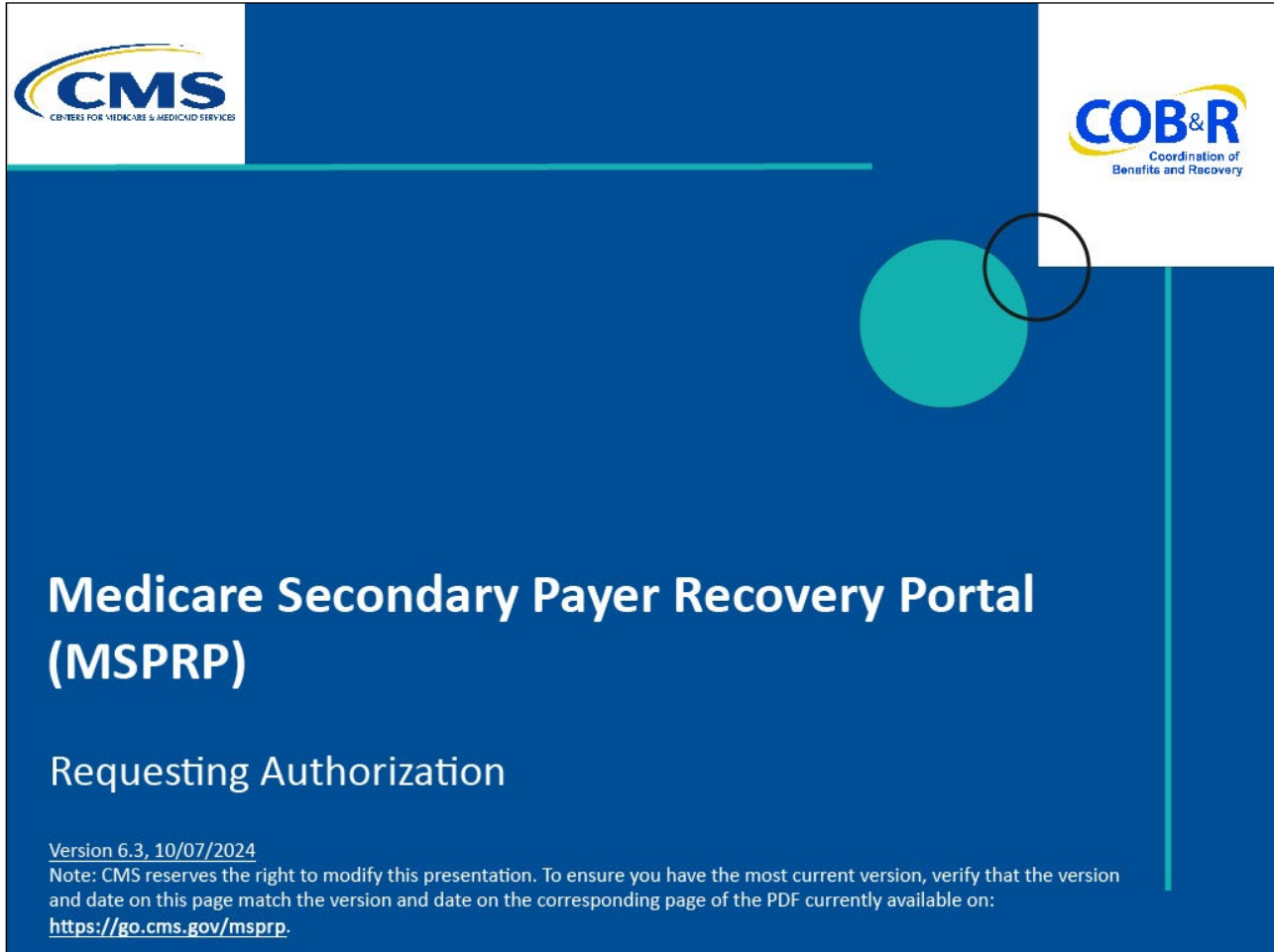


## Requesting Authorization

### Slide 1 of 30 - Requesting Authorization Introduction



The slide features a dark blue background with a large teal circle on the right side. In the top left corner is the CMS logo (Centers for Medicare & Medicaid Services). In the top right corner is the COB&R logo (Coordination of Benefits and Recovery). The main title 'Medicare Secondary Payer Recovery Portal (MSPRP)' is displayed in large white text, followed by the subtitle 'Requesting Authorization' in smaller white text. At the bottom left, there is a version number 'Version 6.3, 10/07/2024', a note about CMS reserves the right to modify the presentation, and a URL 'https://go.cms.gov/msprp'.

**CMS**  
CENTERS FOR MEDICARE & MEDICAID SERVICES

**COB&R**  
Coordination of  
Benefits and Recovery

# Medicare Secondary Payer Recovery Portal (MSPRP)

## Requesting Authorization

Version 6.3, 10/07/2024  
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/msprp>

### Slide notes

Welcome to the Medicare Secondary Payer Recovery Portal (MSPRP) Requesting Authorization course.

**Slide 2 of 30 - 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 30 - Course Overview**

## Course Overview

- Describe
  - Consent to Release (CTR) Authorization
  - Proof of Representation (POR) Authorization
  - Recovery Agent Authorization
- Explain how and when to submit these documents
- What to expect once document has been submitted

**Slide notes**

This course will describe the Consent to Release (CTR) Authorization, Proof of Representation (POR) Authorization, and Recovery Agent Authorization.

It will explain how and when to submit these documents and clarify what to expect once a document has been submitted.

**Slide 4 of 30 - Authorization**

## Authorization

MSPRP prevents access to a Medicare beneficiary's personal information until the Medicare beneficiary has provided authorization to CMS in writing

- Proof of Representation (POR)
- Consent to Release (CTR)
- Recovery Agent Authorization

**Slide notes**

The MSPRP prevents an individual or entity from having access to a Medicare beneficiary's personal information until the Medicare beneficiary has provided authorization to CMS in writing.

The three types of authorizations that can be submitted are Proof of Representation (POR), Consent to Release (CTR), and Recovery Agent Authorization.

**Slide 5 of 30 - Proof of Representation**

## Proof of Representation

- Informs CMS that a Medicare beneficiary has given another individual or entity authority to represent them and act on their behalf with respect to their case
- Once verified, the individual or entity will be able to:
  - Submit information/requests
  - Receive copies of all mail sent related to the case
  - Receive identifiable health information
  - Resolve any potential recovery claim that Medicare may have due to a settlement, judgment, award, or other payment
  - Make and Electronic Payment

**Slide notes**

The Proof of Representation Authorization is submitted to inform CMS that the Medicare beneficiary has given another individual or entity (such as an attorney) the authority to represent them and act on their behalf with respect to their case.

