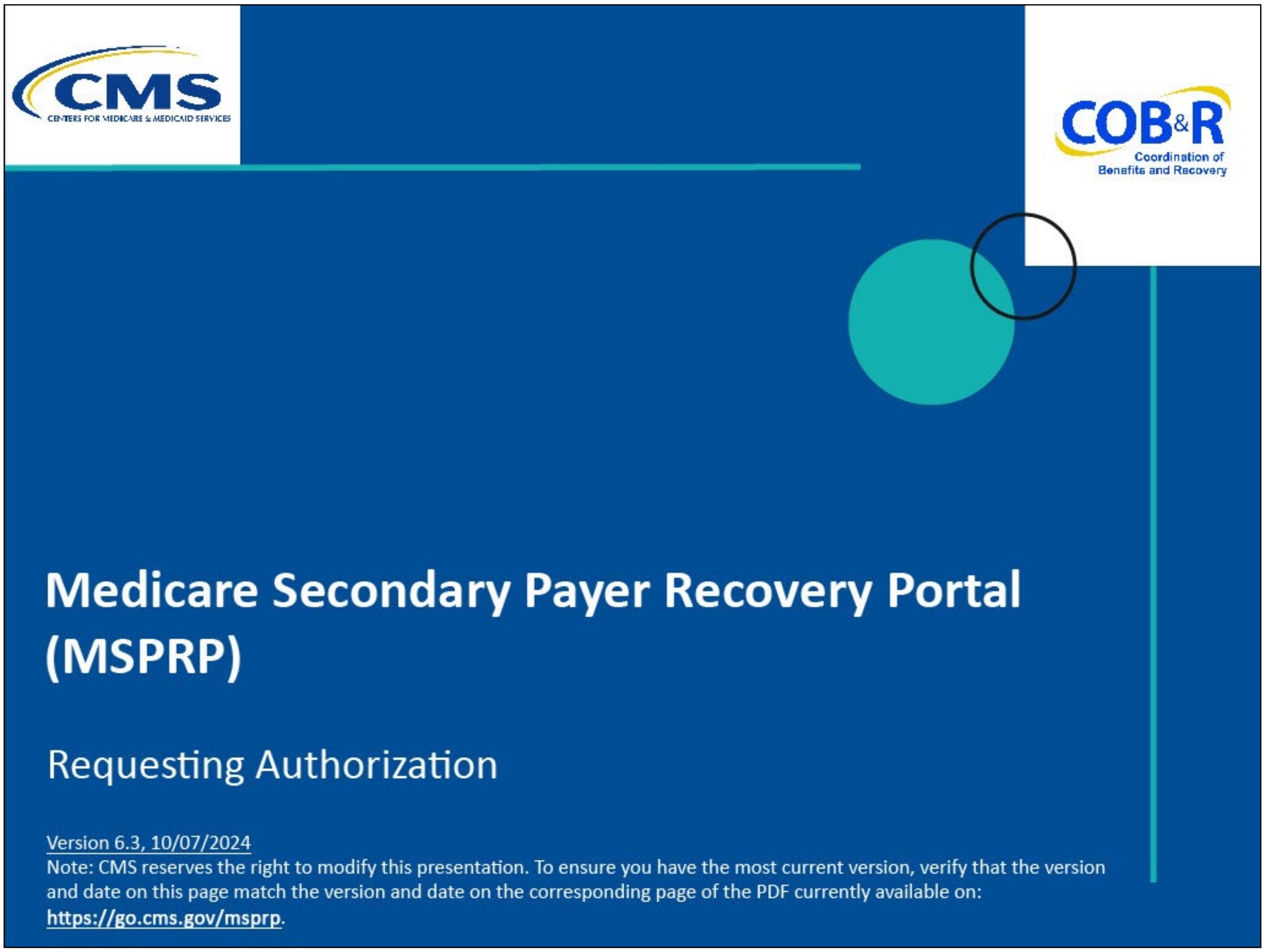
Requesting Authorization

