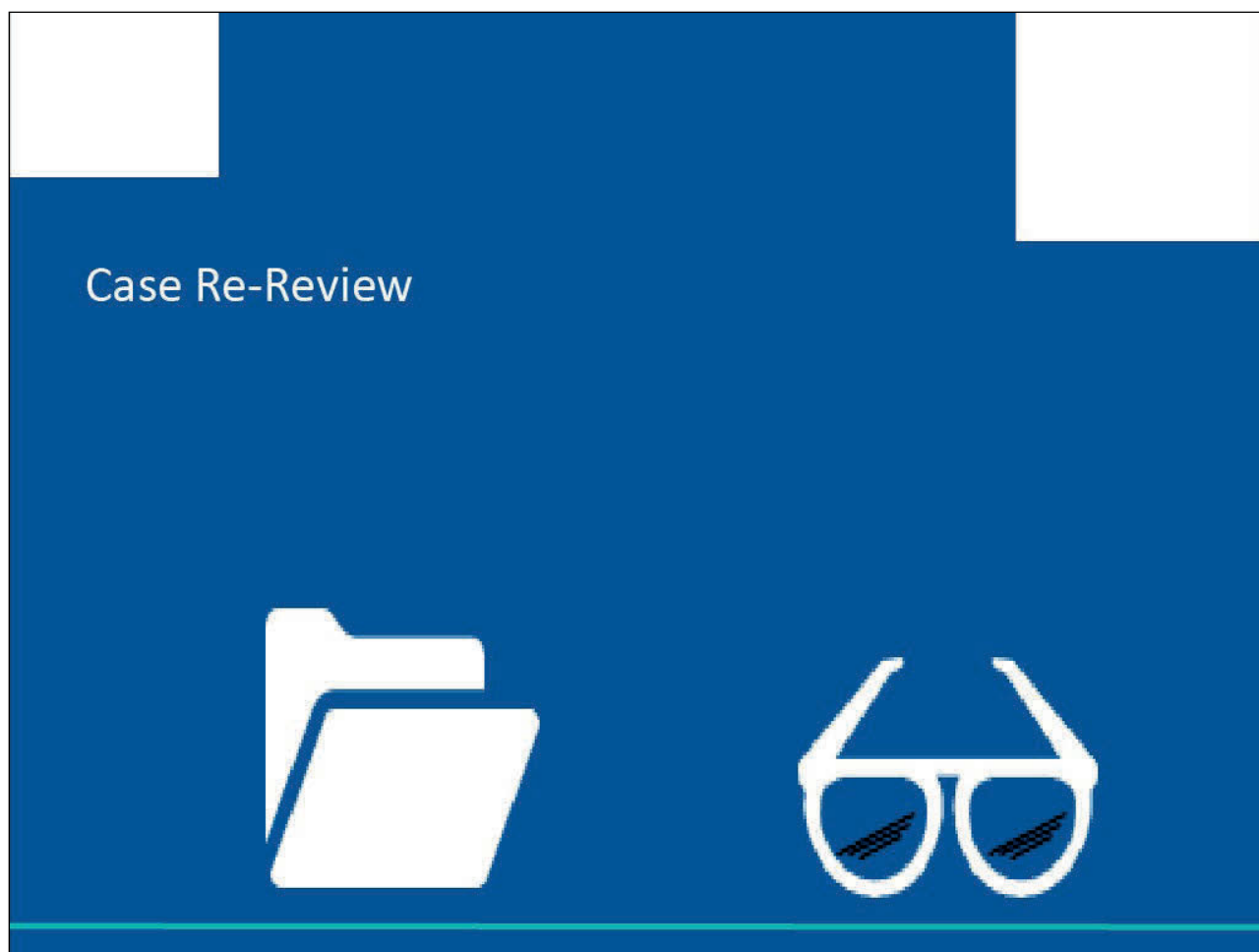
If you disagree with the RO's decision on a WCMSAP submitted case, or if projected care for a case has changed so much that the new proposed settlement amount differs from CMS' approved amount by 10% or \$10,000 (whichever is greater), you can submit a re-review request.

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

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

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

Slide 13 of 45 - Case Re-Review



Slide notes

Case Re-Reviews

Slide 14 of 45 - Case Information Next Steps

Home About This Site CMS Links How To... Reference Materials Contact Us Logoff [Skip Navigation](#)

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 past 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

