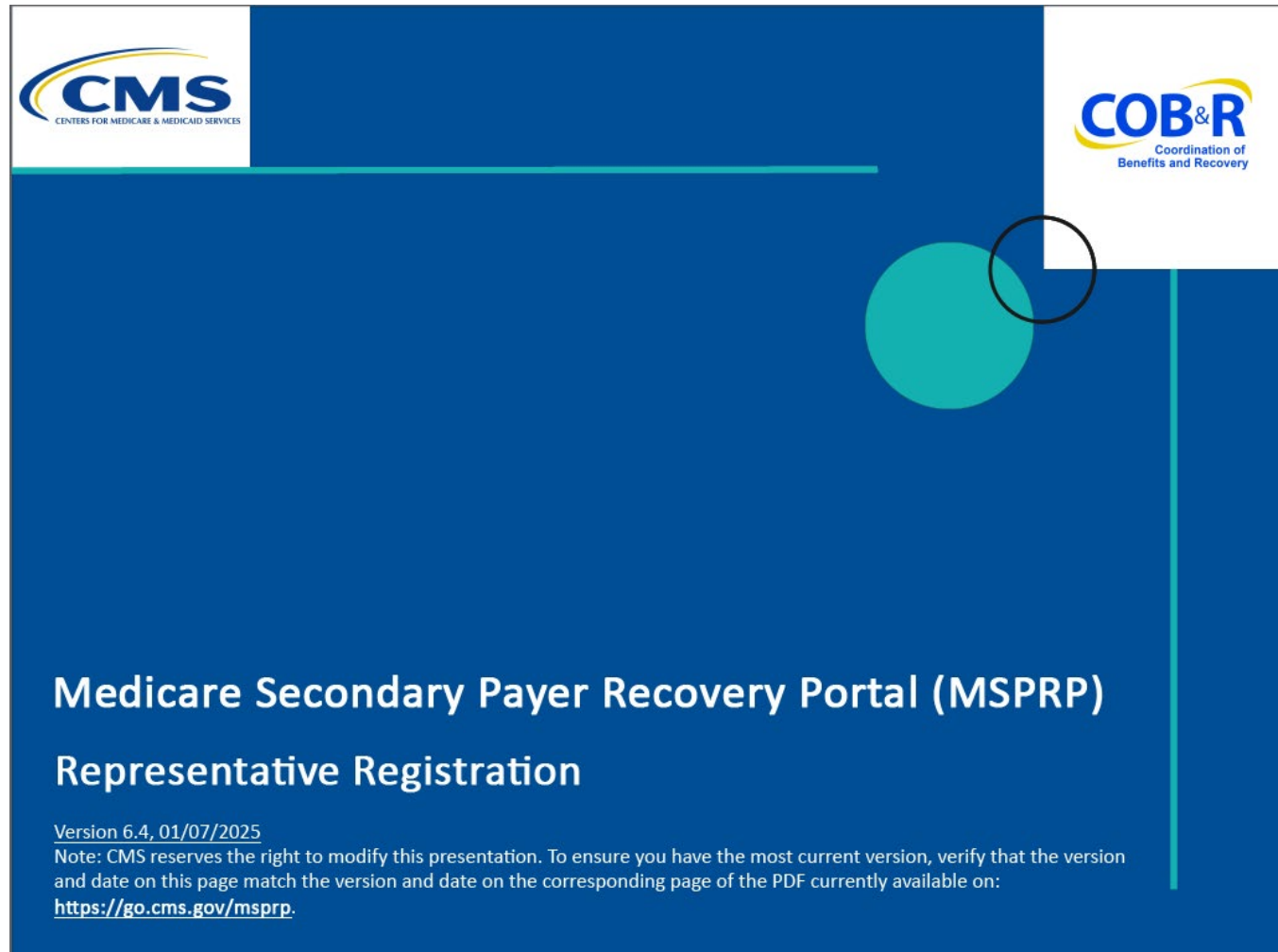


Representative Registration Introduction

Slide 1 of 24 - Representative Registration Introduction



The slide features a blue background with a white header bar. On the left side of the header bar is the CMS logo (Centers for Medicare & Medicaid Services). On the right side is the COB&R logo (Coordination of Benefits and Recovery). A large teal circle is positioned on the right side of the slide, partially overlapping the COB&R logo. The main title 'Medicare Secondary Payer Recovery Portal (MSPRP)' is displayed in white text, followed by the subtitle 'Representative Registration'. Below the subtitle, the version 'Version 6.4, 01/07/2025' is listed, followed by a note about CMS's right to modify the presentation and a link to the PDF version: <https://go.cms.gov/msprp>.