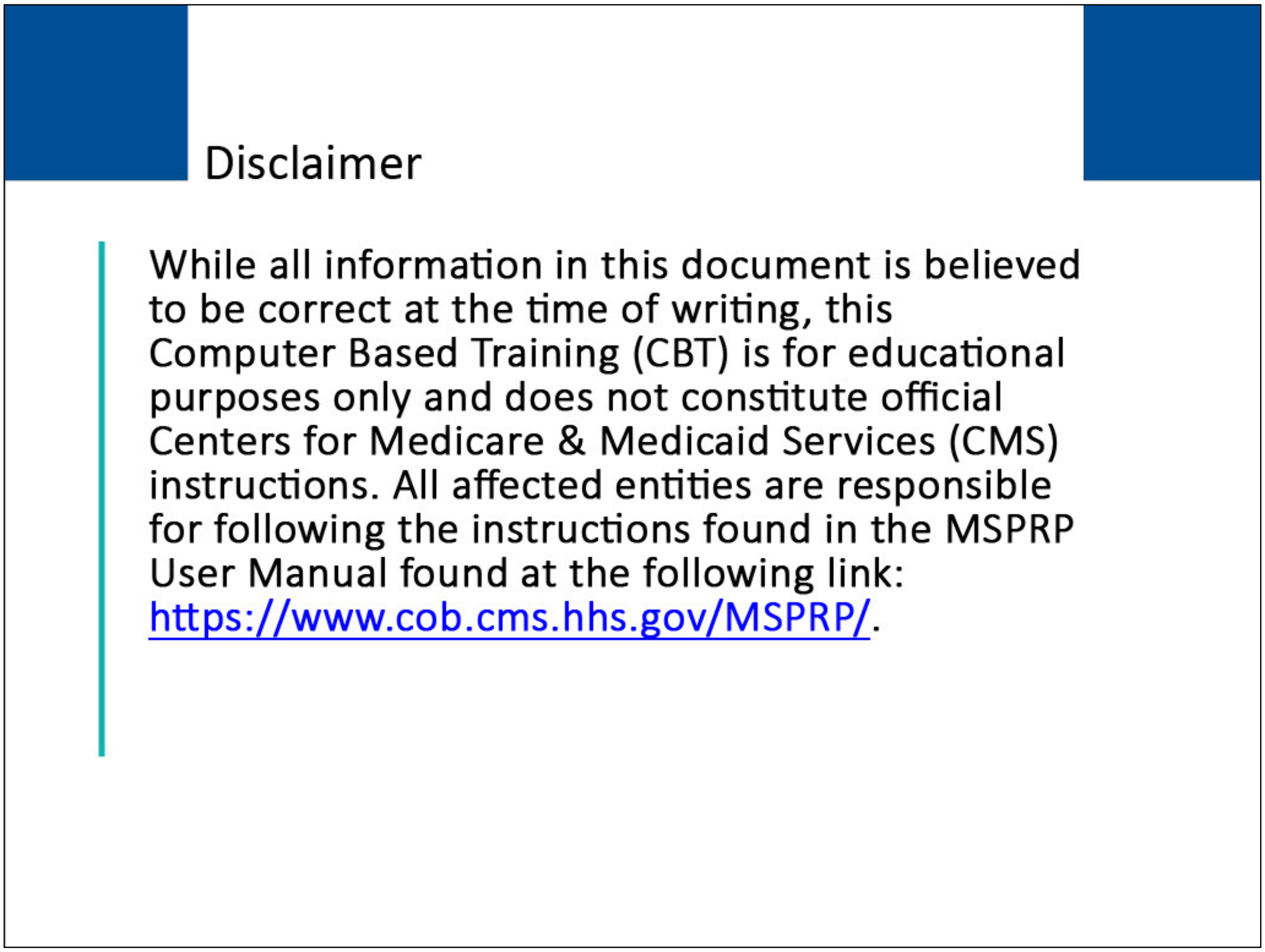
Slide 1 of 30 - Requesting Authorization Introduction



