

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

Effective January 5, 2019

# Overview

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

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

# “Self-Reporting”

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

# When Should users Self-Report in the MSPRP?

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

## When Should users NOT Self-Report in the MSPRP?

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

# Background Information

## Background Information (2)

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

## Background Information (3)

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

# Background Information (4)

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

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

# Self-Reporting as a Non-Beneficiary

# MSPRP Report a Case Link

The screenshot shows the MSPRP portal home page. At the top is a green navigation bar with links: Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, and Logoff. The main content area is divided into two columns. The left column contains a 'Welcome!' section with a red border, followed by account information (Account: 31295 MFA PLOG UPDATE TEST) and several paragraphs of text explaining the portal's purpose and how to use it. At the bottom of this column are three links: 'Request Case Access', 'Case Listing', and 'Report A Case', with the 'Report A Case' link highlighted by a red box and a red arrow pointing to it. The right column contains two yellow-bordered boxes: 'Quick Help' with a 'Help About This Page' link, and 'Account Settings' with links for 'Update Account Information', 'Designee Maintenance', and 'View Account Activity'. A red-bordered box on the right side of the page contains text explaining that the user should click the 'Report A Case' link. At the bottom of the page is a blue footer bar with links for 'Privacy Policy', 'User Agreement', and 'Adobe Acrobat'.

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**Welcome!**

Account: 31295 MFA PLOG UPDATE TEST

The Medicare Secondary Payer Recovery Portal provides a quick and efficient way to request case information and provide information to assist in resolving Medicare's recovery claim.

With the use of this portal, you may submit a valid authorization, request an update to the conditional payment amount, submit settlement information and dispute claims.

You may view the account activity by clicking the appropriate link under the Account Settings.

To request information regarding a case you have not already associated to your account, click the Request Case Access link below.

To see cases that you have previously associated to your account, click the Case Listing link below.

To submit a case, click the Report A Case link below.

**Note:** You will not be able to use the links below until your Profile Report has been returned.

[Request Case Access](#)

[Case Listing](#)

[Report A Case](#)

**Quick Help**

[Help About This Page](#)

**Account Settings**

[Update Account Information](#)

[Designee Maintenance](#)

[View Account Activity](#)

The MSPRP user will click the **Report A Case** link to start the case submission process.

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# MSPRP Report a Case

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## Report a Case

 [Print this page](#)

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

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

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

An asterisk(\*) indicates a required field.

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

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

### Quick Help

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# MSPRP Report a Case (2)

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## Report a Case [Print this page](#)

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

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

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

An asterisk(\*) indicates a required field.

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

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

### Quick Help

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# MSPRP Report a Case (3)

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## Report a Case [Print this page](#)

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

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

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

An asterisk(\*) indicates a required field.

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

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

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

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

### Quick Help

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# MSPRP Report a Case (4)

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

Beneficiary Representative  Insurer or Insurer Representative

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

\* Has the insurer accepted ORM?  Yes  No

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

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

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

- Once all the questions have been answered, click Continue to proceed.
- If the user clicks Cancel, they will be returned to the Account List page without reporting the new case.

# MSPRP Report a Case (5)

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

## Report a Case

 [Print this page](#)

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

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

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

An asterisk(\*) indicates a required field.

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

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

\* Has the insurer accepted ORM?  Yes  No

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

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

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

### Quick Help

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- If the user has accepted ORM or already reached a settlement, the system will alert them **"The case you are attempting to report cannot be submitted on the MSPRP. It must be reported via MMSEA Section 111 reporting process."**

# MSPRP Case Creation (Non-Beneficiary)

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## Case Creation

[Print this page](#)

Enter data related to the accident/incident. This information will be validated to ensure the case does not already exist and that the data meets the criteria for creating a case. Once the case is successfully submitted, the Rights and Responsibilities letter will be generated and mailed.

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

An asterisk(\*) indicates a required field.

\*Beneficiary's Medicare ID:  OR \*Social Security Number(SSN):  -  -

\*Beneficiary's Last Name:  (at least first five letters)

\*Beneficiary's Date of Birth:  /  /  (MM/DD/CCYY)

\*Date of Accident/Incident:  /  /  (MM/DD/CCYY)

\*Insurance Type:

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

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

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

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

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

An asterisk(\*) indicates a required field.

\*Beneficiary's Medicare ID:  OR \*Social Security Number(SSN):  -  -

\*Beneficiary's Last Name:  (at least first five letters)

\*Beneficiary's Date of Birth:  /  /  (MM/DD/CCYY)

\*Date of Accident/Incident:  /  /  (MM/DD/CCYY)

\*Insurance Type:

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

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

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

- From the case creation page, a Medicare ID or SSN, Beneficiary Last Name, date of birth, the Date of the Accident or Injury for the case they are reporting and the Insurance type (Liability, No-Fault or Workers' Compensation) should be entered.
- This information will be validated to ensure the case does not already exist and that the data meets the criteria for creating a case.
- Once the case is successfully submitted, the Rights and Responsibilities letter will be generated and mailed.

# MSPRP Case Creation Validation

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

# MSPRP Case Found

**Case Found**  Print this page

Beneficiary Medicare ID: \*\*\*\*6789      Beneficiary Last Name: Doe

The case you reported already exists in the system. Click the Case ID to access the Case Information page for the selected case. Click Continue to return to the Welcome Page.

**Case ID**

- [201117409000150](#)
- [201117409000151](#)
- [201117409000152](#)
- [201117409000153](#)

[Continue](#) 

**Quick Help**  
[Help About This Page](#)

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

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

# MSPRP Case Creation Continued

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Case Creation Continued

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The case information on the previous page has been validated. It is recommended that you include diagnosis codes related to the accident/incident, as this aids in the recovery process. You can directly enter diagnosis codes one at a time or perform a search to locate and add specific diagnosis codes.

Click **Continue** to submit the case to CMS. Click **Cancel** to return to the Account List page without submitting the case.

An asterisk(\*) indicates a required field.

Beneficiary Medicare ID:

Beneficiary Last Name:

Beneficiary Date of Birth:

Date of Accident/Incident:

Insurance Type:

\* Related Diagnosis (DX) Code(s):

DX Ind:  ICD-9  ICD-10

Total Codes Selected: 0

Delete	DX Code	DX Ind	Description

Continue
▶

Cancel
✕

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## MSPRP Case Creation Continue (2)

Beneficiary Medicare ID: \*\*\*\*48504 Beneficiary Last Name: JEFFERSON Beneficiary Date of Birth: 03/31/1960  
Date of Accident/Incident: 01/15/2013 Insurance Type: No-fault Auto

DX Code Search Injury Category DX Code Search

\* Related Diagnosis (DX) Code(s):  DX Ind:  ICD-9  ICD-10 Add DX Code Total Codes Selected: 0

Delete	DX Code	DX Ind	Description
--------	---------	--------	-------------

Continue  Cancel 

- From the Case Creation Continued page users will be able to add up to 25 diagnosis codes to their case.
- The users will have three options for adding the diagnosis codes:
  - 1) Direct entry of a single code
  - 2) DX Code Search Button
  - 3) Injury Category DX Code Search Button.
- If the user is unsure of the Diagnosis Code, select the Diagnosis Code Search Button to display the Diagnosis Code Search page.