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

The screenshot shows the 'Case Re-Review Request' page of the Workers' Compensation Set-Aside Web Portal. The page header includes the CMS logo, the portal title, the COB&R logo, and a 'Skip Navigation' link. A navigation bar contains links for Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, and Logoff. The main content area is titled 'Case Re-Review Request' and contains a form. The form has a 'Case Number' field with the value '234576'. Below this is a section for 'Please choose one of the following as your re-review request type:' with radio buttons for 'Medical', 'RX', and 'Both'. To the right of this section is a 'QUICK HELP' button with a link to 'Help About This Page'. Below the request type section is a larger section for 'Please choose one of the following reasons for the re-review request. If option 2 is chosen, you must upload supporting documentation.' This section contains three radio button options: 'Option 1: You believe CMS' determination contains obvious mistakes (for example, a mathematical error or failure to recognize medical records already submitted showing a surgery, priced by CMS, that has already occurred).', 'Option 2: 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' determination; or you believe a submission error exists in the documentation previously submitted that leads to a change in pricing of no less than \$2,500.00.', and 'Amended Review: You believe projected care has changed so much that the new proposed amount would result in a 10% or \$10,000 change (whichever is greater) in CMS' previously approved amount.' Below these options is a text instruction: 'To continue with your case re-review submission, please press Continue. Press Cancel if you do NOT wish to submit your case for re-review.' At the bottom of the form are 'Continue' and 'Cancel' buttons. The footer of the page contains links for CMS/HHS Vulnerability Disclosure Policy, Privacy Policy, User Agreement, and Adobe Acrobat.

Case Re-Review Request

Case Number: 234576

Please choose one of the following as your re-review request type:

☐ Medical ☐ RX ☐ Both

QUICK HELP
[Help About This Page](#)

Please choose one of the following reasons for the re-review request. If option 2 is chosen, you must upload supporting documentation.

☐ Option 1: You believe CMS' determination contains obvious mistakes (for example, a mathematical error or failure to recognize medical records already submitted showing a surgery, priced by CMS, that has already occurred).

☐ Option 2: 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' determination; or you believe a submission error exists in the documentation previously submitted that leads to a change in pricing of no less than \$2,500.00.

☐ Amended Review: You believe projected care has changed so much that the new proposed amount would result in a 10% or \$10,000 change (whichever is greater) in CMS' previously approved amount.

To continue with your case re-review submission, please press Continue. Press Cancel if you do NOT wish to submit your case for re-review.

CMS/HHS Vulnerability Disclosure Policy Privacy Policy User Agreement Adobe Acrobat

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

The screenshot displays the 'Case Re-Review Request Details' page on the CMS Workers' Compensation Set-Aside Web Portal. The page header includes the CMS logo, the portal title, the COB&R logo, and a navigation bar with links: Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, Logoff, and Skip Navigation. The main content area shows the 'Case Number: 234576' and 'Re-Review Request Type: RX'. A 'QUICK HELP' button with a link to 'Help About This Page' is on the right. The 'Reason for Re-Review Request' section explains that the user believes they have additional evidence or a submission error. Below this is a text area for 'Please enter any additional notes in the area provided below', with a note that 'Notes are limited to 500 characters.' An 'Upload Documentation' link is provided for users who chose Option 2. At the bottom, there is a section for 'Supporting documentation uploaded:' showing 'Medical Records.pdf' with a 'Delete' link, and three buttons: 'Previous', 'Continue', and 'Cancel'.

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

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

Case Re-Review Request Details

Case Number: 234576

Re-Review Request Type: RX

Reason for Re-Review Request: 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' determination; or you believe a submission error exists in the documentation previously submitted that leads to a change in pricing of no less than \$2,500.00.

Please enter any additional notes in the area provided below.
Notes are limited to 500 characters.

If Option 2 was chosen, you must supply supporting documentation.
To upload supporting documentation, please click here [Upload Documentation](#)

To continue with your case re-review submission, please press Continue. Press Cancel if you do NOT wish to submit your case for re-review.

Supporting documentation uploaded:
Medical Records.pdf [Delete](#)

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

The screenshot shows the 'Case Re-Review Request Details' page. At the top, there are logos for CMS (Center for Medicare & Medicaid Services) and COB&R (Coordination of Benefits and Recovery), along with the title 'Workers' Compensation Set-Aside Web Portal'. A navigation bar includes links for Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, and Logoff. A 'Skip Navigation' link is also present. The main heading is 'Case Re-Review Request Details'. On the right, there is a 'QUICK HELP' button with a link to 'Help About This Page'. The 'Case Number' is 234576. The 'Re-Review Request Type' is RX. The 'Reason for Re-Review Request' is: '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' determination; or you believe a submission error exists in the documentation previously submitted that leads to a change in pricing of no less than \$2,500.00.' Below this, there is a text area for 'Please enter any additional notes in the area provided below.' with a note that 'Notes are limited to 500 characters.' A large text input box is provided. Below the text box, it states: 'If Option 2 was chosen, you must supply supporting documentation.' A red box highlights the text 'To upload supporting documentation, please click here' and a link 'Upload Documentation' with a paperclip icon. Below this, it says: 'To continue with your case re-review submission, please press Continue. Press Cancel if you do NOT wish to submit your case for re-review.' Under 'Supporting documentation uploaded:', there is a list item 'Medical Records.pdf' with a 'Delete' link next to it. At the bottom, there are three buttons: 'Previous', 'Continue', and 'Cancel'.

