

Registration Process - Representative Account

Slide 1 - of 35 - Registration Process - Representative Account

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

COB&R
Coordination of
Benefits and Recovery

Workers' Compensation Medicare Set-Aside Portal (WCMSAP)

Registration Process - Representative Account

Version 7.0, 04/01/2024
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://go.cms.gov/wcmsa/>.

Slide notes

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

Note: This module is intended for those entities who will register for a representative account. A representative account indicates that the submitter is registering as a non-corporate entity with no Employer Identification Number (EIN) but will be submitting multiple WCMSA requests.

Slide 2 - of 35 - Disclaimer

Disclaimer

While all information in this document is believed to be correct at the time of writing, this Computer Based Training (CBT) is for educational purposes only and does not constitute official Centers for Medicare & Medicaid Services (CMS) instructions for the WCMSAP. All affected entities are responsible for following the applicable CMS instructions found at the following link:

<https://www.cms.gov/medicare/coordination-benefits-recovery/workers-comp-set-aside-arrangements/portal>.

Slide notes

While all information in this document is believed to be correct at the time of writing, this Computer Based Training (CBT) is for educational purposes only and does not constitute official Centers for Medicare & Medicaid Services (CMS) instructions for the WCMSAP.

All affected entities are responsible for following the applicable CMS instructions found at the following link: [CMS WCMSAP Website](https://www.cms.gov/medicare/coordination-benefits-recovery/workers-comp-set-aside-arrangements/portal).

Slide 3 - of 35 - Course Overview

Course Overview

- Representative Registration



Slide notes

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

Slide 4 - of 35 - WCMSAP URL

Login Warning [Print this page](#)

UNAUTHORIZED ACCESS TO THIS COMPUTER SYSTEM IS PROHIBITED BY LAW

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

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

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

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

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

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

Privacy Act Statement

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

Attestation of Information

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

The and
LOC

<https://www.cob.cms.hhs.gov/WCMSA/>

[I Accept](#)
[Decline](#)

Slide notes

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

To create your representative account, you must go to the [WCMSAP Website](#) to begin the registration process.

Slide 5 - of 35 - Login Warning Page

Login Warning  [Print this page](#)

UNAUTHORIZED ACCESS TO THIS COMPUTER SYSTEM IS PROHIBITED BY LAW

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

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

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

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

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

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

Privacy Act Statement

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

Attestation of Information

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

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

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

[I Accept](#)

[Decline](#)

Slide notes

Each time a user visits the WCSMAP website, the Login Warning page will appear.

The Login Warning page provides information about WCMSAP security measures, including access, penalty, and privacy laws. All users must agree to the terms of this warning each time they access the WCMSAP application.

Slide 6 - of 35 - Login Warning Page

Login Warning  [Print this page](#)

UNAUTHORIZED ACCESS TO THIS COMPUTER SYSTEM IS PROHIBITED BY LAW

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

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

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

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

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

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

Privacy Act Statement

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

Attestation of Information

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

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

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

[Decline](#)

Slide notes

You must review the Login Warning and click the I Accept link at the bottom of the page to continue, otherwise you will be denied access to the WCMSAP site and will be unable to register.

Slide 7 - of 35 - Welcome/Login Page

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

Welcome to the WCMSAP

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

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

Sign into your account

User Name:

[Forgot ID](#)

Password:

[Forgot Password](#)

WCMSAP Message

Attention Medicare Beneficiaries: If you are looking to submit an annual attestation electronically for your self-administered Medicare Set Aside (MSA), please be aware that you may do so by registering for and logging in to your Medicare.gov account. Using your Medicare.gov account connects you to the WCMSAP, making registration for a WCMSAP account unnecessary. Additional information on submitting attestations can be found in the Self-Administration Toolkit for WCMSAs.

GETTING STARTED

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

STEP 1 **STEP 2**

(Account ID and PIN required)

Slide notes

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

Slide 8 - of 35 - About This Site

The screenshot shows the WCMSAP website interface. At the top right is a "Skip Nav" link. A dark blue navigation bar contains the following links: "About This Site", "CMS Links", "How To...", "Reference Materials", and "Contact Us". Below this bar, a sub-menu highlights "How To Use This Site". The main heading is "Welcome to the WCMSAP". The main text describes the site's purpose for entering Workers' Compensation Medicare Set-Aside Arrangements (WCMSA) proposals and provides information for attorneys, Medicare beneficiaries, claimants, and vendors. A sign-in box on the right is titled "Sign into your account" and includes fields for "User Name:" and "Password:", with "Forgot ID" and "Forgot Password" links below them, and "Login" and "Clear" buttons at the bottom. A "WCMSAP Message" section contains two paragraphs: one about system maintenance on September 30, 2022, and another about Medicare beneficiaries using their Medicare.gov accounts for attestations.