# MSPRP Diagnosis (DX) Code Search Page

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**Diagnosis Code Search**  Print this page [Quick Help : Help About This Page](#)

**Diagnosis Code Search Criteria**

Date of Accident/Incident: 12/12/2012

Current Count on Case: 0 Total Count: 0

Selected Count: 0 Total Diagnosis Codes Remaining: 25

Enter Single Code    Diagnosis Code:

Enter Range    Diagnosis Code Start:     Diagnosis Code End:

Enter Code List    Diagnosis Code(s):

Enter Description    Diagnosis Code Description:   
(wild card % not required)

ICD-9     ICD-10

**Diagnosis Code Search Results**

<input type="checkbox"/> Select	DX Code	DX Ind	Description
No results to display			

# MSPRP DX Search Page (2)

The screenshot displays the MSPRP DX Search interface. On the left, there are five radio button options for search criteria: 'Enter Single Code', 'Enter Range', 'Enter Code List', 'Enter Description', and 'ICD-9' (selected) with 'ICD-10' as an alternative. Below these is a 'Search' button. The main search area contains four input fields: 'Diagnosis Code:', 'Diagnosis Code Start:', 'Diagnosis Code End:', and 'Diagnosis Code(s):'. A fifth field, 'Diagnosis Code Description', is present with a note '(wild card % not required)'. Below the search fields is a section titled 'Diagnosis Code Search Results' which contains a table with columns for 'Select', 'DX Code', 'DX Ind', and 'Description'. The table currently shows 'No results to display'. At the bottom of the results section are two buttons: 'Add Selected Codes' (highlighted with a red box) and 'Cancel'.

- The user will be able to search by
  - DX Code,
  - a range of DX codes,
  - a list of codes, or by text description.
- The results for a search will be displayed with Code and a description and will allow the user to select multiple codes at a time.
- Once the Add selected Codes button is selected, the codes will display on the Case Creation Continued page.

# DX Code Selection by Injury

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**Diagnosis Code Selection by Injury Category** [Print this page](#)

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[Help About This Page](#)

Date of Accident/Incident: 10/10/2010 ICD Version: ICD-9

Diagnosis Code Count on Case: 0 Total Count: 0

Selected Count: 0 Total Diagnosis Codes Remaining: 25

- Conditions
- Head & Neck
- Lower Extremities
- Mid Section
- Organs
- Upper Extremities

Select	Description	DX Code
<input type="checkbox"/>	Ankle	9597
<input type="checkbox"/>	Calf	7295
<input type="checkbox"/>	Femur	82100
<input type="checkbox"/>	Foot	9597
<input type="checkbox"/>	Heel	9597
<input type="checkbox"/>	Hip	9596
<input type="checkbox"/>	Knee	9597
<input type="checkbox"/>	Leg	9597
<input type="checkbox"/>	Thigh	9596
<input type="checkbox"/>	Toe	9597

**Case Creation Cont. Page**

Beneficiary Medicare ID:  Beneficiary L  
 Date of Accident/Incident:  Insurance Ty

DX Code Search  Injury Category DX Code Search

\* Related Diagnosis (DX) Code(s):  DX In

Delete	DX Code	DX Ind
<input type="button" value="X"/>		

## DX Code Selection by Injury (2)

**Conditions**

**Head & Neck**

**Lower Extremities**

Select	Description	DX Code
<input type="checkbox"/>	Ankle	9597
<input type="checkbox"/>	Calf	7205
<input type="checkbox"/>	Femur	82100
<input type="checkbox"/>	Foot	9597
<input type="checkbox"/>	Heel	9597
<input type="checkbox"/>	Hip	9595
<input type="checkbox"/>	Knee	9597
<input type="checkbox"/>	Leg	9597
<input type="checkbox"/>	Thigh	9595
<input type="checkbox"/>	Toe	9597

**Mid Section**

**Organs**

**Upper Extremities**

**Add Selected Codes**  **Cancel** 

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

# Diagnosis Codes

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

# MSPRP Case Creation Continued (3)

**Case Creation Continued**

The case information on the previous page has been validated. It is recommended that you include diagnosis codes related to the accident and recovery process. You can directly enter diagnosis codes one at a time or perform a search to locate and add specific diagnosis codes.

Click **Continue** to submit the case to CMS. Click **Cancel** to return to the Account List page without submitting the case.

An asterisk(\*) indicates a required field.

Beneficiary Medicare ID: [REDACTED] Beneficiary Last Name: LONG Beneficiary Date of [REDACTED]  
Date of Accident/Incident: 10/10/2010 Insurance Type: Liability

DX Code Search Injury Category DX Code Search

\* Related Diagnosis (DX) Code(s): [REDACTED] DX Ind:  ICD-9  ICD-10 Add DX Code

Delete	DX Code	DX Ind	Description
X	7295	ICD-9	Pain in limb

**Continue** **Cancel**

**Case Creation Continued Page**

Once the user's Diagnosis Codes and Injury Categories have been added, selecting continue will take the user to the case confirmation page. The user will not be able to continue until at least one DX Code has been added.

# Case Submission Confirmation

The screenshot shows a web page titled "Case Submission Confirmation". At the top, there is a green navigation bar with links: "About This Site", "CMS Links", "How To...", "Reference Materials", and "Contact Us". Below the navigation bar, the main content area has a header "Case Submission Confirmation" enclosed in a red box. To the right of this header is a "Quick Help" section with a "Help About This Page" link. The main content area displays the following information:

Case ID: [201117409000150](#) Beneficiary Medicare ID: \*\*\*\*\*6789

Beneficiary Last Name: Doe

You have successfully submitted the case. The Conditional Payment Letter (CPL) will automatically be mailed to the beneficiary and all authorized parties after the claims retrieval process has completed. This letter provides information on items or services that Medicare paid conditionally which have been identified as being related to the submitted case. To ensure receipt of this letter, authorization must be on file for all parties except the beneficiary. Click Provide Authorization to submit this information now.

*Below text is only visible for beneficiary or for users who are identified themselves as Beneficiary representative on Report Case page.*

If a settlement has been reached for the submitted case, a Conditional Payment Notice (CPN) will be mailed instead of the CPL if settlement information is provided at this time. Like the CPL, the CPN provides conditional payment information but, also advises on what actions must be taken within 30 days of its receipt or the demand letter will be issued. To upload settlement information, authorization must be on file for all parties except the beneficiary. Click Provide Authorization to submit this information now. Once submitted, settlement information can be provided from the Case Information page.

Click **Continue** to return to the Welcome page. Click the Case ID link to access the Case Information page.

At the bottom of the page, there are two buttons: "Continue" and "Provide Authorization". The "Continue" button is highlighted with a red box. A red arrow points from the "Continue" button to the Case ID link in the text above.

Quick Help  
Help About This Page

- The Case ID will be hyperlinked to take the user directly to the Case Information page or they can click the Continue button to return to the Welcome! page.

# Case Submission Confirmation (2)

## Case Information

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Case ID: 20183 45090 00009	Medicare ID: [REDACTED]
Case Type: Liability	Beneficiary DOB: 03/29/1945
Case Status: In Development <a href="#">What is this?</a>	Beneficiary Last Name: LONG
Date of Incident: 10/10/2010	Authorization Level: Beneficiary Proof of Representation
Industry Date of Incident: <a href="#">What is this?</a>	Authorization Status: Verified

### Payment Information

Rights and Responsibilities Letter Mail Date:

Conditional Payment Letter Mail Date: N/A  
\*Current Conditional Payment Amount: \$0.00  
*Note: Claims are retitled daily. This amount is current as of 12/11/2018.*

Demand Letter Mail Date:  
Demand Amount:

Conditional Payment Notice Amount:  
Conditional Payment Notice Mail Date:  
Conditional Payment Notice Response Due Date:

Please select an action from the following list, if the option is disabled it may not be available for the case at this time:

- View / Request Authorizations
- Request an update to the conditional payment amount [What is this?](#)
- Request an electronic conditional payment letter with Current Conditional Payment Amount [What is this?](#)
- Request a mailed copy of the conditional payment letter [What is this?](#)
- Begin Final Conditional Payment Process and Provide 120 Days' Notice of Anticipated Settlement [What is this?](#)
- View / Dispute Claims Listing [What is this?](#)
- View / Provide the Notice of Settlement Information [What is this?](#)

If the user selects the Case ID link to access the Case Information page, they will have the option to View/Provide the Notice of Settlement information.