Slide notes

To add 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

The screenshot displays the 'Case Re-Review Request Details' page on the CMS Workers' Compensation Set-Aside Web Portal. The page header includes the CMS logo, the portal title, the COB&R logo, and a navigation bar with links: Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, Logoff, and Skip Navigation. The main content area shows the Case Number: 234576 and the Re-Review Request Type: RX. A 'QUICK HELP' button with a link to 'Help About This Page' is located on the right. The 'Reason for Re-Review Request' section explains that the user believes they have additional evidence or a submission error. Below this is a text area for additional notes, limited to 500 characters. A message states that if Option 2 was chosen, supporting documentation must be provided. A link to 'Upload Documentation' is available. A message prompts the user to press Continue or Cancel. A red box highlights the 'Supporting documentation uploaded:' section, which lists 'Medical Records.pdf' with a 'Delete' button next to it. At the bottom are 'Previous', 'Continue', and 'Cancel' buttons.

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

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

Case Re-Review Request Details

Case Number: 234576

Re-Review Request Type: RX

Reason for Re-Review Request: 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' determination; or you believe a submission error exists in the documentation previously submitted that leads to a change in pricing of no less than \$2,500.00.

Please enter any additional notes in the area provided below.
Notes are limited to 500 characters.

If Option 2 was chosen, you must supply supporting documentation.
To upload supporting documentation, please click here [Upload Documentation](#)

To continue with your case re-review submission, please press Continue. Press Cancel if you do NOT wish to submit your case for re-review.

Supporting documentation uploaded:
Medical Records.pdf [Delete](#)

[Previous](#) [Continue](#) [Cancel](#)

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

The screenshot displays the 'Case Re-Review Request Verification' page within the CMS Workers' Compensation Set-Aside Web Portal. The page header includes the CMS logo, the portal title, the COB&R logo, and a 'Skip Navigation' link. A navigation bar contains links for Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, and Logoff. The main content area features a title 'Case Re-Review Request Verification' and a 'Case Number: 123456'. A 'QUICK HELP' box with a 'Help About This Page' link is on the right. The text instructs the user to review the re-review request and provides instructions for the 'Continue', 'Previous', and 'Cancel' buttons. The 'Re-Review request type' is set to 'Medical'. The 'Reason for Re-Review Request' section explains the criteria for a re-review. The 'Additional notes' section contains a message about medical records. The 'Documentation uploaded' section lists 'Medical Records.pdf'. At the bottom, there are 'Previous', 'Continue', and 'Cancel' buttons. The footer contains links for CMS/HHS Vulnerability Disclosure Policy, Privacy Policy, User Agreement, and Adobe Acrobat.

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

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

Case Re-Review Request Verification

Case Number: 123456

QUICK HELP
[Help About This Page](#)

Please review your re-review request below to verify the information you have entered is correct. If the information is correct, click the Continue button to submit the re-review request. Click the Previous button to return to the previous page to edit information. Click the Cancel button to return to the Home page and cancel the Case Re-Review Request. All data will be lost.

Re-Review request type: Medical

Reason for Re-Review Request: 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' determination; or you believe a submission error exists in the documentation previously submitted that leads to a change in pricing of no less than \$2,500.00.

Additional notes:
Please re-review the case using the additional medical records provided.

Documentation uploaded:
Medical Records.pdf

CMS/HHS Vulnerability Disclosure Policy Privacy Policy User Agreement Adobe Acrobat

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

The screenshot displays the 'Workers' Compensation Set-Aside Web Portal' with the CMS and COB&R logos. The navigation bar includes links for Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, and Logoff. The page title is 'Case Re-Review Request Verification'. A 'QUICK HELP' button with a link to 'Help About This Page' is visible. The 'Case Number' is 123456. Instructions state: 'Please review your re-review request below to verify the information you have entered is correct. If the information is correct, click the Continue button to submit the re-review request. Click the Previous button to return to the previous page to edit information. Click the Cancel button to return to the Home page and cancel the Case Re-Review Request. All data will be lost.' The 'Re-Review request type' is 'Medical'. The 'Reason for Re-Review Request' is: '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' determination; or you believe a submission error exists in the documentation previously submitted that leads to a change in pricing of no less than \$2,500.00.' The 'Additional notes' section is empty. Below this, it says 'Please re-review the case using the additional medical records provided.' Under 'Documentation uploaded:', 'Medical Records.pdf' is listed. At the bottom are buttons for 'Previous', 'Continue', and 'Cancel'. The footer contains links for CMS/HHS Vulnerability Disclosure Policy, Privacy Policy, User Agreement, and Adobe Acrobat.

Case Re-Review Request Verification

Case Number: 123456

Please review your re-review request below to verify the information you have entered is correct. If the information is correct, click the Continue button to submit the re-review request. Click the Previous button to return to the previous page to edit information. Click the Cancel button to return to the Home page and cancel the Case Re-Review Request. All data will be lost.

Re-Review request type: Medical

Reason for Re-Review Request: 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' determination; or you believe a submission error exists in the documentation previously submitted that leads to a change in pricing of no less than \$2,500.00.

Additional notes:

Please re-review the case using the additional medical records provided.