Slide notes

“About This Site” navigates to the “How To Use This Site” link, offering general information on how to use the WCMSAP application.

Slide 9 - of 35 - CMS Link

The screenshot shows a website interface with a blue navigation bar at the top containing links for 'About This Site', 'CMS Links', 'How To...', 'Reference Materials', and 'Contact Us'. The 'CMS Links' menu is open, listing 'Workers Compensation Agency Services', 'CMS.gov', 'Medicare.gov', and 'Coordination of Benefits'. Below the navigation, a 'Welcome' message is followed by a paragraph explaining the site's purpose for entering Workers' Compensation Medicare Set-Aside Arrangements (WCMSA) proposals. A 'GETTING STARTED' section includes a link to 'How To Get Started' and two main steps: 'STEP 1: New Registration' and 'STEP 2: Account Setup' (noting that an account ID and PIN are required). On the right side, there is a 'Sign into your account' form with fields for 'User Name' and 'Password', and buttons for 'Login' and 'Clear'. There are also links for 'Forgot ID' and 'Forgot Password'.

Slide notes

“CMS Links” provides links to the Workers’ Compensation Agency Services page, CMS.gov, the Medicare website, and the Coordination of Benefits & Recovery Overview website.

Slide 10 - of 35 - How To Link

The screenshot displays the WCM SAP website interface. At the top, a navigation bar includes links for 'About This Site', 'CMS Links', 'How To...', 'Reference Materials', and 'Contact Us'. The 'How To...' menu is expanded, listing the following options: 'How To Get Started', 'How To Request Your Login ID', 'How To Request Your Password', 'How To Change Your Password', 'How To Reset Your PIN', 'How To Change Your Authorized Representative', 'How To Change Your Account Manager', and 'How To Invite Account Designees'. The main content area features a 'Welcome to the WCM SAP' heading, followed by a paragraph describing the site's purpose for Medicare beneficiaries and claimants. Below this is a link to a notice regarding auxiliary aids and services. A 'Sign into your account' form is visible on the right, with fields for 'User Name' and 'Password', and buttons for 'Login' and 'Clear'. A 'Forgot ID' and 'Forgot Password' link is also present. A 'WCMSAP Message' section at the bottom provides an attention notice about system maintenance on September 30, 2022, and information for Medicare beneficiaries regarding annual attestations.

Slide notes

The “How To...” section provides detailed information on performing the following functions:

- Getting Started,
- Requesting your Login ID,
- Requesting your Password,
- Changing your Password,
- Resetting your PIN,
- Changing your Account Manager,
- Changing your Account Representative, and
- Inviting Account Designees.

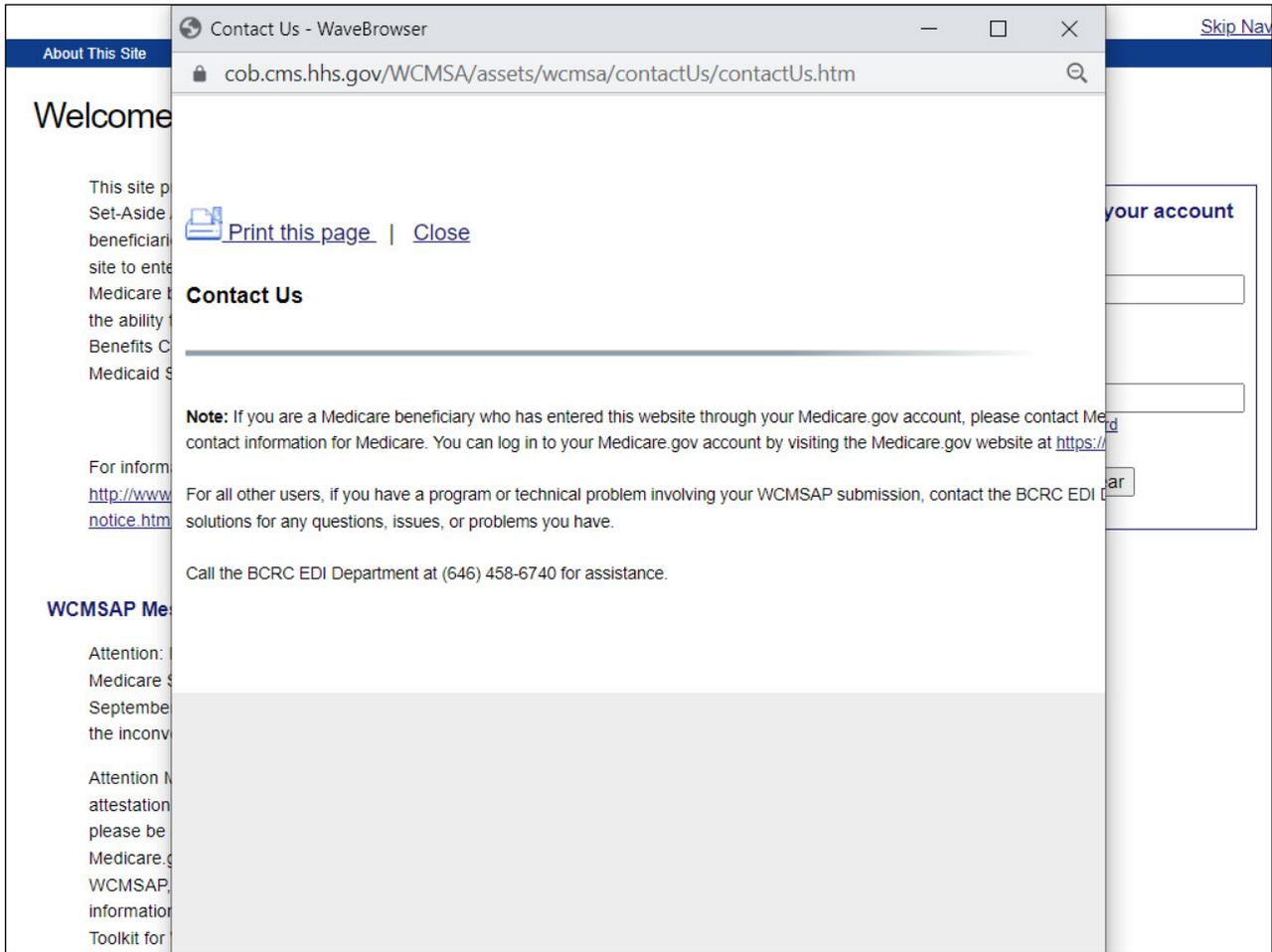
Slide 11 - of 35 - Reference Materials Link