# Case Submission Confirmation (3)

The screenshot shows a web page with a green navigation bar at the top containing links for 'About This Site', 'CMS Links', 'How To...', 'Reference Materials', and 'Contact Us'. The main content area has a title 'Case Submission Confirmation' enclosed in a red box. Below the title, there are two rows of information: 'Case ID: 201117409000150' and 'Beneficiary Medicare ID: \*\*\*\*\*6789', followed by 'Beneficiary Last Name: Doe'. A paragraph of text explains that a Conditional Payment Letter (CPL) will be mailed to the beneficiary and authorized parties. Below this, a red line of text states: 'Below text is only visible for beneficiary or for users who are identified themselves as Beneficiary representative on Report Case page.' Another paragraph explains that if a settlement is reached, a Conditional Payment Notice (CPN) will be mailed instead of the CPL. At the bottom, there are two green buttons: 'Continue' and 'Provide Authorization', both with right-pointing arrows. The 'Continue' button is enclosed in a red box, and a red arrow points from a text box on the right to it. The text box contains the bullet point: '•The user can click the Continue button to return to the Welcome! page.'

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## Case Submission Confirmation

**Case ID:** 201117409000150   **Beneficiary Medicare ID:** \*\*\*\*\*6789

**Beneficiary Last Name:** Doe

You have successfully submitted the case. The Conditional Payment Letter (CPL) will automatically be mailed to the beneficiary and all authorized parties after the claims retrieval process has completed. This letter provides information on items or services that Medicare paid conditionally which have been identified as being related to the submitted case. To ensure receipt of this letter, authorization must be on file for all parties except the beneficiary. Click Provide Authorization to submit this information now.

*Below text is only visible for beneficiary or for users who are identified themselves as Beneficiary representative on Report Case page.*

If a settlement has been reached for the submitted case, a Conditional Payment Notice (CPN) will be mailed instead of the CPL if settlement information is provided at this time. Like the CPL, the CPN provides conditional payment information but, also advises on what actions must be taken within 30 days of its receipt or the demand letter will be issued. To upload settlement information, authorization must be on file for all parties except the beneficiary. Click Provide Authorization to submit this information now. Once submitted, settlement information can be provided from the Case Information page.

Click **Continue** to return to the Welcome page. Click the Case ID link to access the Case Information page.

**Continue**   **Provide Authorization**

- The user can click the Continue button to return to the Welcome! page.

# Case Listing (Non-Beneficiary)

## Case Listing

 [Print this page](#)

**Quick Help**

[Help About This Page](#)

The following are the case reports associated to Account ID: 99999

To view case detail information, click the case number. To manage Designee access to the case, click on the **Manage Access** link. To perform a search, enter any search criteria and click the **Search** button.

If you are approaching settlement on a case that is not yet available on the MSPRP and y Conditional Payment process, contact the Benefits Coordination & Recovery Center (BCR

By phone : (855) 798-2627  
By mail: NGHP  
PO Box 138832  
Oklahoma City, OK 73113

Case ID:  [Search Hint](#)  
Medicare ID:   
Beneficiary SSN:  -  -   
Beneficiary Last Name:  [Search Hint](#)

Selecting **Cancel** will return to the Home Page

Selecting **Remove Cases** will remove all cases checked in the Select column.

\* Case IDs denoted with an asterisk were reported via the Case Submission process on t

### Cases

Select	Case ID	Bene Last Name	Medicare ID	Bene Date of Birth	Case Access
<input type="checkbox"/>	201117409000150	Smith	*****9999A	09/01/1940	<a href="#">Manage Access</a>
<input type="checkbox"/>	201117409000151	Jones	*****8888B	04/19/1945	<a href="#">Manage Access</a>
<input type="checkbox"/>	201117409000152 *	Williams	*****7777B	08/20/1939	<a href="#">Manage Access</a>
<input type="checkbox"/>	201117409000153	Ryan	***.**-1234	10/14/1941	<a href="#">Manage Access</a>

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### Welcome!

Account: 31295 MFA PLOG UPDATE TEST

The Medicare Secondary Payer Recovery Portal provides a quick and efficient way to request case information and provide information to assist in resolving Medicare's recovery claim.

With the use of this portal, you may submit a valid authorization, request an update to the conditional payment amount, submit settlement information and dispute claims.

You may view the account activity by clicking the appropriate link under the Account Settings.

To request information regarding a case you have not already associated to your account, click the Request Case Access link below.

To see cases that you have previously associated to your account, click the Case Listing link below.

To submit a case, click the Report A Case link below.

**Note:** You will not be able to use the links below until your Profile Report has been returned.

[Request Case Access](#)

[Case Listing](#)

[Report A Case](#)

**Quick Help**

[Help About This Page](#)

**Account Settings**

[Update Account Information](#)

[Designee Maintenance](#)

[View Account Activity](#)

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

# Case Submission Confirmation (4)

The screenshot shows a web page with a green navigation bar at the top containing links for 'About This Site', 'CMS Links', 'How To...', 'Reference Materials', and 'Contact Us'. The main content area is titled 'Case Submission Confirmation' and displays the following information:

**Case ID:** 201117409000150    **Beneficiary Medicare ID:** \*\*\*\*\*6789

**Beneficiary Last Name:** Doe

You have successfully submitted the case. The Conditional Payment Letter (CPL) will automatically be mailed to the beneficiary and all authorized parties after the claims retrieval process has completed. This letter provides information on items or services that Medicare paid conditionally which have been identified as being related to the submitted case. To ensure receipt of this letter, authorization must be on file for all parties except the beneficiary. Click Provide Authorization to submit this information now.

*Below text is only visible for beneficiary or for users who are identified themselves as Beneficiary representative on Report Case page.*

If a settlement has been reached for the submitted case, a Conditional Payment Notice (CPN) will be mailed instead of the CPL if settlement information is provided at this time. Like the CPL, the CPN provides conditional payment information but, also advises on what actions must be taken within 30 days of its receipt or the demand letter will be issued. To upload settlement information, authorization must be on file for all parties except the beneficiary. Click Provide Authorization to submit this information now. Once submitted, settlement information can be provided from the Case Information page.

Click **Continue** to return to the Welcome page. Click the Case ID link to access the Case Information page.

At the bottom of the page, there are two buttons: 'Continue' and 'Provide Authorization'. The 'Provide Authorization' button is highlighted with a red box, and a red arrow points from a text box on the right to it.

**Quick Help**  
[Help About This Page](#)

• The confirmation page will also include a button to take the user directly to the Authorization Documentation page for the case.

# Authorization Documentation

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

## Authorization Documentation

This page displays a list of authorizations currently on file that are associated with the case for the user who is currently logged in. This page will also allow the submission of new authorizations.

Quick Help : [Help About This Page](#)

### Authorizations

Authorization Type	Status <a href="#">What is this?</a>	Start Date	End Date
--------------------	--------------------------------------	------------	----------

**Submit New Authorization:**  
An asterisk (\*) indicates a required field.

\* Select the authorization type:

Beneficiary Consent to Release [What is Beneficiary Consent to Release?](#)

Beneficiary Proof of Representation [What is Beneficiary Proof of Representation?](#)

To get more information about the Beneficiary Proof of Representation or Consent to Release, and to obtain blank templates, go to <http://go.cms.gov/MEDRECOVPROC>. To get more information about the Recovery Agent Authorization and to see the model language, go to <http://go.cms.gov/INSNGHPRECOV>.

\* Please select from one of the following which best describes the representation type:

\* Start Date of Authorization: / /  (MMDD/CCYY)

End Date of Authorization: / /  (MMDD/CCYY) Optional

Representative Information

\* Is this authorization being submitted for someone other than yourself/your company?  Yes  No  
Submitting an authorization for another party will allow them to perform actions on the case and permit them to receive correspondence related to the case. This action will not make them an account designee.

\* Supporting Documentation is Required. Please refer to Help About This Page to identify what documents should be submitted. To upload supporting documentation, please [click here Upload Documentation](#)

Selecting Continue will submit the files to CMS. Selecting Cancel will return you to the Case Information page, the files will not be submitted to CMS.

•To upload Documentation, fill in the required fields and click the Upload Documentation link.