Documentation uploaded:
Medical Records.pdf

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

The screenshot shows the 'Case Re-Review Request Confirmation' page. At the top, there are logos for CMS (Center for Medicare & Medicaid Services) and COB&R (Coordination of Benefits and Recovery), along with the title 'Workers' Compensation Set-Aside Web Portal'. A navigation bar includes links for Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, and Logoff, with a 'Skip Navigation' link on the right. The main heading is 'Case Re-Review Request Confirmation'. Below this, a message states: 'You have successfully submitted a re-review request for Case Number: 123456'. To the right of this message is a 'Print this page' link. Further right is a 'QUICK HELP' box with a 'Help About This Page' link. The 'Re-Review request type: RX' is displayed. The 'Reason for Re-Review Request' section explains that the user believes there is additional evidence or a submission error. The 'Additional notes' section contains the text: 'Please re-review the case using the additional medical records provided.' The 'Documentation uploaded:' section lists 'Medical Records.pdf'. A message at the bottom of the main content area says: 'Click the Continue button to return to the Case Summary page.' Below this is a 'Continue' button. At the very bottom of the page, there is a footer with links for 'CMS/HHS Vulnerability Disclosure Policy', 'Privacy Policy', 'User Agreement', and 'Adobe Acrobat'.

CMS **Workers' Compensation Set-Aside Web Portal** **COB&R**
Center for Medicare & Medicaid Services Coordination of Benefits and Recovery

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

Case Re-Review Request Confirmation

[Print this page](#)

You have successfully submitted a re-review request for Case Number: 123456

Re-Review request type: RX

Reason for Re-Review Request: 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' determination; or you believe a submission error exists in the documentation previously submitted that leads to a change in pricing of no less than \$2,500.00.

Additional notes:
Please re-review the case using the additional medical records provided.

Documentation uploaded:
Medical Records.pdf

Click the Continue button to return to the Case Summary page.

[Continue](#)

[CMS/HHS Vulnerability Disclosure Policy](#) [Privacy Policy](#) [User Agreement](#) [Adobe Acrobat](#)

Slide notes

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

Slide 22 of 45 - Verification Review

The screenshot displays the 'Workers' Compensation Set-Aside Web Portal' interface. At the top, there are logos for CMS (Center for Medicare & Medicaid Services) and COB&R (Coordination of Benefits and Recovery). A navigation bar includes links for Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, and Logoff. A 'Skip Navigation' link is also present.

The main content area is titled 'Case Summary' and features a tabbed interface with buttons for Beneficiary/Claimant *, WCMSA Administrator *, Diagnosis Codes *, Medical *, Prescriptions *, WC Carrier *, Employer*, and Attorney. Below these are buttons for Notes, Documents *, and Summary (which is currently selected).

The 'Summary Information' section contains a red warning message: '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 past two years (up to present date). Please select the Required Resubmission button to create your new case.' Below this message is a 'Required Resubmission' button. Further down, there is a paragraph of instructions and a 'Request Case Re-Review' button.

A 'View Alerts' button is located below the instructions. The 'Case Number: 434577' is displayed, along with 'Prior Case Number: 234576' and 'New Case Number:'. A 'View' button is next to the 'New Case Number'.

The 'Claimant Information' section shows: Last Name: Doe, MI: B, First Name: John, Date of Birth: June 12, 1966, Date of Injury: January 19, 2010, and Medicare ID: 98765987B. The 'WC Carrier' section shows: Insurer Name: ABC Company, Policy Number: J98987654440, Claim Number: 7654309866565, and Rx PCN: 00000000000000000000000000000000.

A 'QUICK HELP' box on the right side contains a 'Help About This Page' link. A 'Print this page' button is also visible.

Slide notes

The new Case Summary page will appear, showing 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	00172-4804-80	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 show all Prescription Drug, Diagnosis Code, and Medical information, as well as the Case Notes.

Slide 24 of 45 - Case Submission Confirmation Page

Diagnosis Codes	View
Diag Code: 933 5933	
Medical	View
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	
Case Notes	View
2010-02-08 John Smith Attached additional medical forms. 2010-01-10 John Smith Collecting documentation, saving as work in progress case.	
Case Documents	View
05 - Submitter Letter or Other Summary Documents 10 - Consent Form * ConsentForm.pdf 15 - Rated Age Information or Life Expectancy	

Slide notes

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

Slide 25 of 45 - Case Submission Confirmation

Case Documents

View

05 - Submitter Letter or Other Summary Documents *

subLetter.pdf

10 - Consent Form *

ConsentForm.pdf

15 - Rated Age Information or Life Expectancy

20 - Life Care Plan *

longCare.pdf

25 - Proposed/Final Settlement Agreement or Proposed or Court Ordered *

longCare.pdf

30 - Set-Aside Administrator or Copy of Agreement * (Required for new case submission when the identified case administrator is Professional Administrator)