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

COB&R
Coordination of
Benefits and Recovery

Medicare Secondary Payer Recovery Portal (MSPRP)

Representative Registration

Version 6.4, 01/07/2025
Note: CMS reserves the right to modify this presentation. To ensure you have the most current version, verify that the version and date on this page match the version and date on the corresponding page of the PDF currently available on:
<https://go.cms.gov/msprp>

Slide notes

Welcome to the Medicare Secondary Payer Recovery Portal (MSPRP) Representative Registration course.

Slide 2 of 24 - 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. All affected entities are responsible for following the instructions found in the MSPRP User Manual found at the following link:
<https://www.cob.cms.hhs.gov/MSPRP/>.

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: [CMS MSPRP Website](https://www.cob.cms.hhs.gov/MSPRP/).

Slide 3 of 24 - Course Overview

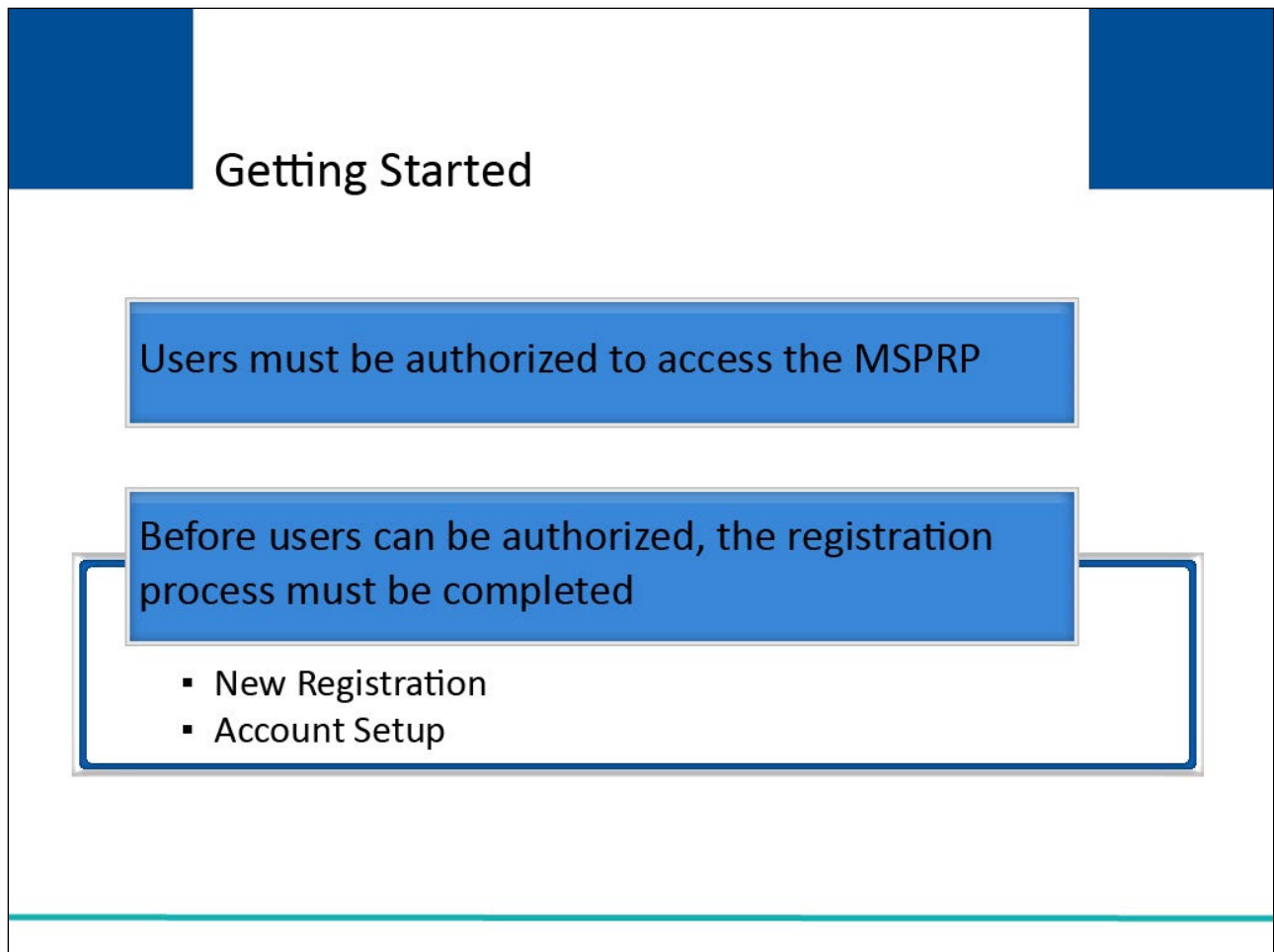
Course Overview

- Completing a New Registration
 - Next steps



Slide notes

This course will provide instruction on how to complete a New Registration on the MSPRP for a representative account type and the steps that must be followed once the registration has been submitted.

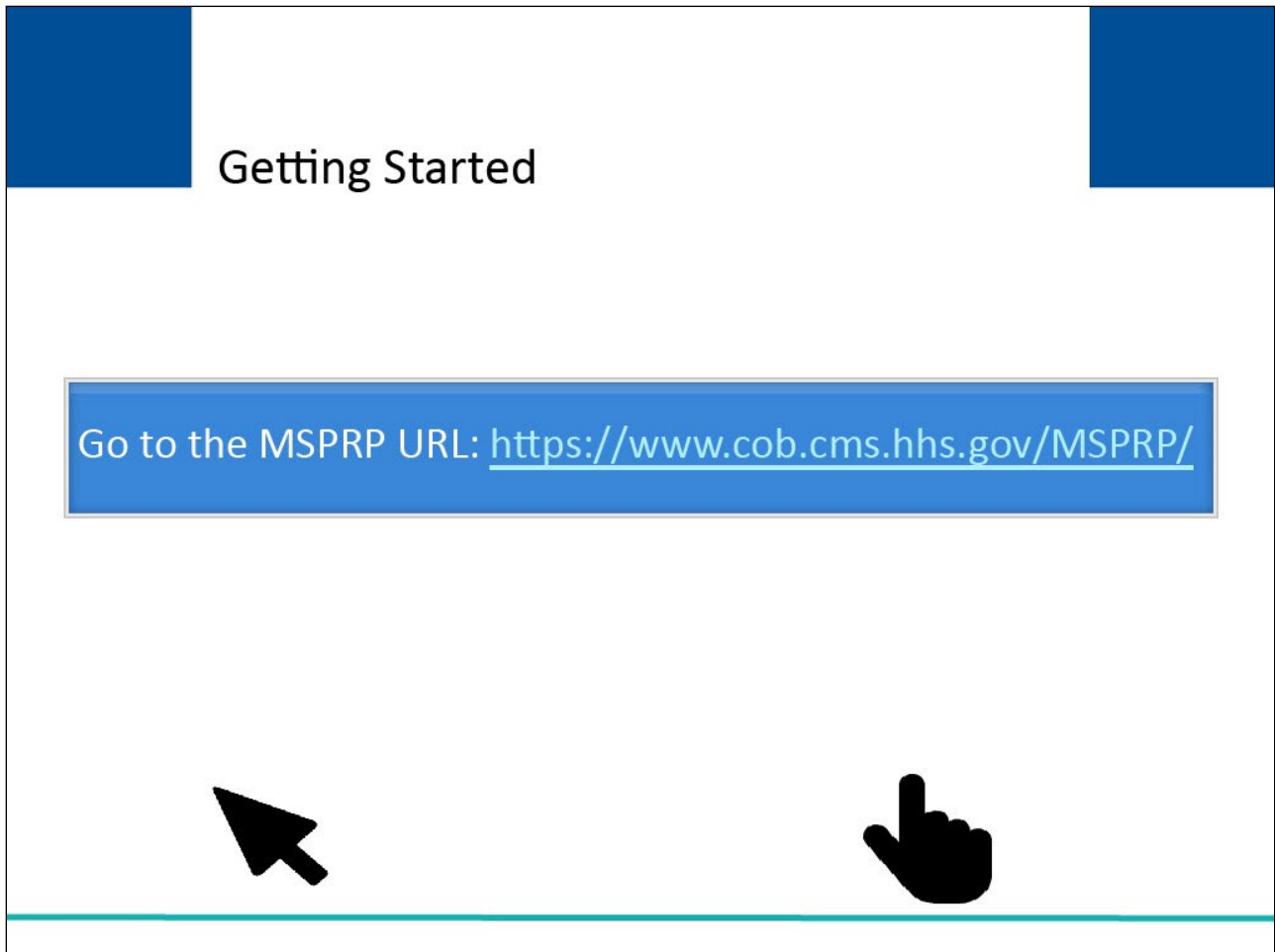
Slide 4 of 24 - Getting Started**Slide notes**