An individual or entity with a Verified Proof of Representation will be able to:

- submit information/requests
- receive copies of all mail related to the case (e.g., the Rights and Responsibilities letter, the Conditional Payment Letter, the Demand letter, etc.) as well as
- receive identifiable health information
- resolve any potential recovery claim that Medicare may have if there is a settlement, judgment, award, or other payment
- make an electronic payment

Note: You will not be able to receive correspondence until your authorization is in verified status.

**Slide 6 of 30 - Consent to Release**

## Consent to Release

- Informs CMS that a Medicare beneficiary has given another individual or entity authority to receive claim(s) and other information related to the injury and/or illness
- Does not give the authority to represent the Medicare beneficiary or act on their behalf
- Once verified, the individual or entity will be able to
  - Receive copies of all mail sent related to the case

**Slide notes**

A Consent to Release (CTR) is the authorization that informs CMS a Medicare beneficiary has given another individual or entity the authority to receive claim(s) and other information related to the injury and/or illness.

This authorization does not give this individual or entity the authority to represent the Medicare beneficiary and act on their behalf.

The individual or entity with verified Consent to Release will receive copies of all mail sent related to the case (e.g., the Rights and Responsibilities letter, the Conditional Payment letter, and the Demand letter, etc.).

Note: You will not be able to receive correspondence until your authorization is in a verified status.

**Slide 7 of 30 - Recovery Agent Authorization**

## Recovery Agent Authorization

- Authorization request that is submitted to inform Medicare that a liability insurer wishes to be represented by another party
- Identified representative can act on behalf of the insurer regarding an MSP recovery case and is authorized to take any actions or make any decisions needed to resolve Medicare's recovery claim

**Slide notes**

The authorization request that is submitted to inform Medicare that a liability insurer (including self-insured entities), no-fault insurer, or workers' compensation entity wishes to be represented by another party.

The identified representative can act on behalf of the insurer regarding an MSP recovery case and is authorized to take any action, or make any decisions needed to resolve Medicare's recovery claim.

**Slide 8 of 30 - MSPRP Actions**

## MSPRP Actions

<b>Actions</b>	<b>Verified POR</b>	<b>Verified CTR</b>
View/Request Authorizations	X	X
Request an update to the conditional payment amount	X	X
Request a copy of the conditional payment letter	X	X
View/Dispute Claims Listing	X	
Provide Notice of Settlement Information	X	
Initiate the Demand Letter	X	
Request a eCPL	X	
Make an Electronic Payment	X	

**Slide notes**

An individual or entity with a Verified Proof of Representation or a Verified Consent to Release Authorization can perform the following actions on the Case Information page:

- View/Request Authorizations (Proof of Representation or Consent to Release)
- Request an update to the conditional payment amount
- Request a copy of the conditional payment letter

An individual or entity with a Verified Proof of Representation can also:

- View/Dispute Claims Listing
- Provide the Notice of Settlement Information
- Initiate the Demand Letter
- Request an electronic copy of the Conditional Payment Letter (eCPL)
- Make an electronic payment

An individual or entity with a Verified Consent to Release Authorization cannot perform these functions.



Also, to request the eCPL, the user must be logged in to the MSPRP using multi-factor authentication.

Note: The status “Unverified” has been added for POR and CTR authorizations. Next to the Case Information page header’s Authorization Status field, there is also a new “What is this?” link, which opens the status definitions.

**Slide 9 of 30 - Recovery Agent Authorization**

## Recovery Agent Authorization

- View and request authorizations
- View and request new authorizations for other parties
- View case data
- View and dispute claims listing
- Initiate Demand Letter
- Request Electronic Conditional Payment Letters

**Slide notes**

An individual or entity with a Recovery Agent Authorization can perform these functions:

- View and request authorizations
- View and request new authorizations for other parties
- View case data
- View and dispute claims listing
- Initiate the Demand Letter
- Request Electronic Conditional Payment Letters (eCPL's)

Note: Recovery agents can request eCPLs on insurer-debtor cases only and they must be logged in using multi-factor authentication.

**Slide 10 of 30 - When to Submit Authorizations**

## When To Submit Authorizations

- Submit the proper authorization on the MSPRP as soon as CMS is made aware of the case
  - Allow 45 days for CMS review of documentation/validation of authorization
  - CMS cannot communicate with the beneficiary's representative until the submitted authorization has been verified

Note: A beneficiary's representative with a verified CTR authorization can view, but not submit, settlement information

**Slide notes**

It is recommended that you upload and submit the proper authorization on the MSPRP as soon as CMS is made aware of the case. Allow 45 days for CMS to review the supporting documentation and validate the authorization.

CMS cannot communicate with the beneficiary's representative until the status of the submitted authorization has been changed to Verified. No authorization is required for the debtor associated to a case.

A beneficiary's representative with a verified CTR authorization can view, but not submit, settlement information.

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

## Slide 11 of 30 - Case Information Page

Home	About This Site	CMS Links	How To...	Reference Materials	Contact Us	Sign off
<h1>Case Information</h1>				Print this page		<a href="#">Quick Help : Help About This Page</a>
<b>Case ID:</b> 201117409000150				<b>Medicare ID:</b> 987654321A <b>Beneficiary DOB:</b> 02/08/1940 <b>Beneficiary Last Name:</b> Smith <b>Treasury Account Number:</b> 12345678		
<b>Case Type:</b> Liability Insurance <b>Case Status:</b> Demand <a href="#">What is this?</a> <b>Current Status of Debt:</b> Intent to Refer Letter Sent				<b>Treasury Referral Date:</b> 01/01/2016		
<b>RRE Name:</b> Sample Name						
<b>Date of Incident:</b> 09/15/2009 <b>Industry Date of Incident:</b> 09/15/2009 <a href="#">What is this?</a> <b>ORM:</b> Yes				<b>Authorization Level:</b> Proof of Representation <b>Authorization Status:</b> Verified <a href="#">What is this?</a> <b>ORM Termination Date:</b> 01/01/2016		
<a href="#">Payment Information</a>	<a href="#">Electronic Payment History</a>	<a href="#">Refund Information</a>	<a href="#">Correspondence Activity</a>	<a href="#">Waiver/Redetermination/Appeal/Compromise</a>	<a href="#">Final Conditional Payment Process</a>	
<p><b>*Current Conditional Payment Amount:</b> \$2,800.00</p> <p><i>*Note: Claims are retrieved daily. This amount is current as of: 07/23/2018. Please be advised that the claims associated to this case are currently being evaluated for relevance. This typically takes 3-5 business days. The conditional payment amount will be automatically updated once this process is complete. Please contact the BCRC or CRC at (855) 798-2627 if immediate assistance with this amount is required.</i></p>						
<b>Rights and Responsibilities Letter Mail Date:</b> 06/10/2010				<b>Section 111 No-Fault Policy Limit Reported:</b> \$32456.76		
<b>Conditional Payment Letter Amount:</b> \$496.06 <b>Conditional Payment Letter Mail Date:</b> 06/01/2011 <b>Conditional Payment Amount Update Requested:</b> 06/01/2011				<b>Conditional Payment Notice Amount:</b> \$500.00 <b>Conditional Payment Notice Mail Date:</b> 06/18/2011 <b>Conditional Payment Notice Response Due Date:</b> 07/31/2011		

## Slide notes

In order to submit an authorization, go to the Case Information page on the MSPRP for the case.

