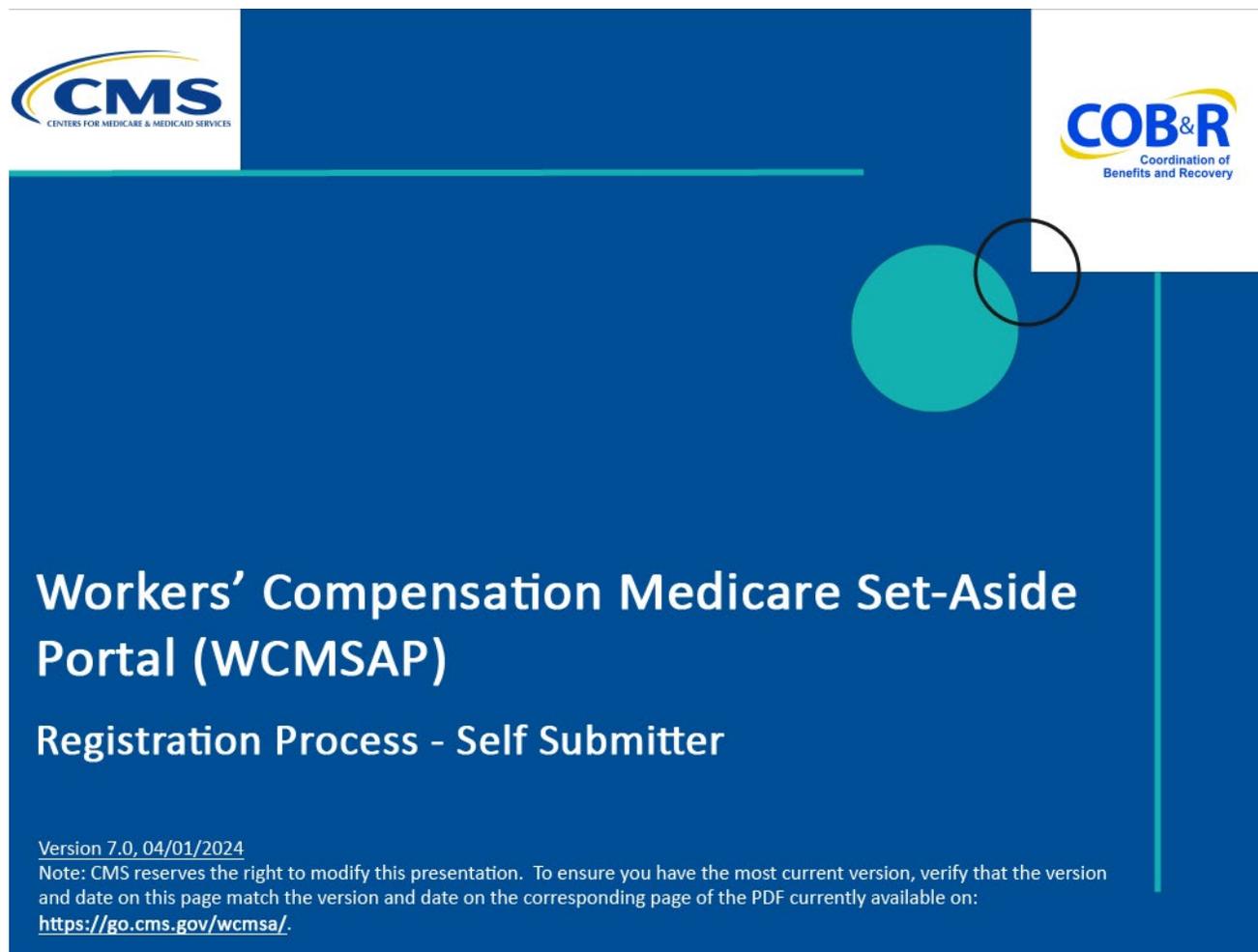


Registration Process - Self-Submitter

Slide 1 - of 31 - Registration Process - Self-Submitter



The slide features a dark blue background with a teal circle and a white circle with a black outline. The CMS logo is in the top left, and the COB&R logo is in the top right. The main title is centered in white text.

Workers' Compensation Medicare Set-Aside Portal (WCMSAP)
Registration Process - Self Submitter

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.

This module is intended for those individuals who will register for a self-submitter account.

A self-submitter account indicates that the submitter will be submitting a case for themselves.

