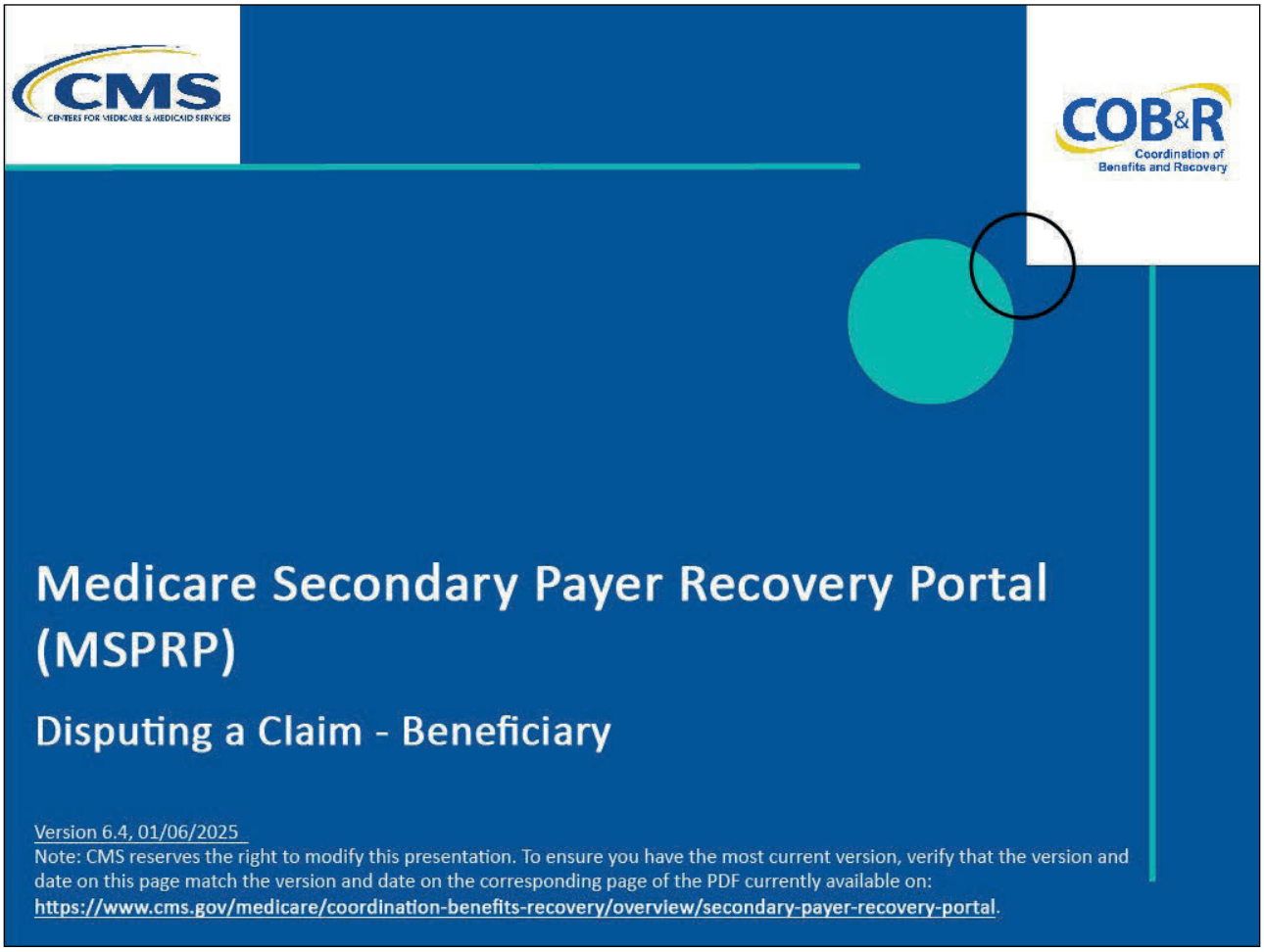
Disputing a Claim - Beneficiary Introduction

Slide 1 of 28 - Disputing a Claim - Beneficiary Introduction

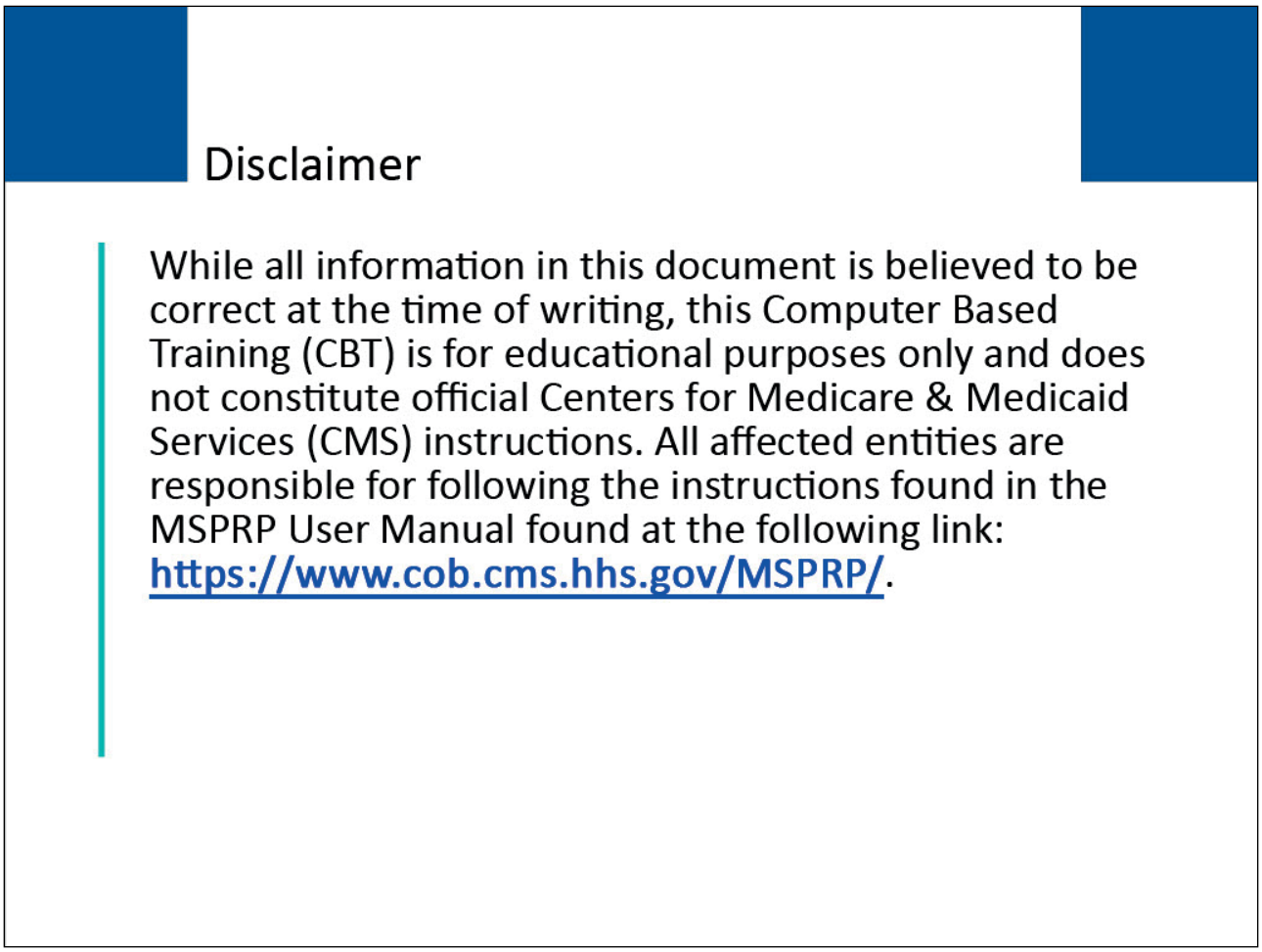


Slide notes

Welcome to the Medicare Secondary Payer Recovery Portal (MSPRP) Disputing a Claim course.

Note: This module is intended for beneficiaries.

Slide 2 of 28 - Disclaimer

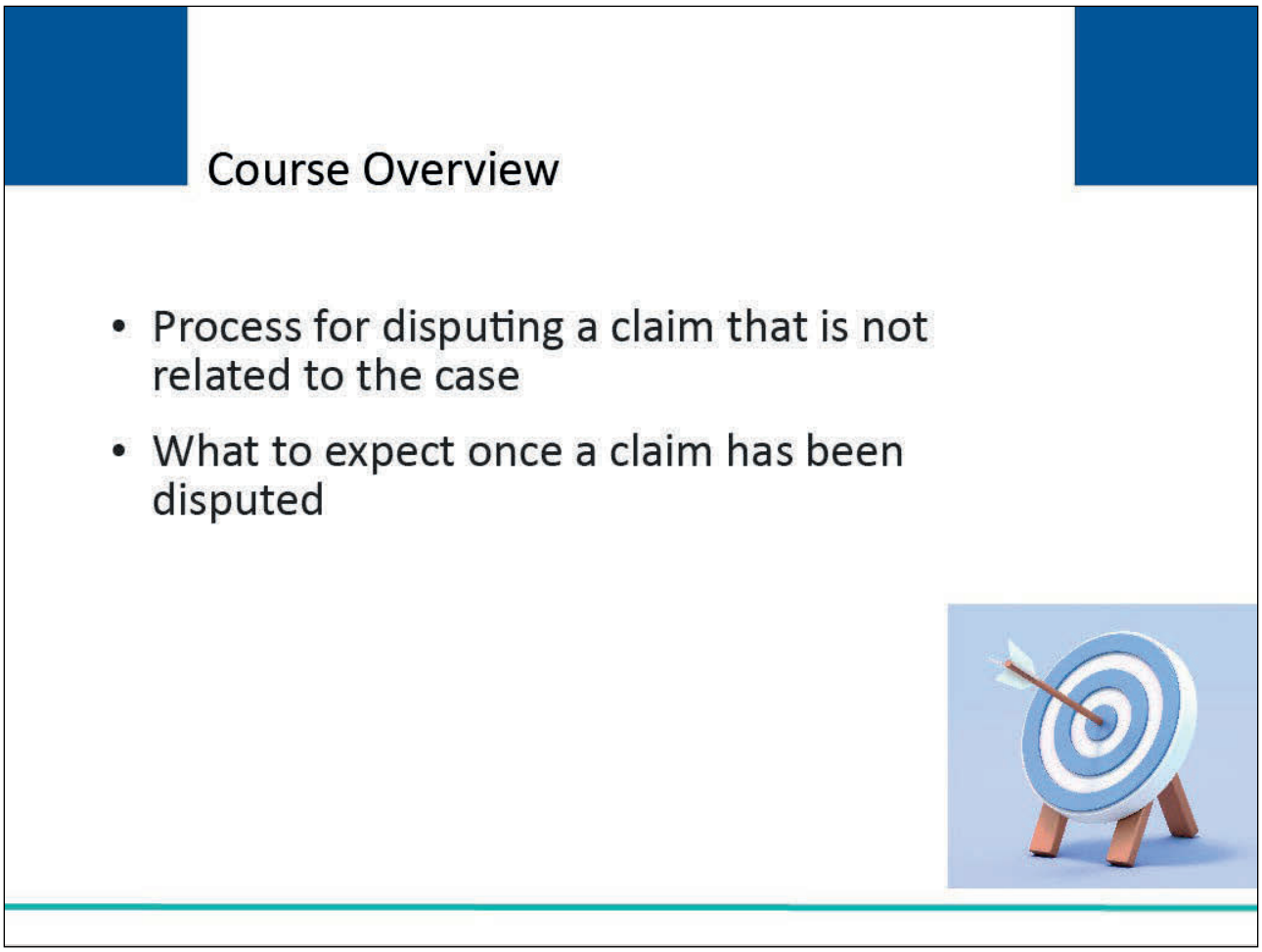


Slide notes

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.

All affected entities are responsible for following the instructions found in the MSPRP User Manual found at the following link: MSPRP Website.

Slide 3 of 28 - Course Overview

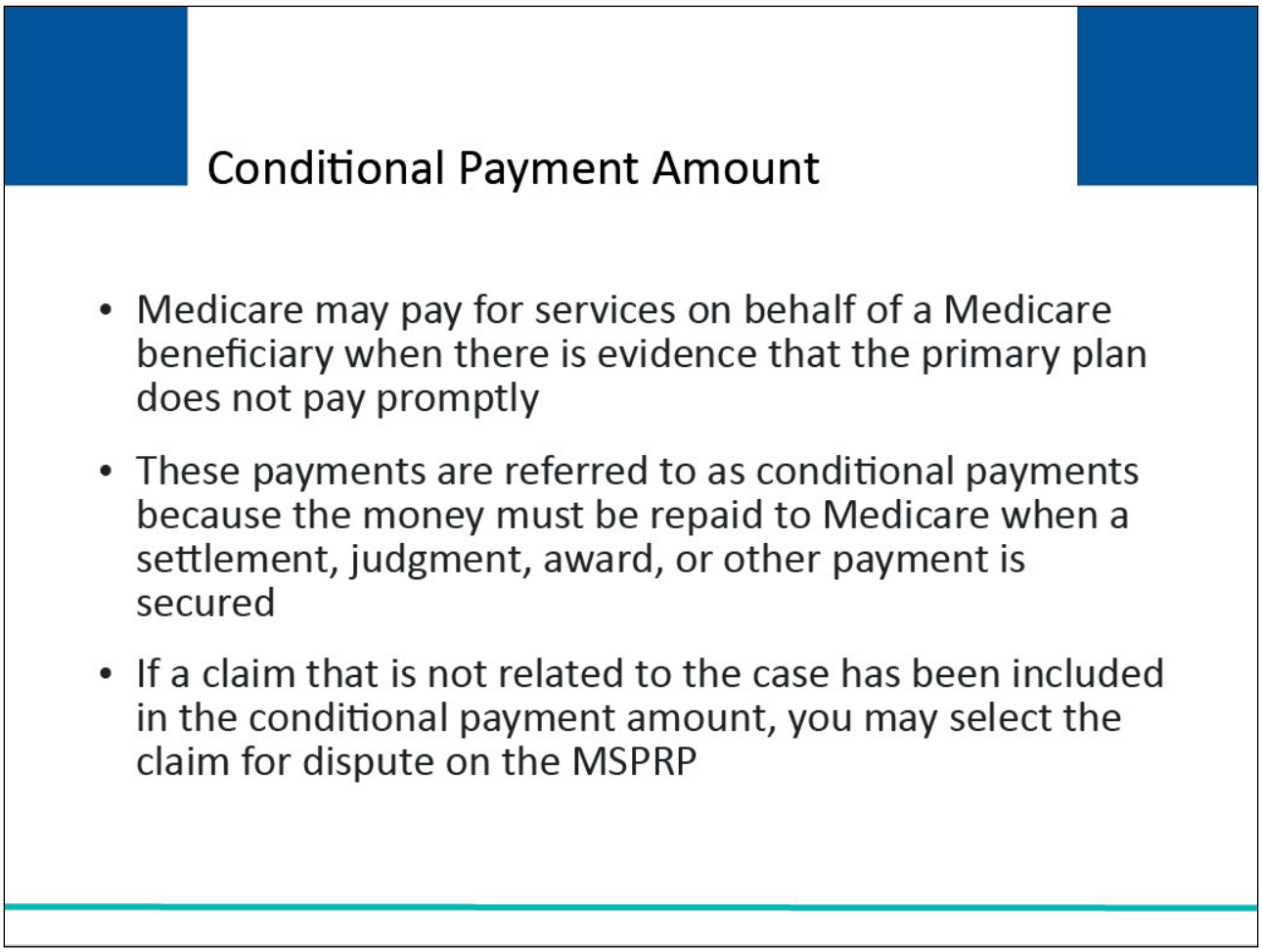


Slide notes

This course will discuss the process of disputing a claim that is not related to the case and what to expect once a claim is submitted for dispute.