If an authorization has already been submitted for the case, the Authorization Level and Authorization Status will display on the top-half of this page.

The Authorization Level field indicates the level of authorization submitted. The Authorization Status field indicates the current status of the submitted authorization.

It can be Verified, Unverified, or Invalid. Only one Authorization Level and Authorization Status will display on this page.

On the Case Information Page, the precise status of debts can be viewed. as well as new fields when ongoing responsibilities for medicals (ORM) is present and when a case is referred to Treasury. Also, the Payment Information tab has an updated status note value and a Conditional Payment Letter Amount field.

The Treasury Account Number has been added to this page to assist Non-Group Health Plan (NGHP) Debtors. And the Go Paperless indicator next to the Case ID indicates that the account has registered for the Go Paperless feature.

Lastly, data reported from Health Integrated General Ledger Accounting System (HI-GLAS) in the Balance Amount, and all related information can be located on this page.

**Slide 12 of 30 - Authorization Hierarchy**

## Authorization Hierarchy

- If multiple authorizations have been submitted, the Authorization Level and Authorization Status with the highest authorization will display on the Case Information page
- The status of the authorization with the highest authorization level (1<sup>st</sup> through 6<sup>th</sup>) that was submitted to date can be one of the following: Verified, Unverified, or Invalid
- To view all submitted authorizations, click View/Request Authorizations on the Case Information page and click Continue

**Slide notes**

If multiple authorizations have been submitted for the case, the Authorization Level and Authorization Status with the highest authorization level will display on the Case Information page.

The status of the authorization with the highest authorization level (1st through 6th) that was submitted to date can be one of the following:

- Verified
- Unverified
- Invalid

To view all submitted authorizations, click View/Request Authorizations on the Case Information page and click [Continue].

**Slide 13 of 30 - Case Actions**

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

- ☐ View / Request Authorizations
- ☐ Request an update to the conditional payment amount [What is this?](#)
- ☐ Request an electronic conditional payment letter with Current Conditional Payment Amount [What is this?](#)
- ☐ Request a mailed copy of the conditional payment letter [What is this?](#)
- ☐ Begin Final Conditional Payment Process and Provide 120 Days' Notice of Anticipated Settlement [What is this?](#)
- ☐ Calculate Final Conditional Payment Amount [What is this?](#)
- ☐ Request an electronic Dispute Denial for Final Conditional Payment Case Letter with Current Conditional Payment Amount [What is this?](#)
- ☐ View / Dispute Claims Listing [What is this?](#)
- ☐ View/Provide the Notice of Settlement Information [What is this?](#)
- ☐ Initiate Demand Letter [What is this?](#)
- ☐ View / Submit Redetermination (First Level Appeal) [What is this?](#)
- ☐ Submit Waiver Request [What is this?](#)
- ☐ Submit Compromise Request [What is this?](#)
- ☐ Submit Case Documentation [What is this?](#)

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

**Slide notes**

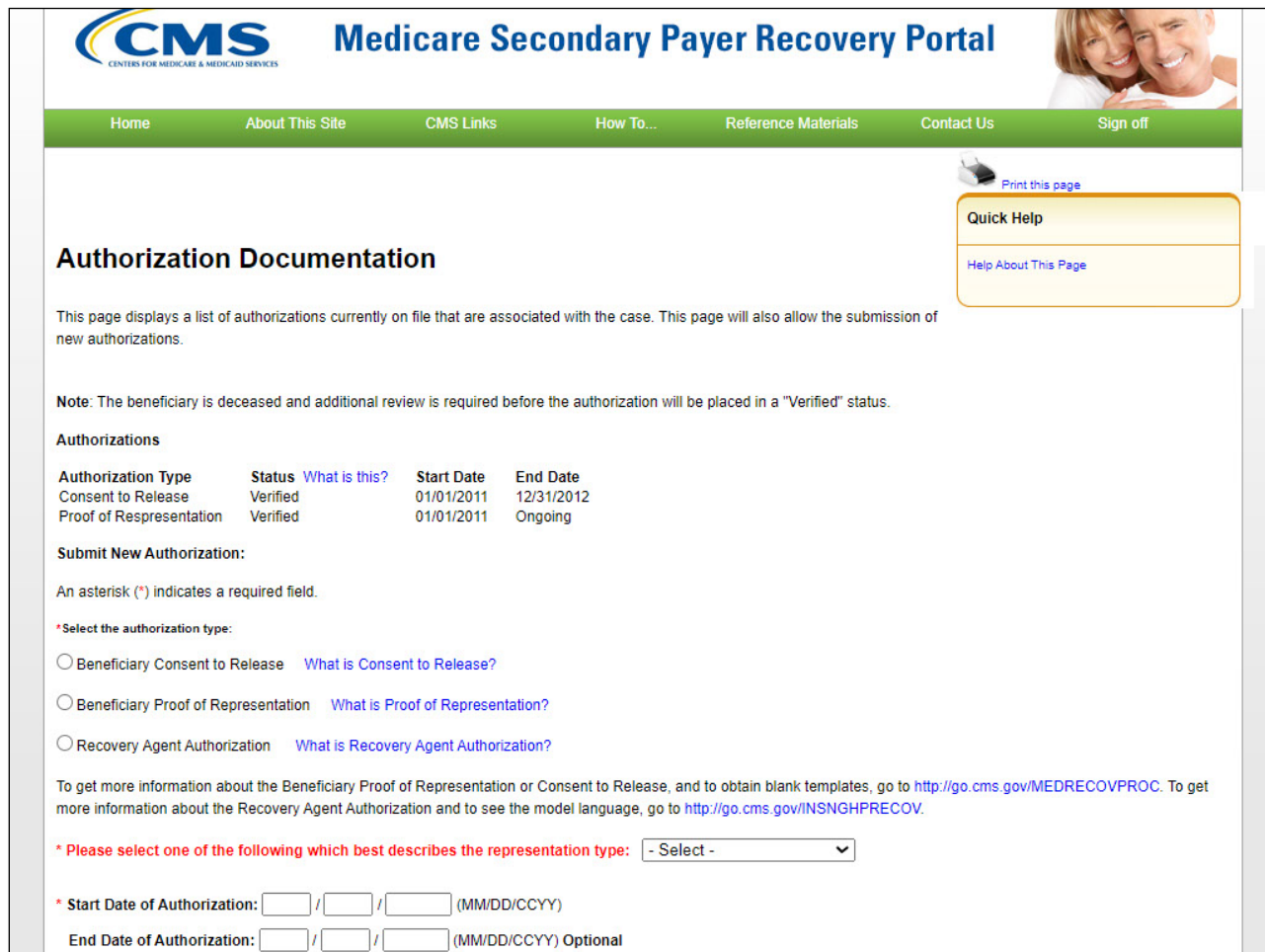
To view all submitted authorizations, select the View/Request Authorizations action and then click [Continue].