35 - Medical Records (1st Report of Injury through Recent Treatment) *

Medical.pdf

40 - Payment History *

payment.pdf

45 - Future Treatment Plans

50 - Supplement/Additional Information

Previous

Save Work-In-Progress

Manage Access

Submit Case

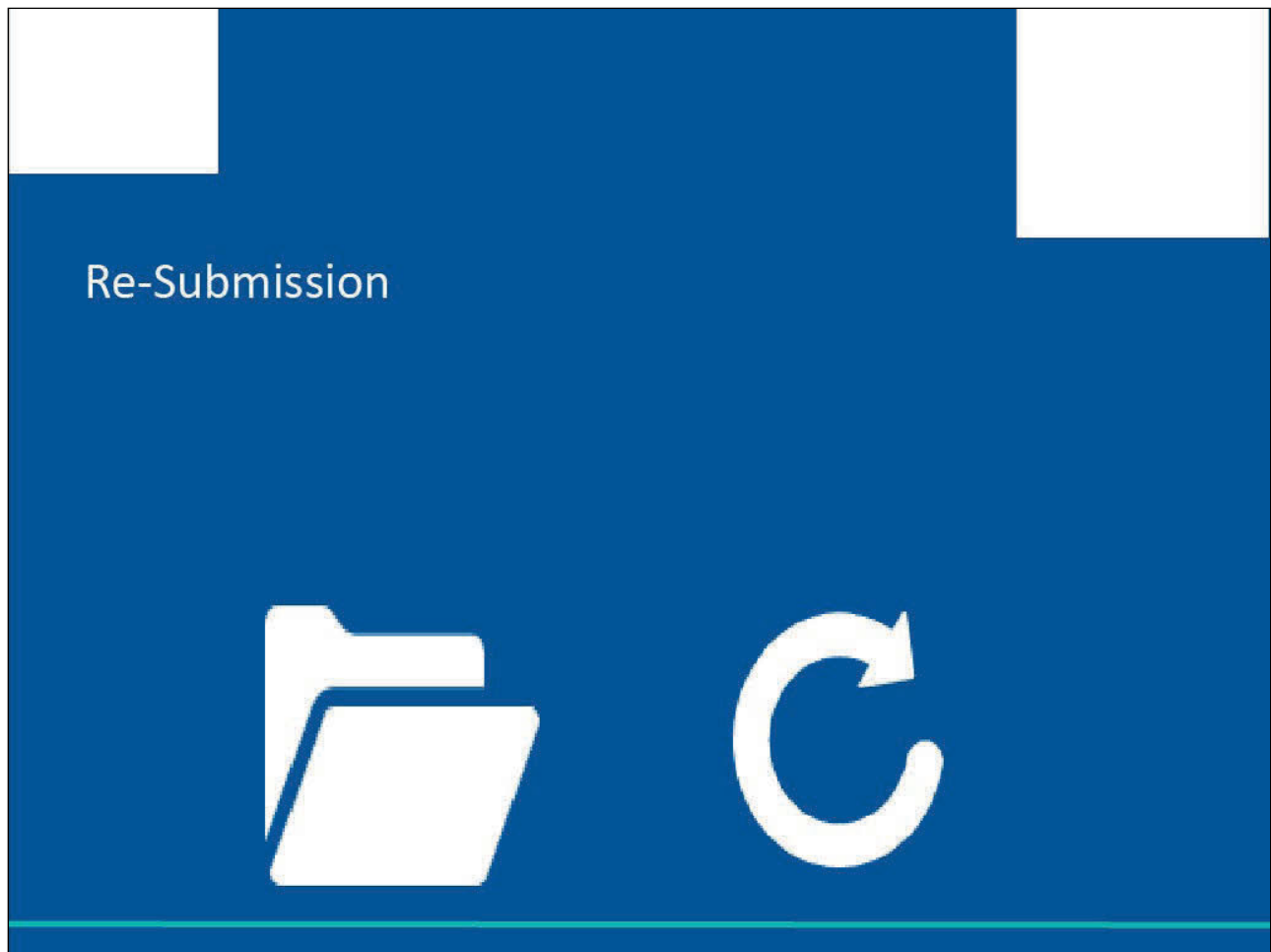
Cancel Case Creation

New Search

Slide notes

All supporting documentation will be shown 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 - Resubmission



Slide notes

Resubmission of a Case

Slide 27 of 45 - Resubmission

[Skip Navigation](#)


HomeAbout This SiteCMS LinksHow To...Reference MaterialsContact UsLogoff

Case Summary

Beneficiary/Claimant *WCMSA Administrator *Diagnosis Codes *Medical *Prescriptions *WC Carrier *Employer *Attorney

NotesDocuments *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

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 resubmission, you will be able to select the request case re-submission button.