The screenshot shows the WCMSAP website interface. At the top, a dark blue navigation bar contains links: 'About This Site', 'CMS Links', 'How To...', 'Reference Materials' (highlighted with a red box), and 'Contact Us'. Below the navigation bar, the main content area is titled 'Welcome to the WCMSAP'. It contains a paragraph describing the site's purpose for entering Workers' Compensation Medicare Set-Aside Arrangements (WCMSA) proposals. To the right is a 'Sign into your account' form with fields for 'User Name' and 'Password', and links for 'Forgot ID' and 'Forgot Password'. Below the form are 'Login' and 'Clear' buttons. Further down is a 'WCMSAP Message' section with two paragraphs of text regarding system maintenance and Medicare beneficiaries.

Slide notes

“Reference Materials” displays a link to the WCMSAP User Guide.

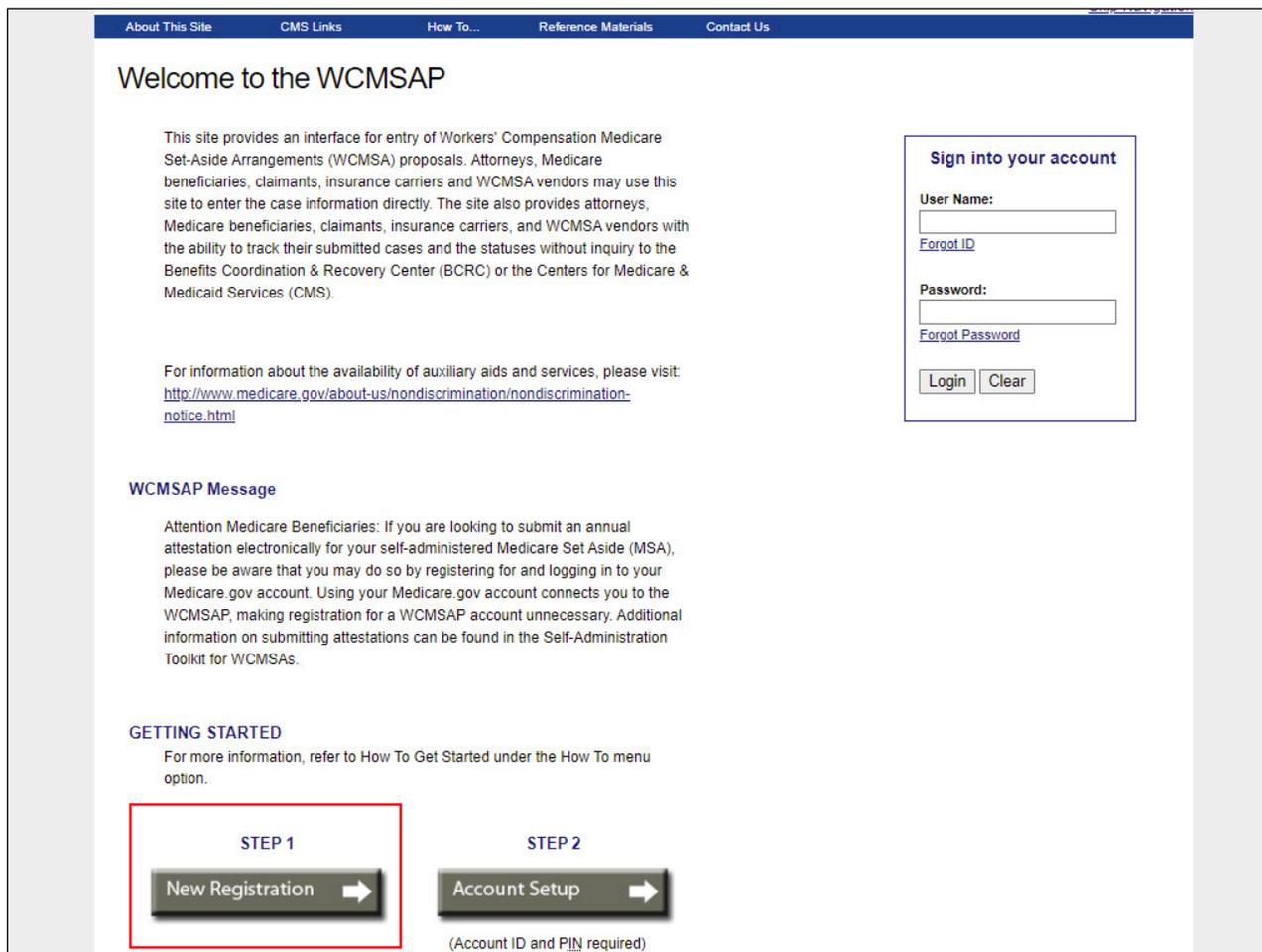
Slide 12 - of 35 - Contact Us



Slide notes

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

Slide 13 - of 35 - New Registration Process



Slide notes

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

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

To begin the initial registration process, click New Registration.

Slide 14 - of 35 - Select Account Type Page

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

Select Account Type

Beneficiaries do not need to create a "Self" account type in WCMSAP to submit an attestation for a self-administered WCMSA account. To find out how to manage (self-administer) your WCMSA account and submit attestations, visit go.cms.gov/WCMSASelfAdm.

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

- Corporate**
A corporate account type indicates that the submitter is registering as a corporate entity with an Employer Identification Number (EIN) and will be regularly submitting WCMSA requests.
- Representative**
A representative account type is for non-corporate WCSA submitters. These submitters do not have an EIN, but will be submitting multiple cases.
- Self**
Self submitters are Medicare beneficiaries or future Medicare beneficiaries (claimant) submitting a case on their own behalf. The registrant must be a Medicare beneficiary or claimant and may only submit cases for themselves.
- Professional Administrator**
A professional administrator account type indicates that the entity is registering with an Employer Identification Number (EIN) and will be the responsible party for administering MSA funds and reporting to Medicare.

Previous Next

Slide notes

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