# Authorization Documentation Upload Page

The screenshot shows a web page titled "Authorization Documentation Upload". At the top, there is a green navigation bar with links: Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, and Logoff. Below the navigation bar, the main content area has a heading "Authorization Documentation Upload" and a "Print this page" icon. The instructions state: "Please click browse to find the document." and "The document must be in .PDF format and the size limit is 40 MB (megabyte) per document for attachments." It also notes: "Selecting Continue will upload the documents. Selecting Cancel will return you to the Authorization Documentation page and documents will not be uploaded." A red box highlights a section containing six "Choose File" buttons, each followed by the text "No file chosen". Below this section are two buttons: "Continue" (with a play icon) and "Cancel" (with an 'x' icon). To the right of the main content area is a "Quick Help" box with a link "Help About This Page". A second red box on the right side of the page contains a bullet point: "Use the Choose File links to search and add the appropriate documents and click Continue."

# Authorization Documentation (2)

**Authorization Documentation**

This page displays a list of authorizations currently on file that are associated with the case for the user who is currently logged in. This page will also allow the submission of new authorizations.

**Authorizations**

Authorization Type	Status <a href="#">What is this?</a>	Start Date	End Date
--------------------	--------------------------------------	------------	----------

**Submit New Authorization:**

An asterisk (\*) indicates a required field.

\*Select the authorization type:

Beneficiary Consent to Release [What is Beneficiary Consent to Release?](#)

Beneficiary Proof of Representation [What is Beneficiary Proof of Representation?](#)

To get more information about the Beneficiary Proof of Representation or Consent to Release, and to obtain blank templates, go to <http://go.cms.gov/MEDRECOVPROC>. To get more information about the Recovery Agent Authorization and to see the model language, go to <http://go.cms.gov/NSNGHPRECOV>.

\* Please select from one of the following which best describes the representation type:

\* Start Date of Authorization:  /  /  (MMDD/YYYY)

End Date of Authorization:  /  /  (MMDD/YYYY) Optional

**Representative Information**

\* Is this authorization being submitted for someone other than yourself/your company?  Yes  No  
 Submitting an authorization for another party will allow them to perform actions on the case and permit them to receive correspondence related to the case. This action will not make them an account designee.

\* Supporting Documentation is Required. Please refer to [Help About This Page](#) to identify what documents should be submitted. To upload supporting documentation, please click here [Upload Documentation](#).

Below is a list of documents to be submitted for the case. If you'd like to delete a document from the list, click the Delete link to the right of the document name.

* POR.pdf	<a href="#">Delete</a>
-----------	------------------------

By checking this box, I attest that the information provided and uploaded documentation is complete and accurate to the best of my knowledge.

Selecting Continue will submit the files to CMS. Selecting Cancel will return you to the Case Information page, the files will not be submitted to CMS.

- The Authorization Documentation page will display with your documentation listed for your review before continuing.

# Authorization Documentation Confirmation

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## Authorization Documentation Confirmation

Print this page

Quick Help  
Help About This Page

Case ID: 201834509000009  
Beneficiary Last Name: LONG  
Medicare ID: [REDACTED]

You have successfully submitted the Authorization documentation for the case listed above.  
Click Continue to return to the Case Information page.

Continue

- After selecting continue, the confirmation page will display notifying the user that their Authorization Documentation has been successfully submitted.
- The user can access the Case information Page by clicking Continue.

# Case Information Page

## Case Information

[Print this page](#)
[Quick Help : Help About This Page](#)

<p>Case ID: 20183 45000 00009</p> <p>Case Type: Liability</p> <p>Case Status: In Development <a href="#">What is this?</a></p> <p>Date of Incident: 10/10/2010</p> <p>Industry Date of Incident: <a href="#">What is this?</a></p>	<p>Medicare ID: [REDACTED]</p> <p>Beneficiary DOB: 03/20/1946</p> <p>Beneficiary Last Name: LONG</p> <p>Authorization Level: Beneficiary Proof of Representation</p> <p>Authorization Status: Verified</p>
--	--

Payment Information

---

Rights and Responsibilities Letter Mail Date:

Conditional Payment Letter Mail Date: N/A

\*Current Conditional Payment Amount: \$0.00

*Note: Claims are retrieved daily. This amount is current as of 12/11/2018.*

Conditional Payment Notice Amount:

Conditional Payment Notice Mail Date:

Conditional Payment Notice Response Due Date:

Demand Letter Mail Date:

Demand Amount:

Please select an action from the following list, if the option is disabled it may not be available for the case at this time:

- View / Request Authorizations
- Request an update to the conditional payment amount [What is this?](#)
- Request an electronic conditional payment letter with Current Conditional Payment Amount [What is this?](#)
- Request a mailed copy of the conditional payment letter [What is this?](#)
- Begin Final Conditional Payment Process and Provide 120 Days' Notice of Anticipated Settlement [What is this?](#)
- View / Dispute Claims Listing [What is this?](#)
- View / Provide the Notice of Settlement Information [What is this?](#)

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

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

# Settlement Information Page

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## Settlement Information

 [Print this page](#)

**Quick Help**

[Help About This Page](#)

This page allows you to enter Notice of Settlement information, upload Notice of Settlement documentation, or elect the Fixed Percentage Option. Completion of this page will result in the issuance of a demand/bill. *Note: If you believe any of the claims listing on the Claims Listing Page are unrelated to the case, click Cancel and select the View / Dispute Claims Listing option to submit a dispute. Please do not submit a dispute as part of the settlement documentation.*

An asterisk (\*) indicates a required field.

**\*Injury Type:**

**Note :** If this case is in the Final Conditional Payment Process and the Injury Type selected is Non-Physical Trauma-Based Injury, CMS reserves the right to amend or modify the Final Conditional Payment Amount if additional claims related to the alleged injury resulting from exposure, implantation, or ingestion of a substance are later identified and were not included in the Final Conditional Payment Amount.

Traumatic Injury (e.g. Slip and Fall or Auto Accident)  
 Non-Physical Trauma-Based Injury (e.g. Alleged injury resulting from exposure, implantation, or ingestion of a substance.)

**\*Settlement Amount:**  (0.00 - 999,999,999.00)  
**\*Settlement Date:**  /  /  (MM/DD/CCYY)

**Settlement Details**

Please choose one of the following options:

**Note:** Fees and costs are limited to what the beneficiary had to pay to attain his/her settlement. Only those costs borne by the beneficiary should be entered. If nothing is entered, this request will be processed without Attorney Fees.

None  
 Attorney Fees [What are Attorney Fees?](#)

**Attorney Fees:**  (0.00 - 999,999,999.00)  
**Attorney Expenses:**  (0.00 - 999,999,999.00)

Attorney Fee Percentage:  %  
 Fixed Percentage Option [What is Fixed Percentage Option?](#)

**Exclusions**

**MED/PIP/Other Exclusions:**  (0.00 - 999,999,999.00) [What are Exclusions?](#)

I attest that the settlement information provided above is correct.

Official Settlement Documentation (court documents) is not required unless needed to resolve relatedness issues on conditional payments made. In certain situations, CMS may require a detailed breakdown of attorney fees and expenses to be provided/uploaded.

To upload supporting documentation, please click here [Upload Documentation](#)

**Note:** Please submit settlement related documentation only. Any other documents submitted will not be reviewed.

Selecting Continue will submit the files to CMS. Selecting Cancel will return you to the Case Information page, the files will not be submitted to CMS.

Continue
Cancel

# Settlement Information Page (2)

**\*Injury Type:**

**Note :** If this case is in the Final Conditional Payment Process and the Injury Type selected is Non-Physical Trauma-Based Injury, CMS reserves the right to amend or modify the Final Conditional Payment Amount if additional claims related to the alleged injury resulting from exposure, implantation, or ingestion of a substance are later identified and were not included in the Final Conditional Payment Amount.

- Traumatic Injury (e.g. Slip and Fall or Auto Accident)
- Non-Physical Trauma-Based Injury (e.g. Alleged injury resulting from exposure, implantation, or ingestion of a substance.)

**\*Settlement Amount:**  (0.00 - 999,999,999.00)

**\*Settlement Date:**  /  /  (MM/DD/CCYY)

Settlement Details

Enter the following  
required data:

- Injury Type
- Settlement Amount
- Settlement Date
- All Settlement Details

# Settlement Information Page (3)

Please choose one of the following options:

**Note:** Fees and costs are limited to what the beneficiary had to pay to attain his/her settlement. Only those costs borne by the beneficiary should be entered. If nothing is entered, this request will be processed without Attorney Fees.