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

[Skip Navigation](#)

HomeAbout This SiteCMS LinksHow To...Reference MaterialsContact UsLogoff

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: *

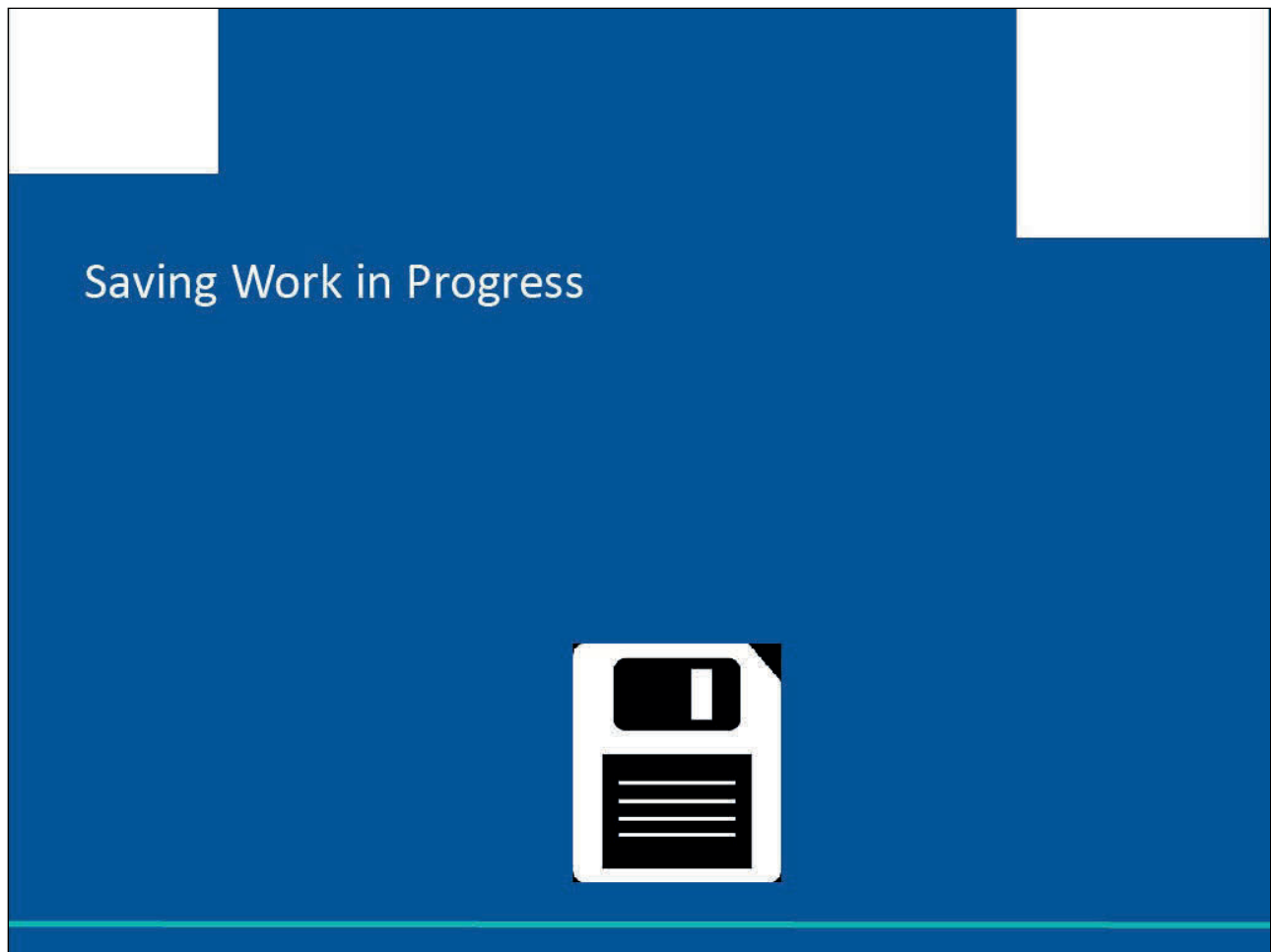
Date of Birth: * / / (MM/DD/CCYY)

Proposed Settlement Amount: * \$.

Slide notesThe 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.)

Page 29 of 46

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

Skip Navigation

[Home](#)
[About This Site](#)
[CMS Links](#)
[How To...](#)
[Reference Materials](#)
[Contact Us](#)
[Logoff](#)

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
✕	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
✕	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
✕	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

[Skip Navigation](#)


HomeAbout This SiteCMS LinksHow To...Reference MaterialsContact UsLogoff

Case Summary

Beneficiary/Claimant *WCMSA Administrator *Diagnosis Codes *Medical *Prescriptions *WC Carrier *Employer*Attorney

NotesDocuments *Summary

Summary Information

 [Print 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:

WC Carrier

[Edit](#)

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

QUICK HELP

[Help About This Page](#)

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

The screenshot displays a web application interface for case management. At the top, a navigation bar includes links for Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, and Logoff. A 'Skip Navigation' link is also present. Below the navigation bar, the 'Case Information' section is active, showing a series of tabs: Beneficiary/Claimant *, WCMSA Administrator *, Diagnosis Codes *, Medical *, Prescriptions *, WC Carrier *, Employer*, and Attorney. The 'Beneficiary/Claimant Information' tab is selected, displaying a form with various fields. A note indicates that a superscript (1) denotes a required field. The form contains the following data: 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: 123 MAIN STREET, Address Line 2: (empty), City: Windsor Mill, State of Residence: Maryland, Zip Code: 21014 - 1234, Phone: 111-222-3333, State where injury occurred: - Select -, and Submitter Type: -Select-. A 'QUICK HELP' button with the link 'Help About This Page' is located on the right. At the bottom of the form, there are three buttons: 'Next', 'Save Work-In-Progress' (highlighted with a red box), and 'Case Summary'. A 'Cancel Case Creation' button is also present. The footer contains links for CMS/IHS Vulnerability Disclosure Policy, Privacy Policy, User Agreement, and Adobe Acrobat.