Slide notes

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

Slide 2 of 30 - Disclaimer

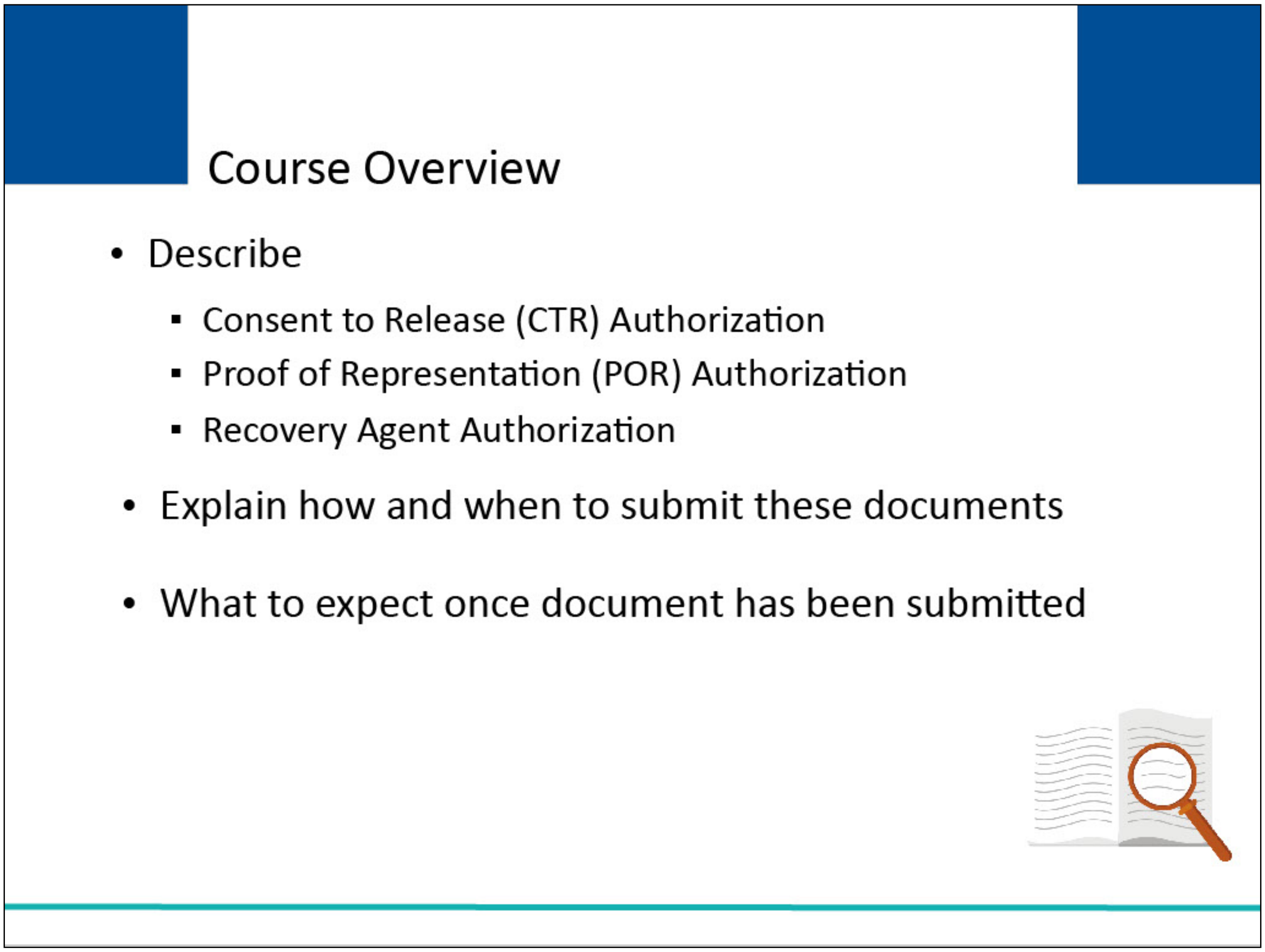


Slide notes

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: CMS MSPRP Website.