Slide 15 - of 35 - Account Types Defined

Account Type

- Corporate
 - Corporate entity with an Employer Identification Number (EIN)
 - Will regularly submit WCMSAP requests
- Representative
 - Non-corporate WCMSAP submitter with no EIN
 - Will submit multiple cases
- Self
 - Medicare beneficiary/claimant
 - Submit a case for themselves
- Professional Administrator
 - Professional Administrator with an Employer Identification Number (EIN)
 - Administers MSA Funds and report to Medicare

Slide notes

Users will be required to first specify the type of account for which they are registering. There are four types of WCMSAP accounts:

- Corporate
- Representative
- Self
- Professional Administrator

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

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

A self-submitter account type is for a Medicare beneficiary or a claimant who has a reasonable expectation of becoming a Medicare beneficiary within 30 months and is submitting a case on their own behalf.

The self-submitter can only submit cases for themselves.

A professional administrator account type indicates that the entity is registering with an Employer Identification Number (EIN) and will be the responsible party for administering MSA funds and reporting to Medicare.

Slide 16 - of 35 - Select Account Type

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

Select Account Type

Beneficiaries do not need to create a "Self" account type in WCMSAP to submit an attestation for a self-administered WCMSA account. To find out how to manage (self-administer) your WCMSA account and submit attestations, visit go.cms.gov/WCMSASelfAdm.

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

- Corporate**
A corporate account type indicates that the submitter is registering as a corporate entity with an Employer Identification Number (EIN) and will be regularly submitting WCMSA requests.
- Representative**
A representative account type is for non-corporate WCSA submitters. These submitters do not have an EIN, but will be submitting multiple cases.
- Self**
Self submitters are Medicare beneficiaries or future Medicare beneficiaries (claimant) submitting a case on their own behalf. The registrant must be a Medicare beneficiary or claimant and may only submit cases for themselves.
- Professional Administrator**
A professional administrator account type indicates that the entity is registering with an Employer Identification Number (EIN) and will be the responsible party administering MSA funds and reporting to Medicare.