None  
 **Attorney Fees** [What are Attorney Fees?](#)

Attorney Fees:  (0.00 - 999,999,999.00)  
 Attorney Expenses:  (0.00 - 999,999,999.00)

Attorney Fee Percentage:  %  
 **Fixed Percentage Option** [What is Fixed Percentage Option?](#)

**Exclusions**

MED/PIP/Other Exclusions:  (0.00 - 999,999,999.00) [What are Exclusions?](#)

I attest that the settlement information provided above is correct.

Official Settlement Documentation (court documents) is not required unless needed to resolve relatedness issues on conditional payments made. In certain situations, CMS may require a detailed breakdown of attorney fees and expenses to be provided/uploaded.

To upload supporting documentation, please click here [Upload Documentation](#) 

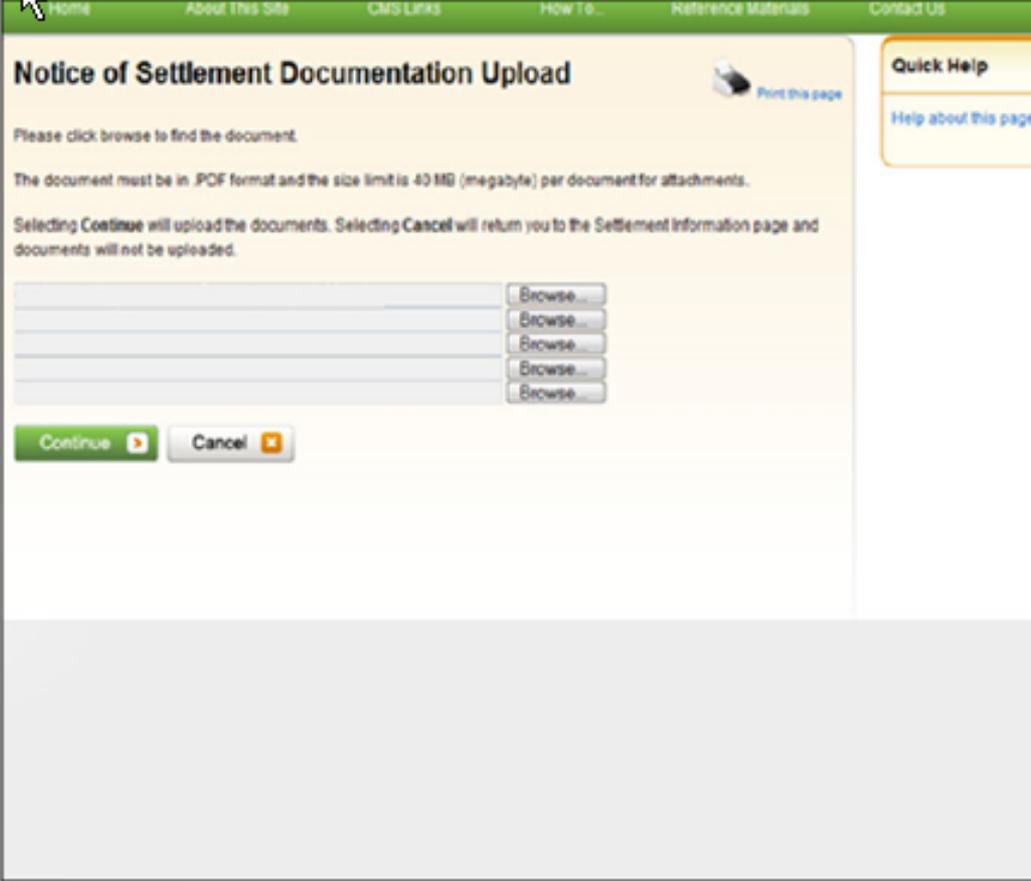
Note: Please submit settlement related documentation only. Any other documents submitted will not be reviewed.

Selecting Continue will submit the files to CMS. Selecting Cancel will return you to the Case Information page, the files will not be submitted to CMS.

**Note:** This does not apply to insurers as they are not to self-report for a settlement.

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

# Notice of Settlement Documentation Upload Page



**File Requirements:**

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

# Settlement Information Page (4)

## Settlement Information Page (Bottom)

I attest that the settlement information provided above is correct.

Official Settlement Documentation (court documents) is not required unless needed to resolve relatedness issues or conditional payments made. **In certain situations, CMS may require a detailed breakdown of attorney fees and expenses to be provided/uploaded.**

To upload supporting documentation, please click here [Upload Documentation](#)

Note: Please submit settlement related documentation only. Any other documents submitted will not be reviewed.

Selecting **Continue** will submit the files to CMS. Selecting **Cancel** will return you to the Case Information page, the files will not be submitted to CMS.

**Continue**  **Cancel** 

- The user can add supporting documentation once the document has been uploaded.
- Select Continue.

# Notice of Settlement Confirmation

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## Notice of Settlement Confirmation

Case ID: 20183 45090 00009 Medicare ID: [REDACTED]  
Beneficiary Last Name: LONG

You have successfully submitted the Notice of Settlement documentation for the case listed above.

Click [Continue](#) to return to the Case Information page.

[Print this page](#)

**Quick Help**  
[Help About This Page](#)

- The Notice of Settlement Confirmation page appears. You can print this page by clicking the Print this page link in the upper right-hand corner.
- Click [Continue](#) to return to the Case Information Page.

# Case Information Page (2)

The screenshot displays a web interface for case information. At the top, a green navigation bar contains links: Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, and Logout. Below this, a red box highlights the 'Case Information' title. The main content area is divided into several sections:

- Case Information:** Case ID: 20183 45090 00009; Case Type: Liability; Case Status: In Development; Date of Incident: 10/10/2010; Industry Date of Incident: [icon] What is this?; Medicare ID: [redacted]; Beneficiary DOB: 03/26/1946; Beneficiary Last Name: LONG; Authorization Level: Beneficiary Proof of Representation; Authorization Status: Verified.
- Payment Information:** A section with a header and a large empty box below it.
- Rights and Responsibilities Letter Mail Date:** A field for the letter mail date.
- Conditional Payment Letter Mail Date:** N/A.
- Conditional Payment Amount:** \$0.00. A red note states: "Note: Claims are retrieved daily. This amount is current as of: 12/11/2018."
- Conditional Payment Notice Amount:** A field for the notice amount.
- Conditional Payment Notice Mail Date:** A field for the notice mail date.
- Conditional Payment Notice Response Due Date:** A field for the response due date.
- Demand Letter Mail Date:** A field for the demand letter mail date.
- Demand Amount:** A field for the demand amount.

Below these sections, a message reads: "Please select an action from the following list, if the option is disabled it may not be available for the case at this time:". A list of actions follows, each with a radio button:

- View / Request Authorizations
- Request an update to the conditional payment amount What is this?
- Request an electronic conditional payment letter with Current Conditional Payment Amount What is this?
- Request a mailed copy of the conditional payment letter What is this?
- Begin Final Conditional Payment Process and Provide 120 Days' Notice of Anticipated Settlement What is this?
- View / Dispute Claims Listing What is this?

At the bottom, there are two buttons: 'Continue' (with a right arrow) and 'Cancel' (with an X).

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

# Welcome Page

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## Welcome!

**Account:** 31295 MFA PLOG UPDATE TEST

The Medicare Secondary Payer Recovery Portal provides a quick and efficient way to request case information and provide information to assist in resolving Medicare's recovery claim.

With the use of this portal, you may submit a valid authorization, request an update to the conditional payment amount, submit settlement information and dispute claims.

You may view the account activity by clicking the appropriate link under the Account Settings.

To request information regarding a case you have not already associated to your account, click the Request Case Access link below.

To see cases that you have previously associated to your account, click the Case Listing link below.

To submit a case, click the Report A Case link below.