A self-submitter must be a Medicare beneficiary or have a reasonable expectation of becoming a Medicare beneficiary within 30 months.

Slide 2 - of 31 - 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](#).

Slide 3 - of 31 - Course Overview

Course Overview

- Self-Submitter Registration
- Next Steps



Slide notes

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

Slide 4 - of 31 - WCMSAP URL

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

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

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

Slide 5 - of 31 - 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 you visit the WCMSAP website, the Login Warning page will appear.

The Login Warning page provides information about WCMSAP security measures including access, penalty, and privacy laws.

You must agree to the terms of this warning each time you access the WCMSAP application.

Slide 6 - of 31 - 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 page and click the [I Accept] link at the bottom of the page to continue otherwise you will be denied access to the WCMSAP website and will be unable to register.

Slide 7 - of 31 - Welcome to the WCMSAP

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 the [I Accept] link, the Login/Welcome to the WCMSAP page will appear. Here you will find various menu options.

Slide 8 - of 31 - 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 link is provided for auxiliary aids and services: <http://www.medicare.gov/about-us/nondiscrimination/nondiscrimination-notice.html>. On the right side, there is a "Sign into your account" box with fields for "User Name:" and "Password:", each with a "Forgot" link below it. "Login" and "Clear" buttons are at the bottom of the box. Below the main text is a "WCMSAP Message" section with two paragraphs of system maintenance and Medicare beneficiary information.

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 31 - CMS Links

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

Slide notes

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

Slide 10 - of 31 - How To Section

The screenshot shows the top navigation bar of the WCM SAP website with the following links: 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. Below the navigation bar, the main content area features a 'Welcome to the WCM SAP' heading, a paragraph describing the site's purpose for Medicare beneficiaries, claimants, and providers, and a link to a notice regarding auxiliary aids. On the right side, there is a 'Sign into your account' form with fields for 'User Name:' and 'Password:', each with a 'Forgot' link below it, and 'Login' and 'Clear' buttons at the bottom.

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 Representative
- Changing your Account Manager
- Inviting Account Designees