This action allows users to view previously submitted authorization(s) and/or submit new authorizations.

Note: To prevent user 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:

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

- Slide 14 of 30 - Authorization Documentation Page



The screenshot shows the Medicare Secondary Payer Recovery Portal. The header includes the CMS logo and the title "Medicare Secondary Payer Recovery Portal". A navigation bar contains links: Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, and Sign off. A "Print this page" button is visible. A "Quick Help" box contains a link to "Help About This Page".

## Authorization Documentation

This page displays a list of authorizations currently on file that are associated with the case. This page will also allow the submission of new authorizations.

**Note:** The beneficiary is deceased and additional review is required before the authorization will be placed in a "Verified" status.

**Authorizations**

Authorization Type	Status <a href="#">What is this?</a>	Start Date	End Date
Consent to Release	Verified	01/01/2011	12/31/2012
Proof of Representation	Verified	01/01/2011	Ongoing

**Submit New Authorization:**

An asterisk (\*) indicates a required field.

\* Select the authorization type:

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

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

☐ Recovery Agent Authorization [What is Recovery Agent Authorization?](#)

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

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

\* Start Date of Authorization:  /  /  (MM/DD/CCYY)

End Date of Authorization:  /  /  (MM/DD/CCYY) Optional

### Slide notes

Once the View/Request Authorizations action has been clicked, the Authorization Documentation page appears.

The top section of this page will display a list of all authorizations that have been submitted to date for the case, if applicable. The authorizations will be listed chronologically with the most current authorization listed first.



**Slide 15 of 30 - Current Authorizations on File**

Current Authorizations on File		
Field	Definition	
Authorization Type	Type of Authorization submitted: Proof of Representation, Consent to Release or Recovery Agent Authorization	
Status	Current status of the submitted authorization	
	Verified	Authorization has been reviewed and approved
	Unverified	Authorization is currently under review
	Invalid	Authorization has been reviewed and rejected
Start Date		
End Date		

**Slide notes**

For each submitted authorization, the Authorization Type, Status, Start Date, and End Date are displayed.

The Authorization Type is the type of authorization submitted. It can be Proof of Representation, Consent to Release, or Recovery Agent Authorization.

The status of the authorization may be Verified, Unverified, or Invalid. A Verified status means the authorization has been reviewed and approved. A status of Unverified means that the authorization is currently under review.

An Invalid status means the authorization has been reviewed and rejected. When this occurs, the reason for the rejection will display next to the Invalid status.

**Slide 16 of 30 - Current Authorizations on File**

## Current Authorizations on File

Field	Definition	
Status	Invalid	<ul style="list-style-type: none"><li>• Missing or Insufficient Supporting Documentation</li><li>• Missing Required Signature(s)</li><li>• Authorization Date(s) conflict with Supporting Documentation</li><li>• Authorization Invalid for multiple/other reason(s)</li><li>• Authorization signed by deceased beneficiary</li><li>• Beneficiary Medicare number value does not match</li><li>• Beneficiary name does not match</li><li>• DOI not provided</li><li>• Name on documents do not match the portal submitter</li><li>• No authorizing statement on document</li><li>• Case ID does not match</li></ul>
Start Date	Date the authorization goes into effect	
End Date	Date the authorization terminates	