Note: The page footer that exists on all pages in the MSPRP application has been updated to display a new CMS/HHS Vulnerability Disclosure Policy hyperlink. The new hyperlink shall open the existing external CMS Vulnerability Disclosure Policy page in a new browser tab.

Slide 4 of 28 - Conditional Payment Amount



Slide notes

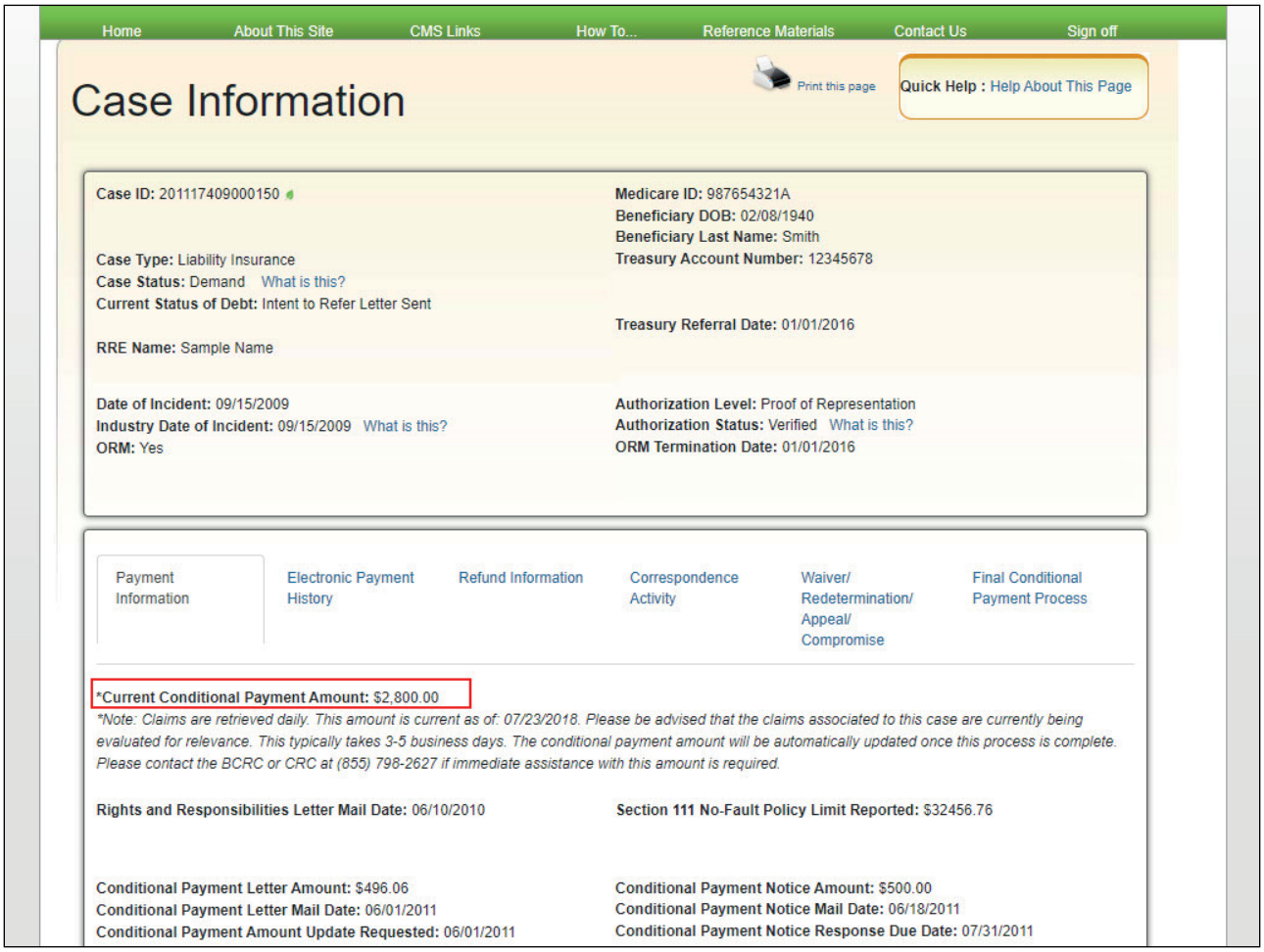
Under the Medicare Secondary Payer (MSP) laws (42 U.S.C. §1395y(b)), Medicare does not pay for items or services to the extent that payment has been, or may reasonably be expected to be, made through a no-fault or liability insurer or through workers' compensation.

Medicare may pay for services on behalf of a Medicare beneficiary when there is evidence that the primary plan does not pay promptly.

These payments are referred to as conditional payments because the money must be repaid to Medicare when a settlement, judgment, award, or other payment is secured.

If a claim that is not related to the case has been included in the conditional payment amount, you may select the claim for dispute on the MSPRP.

Slide 5 of 28 - Case Information



Slide notes

In order to dispute a claim, go to the Case Information page on the MSPRP for the case. The Current Conditional Payment Amount is shown on the top-half of this page.

It includes all medical claims that are related to the case which have been paid by Medicare as of the Conditional Payment Amount Updated on date.

You can dispute claims when the Case Status is Open and the Current Conditional Payment Amount is greater than zero.

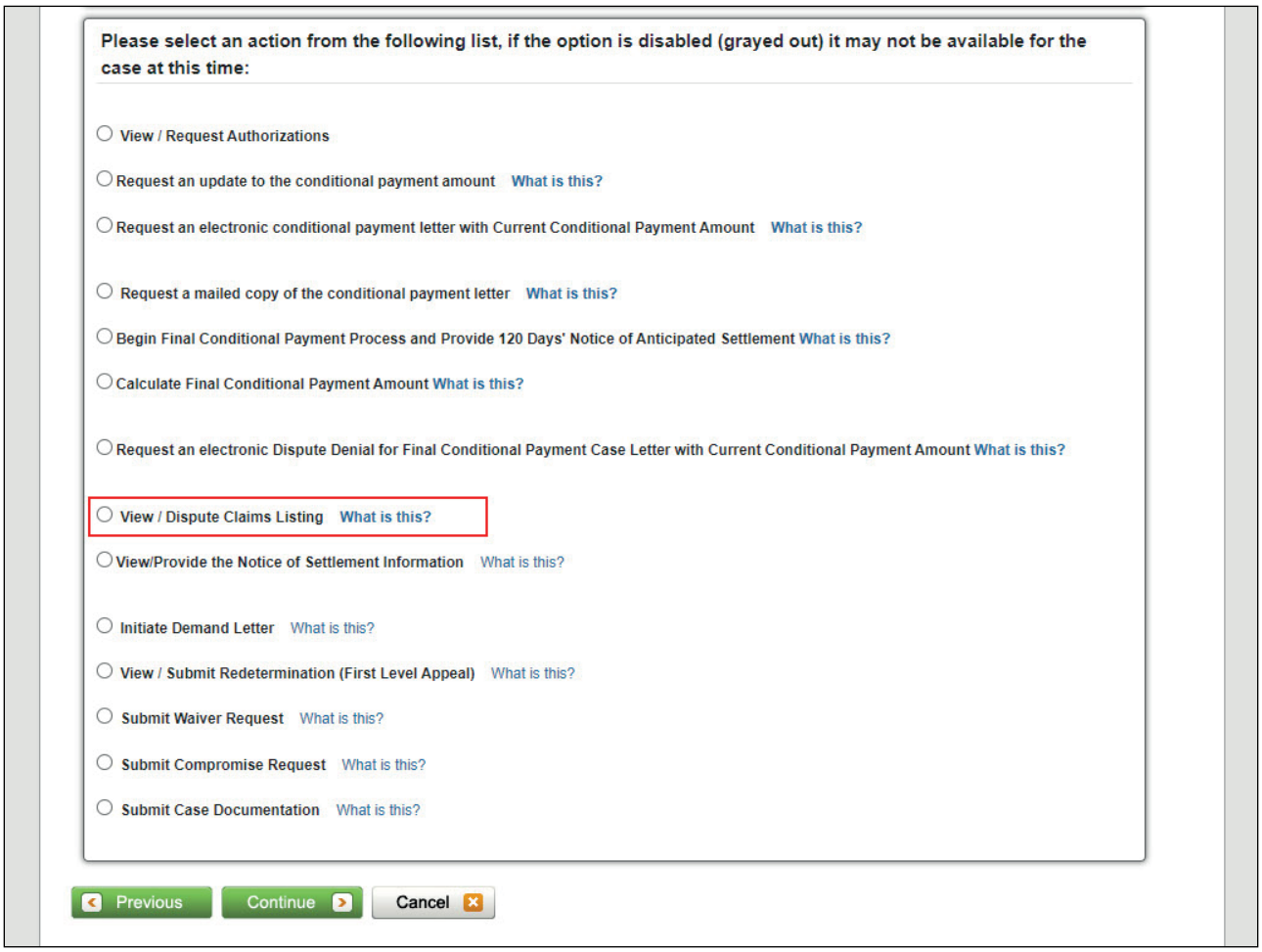
For a case that is in the Final Conditional Payment Process, you can dispute claims when the Final Conditional Payment Status is Active.

You also have the option to make an electronic payment using Pay.gov. To allow users to submit electronic payments for demands via the MSPRP, functionality has been added to the Payment Information tab on the Case Information page to start the payment process.

Note: The Case Information page now displays Go Paperless indicators next to the Case ID indicating that the Account associated with the Case has registered for the Go Paperless option. These accounts receive letter notification emails instead of mailed letters.

Also note: Multi-Factor Authentication Voice Call/Text Message (SMS) factors will only be available for use to view unmasked claim information for a limited time after March 1st, 2025. If you wish to continue to use Multi-Factor Authentication after that time, you will need to register another factor via the Factor Maintenance link found on your home page. The new factor options are Okta Verify and/or Google Authenticator.

Slide 6 of 28 - Case Actions



Slide notes

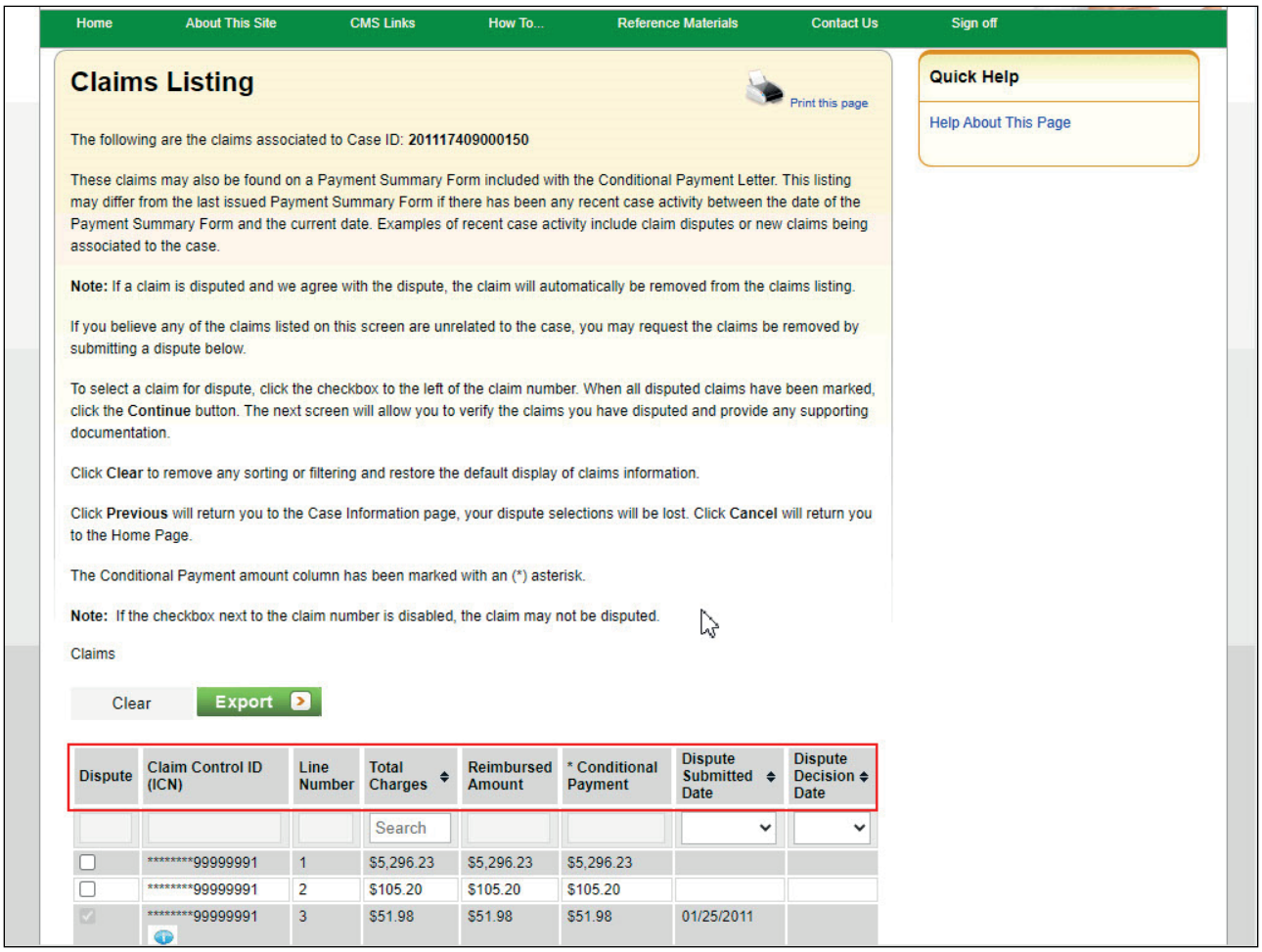
To view and/or dispute the claims included in the Current Conditional Payment Amount, select the View/Dispute Claims Listing action.