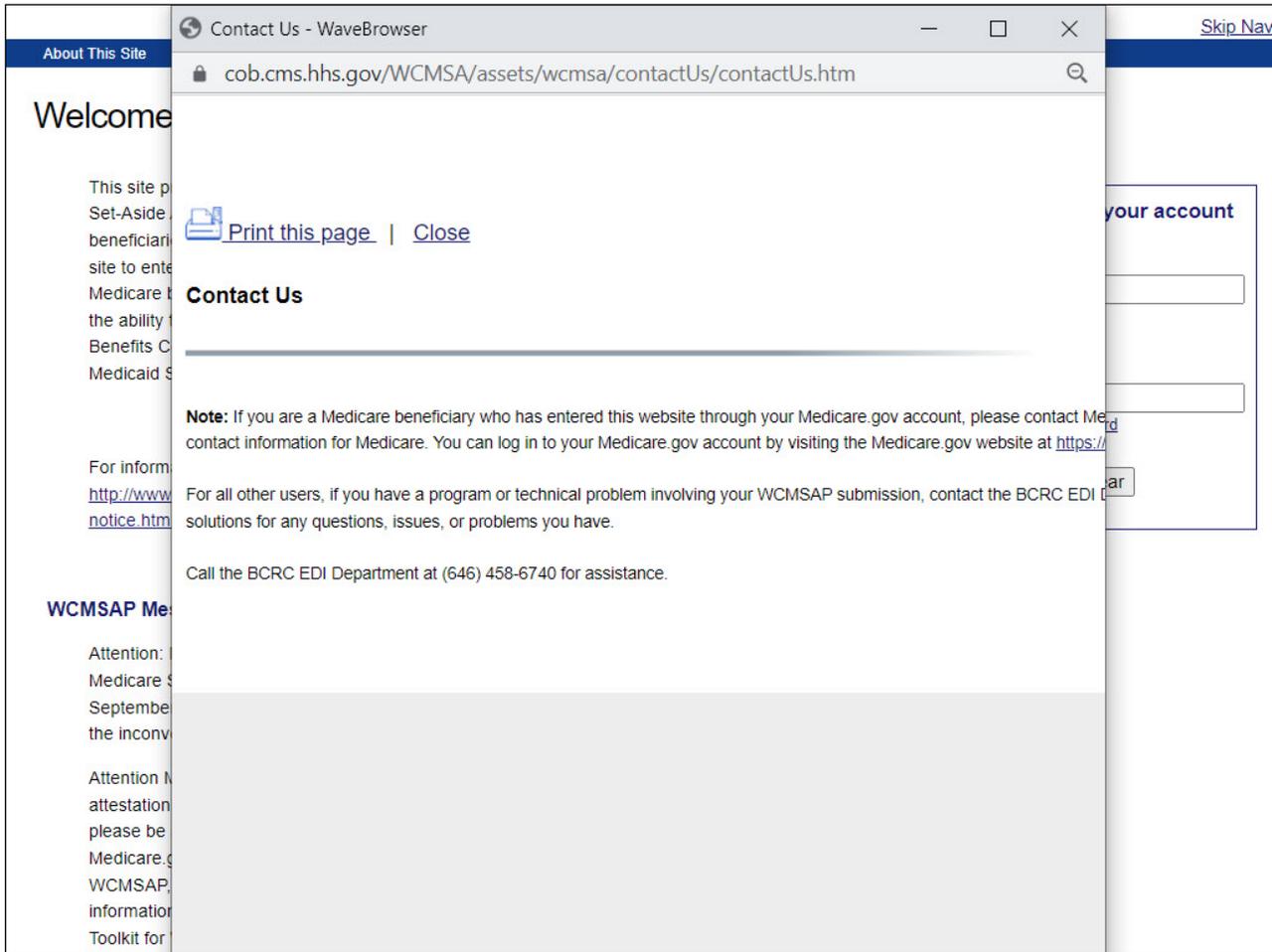
Slide 11 - of 31 - Reference Materials

The screenshot shows the WCMSAP website interface. At the top, there is a dark blue navigation bar with links: "About This Site", "CMS Links", "How To...", "Reference Materials" (highlighted with a red box), and "Contact Us". Below the navigation bar, the main heading reads "Welcome to the WCMSAP". The main content area contains a paragraph explaining the site's purpose for entering Workers' Compensation Medicare Set-Aside Arrangements (WCMSA) proposals. To the right, there is a "Sign into your account" form with fields for "User Name:" and "Password:", each with a "Forgot ID" and "Forgot Password" link below it, and "Login" and "Clear" buttons at the bottom. Below the main text, there is a "WCMSAP Message" section with two paragraphs of system maintenance and Medicare beneficiary information.

Slide notes

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

Slide 12 - of 31 - Contact Us Link



Slide notes

“Contact Us” displays the following message which provides information on how to contact the EDI Department.

Slide 13 - of 31 - New Registration Process

The screenshot shows the WCMSAP website interface. At the top, there is a navigation bar with links: About This Site, CMS Links, How To..., Reference Materials, and Contact Us. The main heading is "Welcome to the WCMSAP". Below this, there is a paragraph explaining the site's purpose: "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)." A link is provided for more information: <http://www.medicare.gov/about-us/nondiscrimination/nondiscrimination-notice.html>. To the right, there is a "Sign into your account" box with fields for "User Name:" and "Password:", and buttons for "Login" and "Clear". Below the sign-in box, there is a "WCMSAP Message" section with text for Medicare beneficiaries regarding annual attestations. Underneath that is a "GETTING STARTED" section with the text: "For more information, refer to How To Get Started under the How To menu option." At the bottom, there are two buttons: "STEP 1 New Registration" and "STEP 2 Account Setup". The "STEP 1 New Registration" button is highlighted with a red box. Below the "STEP 2 Account Setup" button, it says "(Account ID and PIN required)".

Slide notes

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

To begin this process, click the New Registration button.

Slide 14 - of 31 - Select Account Type

[Skip Nav](#)

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

Select Account Type

QUICK HELP
[Help About This Page](#)

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 31 - Account Types

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 31 - Select Account Type - Self

[Skip Nav](#)

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

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](#)

QUICK HELP
[Help About This Page](#)

Slide notes

To register as a self-submitter, select the Self button and then click Next.