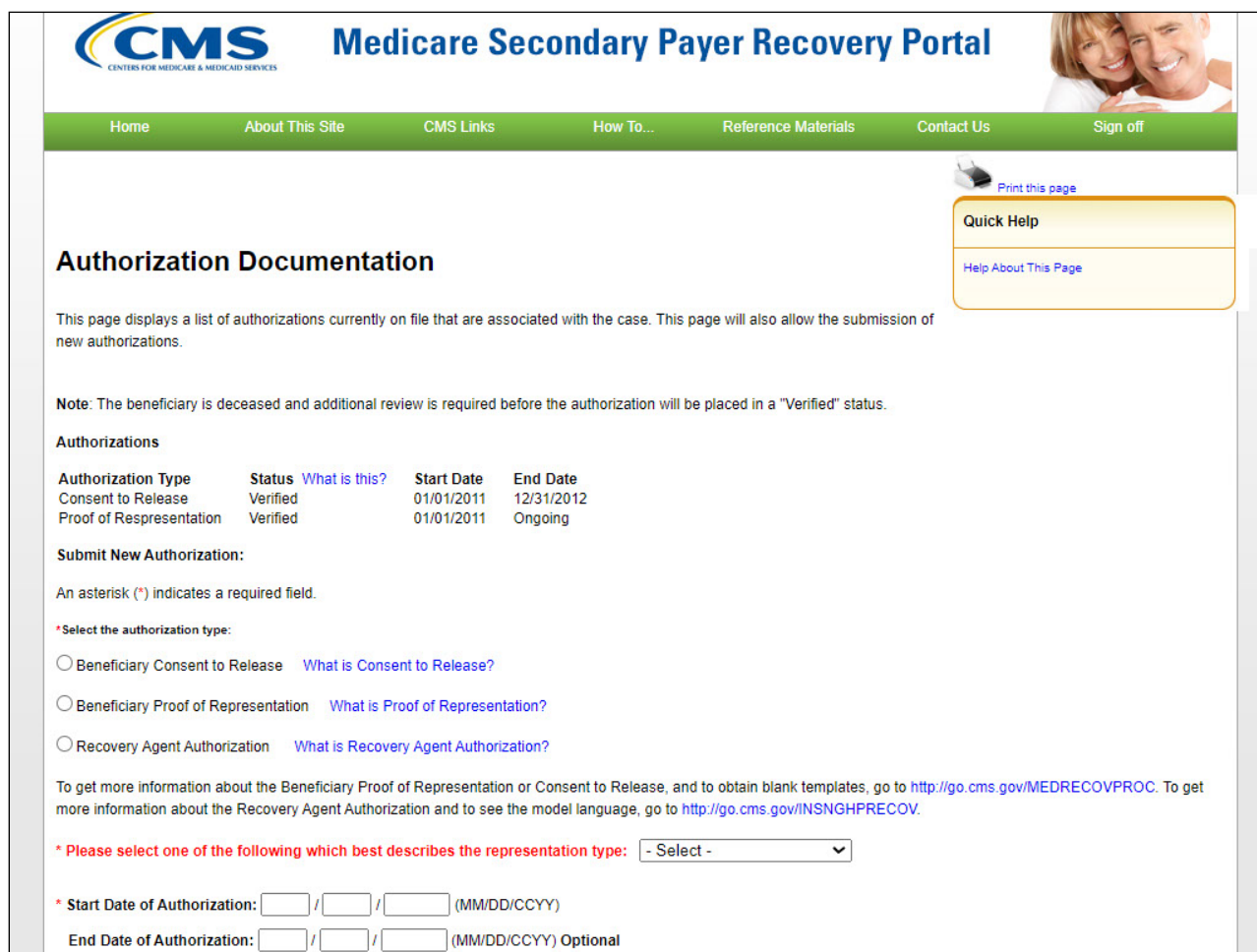
**Slide notes**

The following are the possible reasons that may display:

- Missing or Insufficient Supporting Documentation
- Missing Required Signature(s)
- Authorization Date(s) conflict with Supporting Documentation
- Authorization Invalid for multiple/other reason(s)
- Authorization signed by deceased beneficiary
- Beneficiary Medicare number value does not match
- Beneficiary name does not match
- DOI not provide
- Name on documents do not match the portal submitter
- No authorizing statement on document
- Case ID does not match

The Start Date is the date the authorization goes into effect and the End Date is the date the authorization terminates.

## Slide 17 of 30 - Authorization Documentation Page



The screenshot shows the Medicare Secondary Payer Recovery Portal. The header includes the CMS logo and the portal title. A green navigation bar contains links: Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, and Sign off. On the right, there is a 'Print this page' icon and a 'Quick Help' box with a 'Help About This Page' link.

## Authorization Documentation

This page displays a list of authorizations currently on file that are associated with the case. This page will also allow the submission of new authorizations.

**Note:** The beneficiary is deceased and additional review is required before the authorization will be placed in a "Verified" status.

Authorization Type	Status <a href="#">What is this?</a>	Start Date	End Date
Consent to Release	Verified	01/01/2011	12/31/2012
Proof of Representation	Verified	01/01/2011	Ongoing

**Submit New Authorization:**

An asterisk (\*) indicates a required field.

\* Select the authorization type:

- ☐ Beneficiary Consent to Release [What is Consent to Release?](#)
- ☐ Beneficiary Proof of Representation [What is Proof of Representation?](#)
- ☐ Recovery Agent Authorization [What is Recovery Agent Authorization?](#)

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

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

\* Start Date of Authorization:  /  /  (MM/DD/CCYY)

End Date of Authorization:  /  /  (MM/DD/CCYY) Optional

## Slide notes

The next section of the Authorization Documentation page enables you to submit a new authorization and upload the necessary supporting documentation that backs up your request and allows you to submit new authorization requests for another party.

The information entered on this page must match the information submitted on your supporting documentation. All fields noted with an asterisk are required.

In order to submit a new authorization, you must first select the authorization type by clicking the radio button next to the desired authorization.

If this authorization is submitted for another party,

## Slide 18 of 30 - Representation Type

Representation Type	
Type	Explanation
Attorney	A person licensed to practice law
Guardian/ Conservator	Appointed by a judge once it is determined that the beneficiary is incapacitated
Power of Attorney	A legal document giving the beneficiary's representative full legal authority to preside on the beneficiary's behalf
Third Party Administrator	An entity hired to act on behalf of and/or represent an organization or person for a specific matter such as the recovery of a Medicare overpayment
Individual/Other	All other types not covered by any of the other descriptions

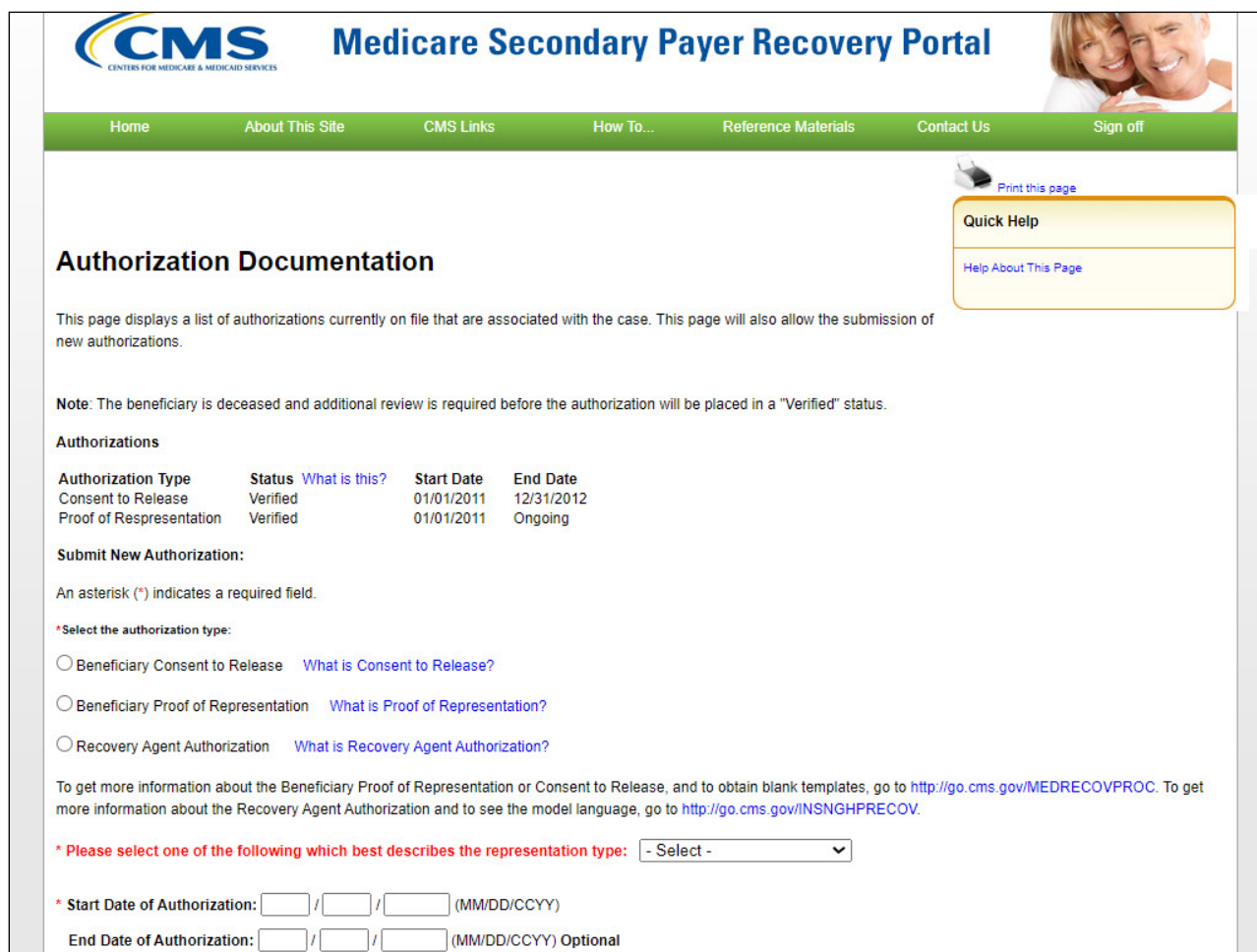
An explanation of each representation type is as follows:

- Attorney - A person licensed to practice law
- Guardian/Conservator - Appointed by a judge once it is determined that the beneficiary is incapacitated
- A Guardian would be a person responsible for the beneficiary's personal affairs
- A Conservator would be a person responsible for managing the beneficiary's estate and financial affairs
- Power of Attorney - A legal document giving the beneficiary's representative full legal authority to preside on the beneficiary's behalf
- Third Party Administrator - An entity hired to act on behalf of and/or represent an organization or person for a specific matter such as the recovery of a Medicare overpayment.

(For example, a workers' compensation carrier may hire an 'agent' to assist during the Medicare recovery process and provide a Proof of Representation document allowing that agent to act on their behalf in regard to that specific case); and,

Individual/Other - All other types not covered by any of the other descriptions.

## Slide 19 of 30 - Authorization Documentation Page



**CMS** Medicare Secondary Payer Recovery Portal

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

[Print this page](#)

**Quick Help**

[Help About This Page](#)

## Authorization Documentation

This page displays a list of authorizations currently on file that are associated with the case. This page will also allow the submission of new authorizations.

**Note:** The beneficiary is deceased and additional review is required before the authorization will be placed in a "Verified" status.

**Authorizations**

Authorization Type	Status <a href="#">What is this?</a>	Start Date	End Date
Consent to Release	Verified	01/01/2011	12/31/2012
Proof of Representation	Verified	01/01/2011	Ongoing

**Submit New Authorization:**

An asterisk (\*) indicates a required field.

\* Select the authorization type:

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

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

☐ Recovery Agent Authorization [What is Recovery Agent Authorization?](#)

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

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

\* Start Date of Authorization:  /  /  (MM/DD/CCYY)

End Date of Authorization:  /  /  (MM/DD/CCYY) Optional

## Slide notes

The Authorization Start Date and Authorization End Date (if applicable) are entered next. The Authorization Start Date is the date the authorization goes into effect. It must be entered in MMDDCCYY format, and it cannot be a future date.

If the supporting documentation does not specify a start date, enter the date the authorization was signed by the beneficiary/representative.

The Authorization End Date is the date the authorization terminates. If the supporting documentation does not specify a termination date, this field must be left blank.

If the supporting documentation specifies a termination date for the authorization, you must enter that date. If this date is entered, it must be entered in MMDDCCYY format.

**Slide 20 of 30 - Authorization Documentation Page**

**Submit New Authorization:**

An asterisk (\*) indicates a required field.

\*Select the authorization type:

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

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

☐ Recovery Agent Authorization [What is Recovery Agent Authorization?](#)

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

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

\* Start Date of Authorization:  /  /  (MM/DD/CCYY)

End Date of Authorization:  /  /  (MM/DD/CCYY) Optional

**Representative Information**

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

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

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

- Authorization1.pdf [Delete](#)

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

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

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

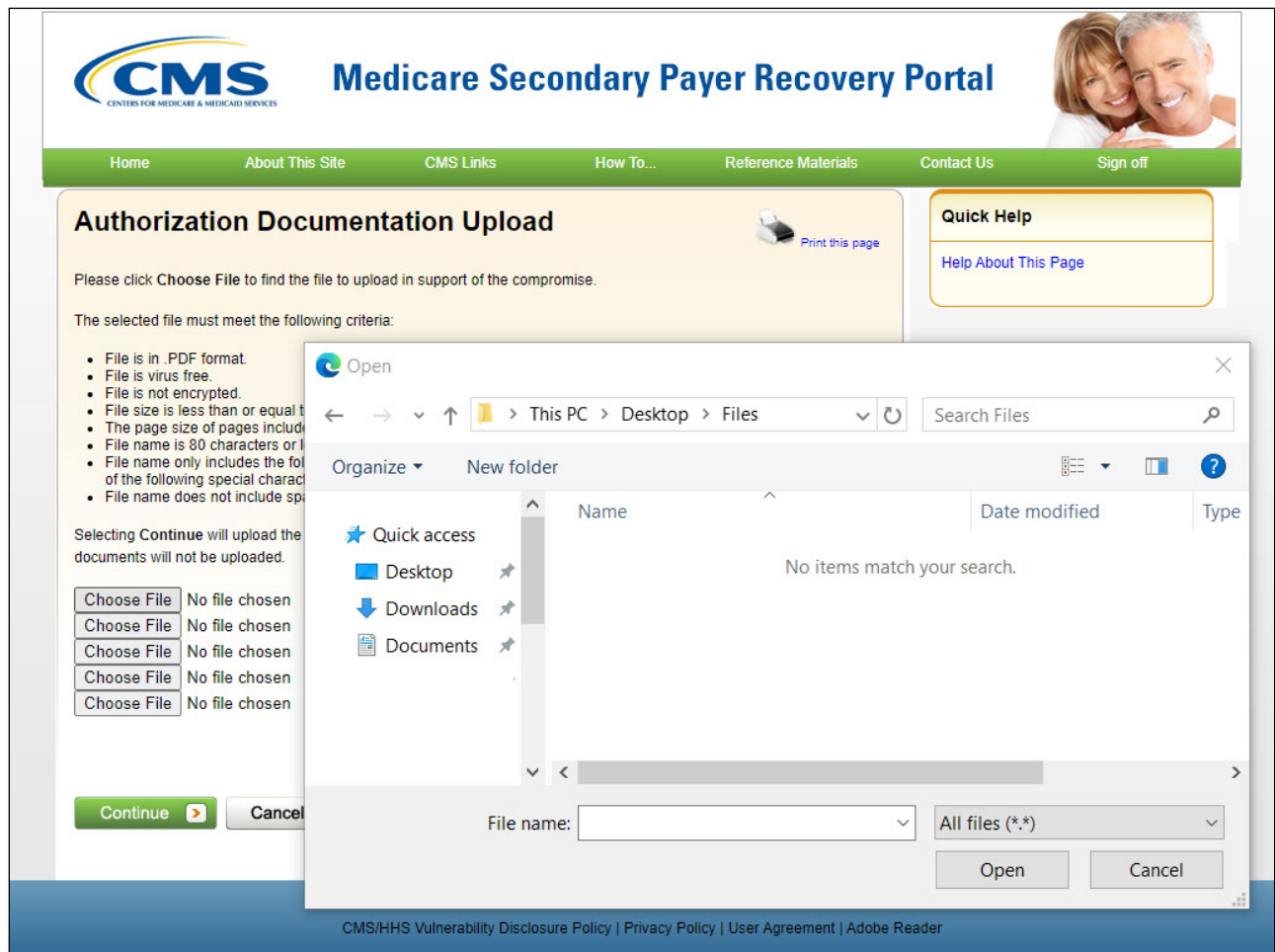
CMS/HHS Vulnerability Disclosure Policy | Privacy Policy | User Agreement | Adobe Reader