Note: To prevent users from disputing claims when no conditional payment letter (CPL) or conditional payment notice (CPN) has been sent, the View/Dispute Claims Listing action on the Case Information page has been disabled, with a new tooltip. Additionally, the Redetermination (First Level Appeal) Submission page text has been clarified and shortened.

To prevent users from taking any action on BCRC or CRC NGHP ORM (Ongoing Responsibility for Medicals) cases related to a deleted Section 111 lead, the following Case Information page actions will be disabled for cases with deleted S111 leads:

- View/Request Authorizations,
- Request an update to the conditional payment amount, and
- Request a mailed copy of the conditional payment letter.

Slide 7 of 28 - Claims Listing



Slide notes

Once the View/Dispute Claims Listing action is selected, the MSPRP retrieves all of the claim information that is included in the Current Conditional Payment Amount and displays that information on the Claims Listing page.

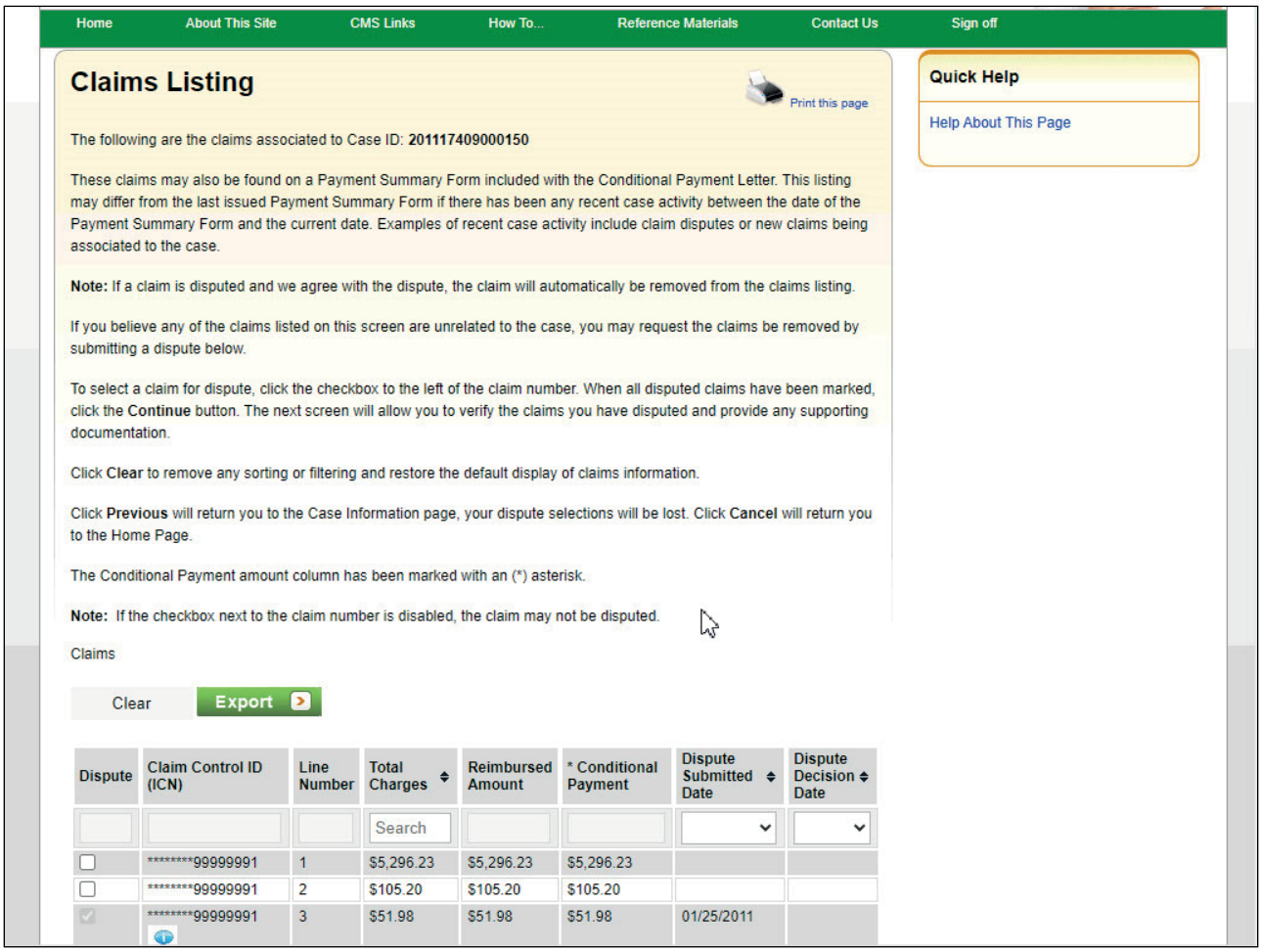
Note: The retrieval of this information may be slightly delayed depending on the volume of claim information returned.

The Case ID is displayed at the top of the page. Claim information that is currently associated to the Case ID is displayed at the bottom half of this page.

If the number of claims exceeds the space allowed on the Web page, you will have to use the vertical scroll bar to view the excess information.

For each claim, the Claim Control ID (ICN (Internal Control Number)), Line Number, Total Charges, Reimbursed Amount and Conditional Payment are displayed. Also, if applicable, the Dispute Submitted Date and Dispute Decision Date are displayed.

Slide 8 of 28 - Claims Listing



Slide notes

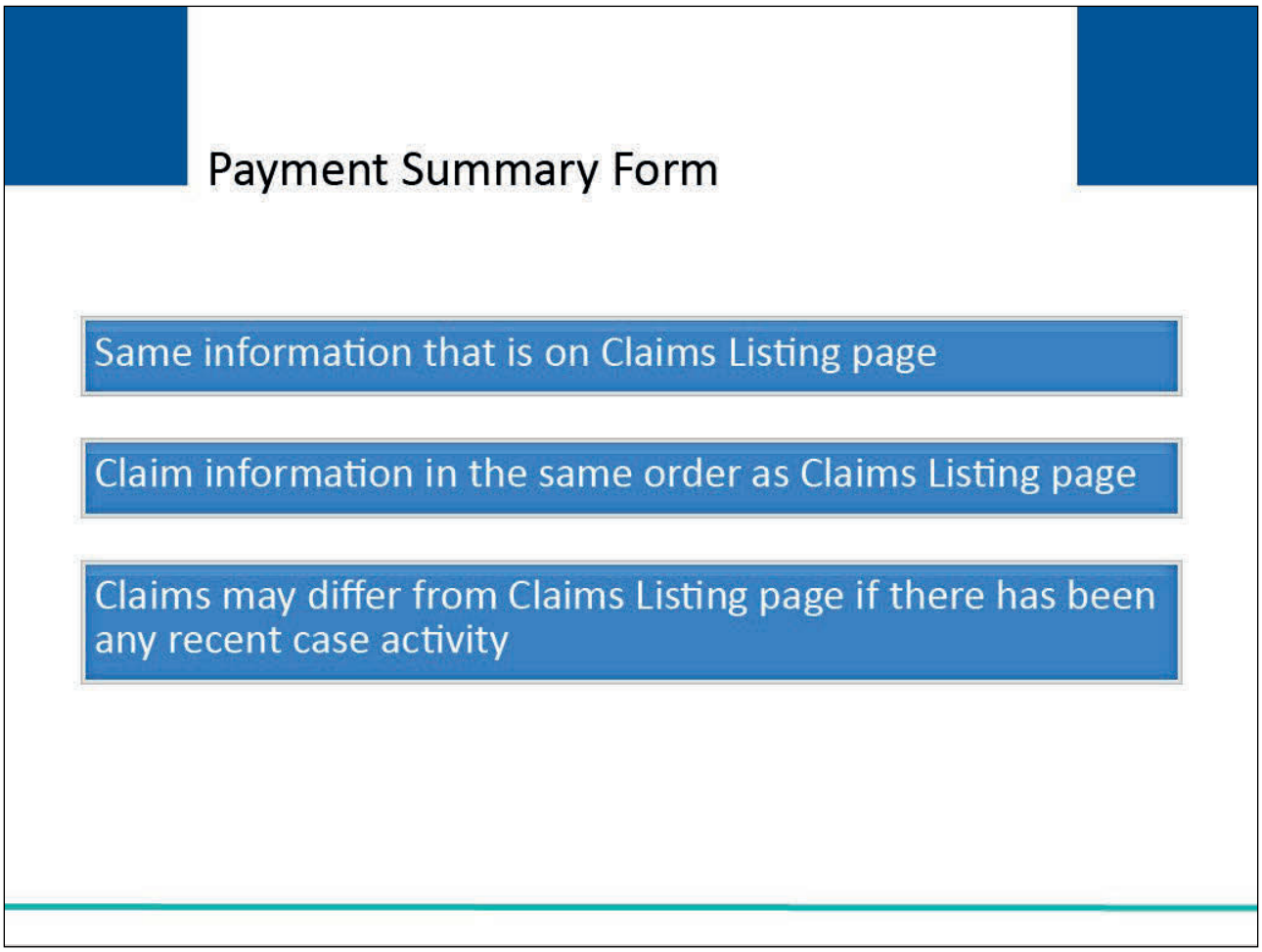
The Claim Number ID/ICN is the number assigned to the claim by the processing contractor. The Line Number is a reference to the individual service rendered on the claim.

The Reimbursed Amount is the dollar amount Medicare paid the provider for the claim and the Conditional Payment is the dollar amount Medicare is seeking recovery for the claim.

The Dispute Submitted Date is the last date a dispute was submitted on the claim. It is blank if no dispute has been submitted or if a dispute was submitted prior to the implementation of this feature.

If the submitted dispute is denied, the decision date will display in the Dispute Decision Date. However, if a claim dispute is approved, the claim is automatically removed from the Claims Listing page.

Slide 9 of 28 - Payment Summary Form



Slide notes

In order to assist you in correctly identifying a payment for dispute, it is recommended that you have the Payment Summary Form that is mailed with the Conditional Payment letter.

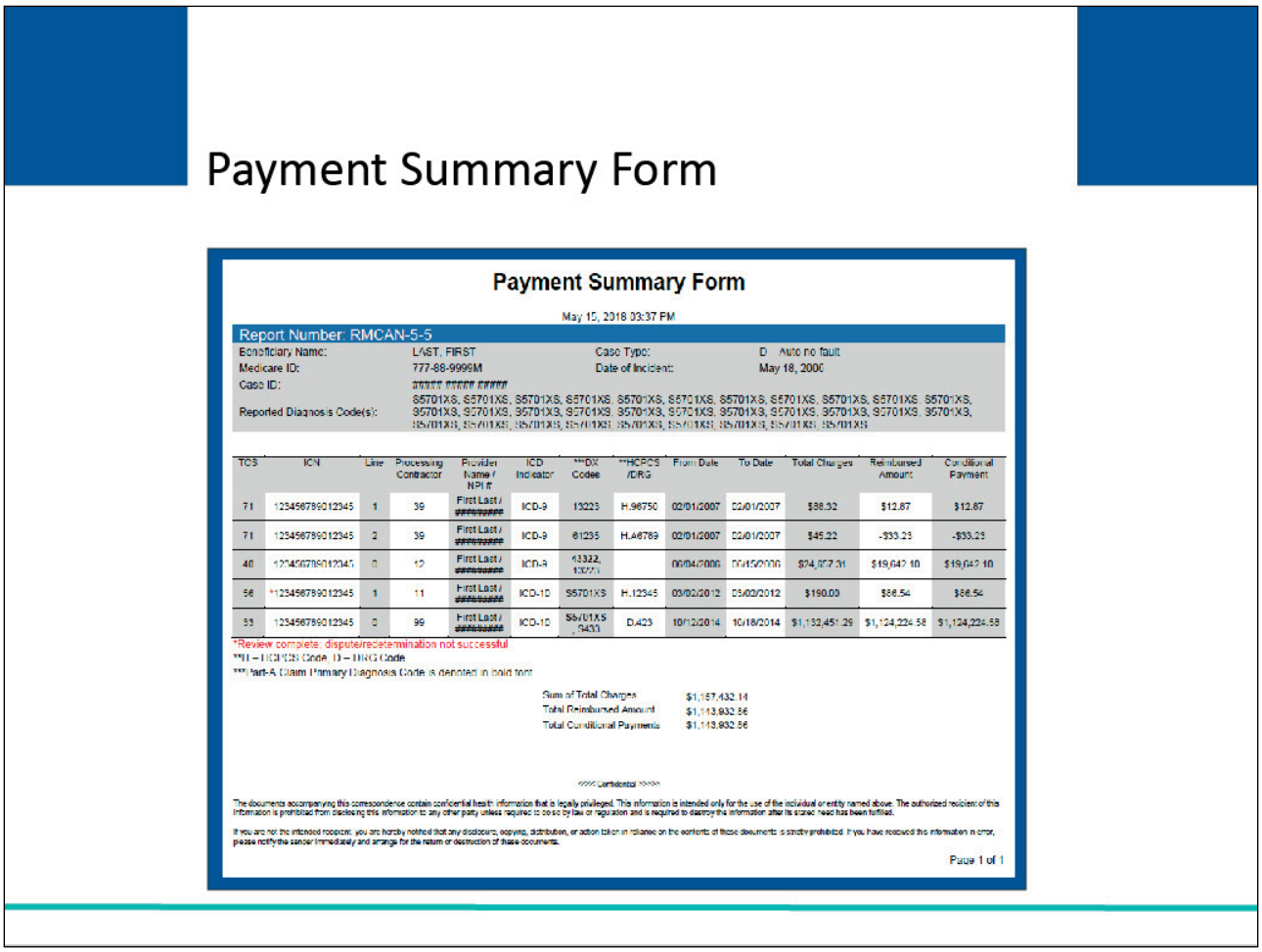
The Payment Summary Form will include the same information that is displayed on the Claims Listing page and will assist you in identifying and matching the claim information for dispute.

The claim information displayed on the Claims Listing page will be listed in the same order as the Payment Summary Form that is mailed with the Conditional Payment letter.