Slide 3 of 30 - Course Overview

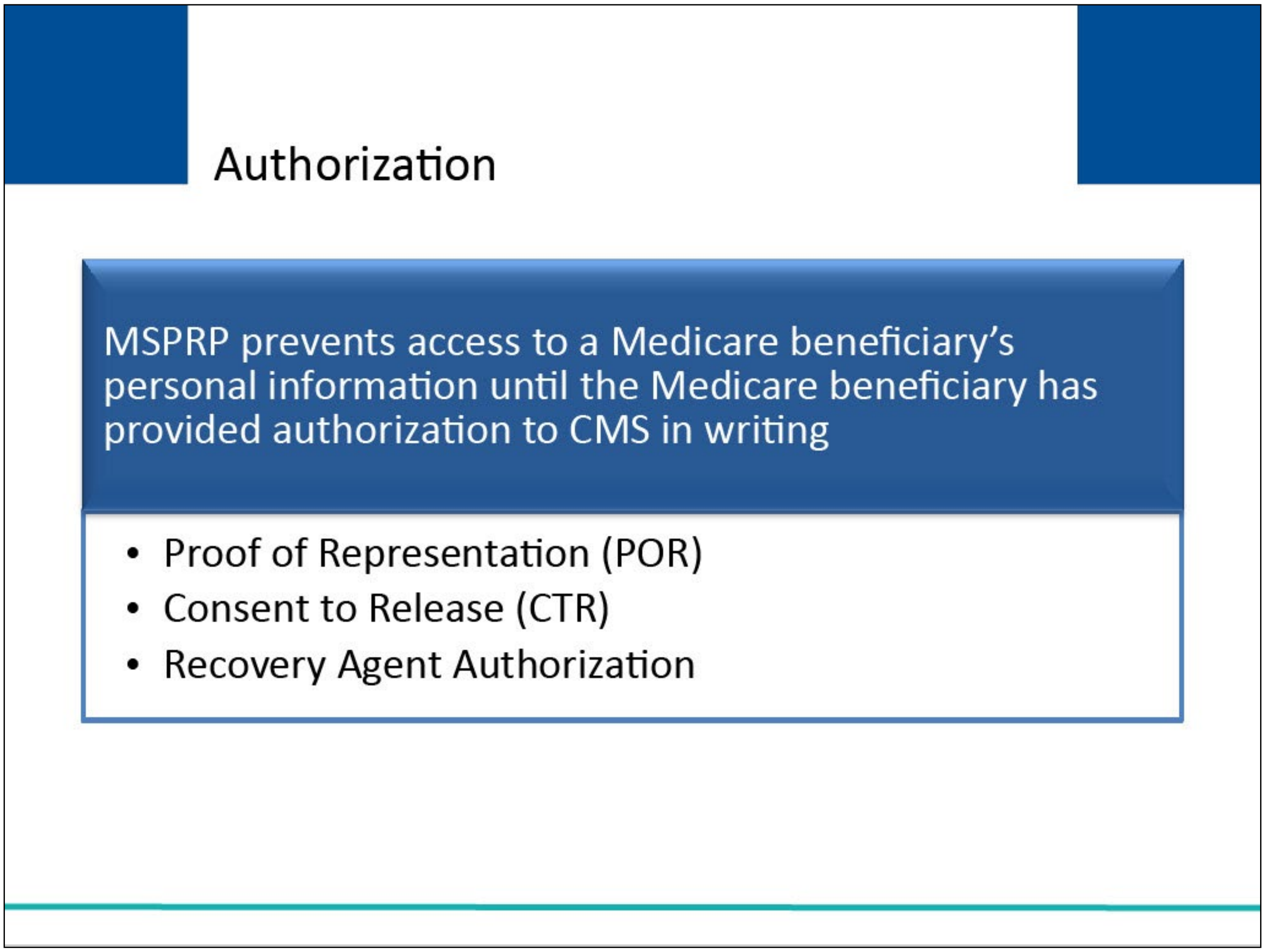


Slide notes

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

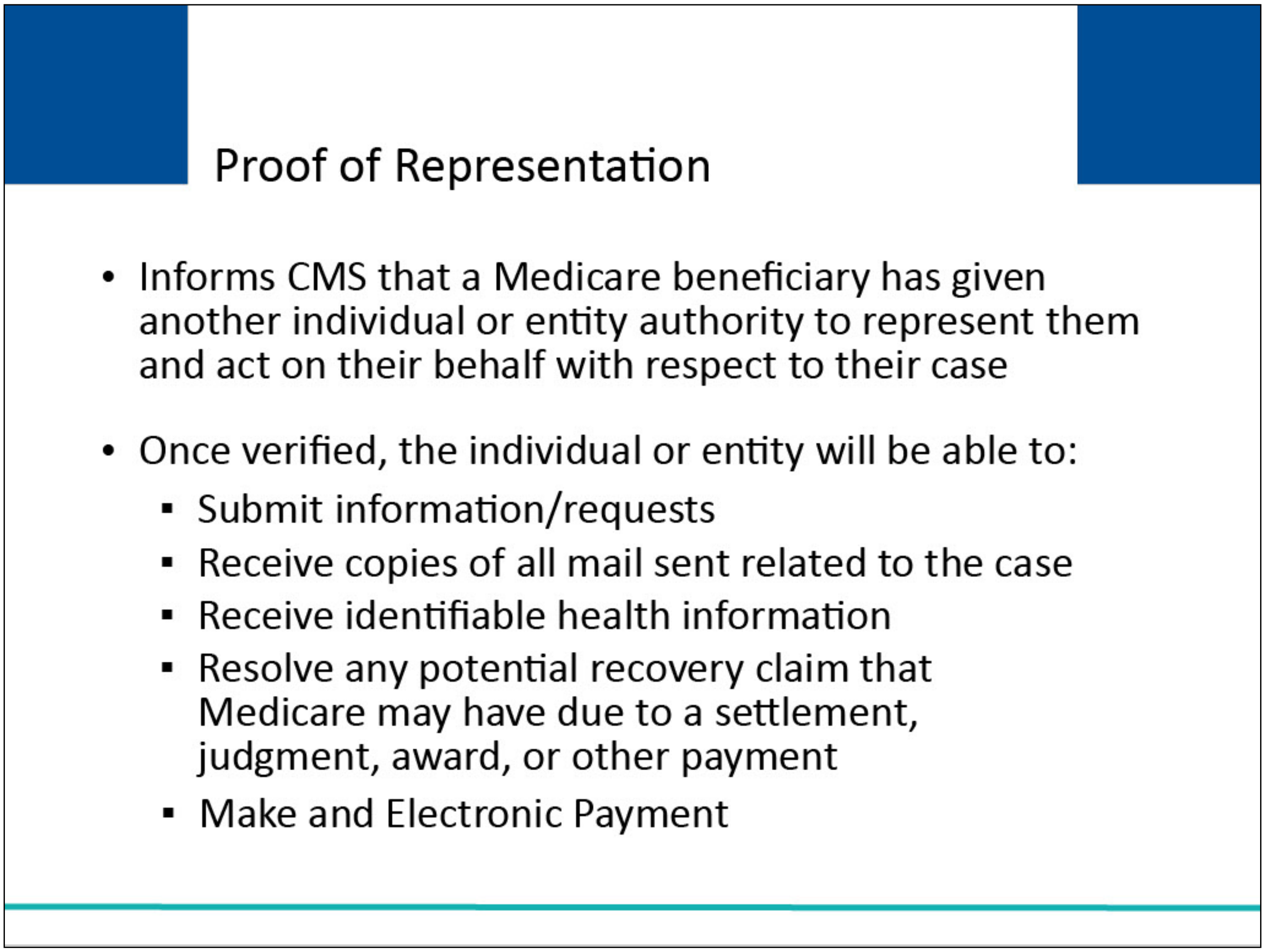