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

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.

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: 123 MAIN STREET
Address Line 2:
City: Windsor Mill
State of Residence: Maryland
Zip Code: 21014 - 1234
Phone: 111-222-3333
State where injury occurred: - Select -
Submitter Type: -Select-

QUICK HELP
[Help About This Page](#)

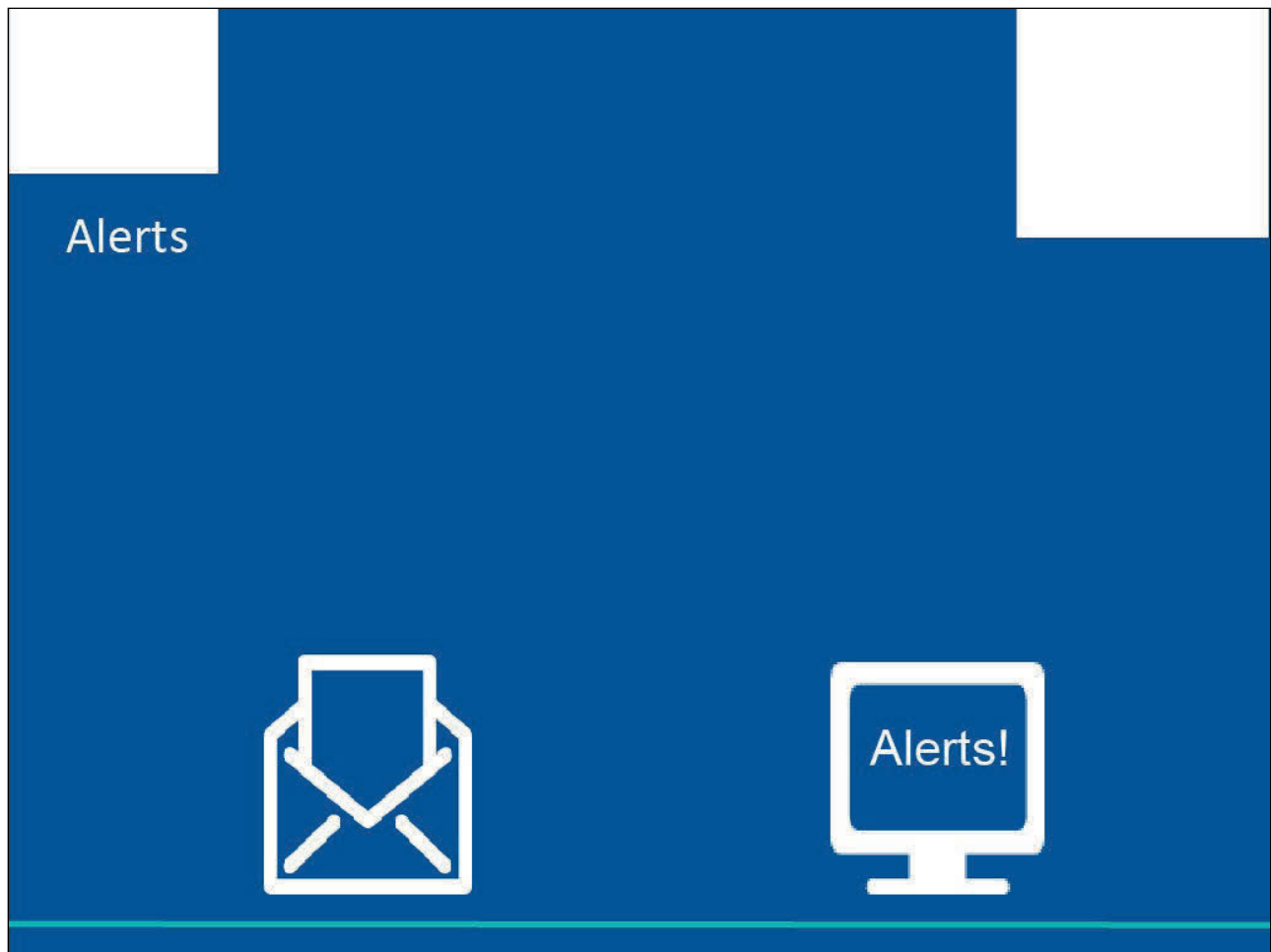
Next Save Work-In-Progress Case Summary Cancel Case Creation

CMS/IHS Vulnerability Disclosure Policy Privacy Policy User Agreement Adobe Acrobat

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

[Skip Navigation](#)