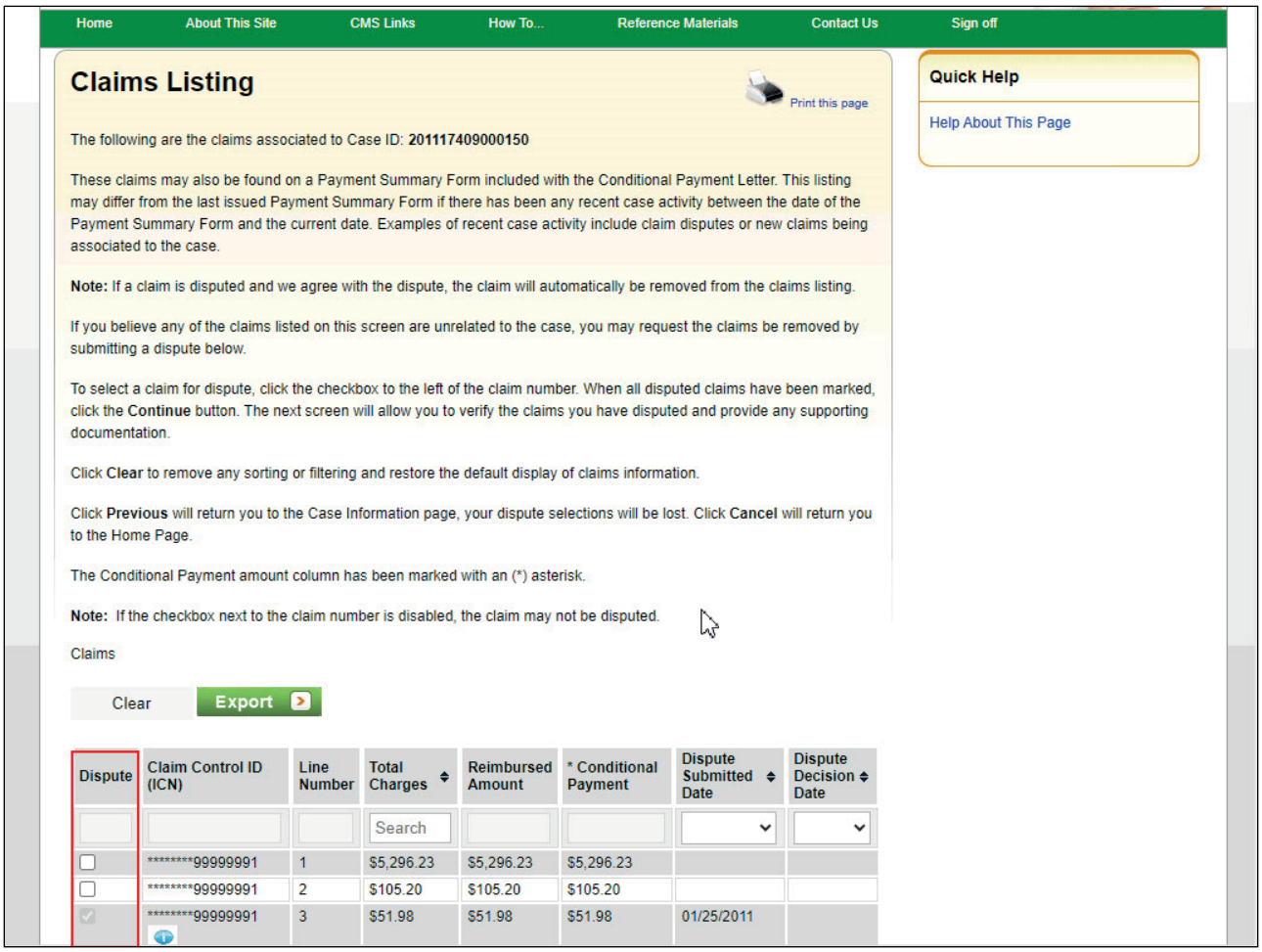
However, the claims displayed on the Claims Listing page may differ from those listed on your Payment Summary Form if there has been any recent case activity between the date of the Payment Summary Form and the current date.

For example, information may have been removed as a result of a dispute or added as a result of a request to update the conditional payment amount.

Slide 10 of 28 - Payment Summary Form


Payment Summary Form
Payment Summary Form
May 15, 2018 03:37 PM
Report Number: RMCAN-5-5
Beneficiary Name: LAST, FIRST
Medicare ID: 777-88-9999M
Case ID: ##### ##### #####
Reported Diagnosis Code(s): S5701XS, S5701XS, S5701XS,

Slide 11 of 28 - Claims Listing



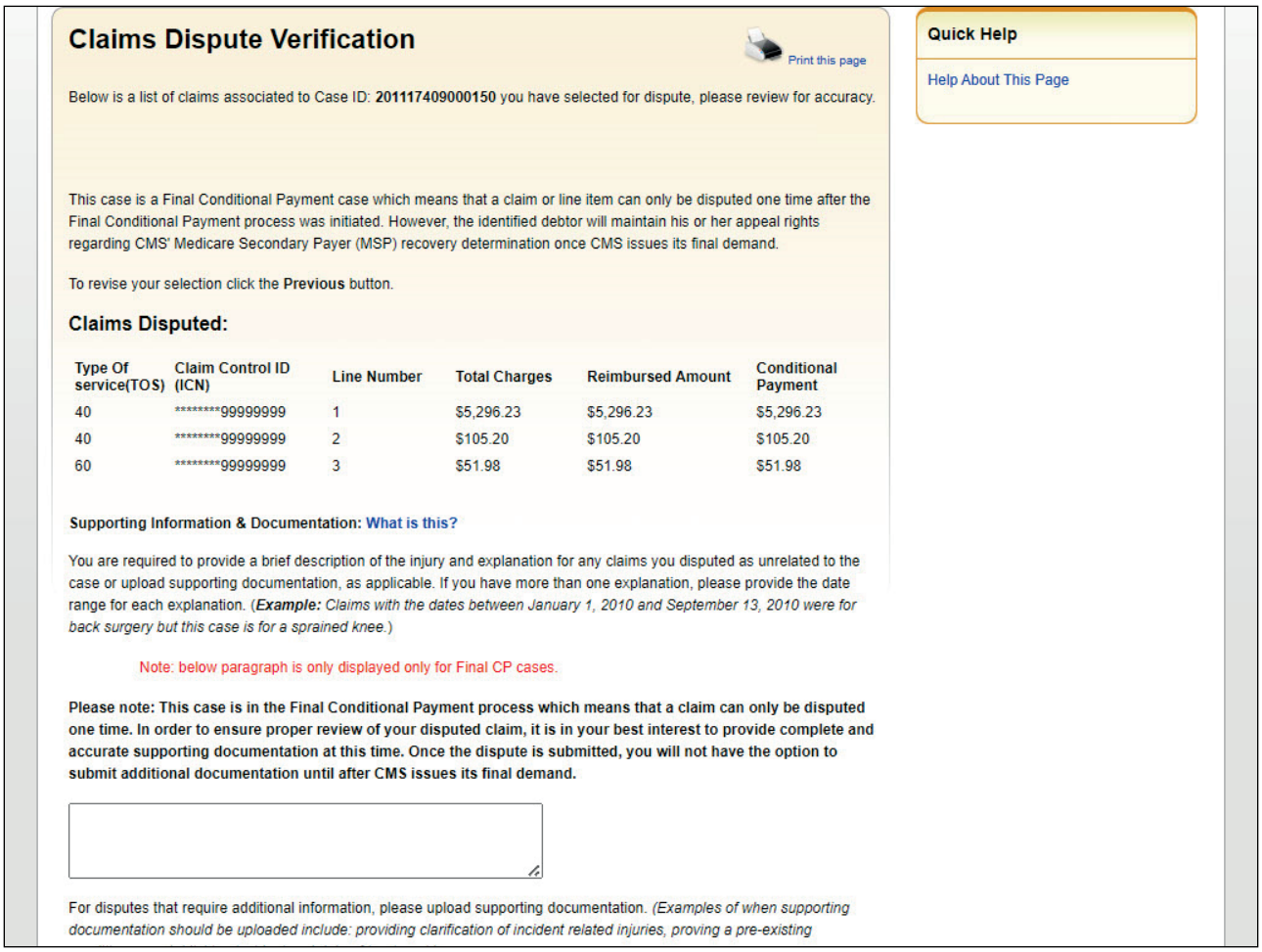
Slide notes

To dispute the inclusion of a claim(s) that is/are unrelated to your case, click the Dispute checkbox next to the claims(s) in dispute.

Note: If the Dispute checkbox contains a faded checkmark, this indicates the claim has been previously selected for dispute and is currently under review.

When all disputed claims have been selected, click [Continue] to proceed.

Slide 12 of 28 - Claims Dispute Verification



Claims Dispute Verification

Print this page

Below is a list of claims associated to Case ID: **201117409000150** you have selected for dispute, please review for accuracy.

This case is a Final Conditional Payment case which means that a claim or line item can only be disputed one time after the Final Conditional Payment process was initiated. However, the identified debtor will maintain his or her appeal rights regarding CMS' Medicare Secondary Payer (MSP) recovery determination once CMS issues its final demand.

To revise your selection click the **Previous** button.

Claims Disputed:

Type Of service(TOS)	Claim Control ID (ICN)	Line Number	Total Charges	Reimbursed Amount	Conditional Payment
40	********99999999	1	$5,296.23	$5,296.23	$5,296.23
40	********99999999	2	$105.20	$105.20	$105.20
60	********99999999	3	$51.98	$51.98	$51.98

Supporting Information & Documentation: What is this?

You are required to provide a brief description of the injury and explanation for any claims you disputed as unrelated to the case or upload supporting documentation, as applicable. If you have more than one explanation, please provide the date range for each explanation. (***Example:*** *Claims with the dates between January 1, 2010 and September 13, 2010 were for back surgery but this case is for a sprained knee.*)

Note: below paragraph is only displayed only for Final CP cases.

Please note: This case is in the Final Conditional Payment process which means that a claim can only be disputed one time. In order to ensure proper review of your disputed claim, it is in your best interest to provide complete and accurate supporting documentation at this time. Once the dispute is submitted, you will not have the option to submit additional documentation until after CMS issues its final demand.

For disputes that require additional information, please upload supporting documentation. *(Examples of when supporting documentation should be uploaded include: providing clarification of incident related injuries, proving a pre-existing*

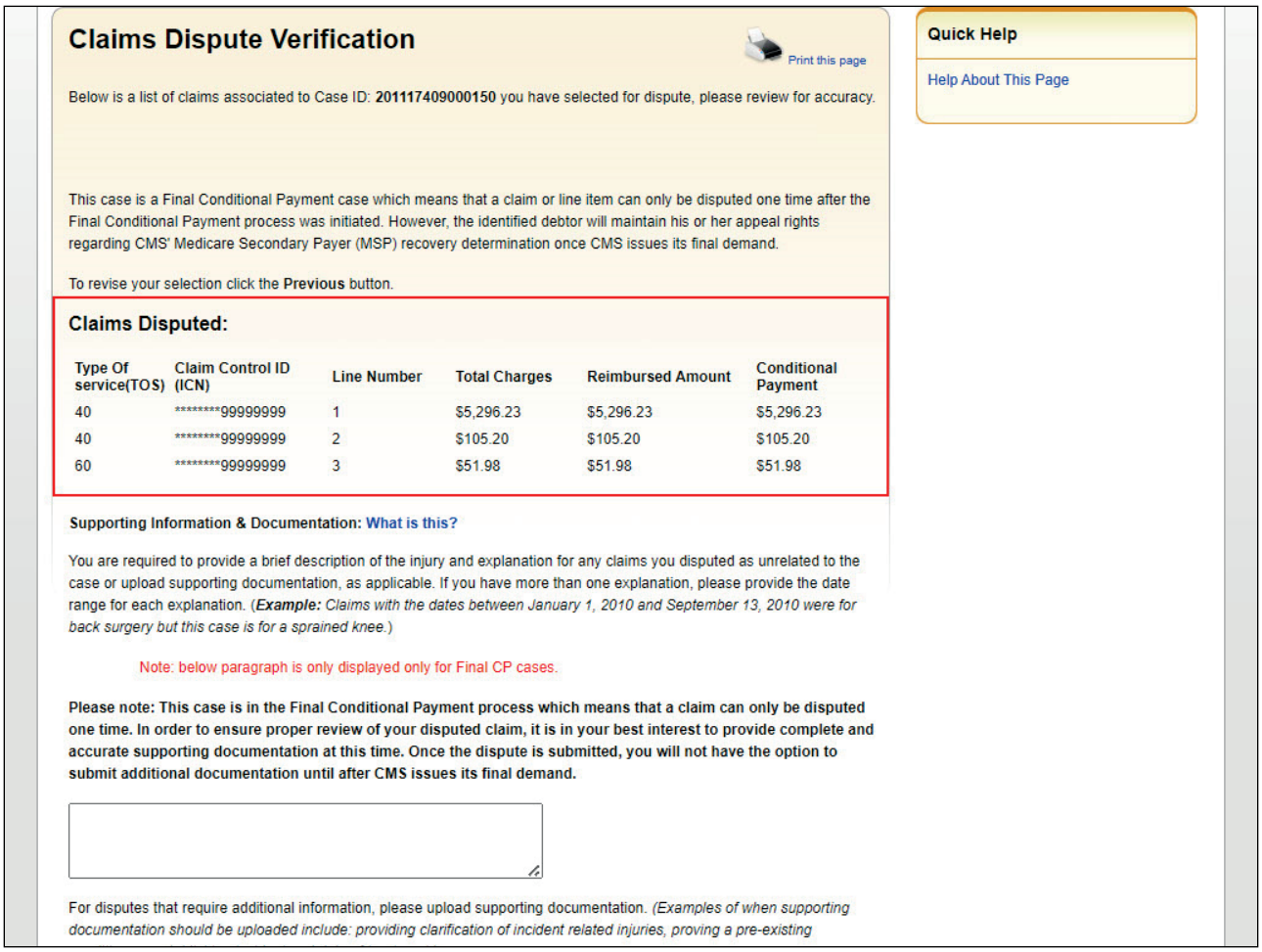
Quick Help

Help About This Page

Slide notes

The Claims Dispute Verification page will appear. This page will allow you to verify the claims you have disputed and to upload documentation that supports the dispute(s).