Navigation: Previous | **Next**

Slide notes

The account type selected will determine both the basic information that is captured during the registration process and the level of vetting that is subsequently undertaken.

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

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

Slide 17 - of 35 - Representative Information Page

Navigation: [About This Site](#) | [CMS Links](#) | [How To...](#) | [Reference Materials](#) | [Contact Us](#)

Representative Information

QUICK HELP
[Help About This Page](#)

An (*) indicates a required field.

First Name: * MI: Last Name: *

Social Security Number: * - -

E-Mail Address: *

Re-enter E-Mail Address: * 

Phone: * - - ext.

Fax: - - 

Mailing Address:

Address Line 1: *

Address Line 2:

City: *

State: *

Zip Code: * - 

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

Slide notes

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

Slide 18 - of 35 - Enter Personal Information

Navigation: [About This Site](#) | [CMS Links](#) | [How To...](#) | [Reference Materials](#) | [Contact Us](#)

Representative Information

An (*) indicates a required field.

QUICK HELP
[Help About This Page](#)

First Name: * MI: Last Name: *

Social Security Number: * - -

E-Mail Address: *

Re-enter E-Mail Address: * 

Phone: * - - ext.

Fax: - - 

Mailing Address:

Address Line 1: *

Address Line 2:

City: *

State: *

Zip Code: * - 

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

Slide notes

Enter your personal information on this page.

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

Fields marked with an asterisk (*) are required.

Slide 19 - of 35 - Completed Registration

Navigation: [About This Site](#) | [CMS Links](#) | [How To...](#) | [Reference Materials](#) | [Contact Us](#)

Representative Information

An (*) indicates a required field.

QUICK HELP
[Help About This Page](#)

First Name: * MI: Last Name: *

Social Security Number: * - -

E-Mail Address: *

Re-enter E-Mail Address: * 

Phone: * - - ext.

Fax: - - 

Mailing Address:

Address Line 1: *

Address Line 2:

City: *

State: *

Zip Code: * - 

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

Slide notes

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

Slide 20 - of 35 - Beneficiary Information Page

The screenshot displays a web form titled "Beneficiary Information" within a blue header bar. The header contains links for "About This Site", "CMS Links", "How To...", "Reference Materials", and "Contact Us". Below the header, the form title "Beneficiary Information" is followed by a note: "An asterisk (*) indicates a required field." To the right, a "QUICK HELP" box contains a link "Help About This Page". The form fields are: "Bene Last Name: *" with a text input and a red eye icon; "First Initial: *" with a text input; "Bene Medicare ID: *" with a text input and the word "OR"; "Bene Social Security Number (SSN): *" with three text inputs separated by dashes and a note "(SSN is required if Medicare ID is not provided)"; "Bene Date of Birth: *" with three text inputs separated by slashes and a note "(MM/DD/CCYY)"; and "Bene Gender: *" with a dropdown menu showing "- Select -". At the bottom left, there are "Previous" and "Next" buttons. The footer bar contains links for "CMS/HHS Vulnerability Disclosure Policy", "Privacy Policy", "User Agreement", and "Adobe Acrobat".

Slide notes

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

Slide 21 - of 35 - Enter Beneficiary Information

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

Beneficiary Information

An asterisk (*) indicates a required field.

QUICK HELP
[Help About This Page](#)

Bene Last Name: * First Initial: *

Bene Medicare ID: * OR

Bene Social Security Number - - (SSN is required if Medicare ID is not provided)
(SSN): *

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

Bene Gender: *

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

Slide notes

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

Fields marked with an asterisk (*) are required.

Slide 22 - of 35 - Beneficiary Information Page

Beneficiary Information

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

An asterisk (*) indicates a required field.

QUICK HELP
[Help About This Page](#)

Bene Last Name: * First Initial: *

Bene Medicare ID: * OR

Bene Social Security Number (SSN): * - - (SSN is required if Medicare ID is not provided)

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

Bene Gender: *

Previous

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

Slide notes

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

Slide 23 - of 35 - Registration Summary Page

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](#)

Registration Summary

[Print this page](#)

QUICK HELP
[Help About This Page](#)

Please review your registration information. If you need to change the information, click the "Edit" button. If you are satisfied with the information, click the "Submit Registration" button to submit the registration. Click the "Cancel" Button to cancel the process: all data will be lost. Click the "Previous" button to return to the previous screen. Print this page for your records.