Users must be authorized to access the MSPRP. Before a new user can become authorized, the representative entity must complete the registration process which involves the following steps:

New Registration and

Account Setup.

Note: The focus of this CBT is on the New Registration process. For more information on Account Setup, please see the [Representative Account Setup](#) CBT.

Slide 5 of 24 - Getting Started

Getting Started

Go to the MSPRP URL: <https://www.cob.cms.hhs.gov/MSPRP/>


Slide notes

To begin the New Registration process, go to the following MSPRP URL: [CMS MSPRP Website](https://www.cob.cms.hhs.gov/MSPRP/).

It's important to remember, this course is intended for those entities who will register for a representative account. A representative account type indicates that the entity does not have an Employer Identification Number (EIN)/Tax Identification Number (TIN) but may have involvement in multiple cases. Representative accounts may have up to five Account Designees.

Slide 6 of 24 - Login Warning Page

Login Warning

 [Print this page](#)

UNAUTHORIZED ACCESS TO THIS COMPUTER SYSTEM IS PROHIBITED BY LAW

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

This system is provided for Government authorized use only.

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

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

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

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

Any communication or data transiting or stored on this system may be disclosed or used for any lawful Government purpose.

Privacy Act Statement

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

Attestation of Information

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

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

I Accept

Decline

Slide notes

Each time a user visits the MSPRP website, the Login Warning page will appear. This page provides information about MSPRP security measures including access, penalty, and privacy laws.

This page can be printed from the MSPRP by clicking the “Print this page” link on the website.

Scroll to the bottom of this page to review the entire statement. Users must agree to the terms of this warning each time they access the MSPRP.

Click the I Accept link at the bottom of the page to continue with the New Registration step.

Slide 7-of 24 - Welcome to the MSPRP/Login Page

[Skip Navigation](#)

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

Welcome to the MSPRP

The Medicare Secondary Payer Recovery Portal provides a quick and efficient way to request case information and provide information to assist in resolving Medicare's recovery claim. With the use of this portal, you may submit a valid authorization, request an update to the conditional payment amount, submit settlement information and dispute claims.

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

MSPRP Message

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

Getting Started

If you are a Medicare Beneficiary and would like to use the MSPRP to request case information, please login to your Medicare account by visiting the Medicare.gov website at <https://medicare.gov/>.

Registration is required to use this application. For corporate accounts, your **Account Representative** must complete the *New Registration* and your **Account Manager** must complete the *Account Setup*. These individuals cannot be the same person.

The **Account Representative (AR)** is the person in your organization who has the legal authority to bind your organization to a contract and to the terms of MSPRP requirements. This is usually a senior executive or partner of your company or firm. The AR has ultimate accountability for the information submitted on the MSPRP.

The **Account Manager (AM)** is the person who will actively manage your account recovery case workload. This includes inviting **Account Designees (ADs)** and managing their access to the account.

For more information on the registration process and MSPRP user roles, please refer to the *How to Get Started* help document, located under the How To menu on the Navigation bar. To begin the registration process, your MSPRP **Account Representative** will click the *New Registration* button.