Slide 13 of 28 - Claims Dispute Verification



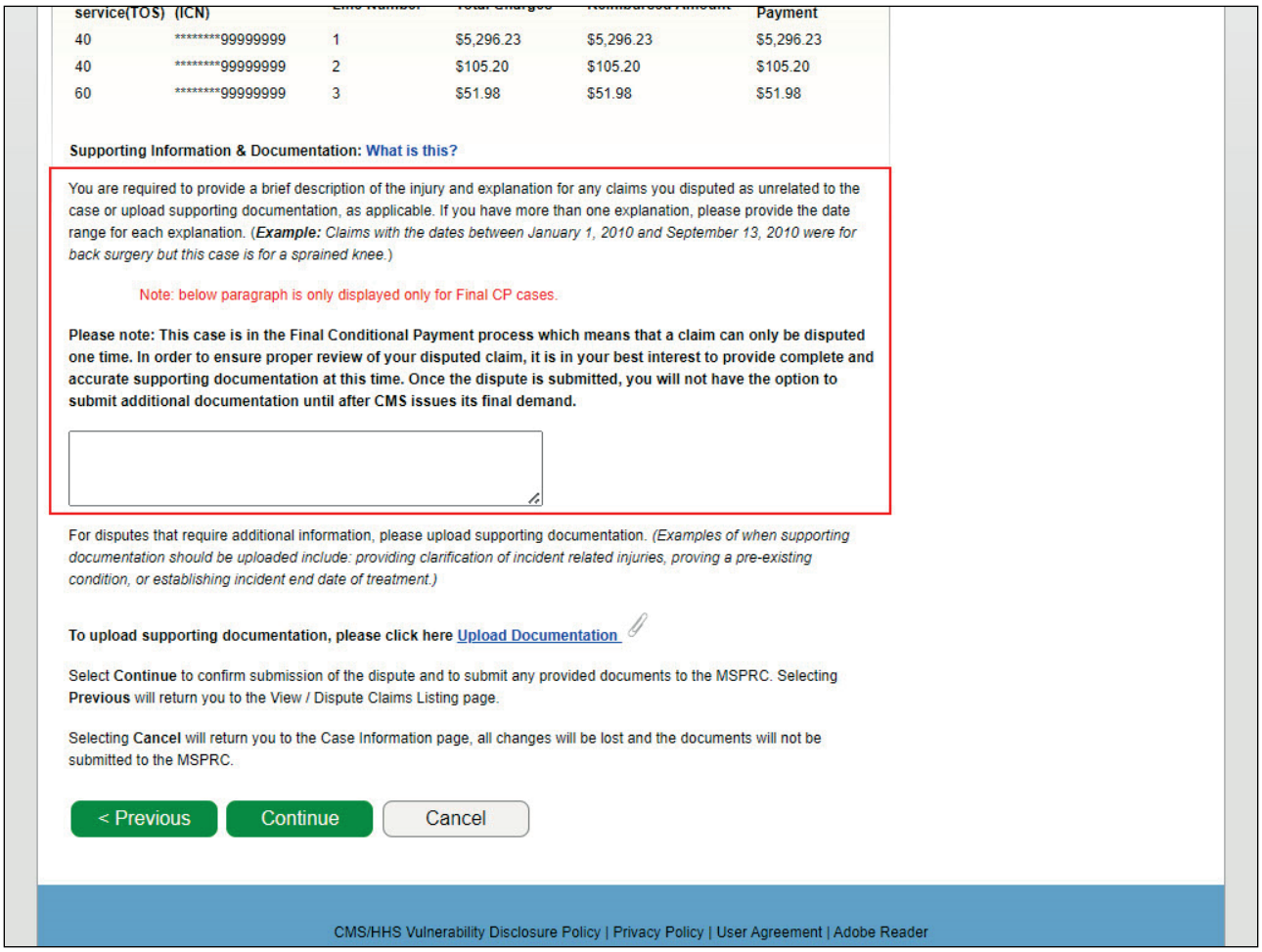
Slide notes

The Claims Disputed section of this page displays the claims that you selected for dispute for the Case ID.

The Type of Service (TOS) Claim Control ID (ICN), Line Number, Total Charges, Reimbursed Amount, and Conditional Payment will display for each claim. Verify this list to ensure that it only includes claims you believe are unrelated to the case.

To revise the list, click [Previous] to be returned to the Claims Listing page.

Slide 14 of 28 - Claims Dispute Verification



Slide notes

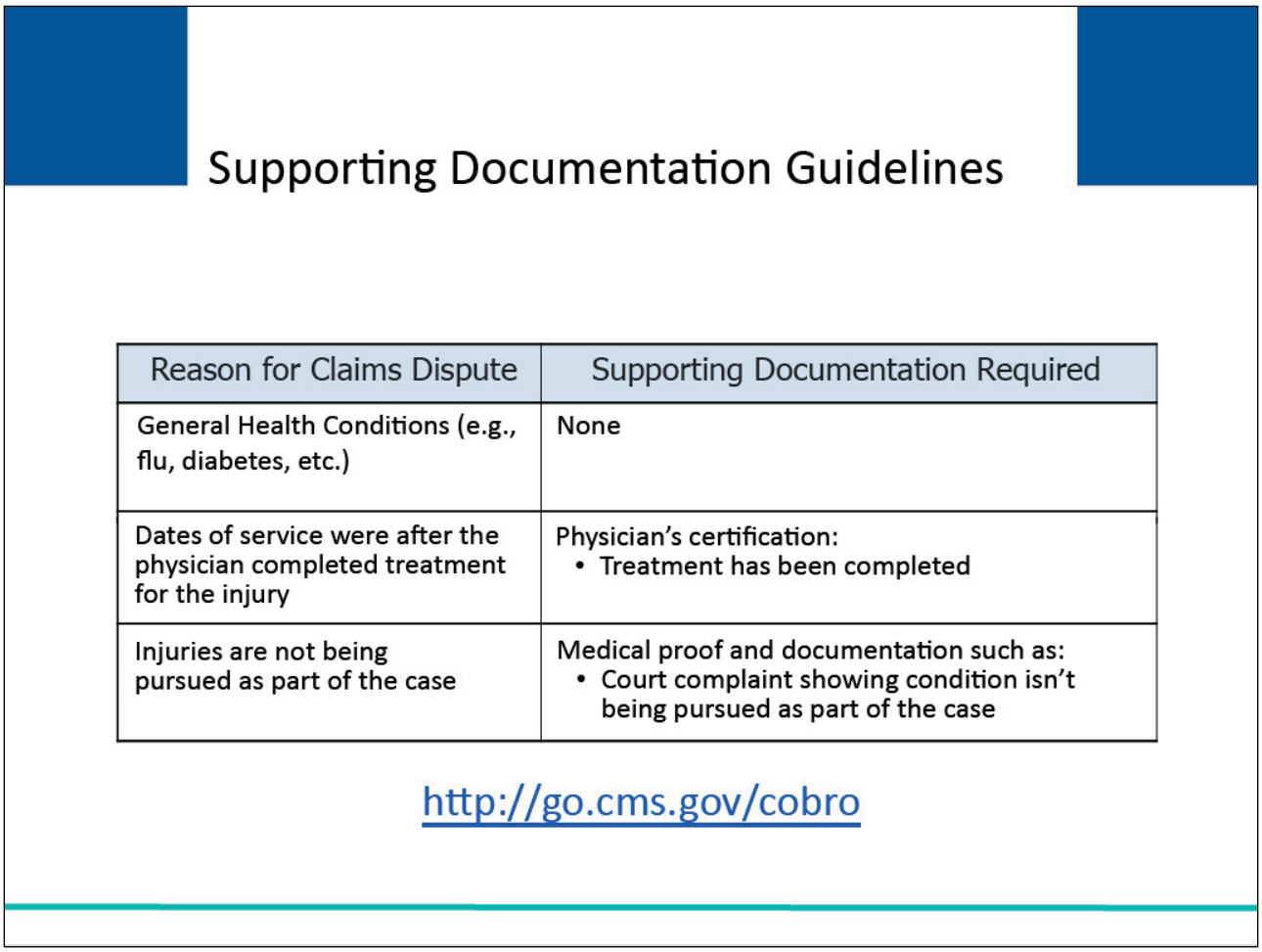
After you have verified the claims that were selected for dispute, you must submit documentation (evidence) to support your contention. You can enter up to 500 characters of free-form text to explain the reason for your dispute.

Any text input here will be added to the permanent case file once you select [Continue]. If you click [Previous], the input text will be lost.

If you require additional space to support your dispute, create a .PDF file of your documentation.

Note: If you are providing copies of the corresponding medical records highlight and/or mark the pertinent areas of the records or documents which support your position.

Slide 15 of 28 - Supporting Documentation Guidelines



Slide notes

Claims that are being disputed for general health conditions (e.g., flu, diabetes, etc.) do not require supporting documentation.

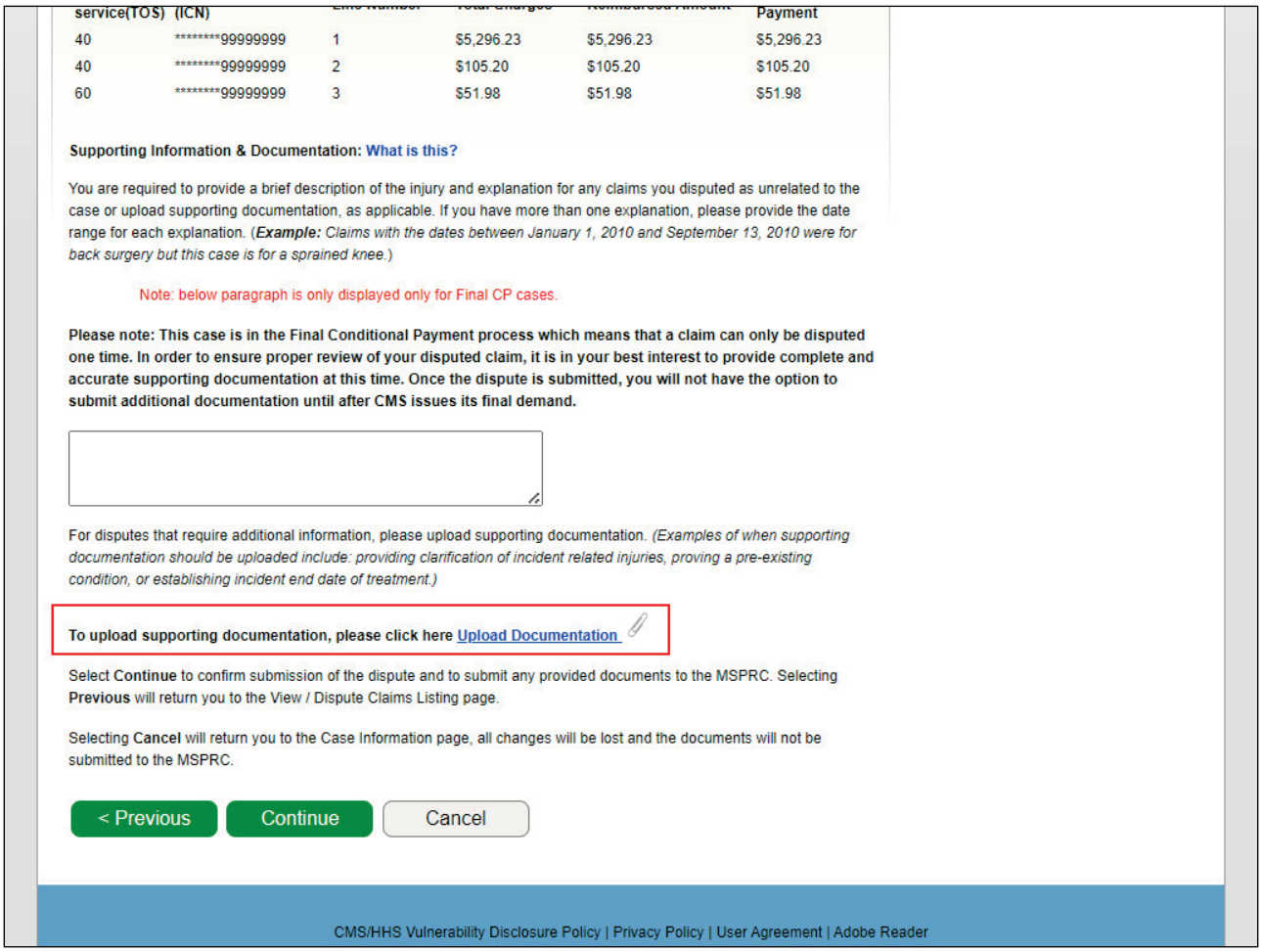
Claims that are being disputed because the dates of service on the claims were after your physician completed treatment for the alleged injury require a physician's certification that treatment has been completed.

Please refer to the "Future Medicals" document found on the Non-Group Health Plan Recovery page. The following link may be used to access the section's main page: CMS COB&R Overview.

Once on the Coordination of Benefits & Recovery Overview page, click the Non-Group Health Plan Recovery link on the left side menu and scroll to Downloads area near the bottom of the page.

Claims that are being disputed for injuries that are not being pursued as part of the case (e.g., the case in question is related to the back and some of the claims included in the current conditional payment amount are related to the neck) require medical proof and documentation such as a court complaint that shows this condition isn't being pursued as part of the case.

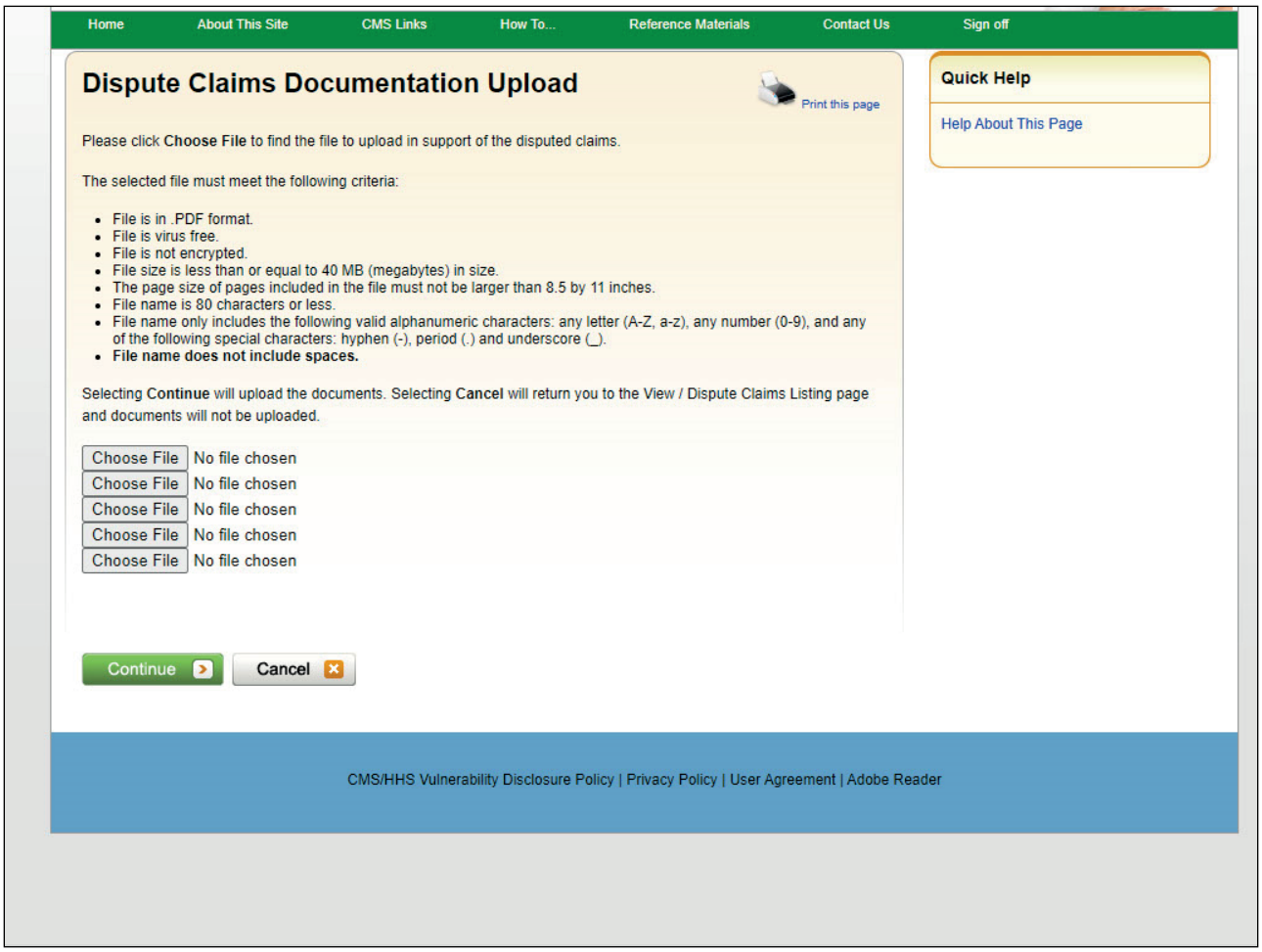
Slide 16 of 28 - Claims Dispute Verification



Slide notes

To upload supporting documentation, click [Upload Documentation].