Account Type: Representative

Representative Information

First Name: Jane MI: A
 Last Name: Smith
 SSN: 999-99-9999
 E-Mail Address: jsmith@abcassociates.com
 Phone: 410- 832- 8350 ext. 9877
 Fax: 410- 832- 8999

Beneficiary Information

Last Name: Doe First Initial: J
 Medicare ID: 987654321A
 SSN:
 Date of Birth: July 20, 1940
 Gender: Male

Representative Mailing Address:

Address Line 1: 200 Test Avenue
 Address Line 2: Suite 2-B
 City: Towson
 State: Maryland
 Zip Code: 21204- 3276

Slide notes

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

This page lists all the information that was previously entered.

All information should be reviewed and verified before continuing.

Slide 24 - of 35 - Print this Page Link

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

Registration Summary

[Print this page](#)

QUICK HELP
[Help About This Page](#)

Please review your registration information. If you need to change the information, click the "Edit" button. If you are satisfied with the information, click the "Submit Registration" button to submit the registration. Click the "Cancel" Button to cancel the process: all data will be lost. Click the "Previous" button to return to the previous screen. Print this page for your records.

Account Type: Representative

Representative Information

First Name: Jane MI: A
Last Name: Smith
SSN: 999-99-9999
E-Mail Address: jsmith@abcassociates.com
Phone: 410- 832- 8350 ext. 9877
Fax: 410- 832- 8999

Beneficiary Information

Last Name: Doe First Initial: J
Medicare ID: 987654321A
SSN:
Date of Birth: July 20, 1940
Gender: Male

Representative Mailing Address:

Address Line 1: 200 Test Avenue
Address Line 2: Suite 2-B
City: Towson
State: Maryland
Zip Code: 21204- 3276

Slide notes

This page may be printed for your records by using the Print this page link in the upper right-hand corner.

Slide 25 - of 35 - Editing Your Information

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 heading is 'Registration Summary'. Below this, there is a 'Print this page' icon and a 'QUICK HELP' section with a 'Help About This Page' link. A paragraph of instructions reads: 'Please review your registration information. If you need to change the information, click the "Edit" button. If you are satisfied with the information, click the "Submit Registration" button to submit the registration. Click the "Cancel" Button to cancel the process: all data will be lost. Click the "Previous" button to return to the previous screen. Print this page for your records.' The registration details are organized into sections: 'Account Type: Representative' with an 'Edit' button; 'Representative Information' with an 'Edit' button, including fields for First Name (Jane MI: A), Last Name (Smith), SSN (999-99-9999), E-Mail Address (jsmith@abcassociates.com), Phone (410- 832- 8350 ext. 9877), and Fax (410- 832- 8999); 'Beneficiary Information' with an 'Edit' button, including fields for Last Name (Doe), First Initial (J), Medicare ID (987654321A), SSN, Date of Birth (July 20, 1940), and Gender (Male); and 'Representative Mailing Address:' with fields for Address Line 1 (200 Test Avenue), Address Line 2 (Suite 2-B), City (Towson), State (Maryland), and Zip Code (21204- 3276). At the bottom, there are buttons for 'Previous', 'Submit Registration', and 'Cancel'.

Slide notes

To make any corrections, click the Edit button next to the applicable section. Once clicked, the system will display that information entry page.

Slide 26 - of 35 - Editing Your Information

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

Beneficiary Information

An asterisk (*) indicates a required field.

QUICK HELP
[Help About This Page](#)

Bene Last Name: * First Initial: *

Bene Medicare ID: * OR

Bene Social Security Number (SSN): * - - (SSN is required if Medicare ID is not provided)

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

Bene Gender: *

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

Slide notes

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

Slide 27 - of 35 - Corrections Completed

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

Beneficiary Information

An asterisk (*) indicates a required field.

QUICK HELP
[Help About This Page](#)

Bene Last Name: * First Initial: *

Bene Medicare ID: * OR

Bene Social Security Number (SSN): * - - (SSN is required if Medicare ID is not provided)

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

Bene Gender: *

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

Slide notes

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

Slide 28 - of 35 - Submit Registration

The screenshot shows the 'Registration Summary' page of the CMS Workers' Compensation Set-Aside Web Portal. The page header includes the CMS logo, the portal title, and the COB&R logo. A navigation bar contains links for 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 title 'Registration Summary' is displayed. To the right of the title is a 'Print this page' icon and link. A 'QUICK HELP' box contains a 'Help About This Page' link. A paragraph of instructions reads: 'Please review your registration information. If you need to change the information, click the "Edit" button. If you are satisfied with the information, click the "Submit Registration" button to submit the registration. Click the "Cancel" Button to cancel the process: all data will be lost. Click the "Previous" button to return to the previous screen. Print this page for your records.' The registration details are organized into sections: 'Account Type: Representative' with an 'Edit' button; 'Representative Information' with an 'Edit' button, listing Jane M. A. Smith's contact details; 'Beneficiary Information' with an 'Edit' button, listing Doe J. Doe's details; and 'Representative Mailing Address' listing the address in Towson, Maryland. At the bottom, there are three buttons: 'Previous', 'Submit Registration' (highlighted with a red box), and 'Cancel'.