STEP 1
New Registration

STEP 2
Account Setup
(Account ID and PIN required)

Sign in to your account

User Name:

[Forgot User Name](#)

Password:

[Forgot Password](#)

Slide notes

Once the I Accept link is clicked, the MSPRP Login page will appear. Click the New Registration button to continue.

Slide 8 of 24 - Select Account Type Page

CMS Medicare Secondary Payer Recovery Portal

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

Select Account Type

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

☐ Corporate

A corporate account type indicates that the entity has an Employer Identification Number (EIN) and will be regularly submitting MSPRP requests.

☐ Representative

A representative account type indicates that the entity does not have an Employer Identification Number (EIN) but will be regularly submitting MSPRP requests.

[Quick Help](#)

[Help About This Page](#)

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

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Slide notes

The Select Account Type page will appear. Select the Representative radio button and click Continue.

Note: If at any point during the registration process the user wishes to stop, they should click Cancel.

Once clicked, information entered on the current page and any previous pages will NOT be saved and the user will be returned to the MSPRP Login page.

Slide 9 of 24 - Representative Information Page

Representative Information

An asterisk (*) 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: -

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

CMS/HHS Vulnerability Disclosure Policy | Privacy Policy | User Agreement | Adobe Reader

Slide notes

The Representative Information page will appear. Information for the representative account that will be submitting MSPRP requests must be entered on this page.

All fields denoted with a red asterisk are required.

The Social Security Number must be unique in the MSPRP. It cannot be registered for more than one account.

Additionally, it cannot be the same as the Social Security Number of the associated Beneficiary (i.e., a user cannot register on behalf of themselves).

The email address submitted on this page will be used to send the post-registration email that includes the Personal Identification Number (PIN).

Once all required information has been entered, you must click Continue.

Slide 10 of 24 - Validation

Validation

System validates each field

If errors are found, the system displays a message indicating what error(s) were found

- Cursor is placed on the first field that generates an error
- User must correct the error before proceeding

- System revalidates the data once it has been entered

Slide notes

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

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

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

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 11 of 24 - Beneficiary Information Page

Beneficiary Information

An asterisk (*) indicates a required field.

*Beneficiary Last Name: *First Initial:

*Medicare ID(MBI): OR

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

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

*Beneficiary Gender:

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

Quick Help
[Help About This Page](#)

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Slide notes

After successfully completing the Representative Information page, the Beneficiary Information page will appear.

Enter information for a beneficiary associated with a case(s) that will be accessed using this account. All fields are required.

Note: The Social Security Number (SSN) is required if the Medicare ID is not provided.

After entering the beneficiary information, click Continue to proceed.

The MSPRP will attempt to determine if the entered information can be matched to a Medicare beneficiary. The system will find an exact Social Security match.

Then at least three out of four of the following fields must be matched exactly:

- First six characters of the Last Name
- First Initial
- Date of Birth
- Gender

If a match is not found, the user will receive an error message that states, "Data does not match what is on our records for the Beneficiary" and registration may not continue.

Slide 12 of 24 - Registration Summary Page

The screenshot shows the Medicare Secondary Payer Recovery Portal. At the top is the CMS logo and the title "Medicare Secondary Payer Recovery Portal". Below the title is a green navigation bar with links: Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, and Sign off. The main content area is titled "Registration Summary" and includes a "Print this page" link. A paragraph of instructions follows: "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 Continue button to submit the registration. Click the Cancel button to cancel the process. Please note: all data will be lost. Click the Previous button to return to the previous screen. Print this page for your records." The form displays registration details for an Account Type of Representative. It is divided into three sections: Representative Information, Beneficiary Information, and Representative Mailing Address. Each section has an "Edit" button. The Representative Information section includes fields for First Name, Last Name, SSN, E-Mail Address, Phone, Fax, and Address. The Beneficiary Information section includes fields for Last Name, First Initial, Medicare ID, SSN, Date of Birth, and Gender. The Representative Mailing Address section includes fields for Address Line 1, Address Line 2, City, State, and Zip Code. At the bottom of the form are three buttons: Previous, Continue, and Cancel.

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 Continue button to submit the registration. Click the Cancel button to cancel the process. Please note: all data will be lost. Click the Previous button to return to the previous screen. Print this page for your records.