Slide 17 of 28 - Dispute Claims Documentation Upload



Slide notes

Once clicked, the Dispute Claims Documentation Upload page will appear.

The MSPRP requires each uploaded file to be a PDF (Portable Document Format) file (i.e., a file with a .PDF extension), less than or equal to 40 MB, and virus free.

Users should not upload documents with formats larger than 8.5 x 11 inches.

Files that do not meet these criteria will be rejected. Please be aware that if you upload a PDF file that has been annotated (saved with notes using PDF Annotator software), there is no guarantee on how overlapping annotations will be translated in the document when it is sent to the imaging system.

To begin the upload process, enter the file name and path/location in the text box, or click [Choose File] to search your computer for the desired file. When you click [Choose File], a pop-up box displays.

Locate the file that you want to upload. Once the file is located, click the file name and then click [Open]. When the file has been selected, the file name and location will appear on the Documentation Upload page.

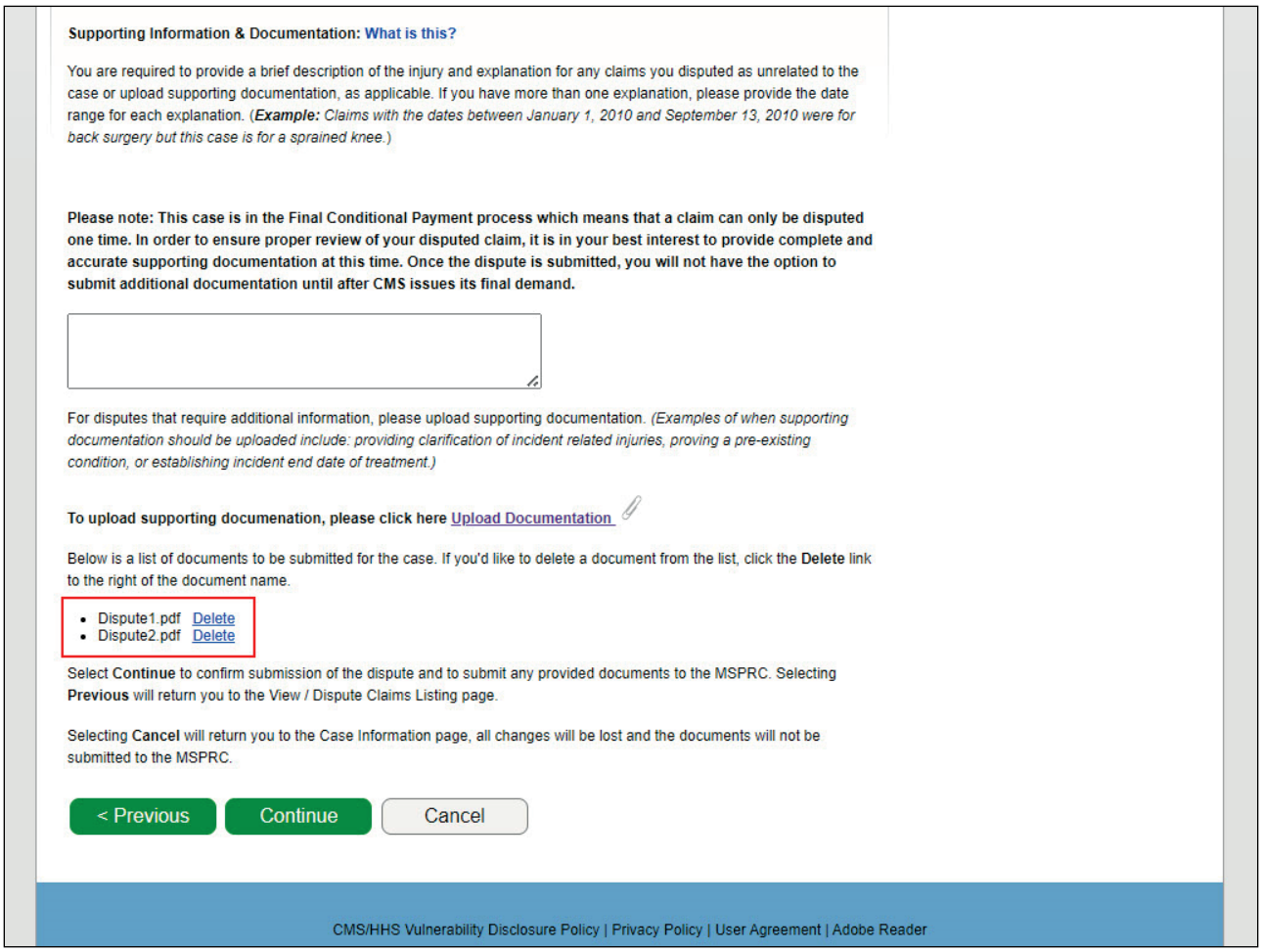
To upload additional files, use the next available text box on the page. Note: You are limited to uploading 5 files at a time.

Once all files have been identified, click [Continue].

If any file is not in .PDF format, exceeds 40 MB, contains a virus, or cannot be located, you will receive an error message.

If you receive an error message, none of the files will be uploaded. You must correct the problem(s) and upload the files again.

Slide 18 of 28 - Claims Dispute Verification

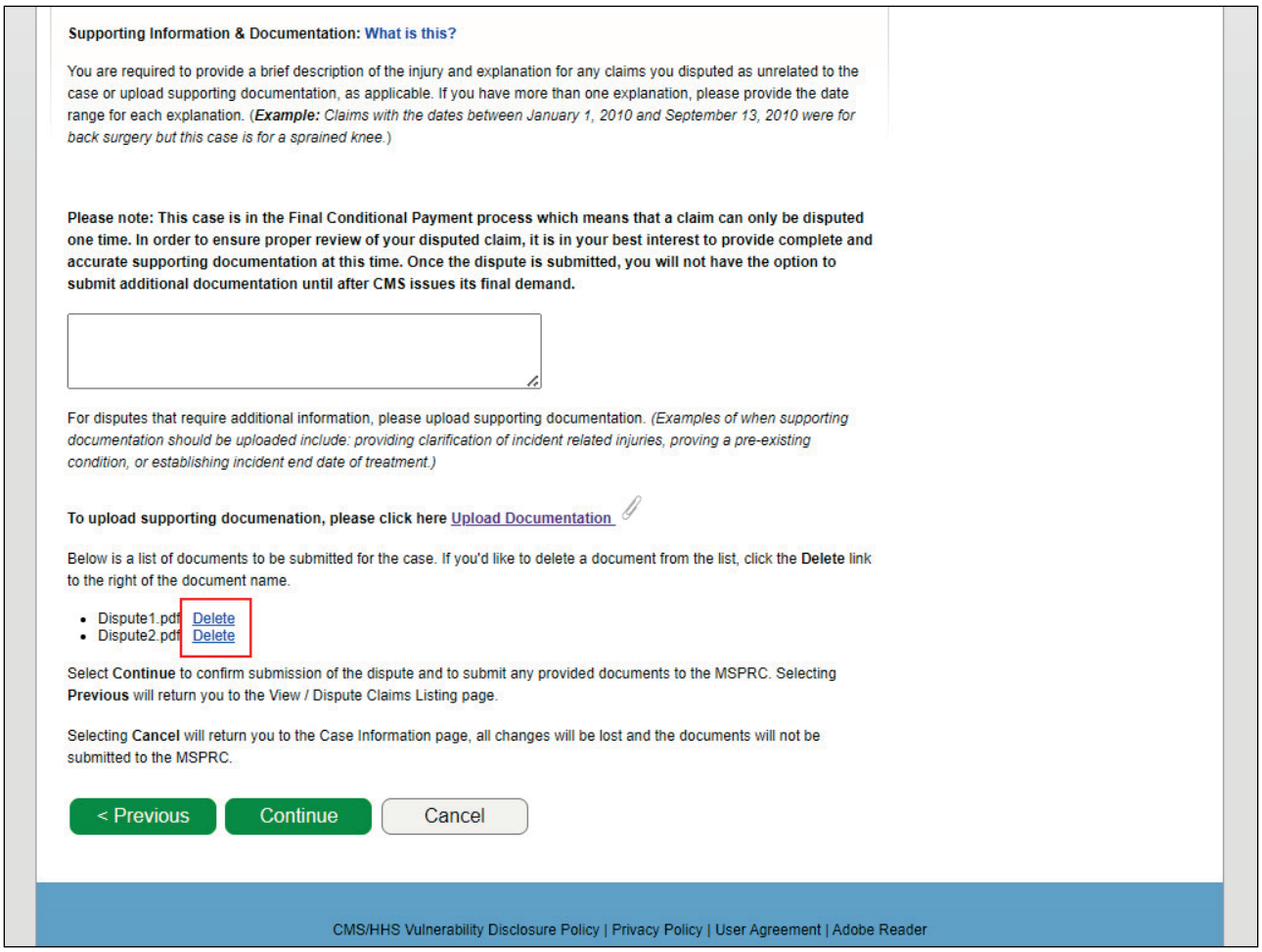


Slide notes

If all files are virus free, the Claims Dispute Verification page will appear. The name of each uploaded file will display on the bottom of this page.

If you have additional files to upload, select Upload Documentation to repeat the upload process until all of your supporting documentation has been uploaded.

Slide 19 of 28 - Claims Dispute Verification



Slide notes

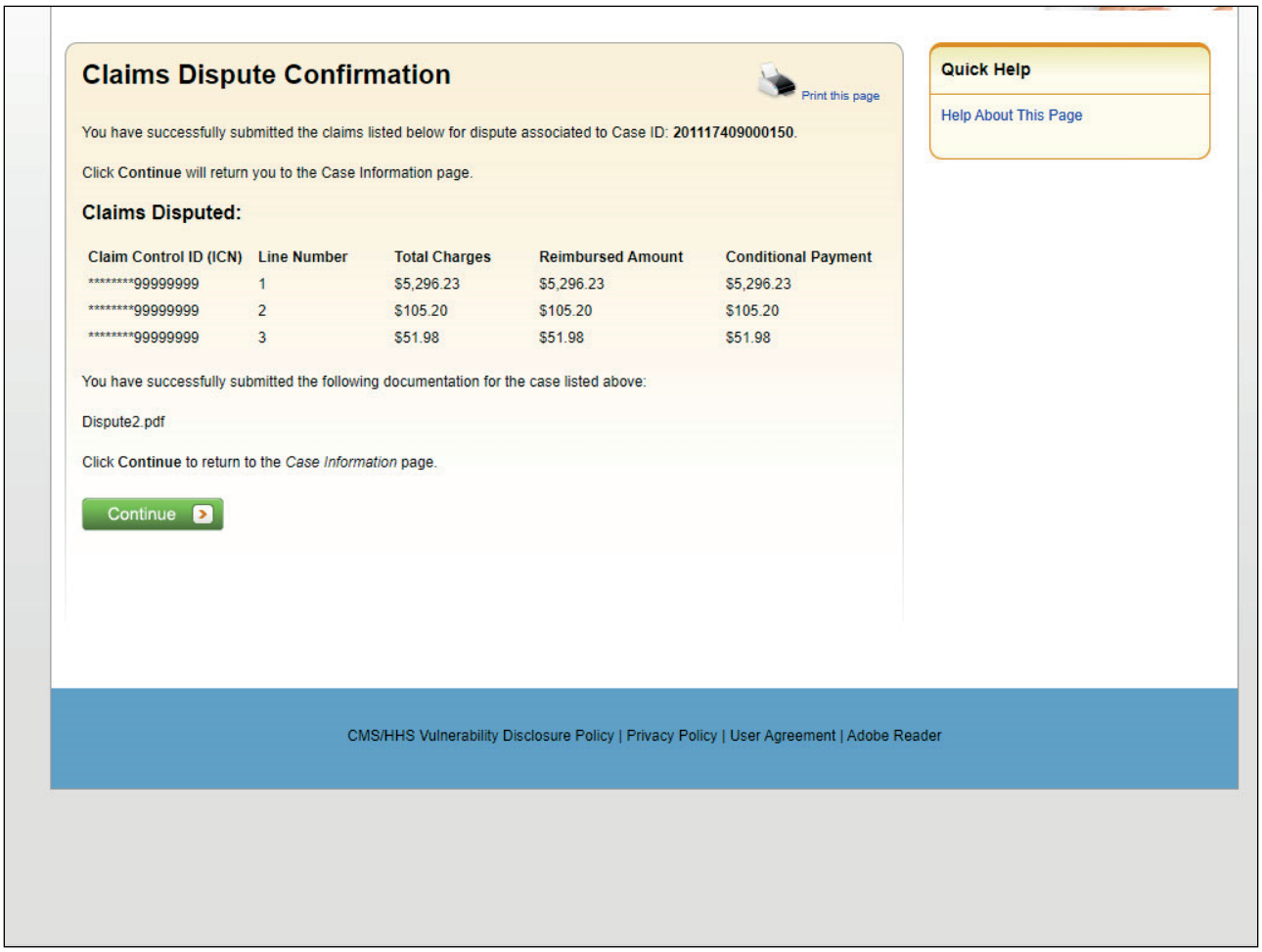
Once all documentation has been uploaded, review the documents that were submitted. If an incorrect file was uploaded, click [Delete]. This will remove the file, and it will not be uploaded to the case.

If there is a need to upload a different document, click [Upload Documentation]. You will be returned to the Documentation Upload page.

To complete the submission of the dispute documentation, click [Continue]. The Claims Dispute Confirmation page will appear.

Note: If you are submitting documentation via the MSPRP, do not send or fax duplicate copies to Medicare as that will only slow down the review process.