Slide 17 - of 31 - Beneficiary/Claimant Information

The screenshot displays the 'Beneficiary/Claimant Information' registration page. 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 'Beneficiary/Claimant Information'. A 'QUICK HELP' button with a link to 'Help About This Page' is located on the right. A note states: 'An asterisk (*) indicates a required field.' The form fields are as follows:

- Name (as appears on Medicare Card):
 - First Name: * [text box]
 - MI: [text box]
 - Last Name: * [text box]
 - Medicare ID: [text box]
 - Social Security Number (SSN): * [text box] - [text box] - [text box] (SSN is required if Medicare ID is not provided)
 - Date of Birth: * [text box] / [text box] / [text box] (MM/DD/CCYY)
 - Gender: * - Select - [dropdown]
 - E-Mail Address: * [text box]
 - Re-enter E-Mail Address: * [text box]
 - Phone: * [text box] - [text box] - [text box] ext. [text box]
- Mailing Address:
 - Address Line 1: * [text box]
 - Address Line 2: [text box]
 - City: * [text box]
 - State: * -Select- [dropdown]
 - Zip Code: * [text box] - [text box]

At the bottom left, there are three buttons: 'Previous', 'Next', and 'Cancel'.

Slide notes

After the Self account type is selected, you will be directed to the Beneficiary/Claimant Information page.

Slide 18 - of 31 - Beneficiary/Claimant Information

The screenshot displays the 'Beneficiary/Claimant Information' page of the CMS Workers' Compensation Set-Aside Web Portal. The page features the CMS logo (Center for Medicare & Medicaid Services) and the COB&R logo (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 'Beneficiary/Claimant Information'. A 'QUICK HELP' button with a 'Help About This Page' link is located in the top right. A note states: 'An asterisk (*) indicates a required field.' The form fields are as follows:

- Name (as appears on Medicare Card):
 - First Name: * [text box]
 - MI: [text box]
 - Last Name: * [text box]
 - Medicare ID: [text box]
 - Social Security Number (SSN): * [text box] - [text box] - [text box] (SSN is required if Medicare ID is not provided)
 - Date of Birth: * [text box] / [text box] / [text box] (MM/DD/CCYY)
 - Gender: * - Select - [dropdown]
 - E-Mail Address: * [text box]
 - Re-enter E-Mail Address: * [text box]
 - Phone: * [text box] - [text box] - [text box] ext. [text box]
- Mailing Address:
 - Address Line 1: * [text box]
 - Address Line 2: [text box]
 - City: * [text box]
 - State: * -Select- [dropdown]
 - Zip Code: * [text box] - [text box]

At the bottom left, there are three buttons: 'Previous', 'Next', and 'Cancel'.

Slide notes

Complete this page for the beneficiary or claimant associated with the case that will be created using this Account ID.

The address entered 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.

Once this page is complete, click Next.

Slide 19 - of 31 - Beneficiary Information Validation

Beneficiary Information Validation

- System validates each field on the registration page
- If errors are found
 - System displays message indicating errors found
 - Cursor is placed on the first field that generates an error
 - User must correct the error before being allowed to proceed
- Once the data is corrected, the system revalidates the data

Slide notes

The system will validate each field on the registration page for accuracy and completeness.

If errors are found, the system will display applicable error messages on the screen indicating what error condition(s) was found.

When errors are discovered, the cursor will be placed on the first field that generates an error condition.

This will either be a required field that is missing data or a field that contains a data error.

The user must correct the error before the system will allow the user to proceed to the next page.

Once the data has been corrected, the system will revalidate all data that has been entered.

Slide 20 - of 31 - Registration Summary Page

Registration Summary

 [Print 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.

QUICK HELP
[Help About This Page](#)

Account Type: Self

Beneficiary/Claimant Information:

First Name: John MI: S Last Name: Doe
Medicare ID: 987654321A
SSN: 999-99-9999
Date of Birth: July 28, 1940
Gender: Male
E-Mail Address: jsdoe@gmail.com
Phone: 410- 342- 8353

Mailing Address:

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

Slide notes

As long as all information was entered correctly on the Beneficiary/Claimant Information page, the Registration Summary page will appear next.

This page lists all the information that was previously entered.

All information should be reviewed and verified before continuing.

Slide 21 - of 31 - Print this Page Link

Registration Summary

 [Print 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: Self

Beneficiary/Claimant Information:

Mailing Address:

First Name: John MI: S Last Name: Doe
Medicare ID: 987654321A
SSN: 999-99-9999
Date of Birth: July 28, 1940
Gender: Male
E-Mail Address: jsdoe@gmail.com
Phone: 410- 342- 8353

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

QUICK HELP
[Help About This Page](#)

Slide notes

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

Slide 22 - of 31 - Editing Your Information

Registration Summary

 [Print 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: Self

Beneficiary/Claimant Information:

Mailing Address:

First Name: John MI: S Last Name: Doe
Medicare ID: 987654321A
SSN: 999-99-9999
Date of Birth: July 28, 1940
Gender: Male
E-Mail Address: jsdoe@gmail.com
Phone: 410- 342- 8353

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

QUICK HELP

[Help About This Page](#)

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 23 - of 31 - Editing Your Information

The screenshot displays the 'Beneficiary/Claimant Information' form on 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. The form title is 'Beneficiary/Claimant Information'. A note states: 'An asterisk (*) indicates a required field.' A 'QUICK HELP' button with the text 'Help About This Page' is located in the top right. The form fields are as follows:

- Name (as appears on Medicare Card):
 - First Name: * [text box]
 - MI: [text box]
 - Last Name: * [text box]
 - Medicare ID: [text box]
 - Social Security Number (SSN): * [text box] - [text box] - [text box] (SSN is required if Medicare ID is not provided)
 - Date of Birth: * [text box] / [text box] / [text box] (MM/DD/CCYY)
 - Gender: * - Select - [dropdown]
 - E-Mail Address: * [text box]
 - Re-enter E-Mail Address: * [text box]
 - Phone: * [text box] - [text box] - [text box] ext. [text box]
- Mailing Address:
 - Address Line 1: * [text box]
 - Address Line 2: [text box]
 - City: * [text box]
 - State: * -Select- [dropdown]
 - Zip Code: * [text box] - [text box]

At the bottom left, there are three buttons: 'Previous', 'Next', and 'Cancel'.

Slide notes

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

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

Slide 24 - of 31 - Submitting Your Registration

Registration Summary

 [Print 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: Self

Beneficiary/Claimant Information:

Mailing Address:

First Name: John MI: S Last Name: Doe
Medicare ID: 987654321A
SSN: 999-99-9999
Date of Birth: July 28, 1940
Gender: Male
E-Mail Address: jsdoe@gmail.com
Phone: 410- 342- 8353

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

QUICK HELP
[Help About This Page](#)

Slide notes

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

Slide 25 - of 31 - WCMSA Registration Completed Successfully. Thank You Page

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. I submitter retain 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

The WCMSA Registration Completed Successfully. Thank You page will appear.

This page outlines the next steps in the registration process.

Slide 26 - of 31 - Next Steps

Next Steps

- Benefits Coordination and Recovery Center (BCRC)
 - Validates information
 - Sends email to beneficiary/claimant which includes
 - Personal Identification Number (PIN)
- Beneficiary/Claimant
 - Should receive PIN email within 7 business days
 - If not, contact a BCRC EDI Representative
 - Must complete Account Setup on the WCMSAP

***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

Once your registration application has been submitted, the information provided will be validated by the BCRC. You will need to record or print the submitter ID for use in later steps.

Within 7 business days, the BCRC will send an email to you with a personal identification number (PIN).