Slide notes

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



Slide notes

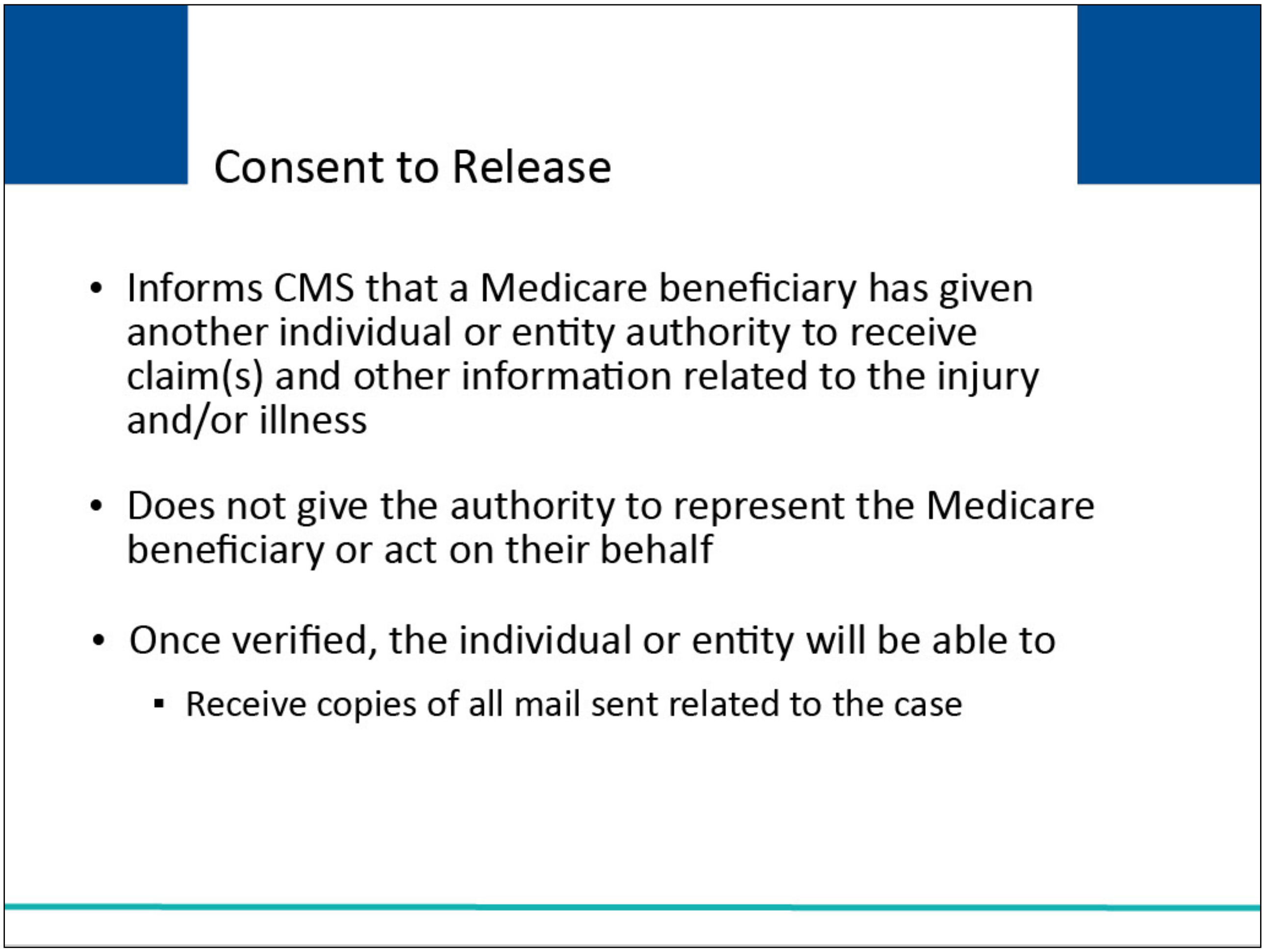
The Proof of Representation Authorization is submitted to inform CMS that the Medicare beneficiary has given another individual or entity (such as an attorney) the authority to represent them and act on their behalf with respect to their case.