HomeAbout This SiteCMS LinksHow To...Reference MaterialsContact UsLogoff

Case Summary

Beneficiary/Claimant *WCMSA Administrator *Diagnosis Codes *Medical *Prescriptions *WC Carrier *Employer *Attorney

NotesDocuments *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 past 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
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

CMS **Workers' Compensation Set-Aside Web Portal** **COB&R**
CENTERS FOR MEDICARE & MEDICAID SERVICES Coordination of Benefits and Recovery

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

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 verbiages 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

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

Alert Listing

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[Previous](#)

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Slide notes

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

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.	
<div>Archive this Alert Close This Window</div>	
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
<p>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.</p> <p>Any file containing commingled documents must be replaced with a file without commingled documents, via the web portal within 10 business days from the date of this alert. Instructions relating to the replacement of a commingled document can be found in Online Help on the WCMSAP <i>Case Documents</i> screen. If files containing commingled documents are not replaced within 10 business days from the date of this alert, the case will be closed automatically. Commingled documents have been discovered in:</p> <p>THE FIFTH SUBMITTER LETTER FILE IS COMMINGLED. PLEASE REPLACE IT WITH ANOTHER FILE.</p> <p>If you have any questions regarding this alert, please contact the WCRC at (301) 575-0160 for additional information.</p>	

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

[Skip Navigation](#)

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

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

The screenshot shows the 'Case Listing' page of the Workers' Compensation Set-Aside Web Portal. The page header includes the CMS logo (Center for Medicare & Medicaid Services) and the COB&R logo (Coordination of Benefits and Recovery). The navigation bar contains links: Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, and Logoff. A 'Skip Navigation' link is also present. The main heading is 'Case Listing'. Below it, a message states: '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.' A 'QUICK HELP' box with a link 'Help About This Page' is on the right. The main content area displays a table with the following data:

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

A 'Continue' button is located below the table. The footer contains links: CMS/HHS Vulnerability Disclosure Policy, Privacy Policy, User Agreement, and Adobe Acrobat.

Slide notes

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

Slide 41 of 45 - Manage Case Access Page

Home About This Site CMS Links How To... Reference Materials Contact Us Logoff [Skip Navigation](#)

[Print this page](#)

Manage Case Access

Case Information

Case Number: 123456
First Name: Jane
Last Name: Smith
Date of Injury: 01/19/2010
Case Status: Submitted
Medicare ID: *****4391A
SSN:
Create Date: 02/15/2010
Submission Date: 02/23/2010

Designee associations for the case:

You may select a designee by checking the checkbox next to their name. To select all Designees, click the Select All checkbox. To remove all previously selected designees, click on the Select All checkbox twice

Designee Name	Grant/Revoke Access
John Smith	<input checked="" type="checkbox"/>
Mary Roberts	<input checked="" type="checkbox"/>
Jane Doe	<input type="checkbox"/>
	<input type="checkbox"/> Select All

SECURE AREA

Slide notes

Once the Manage Access button is clicked, the Manage Case Access page will show 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

The screenshot shows a web application interface for Case Access Confirmation. At the top is a navigation bar with links: Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, and Logoff. A 'Skip Navigation' link is also present. Below the navigation bar is a 'Print this page' icon. The main heading is 'Case Access Confirmation'. Underneath, there is a section for 'Case Information' with the following details: Case Number: 123456, First Name: Jane, Last Name: Smith, Date of Injury: 01/19/2010, Case Status: Submitted, Case Location: WCRC, Medicare ID: *****4391A, SSN: (blank), Create Date: 02/15/2010, and Submission Date: (blank). Below this information, it states 'The following Designees have access to the case:' and lists 'John Smith' and 'Mary Roberts'. A 'Case Listing' button is visible. A 'Zoom View' box highlights the designee list, showing the same information in a larger format, including a 'Case Listing' button and a 'SECURE AREA' label. The footer contains links to CMS/HHS Vulnerability Disclosure Policy, Privacy Policy, User Agreement, and Adobe Acrobat.

Case Access Confirmation

Case Information

Case Number: 123456
First Name: Jane
Last Name: Smith
Date of Injury: 01/19/2010
Case Status: Submitted
Case Location: WCRC
Medicare ID: *****4391A
SSN:
Create Date: 02/15/2010
Submission Date:

The following Designees have access to the case:

Designee Name
John Smith
Mary Roberts

Case Listing

SECURE AREA

Zoom View

The following Designees have access to the case:

Designee Name
John Smith
Mary Roberts

Case Listing

SECURE AREA

CMS/HHS Vulnerability Disclosure Policy Privacy Policy User Agreement Adobe Acrobat

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



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/WCMSAPUserManual.pdf>

Slide notes

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

[WCMSAP User Guide](#)

Slide 45 of 45 - WCMSAP Training Survey



If you have any questions or feedback on this material, please go to the following URL:

<https://www.surveymonkey.com/r/WCMSAPTraining>.

Slide notes

If you have any questions or feedback on this material, please go to the following URL: [WCMSAP Training Survey](#).