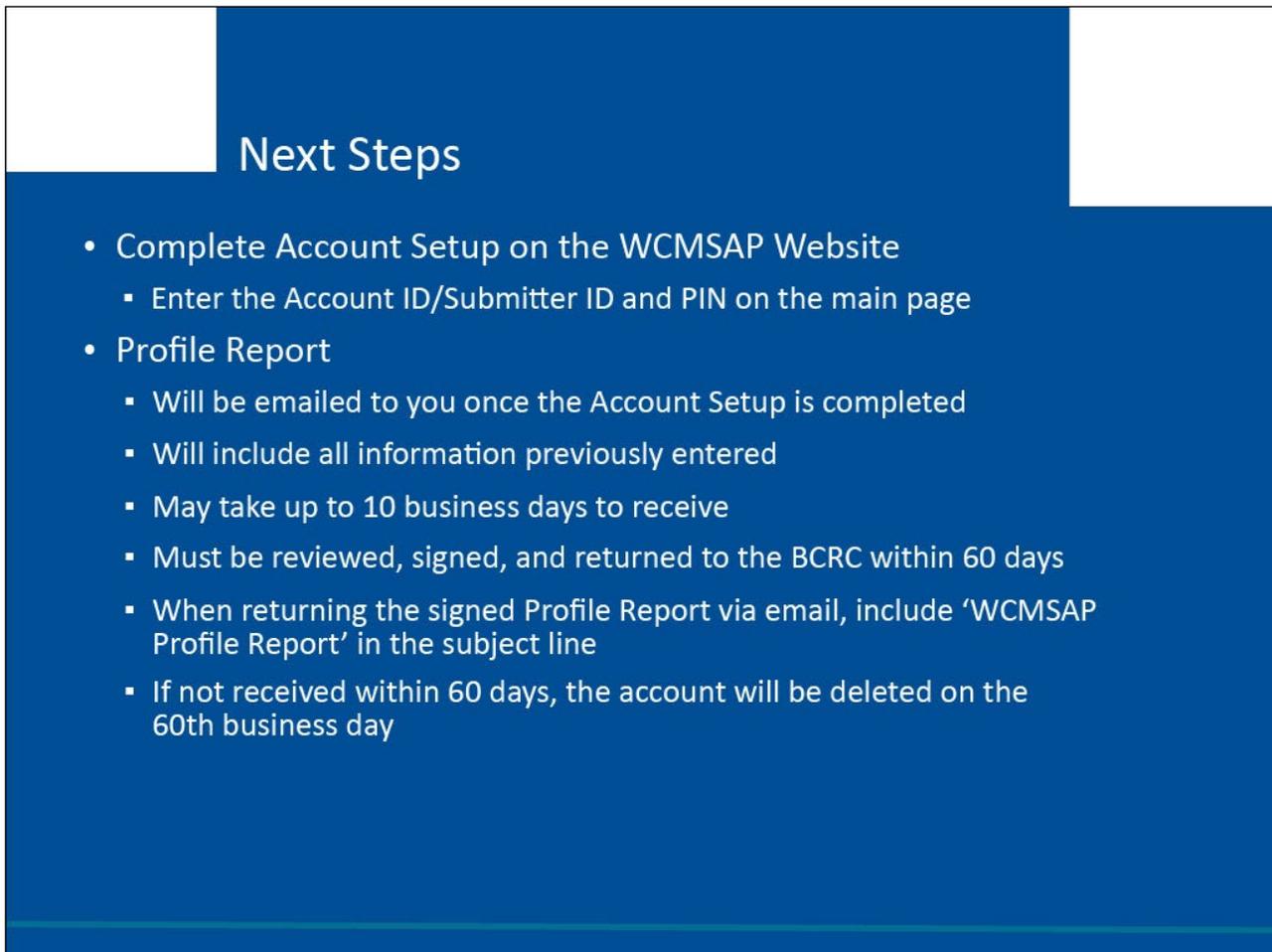
If this is not received within 7 business days, contact a BCRC Electronic Data Interchange (EDI) Representative.

***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 27 - of 31 - Next Steps Continued

Next Steps

- Complete Account Setup on the WCMSAP Website
 - Enter the Account ID/Submitter ID and PIN on the main page
- Profile Report
 - Will be emailed to you once the Account Setup is completed
 - Will include all information previously entered
 - May take up to 10 business days to receive
 - Must be reviewed, signed, and returned to the BCRC within 60 days
 - When returning the signed Profile Report via email, include 'WCMSAP Profile Report' in the subject line
 - If not received within 60 days, the account will be deleted on the 60th business day

Slide notes

Account Setup must be completed on the WCMSAP website. You will need to enter the Account ID/Submitter ID and PIN on the main page to begin Account Setup.