Slide 20 of 28 - Claims Dispute Confirmation



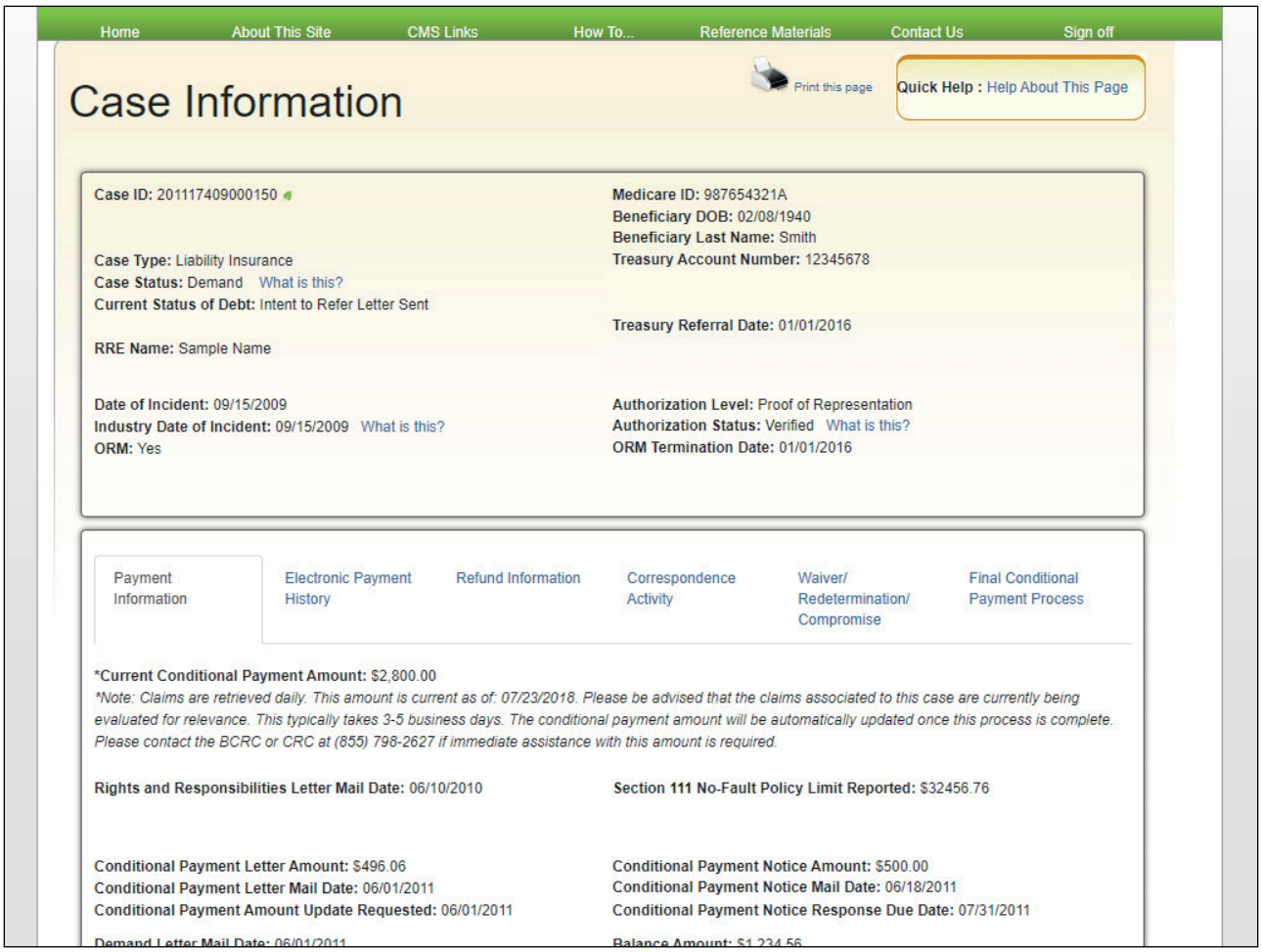
Slide notes

The Claims Dispute Confirmation page confirms that you have successfully submitted claims for dispute.

The Claim Control ID (ICN), Line Number, Total Charges, Reimbursed Amount, and Conditional Payment for each disputed claim will display.

The file names of any documentation submitted to support the contention will also display. Click [Continue] to return to the Case Information page.

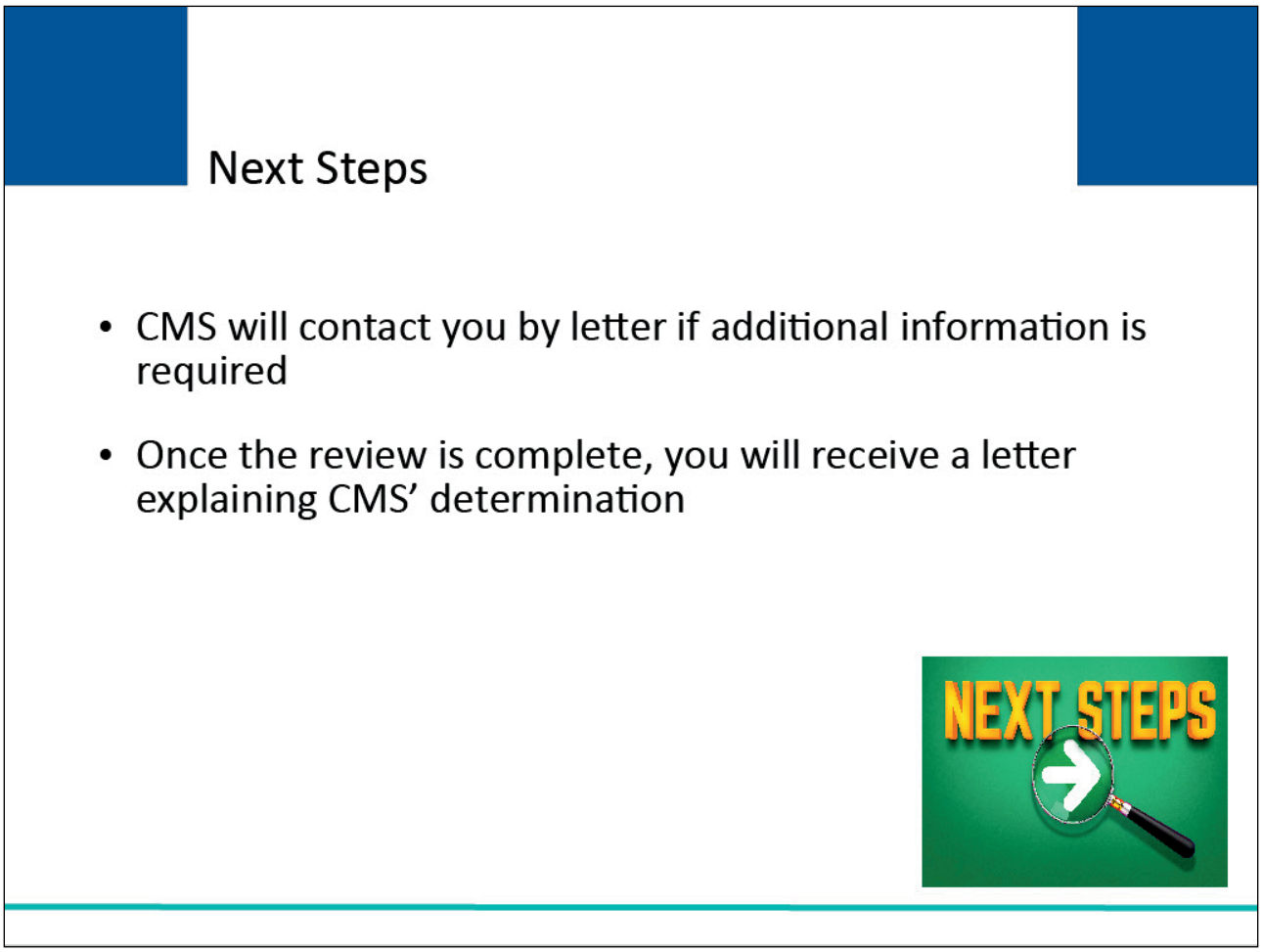
Slide 21 of 28 - Case Information



Slide notes

Allow 45 days for Medicare to review each disputed claim and make a determination.

Slide 22 of 28 - Next Steps



Slide notes

As of July 2018, you will be able to monitor correspondence that has been sent to you on the Correspondence Activity tab of the Case Information page.

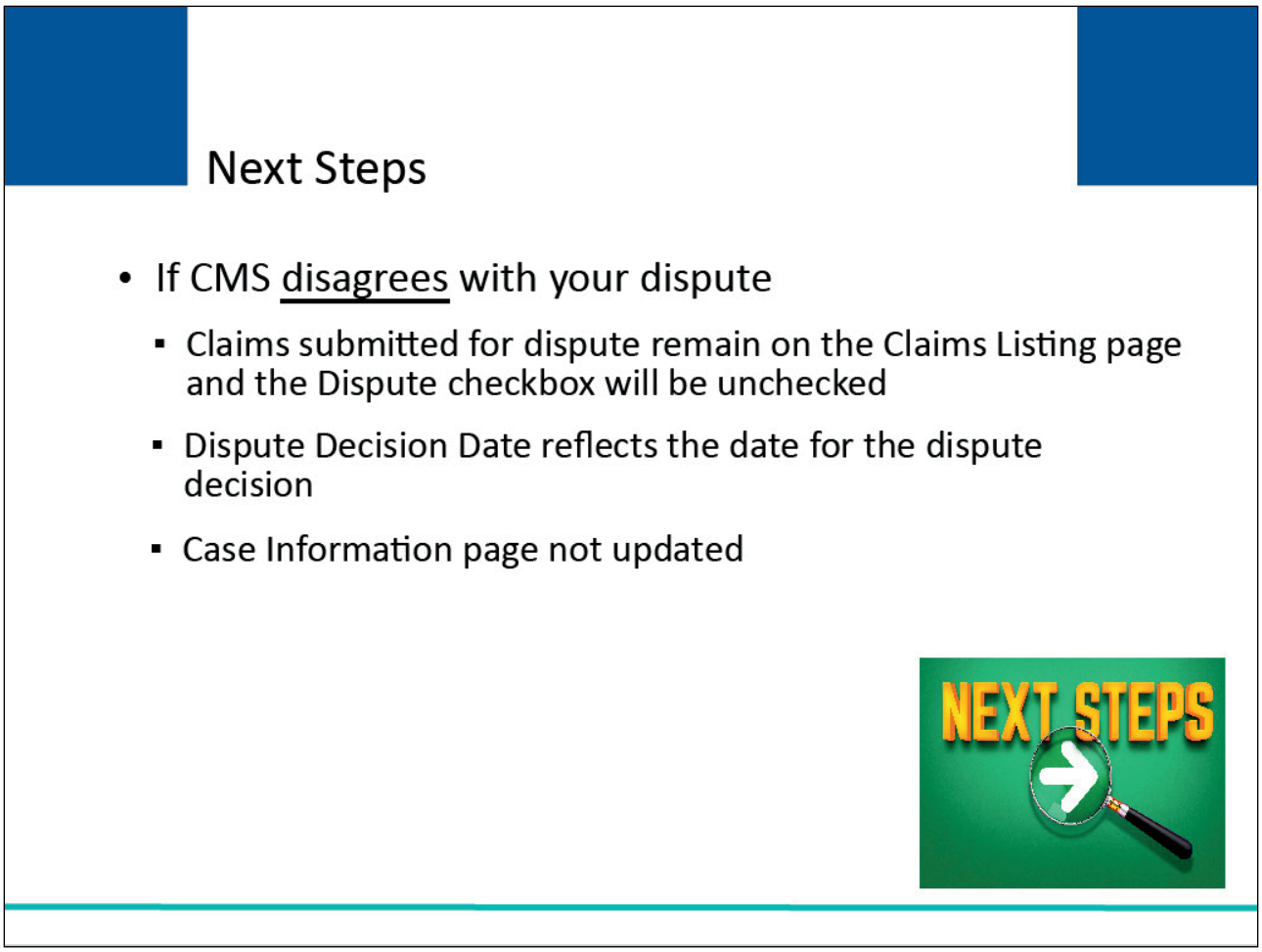
CMS will contact you by letter if additional information is required to support the removal of the charges before a determination can be made.

You will receive a letter explaining CMS' determination once the review is complete.

The Correspondence Activity tab of the Case Information page has been updated to allow users to view and print outgoing correspondence on the MSPRP. This page now allows beneficiaries or authorized representatives logged in using MFA to click the Correspondence Type to open a PDF of outgoing correspondence using the Images for Correspondence Type page.

To view outgoing letters on the Correspondence Activity tab, users must have logged in with multi-factor authentication (MFA) and have a verified authorization, which has been either a beneficiary Proof of Representation (POR) or a Recovery Agent Authorization. With this release, the list of allowed authorizations now includes Consent to Release (CTR) authorizations.

Slide 23 of 28 - Next Steps

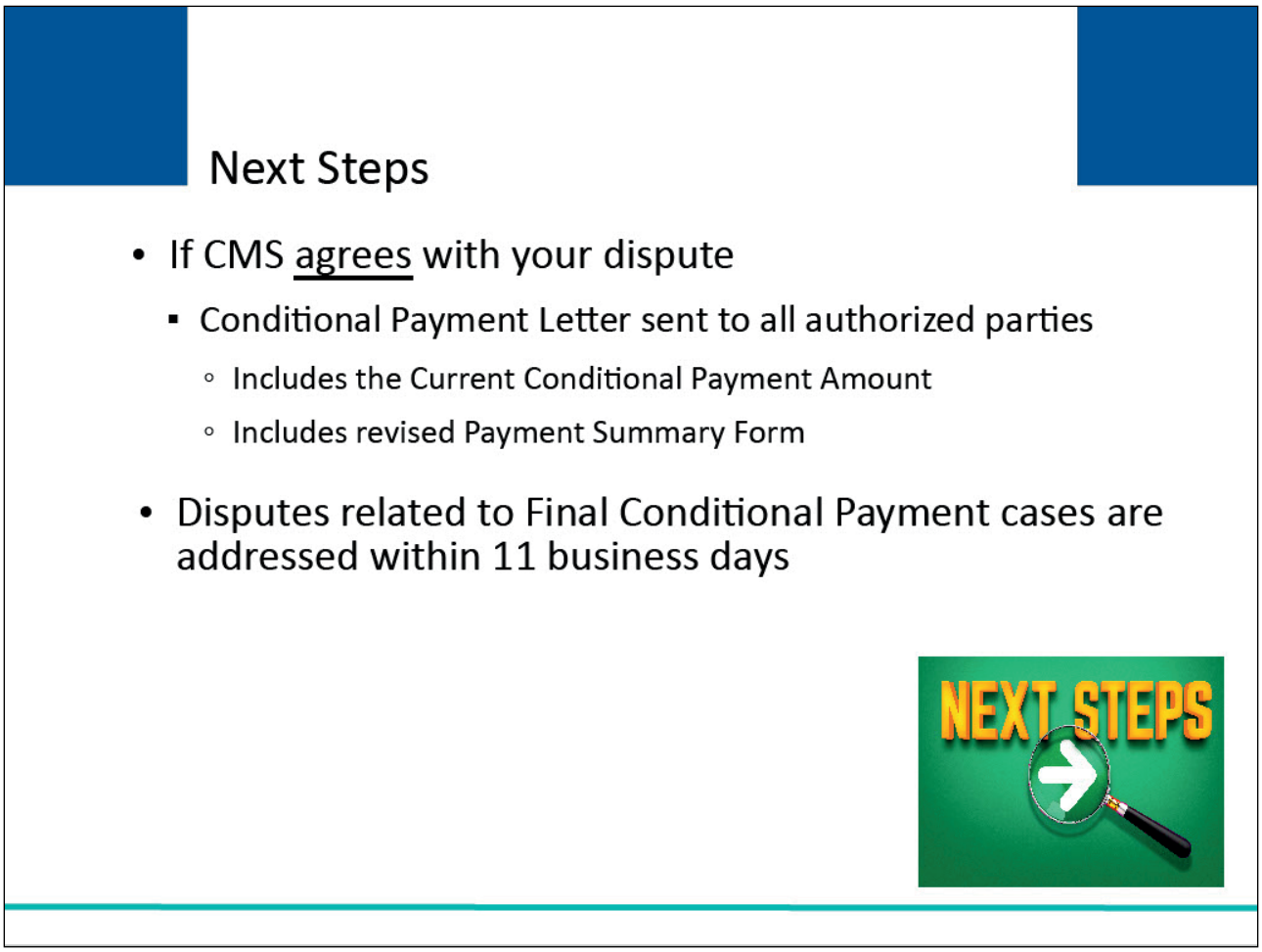


Slide notes

If CMS disagrees with your dispute and determines that all of the claims submitted for dispute are related to the case:

- All claims submitted for dispute will remain on the Claims Listing page;
- The Dispute checkbox will be unchecked;
- The Dispute Decision Date is revised to reflect the date for the dispute decision; and
- The Current Conditional Payment Amount, Conditional Payment Updated on and Conditional Payment Letter Mail Date will not be revised on the Case Information Page.