**Slide notes**

Finally, you will upload required documentation that supports the type of authorization requested. For exact specifications on what is required, see the MSPRP User Guide (Section 13.1.1).

Once you are ready to upload the documentation, click [Upload Documentation]. This will take you to the Authorization Documentation Upload page where you will perform the upload.



**Slide 21 of 30 - Authorization Documentation Upload****Slide notes**

The MSPRP requires each uploaded file to be an Adobe Acrobat (.PDF) file less than or equal to 40 MB, and virus free.

The filename must only include the following valid characters:

- any letter (A-Z or a-z)
- any number (0-9)
- any of the following special characters
- hyphen (-)
- period (.)
- underscore (\_)

The filename cannot include spaces. 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 five 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.

Additionally, if you attempt to submit a duplicate authorization (the same authorization type for the same time period), you will receive the following message “Duplicate Authorization already on file.”

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

Note: You should not upload documents with formats larger than 8.5 x 11 inches.

**Slide 22 of 30 - Authorization Documentation Page**

**Submit New Authorization:**

An asterisk (\*) indicates a required field.

\*Select the authorization type:

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

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

☐ Recovery Agent Authorization [What is Recovery Agent Authorization?](#)

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

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


\* Start Date of Authorization:    /    /    (MM/DD/CCYY)

End Date of Authorization:    /    /    (MM/DD/CCYY) Optional

**Representative Information**

\* Is this authorization being submitted for someone other than yourself/your company? ☐ Yes ☐ No

*Submitting an authorization for another party will allow them to perform actions on the case and permit them to receive correspondence related to the case. This action will not make them an account designee.*



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

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

- Authorization1.pdf [Delete](#)

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

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

Continue 
Cancel 

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**Slide notes**

If all files are virus free, the Authorization Documentation page will appear. The name of each uploaded file will appear on the bottom of this page.

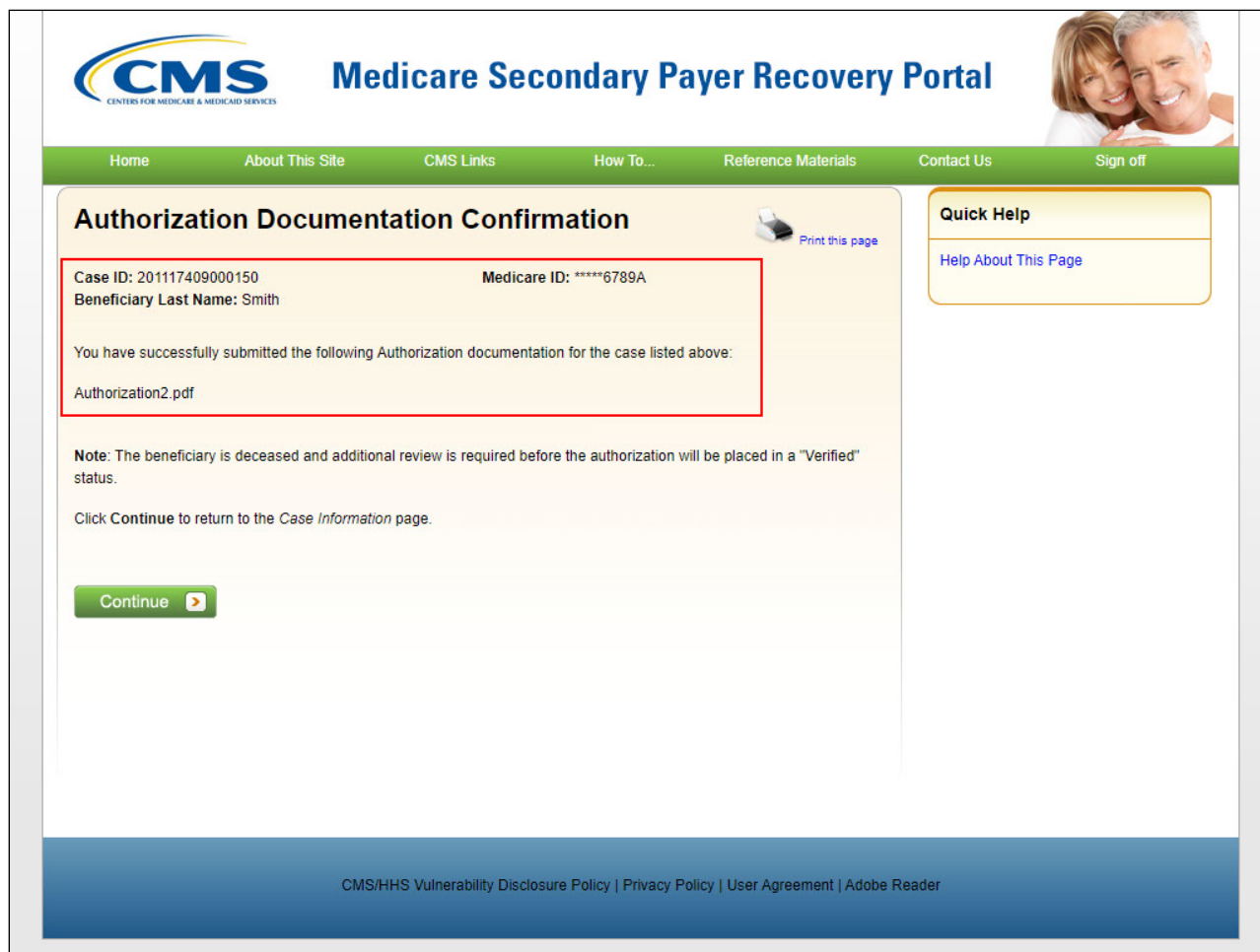
If you have additional files to upload, select Upload Documentation to repeat the upload process until all of your supporting documentation has been uploaded.