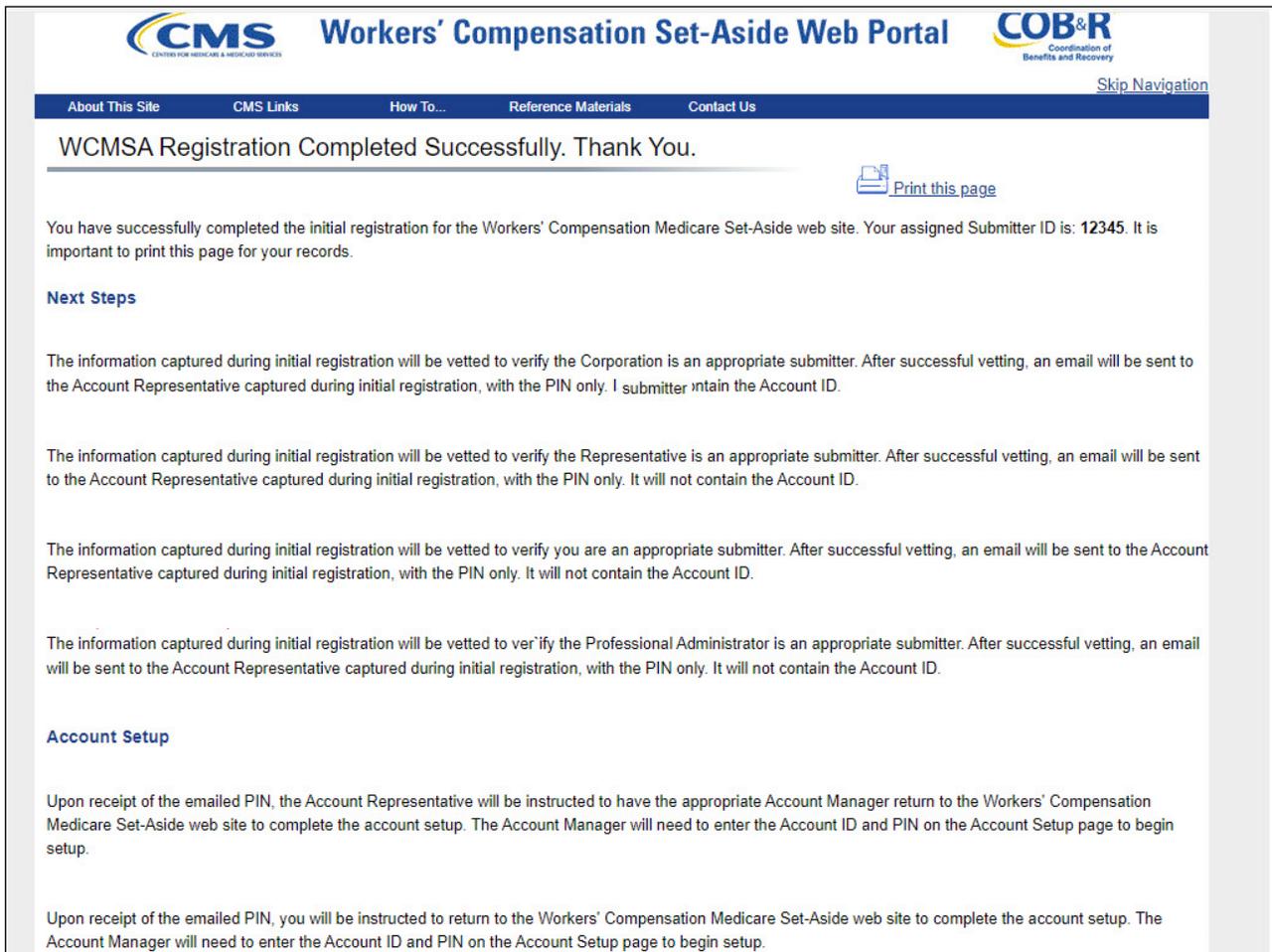
Once the Account Setup is completed, the BCRC will send an email notification to you, including a Profile Report denoting all information previously recorded during registration and any additional information provided during the Account Setup.

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

The Profile Report must be reviewed, signed, and returned to the BCRC within 60 days.

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, the registration process must be restarted from the beginning.

Slide 28 - of 31 - Returning back to the Welcome/Login Page

The screenshot displays 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', and 'Contact Us', along with a 'Skip Navigation' link. The main heading reads 'WCMSA Registration Completed Successfully. Thank You.' and includes a 'Print this page' button. The text informs the user that their registration is complete and provides their assigned Submitter ID: 12345. It also outlines the next steps, which involve vetting the Corporation, Representative, and Professional Administrator, with emails being sent to the Account Representative. Finally, it details the 'Account Setup' process, where the Account Manager will need to enter the Account ID and PIN upon receiving the emailed PIN.

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. I submitter retain 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 WCMSAP Welcome page, click the Workers' Compensation Set-Aside Welcome Page link.

Slide 29 - of 31 - Course Summary

Course Summary

- Self-Submitter Registration
- Next Steps

A circular icon with a black background and white text. The icon depicts a document with a checklist and the word "SUMMARY" written below it.

Slide notes

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

Slide 30 - of 31 - Conclusion



You have completed the Registration Process for Self-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 Self-Submitters course.

The information in this course can be referenced by using the document at the link below: [WCMSAP User Manual PDF](https://www.cob.cms.hhs.gov/WCMSA/assets/wcmsa/userManual/WCMSAUserManual.pdf).

Slide 31 - of 31 - WCMSAP Training Survey



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

[https://www.surveymonkey.com/s/WCMSAPTraining.](https://www.surveymonkey.com/s/WCMSAPTraining)

Slide notes

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