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



Slide notes

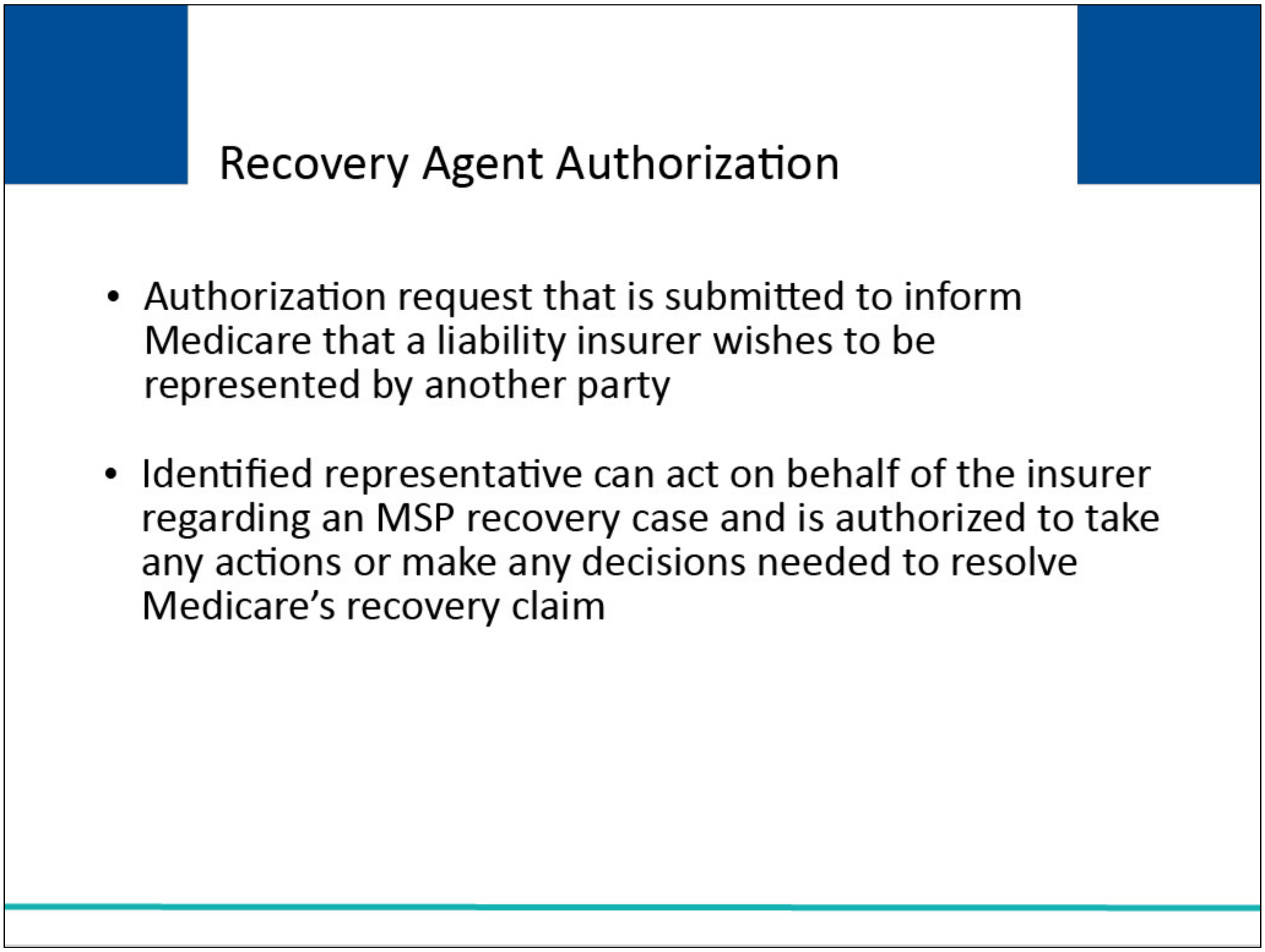
A Consent to Release (CTR) is the authorization that informs CMS a Medicare beneficiary has given another individual or entity the authority to receive claim(s) and other information related to the injury and/or illness.