Slide 24 of 28 - Next Steps



Slide notes

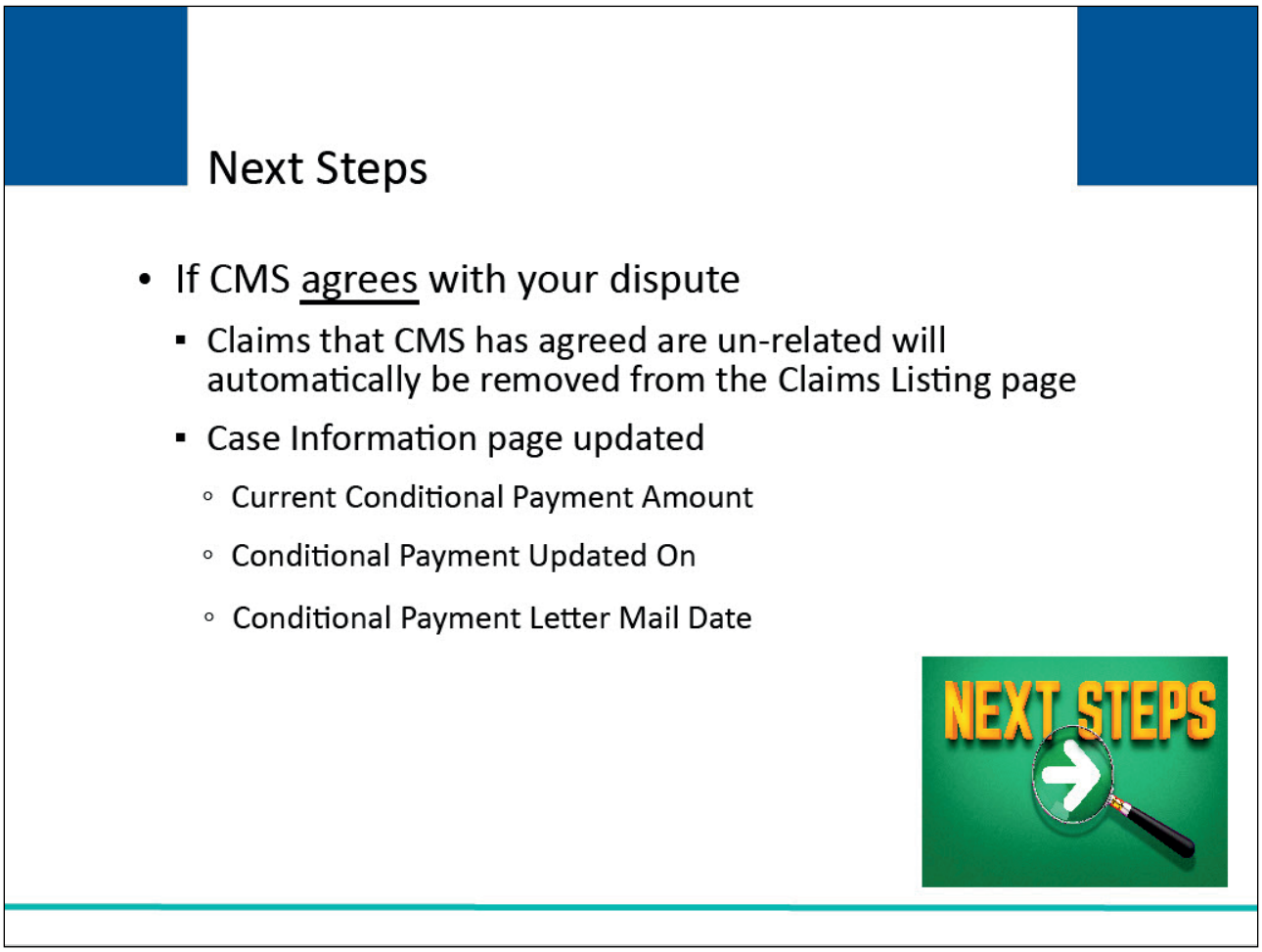
If CMS agrees (fully or partially) with your dispute and determines that all (or some) of the claims submitted for dispute are not related to the case, the Conditional Payment Letter will be sent to all parties authorized on the case (i.e., the beneficiary and each individual/entity that has a Verified Proof of Representation, Recovery Agent Authorization, or Consent to Release on file for the case).

This letter will include the Current Conditional Payment Amount and a revised Payment Summary Form.

Note: During this review process, if Medicare identifies additional payments that are related to the case, they will be included in a recalculated Conditional Payment Amount and updated Conditional Payment Letter.

Disputes related to Final Conditional Payment (Final CP) cases are addressed within 11 business days. See Chapter 15 in the MSPRP User Guide for further information.

Slide 25 of 28 - Next Steps



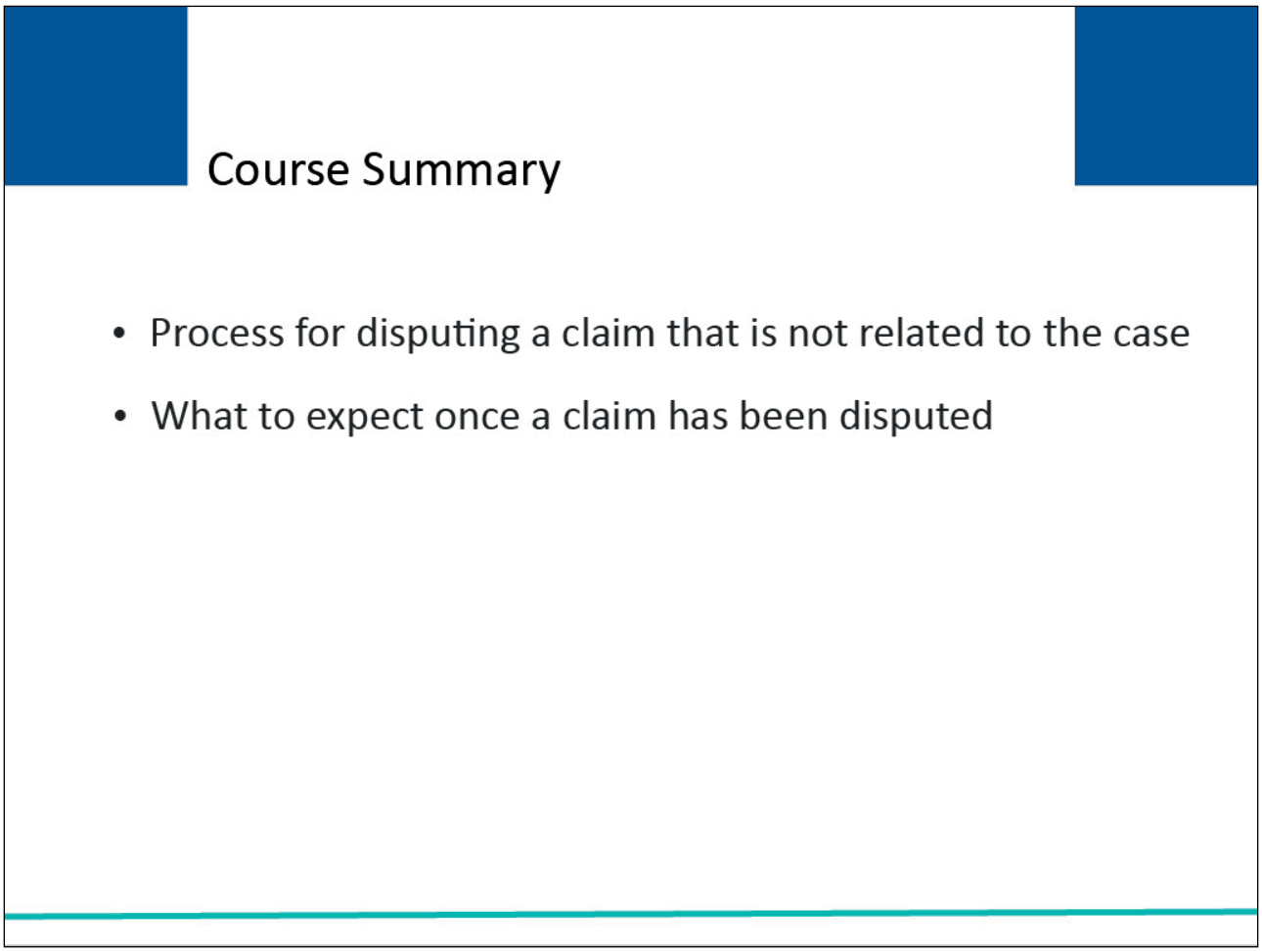
Slide notes

All claims that CMS has agreed are unrelated will automatically be removed from the Claims Listing page. All other claims will remain associated to the case.

The Case Information page will be updated with the Current Conditional Payment Amount. The Conditional Payment Updated On will be revised to the date the Current Conditional Payment Amount was updated.

The Conditional Payment Letter Mail Date will be updated to the date the Conditional Payment Letter was sent.

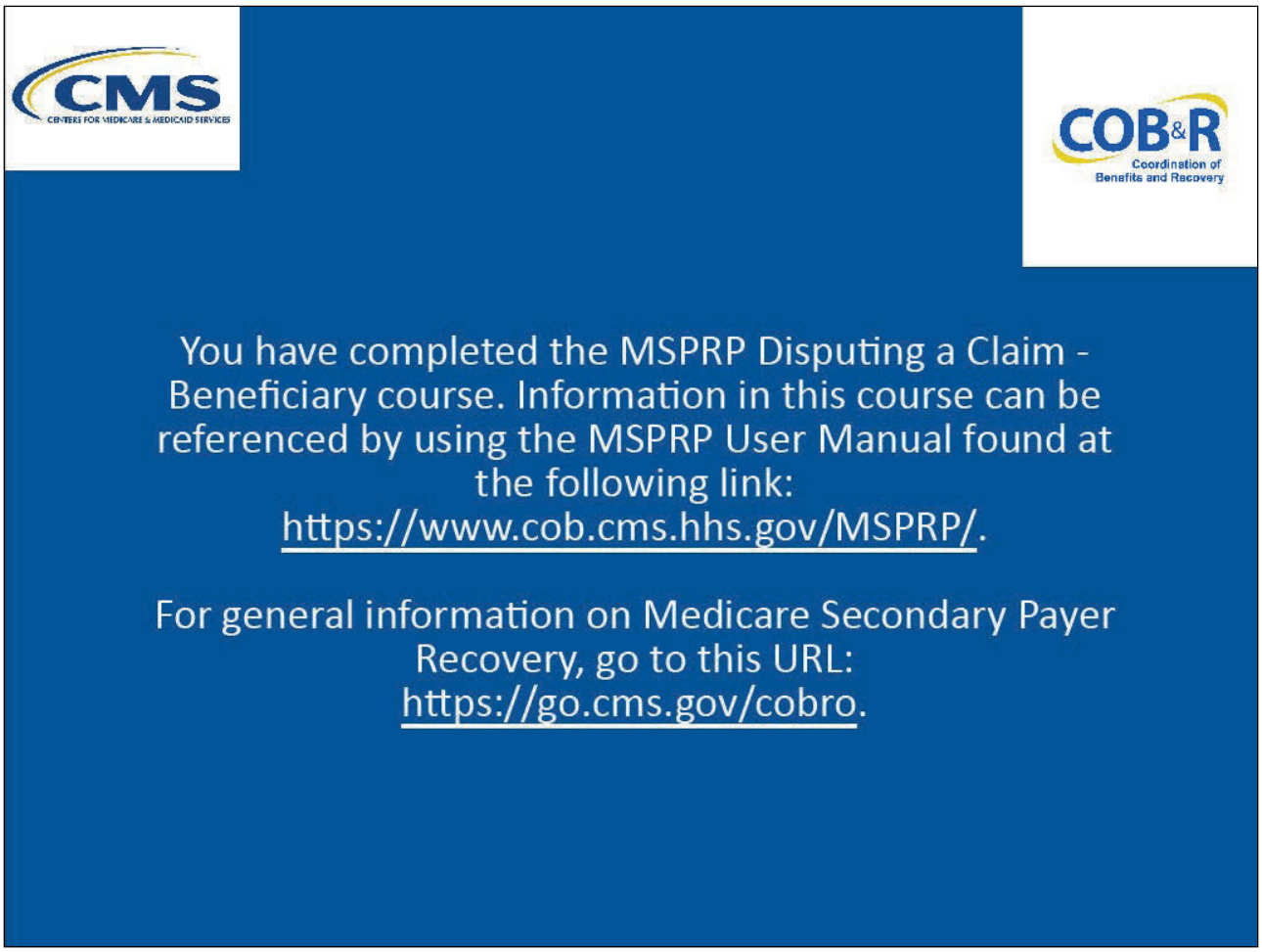
Slide 26 of 28 - Course Summary



Slide notes

This course discussed the process for disputing a claim that is not related to the case and what to expect once a claim is submitted for dispute.

Slide 27 of 28 - Disputing A Claim - Beneficiary Conclusion



Slide notes

You have completed the MSPRP Disputing a Claim - Beneficiary course. Information in this course can be referenced by using the MSPRP User Manual found at the following link: MSPRP Website.

For general information on Medicare Secondary Payer Recovery, go to this URL: CMS COB&R Overview.

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Slide notes

If you have any questions or feedback on this material, please go the following URL: MSPRP Training Survey.