Account Type: Representative [Edit](#)

Representative Information [Edit](#)

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 [Edit](#)

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

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

Slide notes

As long as the MSPRP was able to validate the beneficiary information (i.e., the entered information was matched to a Medicare beneficiary), the Registration Summary page will appear.

Users can print this page by clicking the Print this page link.

This page lists all the information that was previously entered and provides users with the opportunity to make changes. All information should be reviewed and verified before continuing.

Changes can be made to Account Type, Representative Information, or Beneficiary Information. To make any corrections, click the Edit button next to the applicable section. The system will show that information entry page.

Slide 13 of 24 - Beneficiary Information Page

The screenshot shows the "Beneficiary Information" page of the Medicare Secondary Payer Recovery Portal. The page has a green header with the CMS logo and navigation links: Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, and Sign off. A photo of a smiling couple is in the top right corner. The main content area is titled "Beneficiary Information" and includes a note: "An asterisk (*) indicates a required field." The form fields are: *Beneficiary Last Name (text box), *First Initial (text box), *Medicare ID(MBI) (text box) OR, *Beneficiary Social Security Number (SSN) (three text boxes with dashes) (SSN is required if Medicare ID is not provided), *Beneficiary Date of Birth (three text boxes with slashes) (MM/DD/CCYY), and *Beneficiary Gender (dropdown menu). At the bottom are buttons for Previous, Continue, and Cancel. A "Quick Help" box on the right contains a link to "Help About This Page". The footer contains links to CMS/HHS Vulnerability Disclosure Policy, Privacy Policy, User Agreement, and Adobe Reader.

Beneficiary Information

An asterisk (*) indicates a required field.

*Beneficiary Last Name: *First Initial:

*Medicare ID(MBI): OR

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

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

*Beneficiary Gender:

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


CMS/HHS Vulnerability Disclosure Policy | Privacy Policy | User Agreement | Adobe Reader

Slide notes

Add, change, or delete any of the information. Once all corrections have been made, you must click Continue until they have navigated back to the Registration Summary page.

Slide 14 of 24 - Registration Summary Page

The screenshot shows the 'Registration Summary' page of the Medicare Secondary Payer Recovery Portal. The page has a green header with the CMS logo and navigation links: Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, and Sign off. A photo of a smiling couple is in the top right corner. The main content area is titled 'Registration Summary' and includes a 'Print this page' icon. Below the title, there is a paragraph of instructions: '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 Continue button to submit the registration. Click the Cancel button to cancel the process. Please note: all data will be lost. Click the Previous button to return to the previous screen. Print this page for your records.' The registration information is divided into two columns. The left column is for 'Representative Information' and the right column is for 'Beneficiary Information'. Both columns have an 'Edit' button. The Representative Information includes: 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, and Representative Mailing Address: Address Line 1: 200 Test Avenue, Address Line 2: Suite 2-B, City: Towson, State: Maryland, Zip Code: 21204- 3276. The Beneficiary Information includes: Last Name: Doe First Initial: J, Medicare ID: 987654321A, SSN:, Date of Birth: July 20, 1940, and Gender: Male. At the bottom of the page, there are three buttons: 'Previous' (with a left arrow), 'Continue' (with a right arrow and highlighted with a red box), and 'Cancel' (with an 'x' icon).

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 Continue button to submit the registration. Click the Cancel button to cancel the process. Please note: all data will be lost. Click the Previous button to return to the previous screen. Print this page for your records.

Account Type: Representative [Edit](#)

Representative Information Edit	Beneficiary Information Edit
First Name: Jane MI: A	Last Name: Doe First Initial: J
Last Name: Smith	Medicare ID: 987654321A
SSN: 999-99-9999	SSN:
E-Mail Address: jsmith@abcassociates.com	Date of Birth: July 20, 1940
Phone: 410- 832- 8350 ext. 9877	Gender: Male
Fax: 410- 832- 8999	
Representative Mailing Address:	
Address Line 1: 200 Test Avenue	
Address Line 2: Suite 2-B	
City: Towson	
State: Maryland	
Zip Code: 21204- 3276	

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

Slide notes

When the Registration information has been verified, click Continue to submit the registration.