Slide notes

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

Slide 29 - of 35 - WCMSA Registration Completed Successfully. Thank You Page

The screenshot shows the 'Workers' Compensation Set-Aside Web Portal' with logos for CMS (Center for Medicare & Medicaid Services) and COB&R (Coordination of Benefits and Recovery). A navigation bar includes links for 'About This Site', 'CMS Links', 'How To...', 'Reference Materials', 'Contact Us', and 'Skip Navigation'. The main heading is 'WCMSA Registration Completed Successfully. Thank You.' with a 'Print this page' icon. The text informs the user that their registration is complete and provides their assigned Submitter ID (12345). It outlines the next steps, including vetting for Corporation, Representative, and Professional Administrator, and the account setup process where an Account Manager will be contacted to enter the Account ID and PIN.

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

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

WCMSA Registration Completed Successfully. Thank You.

 [Print this page](#)

You have successfully completed the initial registration for the Workers' Compensation Medicare Set-Aside web site. Your assigned Submitter ID is: **12345**. It is important to print this page for your records.

Next Steps

The information captured during initial registration will be vetted to verify the Corporation is an appropriate submitter. After successful vetting, an email will be sent to the Account Representative captured during initial registration, with the PIN only. It will not contain the Account ID.

The information captured during initial registration will be vetted to verify the Representative is an appropriate submitter. After successful vetting, an email will be sent to the Account Representative captured during initial registration, with the PIN only. It will not contain the Account ID.

The information captured during initial registration will be vetted to verify you are an appropriate submitter. After successful vetting, an email will be sent to the Account Representative captured during initial registration, with the PIN only. It will not contain the Account ID.

The information captured during initial registration will be vetted to verify the Professional Administrator is an appropriate submitter. After successful vetting, an email will be sent to the Account Representative captured during initial registration, with the PIN only. It will not contain the Account ID.

Account Setup

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

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

Slide notes

Once the registration has been submitted, the WCMSA Registration Completed Successfully. Thank You page will appear, outlining the next steps in the registration process.

Slide 30 - of 35 - Initial Next Steps

Next Steps

- Once the registration has been submitted, the BCRC validates the information
- Within seven days, the Account Representative will receive the PIN and instructions for setting up the account
 - If the email is not received within 7 business days, contact a BCRC EDI Representative

***Note: The contact address for the BCRC has changed. As a result, the system-generated Profile Report Email Notifications have been updated. The new address is:**

Section 111 Reporting Program
P.O. Box 138892
Oklahoma City, OK 73113

Slide notes

When the registration application has been submitted, the information provided will be validated by the BCRC. You will need to record, or print, the submitter ID to provide to the Account Manager for future steps.

Within 7 business days, an email will be sent to you that contains the PIN, along with instructions for setting up the account (to be completed by the Account Manager).