**Note:** You will not be able to use the links below until your Profile Report has been returned.

- Request Case Access
- Case Listing
- Report A Case

### Quick Help

[Help About This Page](#)

### Account Settings

- [Update Account Information](#)
- [Designee Maintenance](#)
- [View Account Activity](#)

Privacy Policy | User Agreement | Adobe Acrobat

# Case Submission Information

MSPRP users should to be aware that:

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

# Self-Reporting as a Beneficiary

# MSPRP Report A Case Link (2)

The screenshot shows the MSPRP portal home page. At the top is a green navigation bar with links: Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, and Logoff. The main content area is divided into two columns. The left column has a 'Welcome!' section with a red border, followed by account information: 'Account: 31295 MFA PLOG UPDATE TEST'. Below this is a paragraph explaining the portal's purpose, followed by instructions on how to use the portal, including links for 'Request Case Access', 'Case Listing', and 'Report A Case'. The 'Report A Case' link is highlighted with a red box and a red arrow pointing to it. The right column contains 'Quick Help' (with a 'Help About This Page' link) and 'Account Settings' (with links for 'Update Account Information', 'Designee Maintenance', and 'View Account Activity'). A red-bordered box on the right contains text explaining that the user should click the 'Report A Case' link. At the bottom is a blue footer bar with links for 'Privacy Policy', 'User Agreement', and 'Adobe Acrobat'.

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

**Welcome!**

Account: 31295 MFA PLOG UPDATE TEST

The Medicare Secondary Payer Recovery Portal provides a quick and efficient way to request case information and provide information to assist in resolving Medicare's recovery claim.

With the use of this portal, you may submit a valid authorization, request an update to the conditional payment amount, submit settlement information and dispute claims.

You may view the account activity by clicking the appropriate link under the Account Settings.

To request information regarding a case you have not already associated to your account, click the Request Case Access link below.

To see cases that you have previously associated to your account, click the Case Listing link below.

To submit a case, click the Report A Case link below.

**Note:** You will not be able to use the links below until your Profile Report has been returned.

[Request Case Access](#)

[Case Listing](#)

[Report A Case](#)

**Quick Help**

[Help About This Page](#)

**Account Settings**

[Update Account Information](#)

[Designee Maintenance](#)

[View Account Activity](#)

Privacy Policy | User Agreement | Adobe Acrobat

The MSPRP user will click the **Report A Case** link to start the case submission process.

# MSPRP Case Creation (Beneficiary)

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Sign off

**Case Creation**

**Quick Help**  
[Help About This Page](#)

Enter data related to the accident/incident. This information will be validated to ensure the case does not already exist and that the data meets the criteria for creating a case. Once the case is successfully submitted, the Rights and Responsibilities letter will be generated and mailed.

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

An asterisk(\*) indicates a required field.

\*Beneficiary's Medicare ID:

\*Beneficiary's Last Name:

\*Beneficiary's Date of Birth:

\*Date of Accident/Incident:  /  /  (MMDD/CCYY)

\*Insurance Type:

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

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

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

**Developer Note:** [Click here to continue in case there is an existing case for the information provided in this page.](#)

# MSPRP Case Creation

\*Beneficiary's Medicare ID: [REDACTED]

\*Beneficiary's Last Name: Smith

\*Beneficiary's Date of Birth: 02 / 15 / 1940

\*Date of Accident/Incident: [ ] / [ ] / [ ] (MM/DD/CCYY) ←

\*Insurance Type:

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

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

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

- From the case creation page, the date related to the accident/incident field should be entered.
- This information will be validated to ensure the case does not already exist and that the data meets the criteria for creating a case.
- Once the case is successfully submitted, the Rights and Responsibilities letter will be generated and mailed.

# MSPRP Case Found (2)

**Case Found**  Print this page

Beneficiary Medicare ID: \*\*\*\*6789      Beneficiary Last Name: Doe

The case you reported already exists in the system. Click the Case ID to access the Case Information page for the selected case. Click Continue to return to the Welcome Page.

**Case ID**

- [201117409000150](#)
- [201117409000151](#)
- [201117409000152](#)
- [201117409000153](#)

[Continue](#) 

**Quick Help**

[Help About This Page](#)

- If the case entered is located in the system, the Case Found page will appear with the cases associated to your account.
- The Case ID links displayed on the Case Found page shall redirect the user to the existing Case Information where they will be able to access and manage the existing case based on their level of authority.

# MSPRP Case Creation Continued (4)

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

**Case Creation Continued**

 Print this page    [Quick Help : Help About This Page](#)

The case information on the previous page has been validated. It is recommended that you include diagnosis codes related to the accident/incident, as this aids in the recovery process. You can directly enter diagnosis codes one at a time or perform a search to locate and add specific diagnosis codes.

Click **Continue** to submit the case to CMS. Click **Cancel** to return to the Account List page without submitting the case.

An asterisk(\*) indicates a required field.

Beneficiary Medicare ID:     Beneficiary Last Name:     Beneficiary Date of Birth:

Date of Accident/Incident:     Insurance Type:

\* Related Diagnosis (DX) Code(s):     DX Ind:  ICD-9     ICD-10        Total Codes Selected: 0

Delete	DX Code	DX Ind	Description

Privacy Policy | User Agreement | Adobe Acrobat

# MSPRP Case Creation Continued (5)

**Case Creation Continued**

The case information on the previous page has been validated. It is recommended that you include diagnosis codes related to the accident and recovery process. You can directly enter diagnosis codes one at a time or perform a search to locate and add specific diagnosis codes.

Click **Continue** to submit the case to CMS. Click **Cancel** to return to the Account List page without submitting the case.

An asterisk(\*) indicates a required field.

Beneficiary Medicare ID: [REDACTED] Beneficiary Last Name: LONG Beneficiary Date of Birth: [REDACTED]  
Date of Accident/Incident: 10/10/2010 Insurance Type: Liability

DX Code Search Injury Category DX Code Search

\* Related Diagnosis (DX) Code(s): [REDACTED] DX Ind:  ICD-9  ICD-10 Add DX Code

Delete	DX Code	DX Ind	Description
X	7295	ICD-9	Pain in limb

**Continue** **Cancel**

**Case Creation Continued Page**

Once the user's Diagnosis Codes and Injury Categories have been added, selecting continue will take the user to the case confirmation page. The user will not be able to continue until at least one DX Code has been added.

# Case Submission Confirmation (5)

The screenshot shows a web page titled "Case Submission Confirmation". At the top, there is a green navigation bar with links: "About This Site", "CMS Links", "How To...", "Reference Materials", and "Contact Us". Below the navigation bar, the main content area has a title "Case Submission Confirmation" enclosed in a red box. To the right of the main content is a "Quick Help" box with a link "Help About This Page". The main content area displays the following information:

**Case ID:** [201117409000150](#) **Beneficiary Medicare ID:** \*\*\*\*6789

**Beneficiary Last Name:** Doe

You have successfully submitted the case. The Conditional Payment Letter (CPL) will automatically be mailed to the beneficiary and all authorized parties after the claims retrieval process has completed. This letter provides information on items or services that Medicare paid conditionally which have been identified as being related to the submitted case. To ensure receipt of this letter, authorization must be on file for all parties except the beneficiary. Click Provide Authorization to submit this information now.