Slide 15 of 24 - MSPRP Registration Completed Successfully – Thank you Page

CMS Medicare Secondary Payer Recovery Portal

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

MSPRP Registration Completed Successfully. Thank You

You have successfully completed the initial registration for the Medicare Secondary Payer Recovery Portal Web site. Your assigned Account 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 Representative is an appropriate submitter. After successful vetting, an email will be sent to the Account Representative captured during initial registration, with your 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 Medicare Secondary Payer Recovery Portal 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.

If your AR does not receive the PIN email within 7 business days, please contact an EDI Representative by phone at: (646) 458-6740 or e-mail at: COBVA@bcrcgdit.com.

[Exit](#)

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Slide notes

The MSPRP Registration Completed Successfully - Thank You page displays confirmation that the initial registration has been successfully completed. The assigned Account ID will appear on the Thank You page and will need to be recorded by the representative to provide in the Account Setup - Step 2 process.

Slide 16 of 24 - Next StepsThe slide features a white background with two blue rectangular accents in the top-left and top-right corners. The title 'Next Steps' is centered at the top. Below it, there are two green rectangular boxes with black text and borders. The first box is titled 'EDI Department' and contains a bulleted list. The second box is titled 'Contact EDI Representative if email is not received within 7 business days' and contains a bulleted list with contact information.

Next Steps

EDI Department

- Validates registration information
- Email sent within seven days, which contains
 - PIN
 - Instructions for Account Setup

Contact EDI Representative if email is not received within 7 business days

- Phone: (646) 458-6740
- Email: COBVA@bcrngdit.com

Slide notes

The information submitted in the New Registration step will be vetted by the Electronic Data Interchange (EDI) Department to ensure it is valid and complete.

Within seven business days, an email will be sent to the email address submitted on the Representative Information page during the New Registration.

This email will include the PIN and instructions for the next step in the registration process - Account Setup.

If this email is not received within seven business days, contact an EDI Representative by phone at (646) 458-6740 or email at COBVA@bcrngdit.com.

Slide 17 of 24 - Next Steps

Next Steps

Give the Account ID and PIN to the Account Manager to complete the Account Setup on the MSPRP

Note: The person who performed the initial registration can become the Account Manager

Slide notes

The Account ID and PIN must be given to the Account Manager for the representative account to use to complete the Account Setup.

Note: The person who performed the initial registration can become the Account Manager for the account.

Slide 18 of 24 - Account Manager and Account Designee

Account Manager and Account Designee

Account Manager (only) actions

- Complete Account Setup
- Administer the MSPRP account
- Invite other users (Account Designees)
- Have the option to assign the Account Manager role to another person
- Access to view Open Debt Reports

Account Manager and Account Designee actions (as applicable to the case)

- Submit authorization documentation
- Request conditional payment letter
- Dispute claims
- Submitting and verifying case settlement information
- Initiate the demand letter
- Make an electronic payment

Slide notes

In addition to completing Account Setup, the Account Manager is responsible for administering the account on the MSPRP and inviting others to assist as Account Designees. Account Managers also have access to view Open Debt reports.

Both the Account Manager and the Account Designee can perform case recovery tasks, such as:

- Submitting authorization documentation
- Requesting a conditional payment letter
- Disputing claims
- Submitting and verifying case settlement information
- Initiating the demand letter
- Make an electronic payment

Note: Only those actions that are applicable to the case will be available.

Account representatives can register as an Account Representative for other MSPRP corporate accounts or register as an Account Manager or Account Designee for other MSPRP accounts.

Slide 19 of 24 - Account Setup

Account Setup

Account Manager must complete the Account Setup on the MSPRP

- Account ID and PIN are needed to begin
- Please see the Representative Account Setup CBT for more information


Slide notes

The Account Manager must return to the MSPRP to complete the Account Setup. The Account Manager will need to enter the Account ID and PIN on the main page to begin setup.


For more information on the Account Setup process, please see the Representative Account Setup CBT.