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 Authorization Documentation Upload page.

Once you have confirmed that all uploaded files should be submitted for the case, click [Continue] to complete the submission process. Notes: Once submitted, you can view your status (if you requested the authorization) or the other party can view the status when they log in to the MSPRP (if the authorization was requested for another party) under Authorization Level on the Case Information

page, as well as view the new authorization on this page, along with the authorization start and end dates.

**Slide 23 of 30 - Authorization Documentation Confirmation Page**

The screenshot displays the Medicare Secondary Payer Recovery Portal. At the top, the CMS logo is on the left, and the title "Medicare Secondary Payer Recovery Portal" is in the center. To the right is a photo of a smiling couple. 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 "Authorization Documentation Confirmation" and includes a "Print this page" icon. A red-bordered box highlights the following information:

Case ID: 201117409000150	Medicare ID: *****6789A
Beneficiary Last Name: Smith	

Below this box, a message states: "You have successfully submitted the following Authorization documentation for the case listed above:" followed by "Authorization2.pdf".

A note follows: "Note: The beneficiary is deceased and additional review is required before the authorization will be placed in a 'Verified' status." Below the note, it says "Click **Continue** to return to the Case Information page." and a green "Continue" button with a right arrow is visible.

On the right side, there is a "Quick Help" section with a link "Help About This Page".

The footer contains the text: "CMS/HHS Vulnerability Disclosure Policy | Privacy Policy | User Agreement | Adobe Reader".

**Slide notes**

The Authorization Documentation Confirmation page will appear. This page confirms that you have successfully submitted the supporting documentation for your authorization.

The Case ID, Beneficiary Last Name, and Beneficiary Medicare ID for the case are displayed at the top of the page.

The names of each submitted document display beneath this information, if applicable.

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 24 of 30 - Next Steps**

## Next Steps

- Allow 45 days for CMS to review supporting documentation and validate the authorization
- Verified Authorization Status
  - Applies to Account Manager and each Account Designee who is granted access to the case
  - CPL will not be automatically sent
    - You must select the Request a copy of the conditional payment letter action to receive the CPL

**Slide notes**

Allow 45 days for CMS to review the supporting documentation and validate the authorization.

Once an authorization for a case has been put into a Verified Authorization Status, the authorization applies to the Account Manager and each Account Designee who is granted access to the case.

The Conditional Payment Letter will not be automatically sent out after an authorization has been updated to a Verified status.

Once the status has been updated to Verified you must select the Request a copy of the conditional payment letter action to have the system generate the Conditional Payment Letter.

**Slide 25 of 30 - Next Steps**

## Next Steps

- Invalid Authorization Status
  - Main reason is a problem with supporting documentation
    - Missing or Insufficient Supporting Documentation
    - Missing Required Signature(s)
    - Authorization Date(s) conflict with Supporting Documentation
    - Authorization Invalid for multiple/other reason(s)
  - Any authorization that is rejected must be resubmitted until it receives a Verified Status

**Slide notes**

If you do not upload the required documentation, the authorization will be rejected, and it will be placed in an Invalid Status.

The main reason that an authorization would be rejected and receive an Invalid status is if there is a problem or error with the supporting documentation that was uploaded.

The possible reasons that an authorization may be rejected include:

- Missing or Insufficient Supporting Documentation
- Missing Required Signature(s)
- Authorization Date(s) conflict with Supporting Documentation
- Authorization Invalid for multiple/other reason(s)

Any authorization that is rejected must be resubmitted as a new authorization until it receives a Verified Status.

**Slide 26 of 30 - Change a Verified Authorization (BCRC Case)**

## Change a Verified Authorization (BCRC Case)

**Submit your request in writing**

NGHP  
PO Box 138832  
Oklahoma City, OK 73113  
Fax: (405) 869-3309

**Slide notes**

For PORs, CTRs, and Recovery Agent Authorization on a BCRC case, write to:

NGHP

PO Box 138832

Oklahoma City, OK 73113

Fax (405) 869-3309

Note: The Case ID begins with the number 2 for BCRC cases.

**Slide 27 of 30 - Change a Verified Authorization (CRC Case)**

## Change a Verified Authorization (CRC Case)

**Submit your request in writing**

Commercial Repayment Center - NGHP

PO Box 1610

Lathrop, CA 95330

Fax: (405) 869-3309

**Slide notes**

For Recovery Agent Authorizations on CRC cases, write to:

Commercial Repayment Center - NGHP

PO Box 1610

Lathrop, CA 95330

Note: The Case ID begins with the number 3 for CRC cases.



**Slide 28 of 30 - Course Summary**



## Course Summary

- Describe
  - Consent to Release (CTR) Authorization
  - Proof of Representation (POR) Authorization
  - Recovery Agent Authorization
- Explain how and when to submit these documents
- What to expect once document has been submitted

**Slide notes**

This course described the Consent to Release (CTR) Authorization, Proof of Representation (POR) Authorization, and Recovery Agent Authorization.

It also explained how and when to submit these documents and clarified what to expect once a document has been submitted.

**Slide 29 of 30 - Conclusion**

You have completed the MSPRP Requesting Authorization 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 MSPRP Requesting Authorization course. Information in this course can be referenced by using the MSPRP User Manual found at the following link: MSPRP Website [CMS MSPRP Website](#).

For general information on Medicare Secondary Payer Recovery, go to this URL: [CMS COB&R Overview](#)

Slide 30 of 30 - MSPRP Training Survey



If you have any questions or feedback on this material,  
please go the following URL:  
<https://www.surveymonkey.com/s/MSPRPTraining>.

**Slide notes**

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