*Below text is only visible for beneficiary or for users who are identified themselves as Beneficiary representative on Report Case page.*

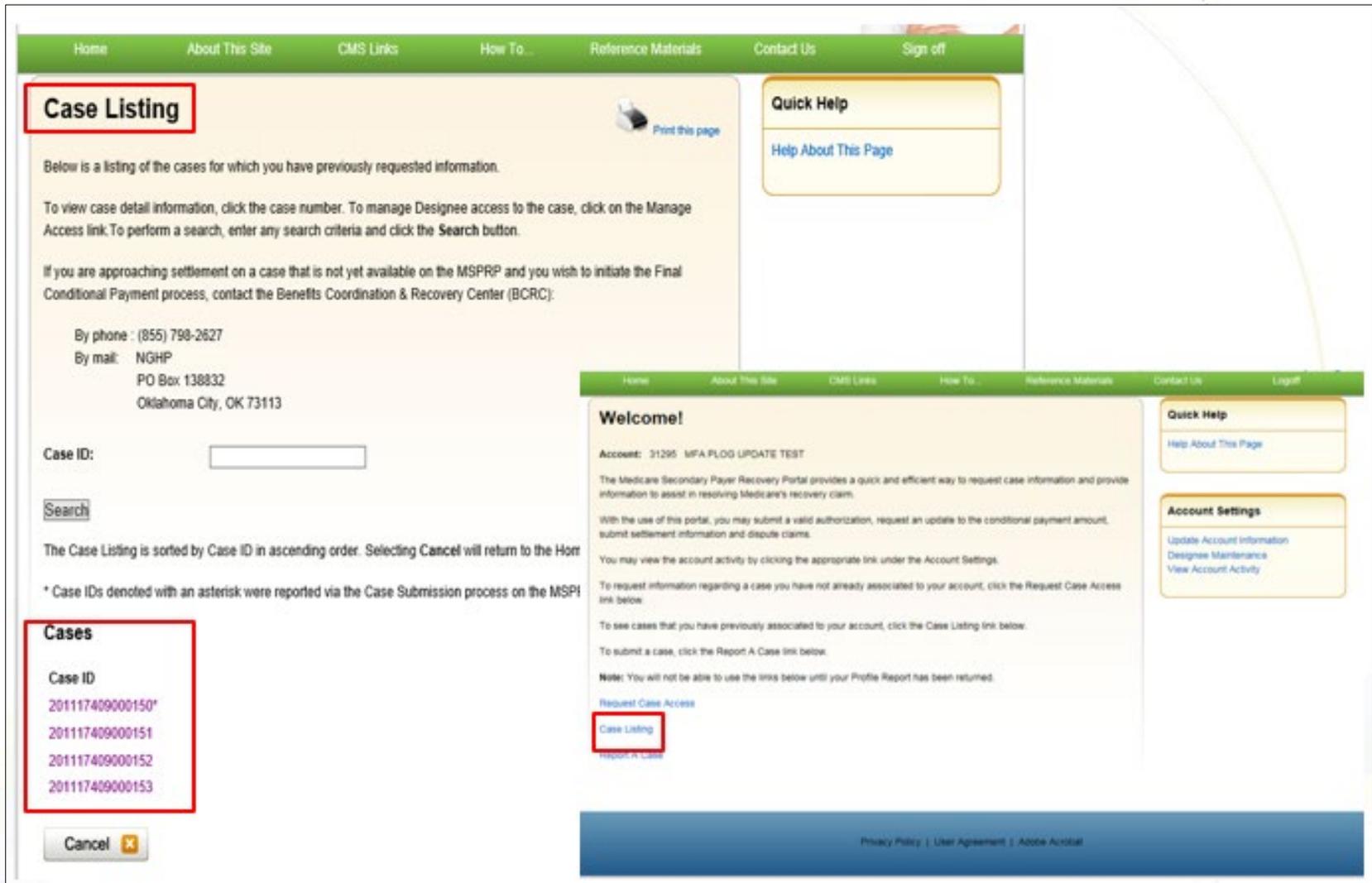
If a settlement has been reached for the submitted case, a Conditional Payment Notice (CPN) will be mailed instead of the CPL if settlement information is provided at this time. Like the CPL, the CPN provides conditional payment information but, also advises on what actions must be taken within 30 days of its receipt or the demand letter will be issued. To upload settlement information, authorization must be on file for all parties except the beneficiary. Click Provide Authorization to submit this information now. Once submitted, settlement information can be provided from the Case Information page.

Click **Continue** to return to the Welcome page. Click the Case ID link to access the Case Information page.

At the bottom of the page, there are two green buttons: "Continue" and "Provide Authorization". The "Continue" button is highlighted with a red box. A red arrow points from the "Continue" button to the Case ID link in the "Case ID" field.

• The Case ID will be hyperlinked to take the user directly to the Case Information page or they can click the Continue button to return to the Welcome! page.

# Case Listing Page (Beneficiary)



The screenshot displays the Case Listing Page for a beneficiary. It features a green navigation bar at the top with links: Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, and Sign off. The main content area is divided into two columns. The left column contains the 'Case Listing' section, which includes instructions on how to view case details, manage designee access, and perform searches. It also provides contact information for the BCRC: (855) 798-2627, NGHP, PO Box 138832, Oklahoma City, OK 73113. Below this is a 'Case ID' search field and a 'Search' button. A note states that case listings are sorted by Case ID in ascending order. A list of cases is shown, with Case IDs: 201117409000150\*, 201117409000151, 201117409000152, and 201117409000153. A 'Cancel' button is at the bottom of this section. The right column contains a 'Quick Help' section with a 'Help About This Page' link. Below this is a 'Welcome!' section for account 31295 MFA PLOG UPDATE TEST, providing instructions on how to use the portal, submit information, and request case access. A 'Case Listing' link is highlighted in a red box. At the bottom of the page, there is a footer with links for Privacy Policy, User Agreement, and Adobe Acrobat.

# Case Submission Confirmation (6)

The screenshot shows a web page titled "Case Submission Confirmation". At the top, there is a green navigation bar with links: "About This Site", "CMS Links", "How To...", "Reference Materials", and "Contact Us". Below the navigation bar, the page content is divided into two main sections. The left section contains the following information:

**Case ID:** 201117409000150    **Beneficiary Medicare ID:** \*\*\*\*\*6789

**Beneficiary Last Name:** Doe

You have successfully submitted the case. The Conditional Payment Letter (CPL) will automatically be mailed to the beneficiary and all authorized parties after the claims retrieval process has completed. This letter provides information on items or services that Medicare paid conditionally which have been identified as being related to the submitted case. To ensure receipt of this letter, authorization must be on file for all parties except the beneficiary. Click Provide Authorization to submit this information now.

*Below text is only visible for beneficiary or for users who are identified themselves as Beneficiary representative on Report Case page.*

If a settlement has been reached for the submitted case, a Conditional Payment Notice (CPN) will be mailed instead of the CPL if settlement information is provided at this time. Like the CPL, the CPN provides conditional payment information but, also advises on what actions must be taken within 30 days of its receipt or the demand letter will be issued. To upload settlement information, authorization must be on file for all parties except the beneficiary. Click Provide Authorization to submit this information now. Once submitted, settlement information can be provided from the Case Information page.

Click **Continue** to return to the Welcome page. Click the Case ID link to access the Case Information page.

At the bottom of the page, there are two buttons: "Continue" and "Provide Authorization". The "Provide Authorization" button is highlighted with a red box, and a red arrow points from a callout box to it.

The right section of the page is a "Quick Help" box with a yellow background and a blue border. It contains a link: "Help About This Page".

**Callout Box:**

- The confirmation page will also include a button to take the user directly to the authorization page for the case.

# Multi-Factor Authentication (MFA) Updates

Effective January 5, 2019

# MFA Overview

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

# Multi-Factor Authentication (MFA)

Home About This Site OMC Links How To... Reference Materials Contact Us Logout

## Account List

Print this page

Click the desired link to access the associated account.

You may update your personal information or change your current password by clicking the appropriate link under the Account Settings List. You may also activate factors by clicking the Factor Required link located in the Multi-Factor Authentication box.

### Multi-Factor Authentication

MSPRP users may request access to view unmasked claims data that was previously only accessible to the beneficiary. Individuals requesting this access must complete the ID Proofing and Multi-factor Authentication (MFA) process. The status of your request will display as a link under the Multi-factor Authentication box. You will click this link to progress through the required steps. Once you have successfully completed this process your status will be changed to Complete.

During the ID Proofing process, you will be asked to provide current personal information and respond to questions created by Superior Credit Services (an outside entity) to confirm your identity. This information, the questions, and your answers will not be stored on the MSPRP. This process will not impact your credit score.