Slide 20 of 24 - Profile Report

Profile Report



Medicare Secondary Payer Recovery Portal



Recovery Portal
Profile Report

Account ID: 31304

Account Type: Representative

Date: Month Date Year

EDI Contact Information
Email: AAAA@AAA.AAA Phone: #####

Representative:
Name: AAAA Phone: #####
Address: AAAA
City: AA State: #####
Email: AAAA@AAA.AAA

Account Manager:
Name: AAAA Phone: #####
Address: AAAA
City: AA State: #####
Email: AAAA@AAA.AAA

Account ID: 31304 Account Type: Representative Date: Month Date Year
EDI Contact Information
Email: AAAA@AAA.AAA Phone: #####

SAFEGUARDING & LIMITING ACCESS TO DATA:
I, the undersigned Account Manager for the MSPRP representative account defined above, certify that the information contained in this Registration is true, accurate and complete to the best of my knowledge and belief, and I authorize CMS to verify this information. I agree to establish and implement proper safeguards against unauthorized use and disclosure of the data for the purposes of MSPRP proposal(s) review and processing. Proper safeguards shall include the adoption of policies and procedures to ensure that the data disclosed shall be used solely in accordance with Section 1106 of the Social Security Act (42 U.S.C. 71306), Section 1874(b) of the Social Security Act (42 U.S.C. 71395(b)), Section 1862(b) of the Social Security Act (42 U.S.C. 71392(b)), and the Privacy Act of 1974, as amended (5 U.S.C. 7552). Users shall establish appropriate administrative, technical, procedural, and physical safeguards to protect the confidentiality of the data and to prevent unauthorized access to the data provided by the CMS. You agree that the authorized representatives of the CMS shall be granted access to premises where the Medicare data are kept for the purpose of inspecting security arrangements and confirming whether the user is in compliance with the security requirements specified above. Access to any information exchanged during the MSP Recovery process shall be restricted to CMS, COBIC, and MSPRC personnel, and other authorized users who require access to (1) perform their official duties in accordance with the approved use of the information, (2) respond to authorized law enforcement investigations, or (3) respond to any required legal process. Such personnel shall be advised of (1) the confidential nature of the information, (2) safeguards required to protect the information, and (3) the administrative, civil and criminal penalties for noncompliance contained in applicable Federal laws.

Signature of Account Manager: _____
Date: _____

Email is sent that includes a Profile Report and Data Use Agreement

Slide notes

Once the Account Manager has completed the account setup, an email notification will be sent to them.

This notification will include a Profile Report that contains information regarding the representative for the account and associated contact information as well as a Data Use Agreement.

It may take up to 10 business days to receive the Profile Report. A sample Profile Report is shown on the slide.

Slide 21 of 24 - Profile Report

Profile Report

Review the Profile Report for accuracy

- Contact an EDI Representative to request modifications
 - Phone: (646) 458-6740
 - E-mail: COBVA@bcrcgdit.com

Return Profile Report via email within 60 business days

- Put 'MSPRP Profile Report' in the subject line

**If signed Profile Report is not received within 60 days,
the account will automatically be deleted**

- Registration process must be started from the beginning

Slide notes

The Account Manager must review the Profile Report for accuracy.

If information on the Profile Report is inaccurate or requires modifications, please contact an EDI Representative by phone at (646) 458-6740 or email at COBVA@bcrcgdit.com.

The Account Manager will have 60 business days to review, sign, and return the Profile Report to the Medicare - EDI Department. When returning the signed Profile Report via email, put 'MSPRP 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 started from the beginning.

Slide 22 of 24 - Course Summary

Course Summary



- Completing a New Registration
 - Next steps



Slide notes

This course provided instruction on how to complete a New Registration on the MSPRP for a representative account type and the steps that must be followed once the registration has been submitted.

Slide 23 of 24 - Conclusion



You have completed the Representative Registration course.
Information in this course can be referenced by using the
MSPRP User Manual found at the following link:
<https://www.cob.cms.hhs.gov/MSPRP/>.



For general information on Medicare Secondary Payer
Recovery, go to this URL:
<https://go.cms.gov/cobro>.

Slide notes

You have completed the Representative Registration course. Information in this course can be referenced by using the MSPRP User Manual found at the following link: [CMS MSPRP Website](https://www.cob.cms.hhs.gov/MSPRP/).

For general information on Medicare Secondary Payer Recovery, go to this URL: [CMS COB&R Overview](https://go.cms.gov/cobro).

Slide 24 of 24 - MSPRP Training Survey



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

Slide notes

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