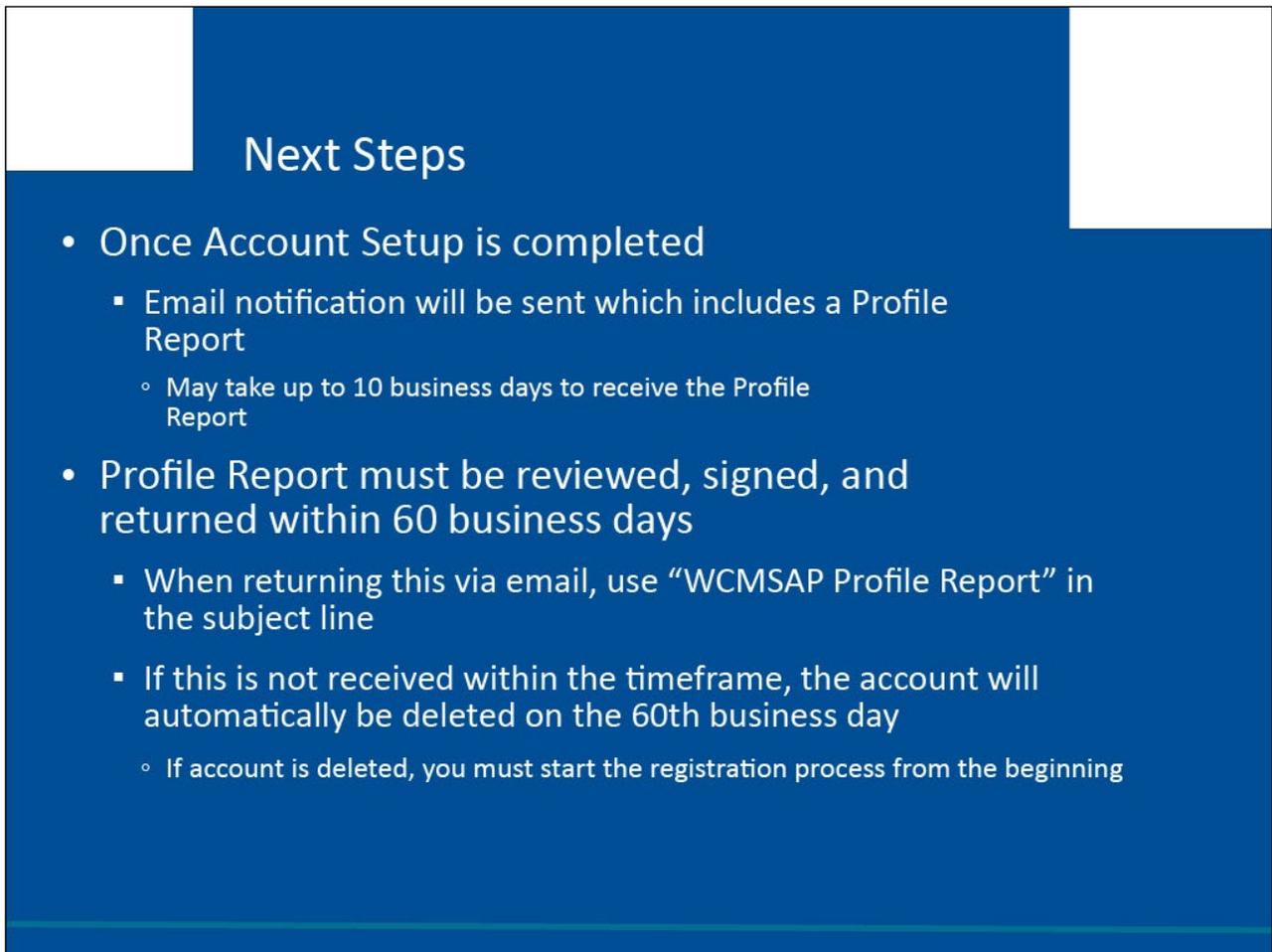
If the email is not received within 7 business days, contact an Electronic Data Interchange (EDI) Representative.

***Note: The contact address for the BCRC has changed. As a result, the system-generated Profile Report Email Notifications have been updated. The new address is:**

Section 111 Reporting Program

P.O. Box 138892

Oklahoma City, OK 73113

Slide 31 - of 35 - Next Steps

Next Steps

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

Slide notes

Once you have completed the account setup, an email notification will be sent to you, including a Profile Report denoting all information previously recorded during registration and any additional information provided during the account setup.

It may take up to 10 business days to receive the Profile Report.

You will have 60 business days to review, sign, and return the Profile Report to the BCRC.

When returning the signed Profile Report via email, use “WCMSAP Profile Report” in the subject line.

If a signed Profile Report is not received within that timeframe, the account will be automatically deleted on the 60th business day.

If the account is deleted, you must start the registration process from the beginning.

Slide 32 of 35 - Returning back to the Welcome Page

[Skip Navigation](#)

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

WCMSA Registration Completed Successfully. Thank You.

 [Print this page](#)

You have successfully completed the initial registration for the Workers' Compensation Medicare Set-Aside web site. Your assigned Submitter ID is: **12345**. It is important to print this page for your records.

Next Steps

The information captured during initial registration will be vetted to verify the Corporation is an appropriate submitter. After successful vetting, an email will be sent to the Account Representative captured during initial registration, with the PIN only. It will not contain the Account ID.

The information captured during initial registration will be vetted to verify the Representative is an appropriate submitter. After successful vetting, an email will be sent to the Account Representative captured during initial registration, with the PIN only. It will not contain the Account ID.

The information captured during initial registration will be vetted to verify you are an appropriate submitter. After successful vetting, an email will be sent to the Account Representative captured during initial registration, with the PIN only. It will not contain the Account ID.

The information captured during initial registration will be vetted to verify the Professional Administrator is an appropriate submitter. After successful vetting, an email will be sent to the Account Representative captured during initial registration, with the PIN only. It will not contain the Account ID.

Account Setup

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

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

Slide notes

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

Slide 33 - of 35 - Course Summary

Course Summary

- Representative Registration



Slide notes

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

Slide 34 - of 35 - Conclusion



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

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

Slide notes

You have completed the Registration Process for Representative Submitters course. The information in this course can be referenced by using the document at the link: [WCMSAP PDF](https://www.cob.cms.hhs.gov/WCMSA/assets/wcmsa/userManual/WCMSAUserManual.pdf)

Slide 35 - of 35 - WCMSAP Training Survey



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

<http://www.surveymonkey.com/s/WCMSAPTraining>.

Slide notes

If you have any questions or feedback on this material, please go to the following URL: [Training Survey](http://www.surveymonkey.com/s/WCMSAPTraining)