To use MFA services, you will be required to register for a Factor Type (Voice Call and/or Text Message (SMS)) as a method of receiving your security token to access the MSPRP application using your MFA Login. When registering for Voice Call, a landline phone or mobile device may be used to receive the security token via phone call. To register for Text Message (SMS) you must register with a mobile phone number in order to receive your security token via text message. After the Factor registration, you then must activate the Factor for your login ID. You may only have ONE registered or activated phone number per factor type.

You will be able to activate the factor after the Next Step link has changed to **Factor Required**. To begin the ID Proofing process, click the Next Step: Get Started link.

**Associated Account IDs:**  
 36645

**Quick Help**

[Help About This Page](#)

---

**Account Settings**

[Update Personal Information](#)  
[Change Password](#)

---

**Multi-Factor Authentication**

Status: ID Proofed  
 Next Step: [Factor Required](#)

Factor Required steps must be completed after Jan. 5<sup>th</sup>, 2019 in order for a user to see unmasked case information.

**Factor Required**

If a user does not click the link and complete the step, they will still be able to access their associated account ID's but will only have access to some case information.

# Multi-Factor Authentication (MFA) (2)

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

## Multi-Factor Authentication (MFA) Credential Maintenance

Print this page

Your current status in the ID Proofing and MFA process is : ID Proofed

The Activated and Registered Factor ID's associated to your Login ID are listed on this page. You must have at least one Factor ID in Activated status in order to view unmasked claim information on the Medicare Secondary Payer Recovery Portal (MSPRP). To activate a Factor ID, you must complete the activation processes for the mobile phone number you registered on the Register Factor page.

No Factor IDs Found

Deactivate Credential Activate Credential Cancel

### Quick Help

Help About This Page

# Multi-Factor Authentication (MFA) (3)

**Register Multi-Factor Authentication (MFA)**

If you are registering a Factor, please select the Factor Type you wish to associate to your Login ID. If registering for Voice Call, a landline phone or a mobile device may be used to receive the security token via a phone call. To receive your security token via a text message, you must register for factor type Text Message (SMS) and enter a number for a Mobile device. After the Factor Type and applicable phone number have been entered, click Continue. You can only have one Pending Activation or Active Factor per Factor Type. Click Cancel to return to the Multi-Factor Authentication (MFA) Maintenance page.

An asterisk (\*) indicates a required field.

Last Name:

First Name:

\*Factor Type:  ← **Factor Type**

\*Phone Number:  -  -

- Factor Type
  - Voice Call
  - SMS (Text Messaging)

# Multi-Factor Authentication (MFA) (4)

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

## Activate Factor

Please enter the MFA Security Token you received on your registered mobile device/phone number and then click Continue. Click Cancel to return to the Multi-Factor Authentication (MFA) Maintenance page. If you do not receive your MFA Security Token, please click the Resend button to receive a new MFA Security Token.

An asterisk (\*) indicates a required field.

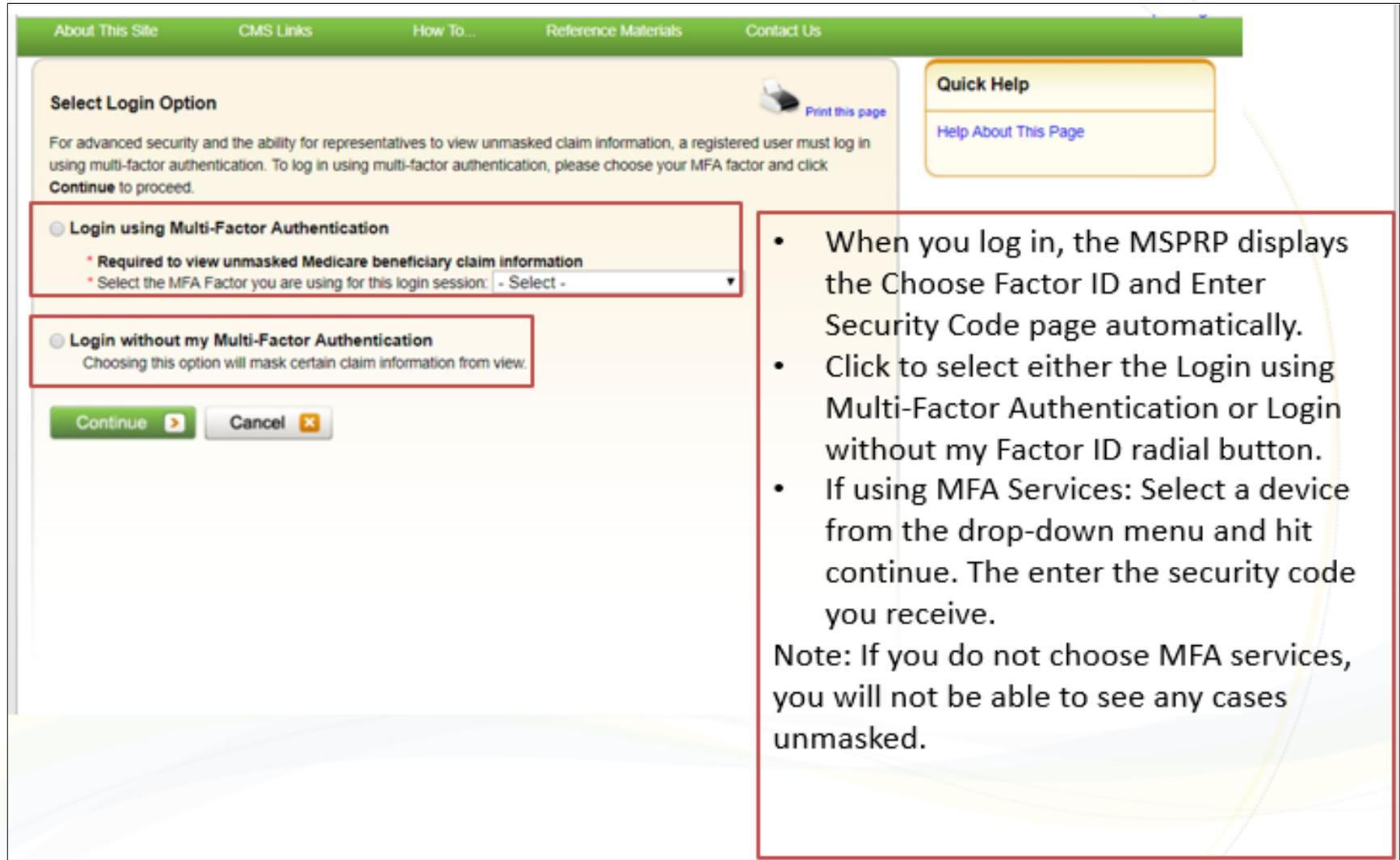
\*MFA Security Token:  Resend

Continue Cancel

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

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

# Multi-Factor Authentication (MFA) (5)



The screenshot shows a web interface for Multi-Factor Authentication (MFA) login. At the top, there is a green navigation bar with links: "About This Site", "CMS Links", "How To...", "Reference Materials", and "Contact Us". Below the navigation bar, there is a "Quick Help" box with a "Help About This Page" link. The main content area is titled "Select Login Option" and includes a printer icon and a "Print this page" link. The text explains that for advanced security, a registered user must log in using multi-factor authentication. There are two main options: "Login using Multi-Factor Authentication" (selected) and "Login without my Multi-Factor Authentication". The selected option has a red box around it and includes a dropdown menu for "Select the MFA Factor you are using for this login session" with a "- Select -" option. Below the options are "Continue" and "Cancel" buttons.

- When you log in, the MSPRP displays the Choose Factor ID and Enter Security Code page automatically.
- Click to select either the Login using Multi-Factor Authentication or Login without my Factor ID radial button.
- If using MFA Services: Select a device from the drop-down menu and hit continue. The enter the security code you receive.

Note: If you do not choose MFA services, you will not be able to see any cases unmasked.

# Additional Resources

- Information in this course can be referenced by using the MSPRP User Manual found at the following link:  
<https://www.cob.cms.hhs.gov/MSPRP/>
- For assistance with MSPRP registration or technical issues, contact the EDI Department:  
1-646-458-6740