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



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

Actions	Verified POR	Verified CTR
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:

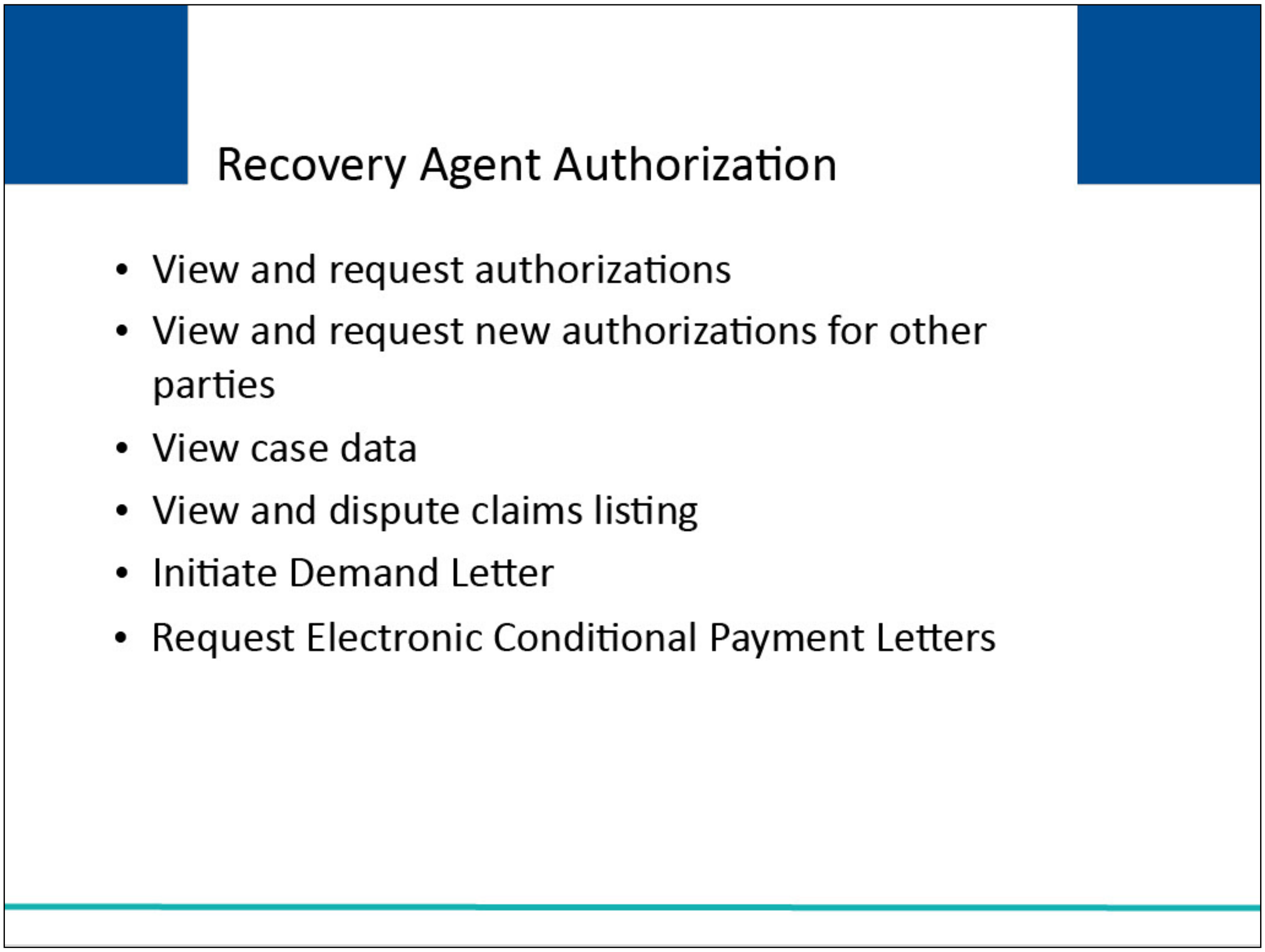
- View/Dispute Claims Listing
- Provide the Notice of Settlement Information
- Initiate the Demand Letter
- Request an electronic copy of the Conditional Payment Letter (eCPL)
- Make an electronic payment

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



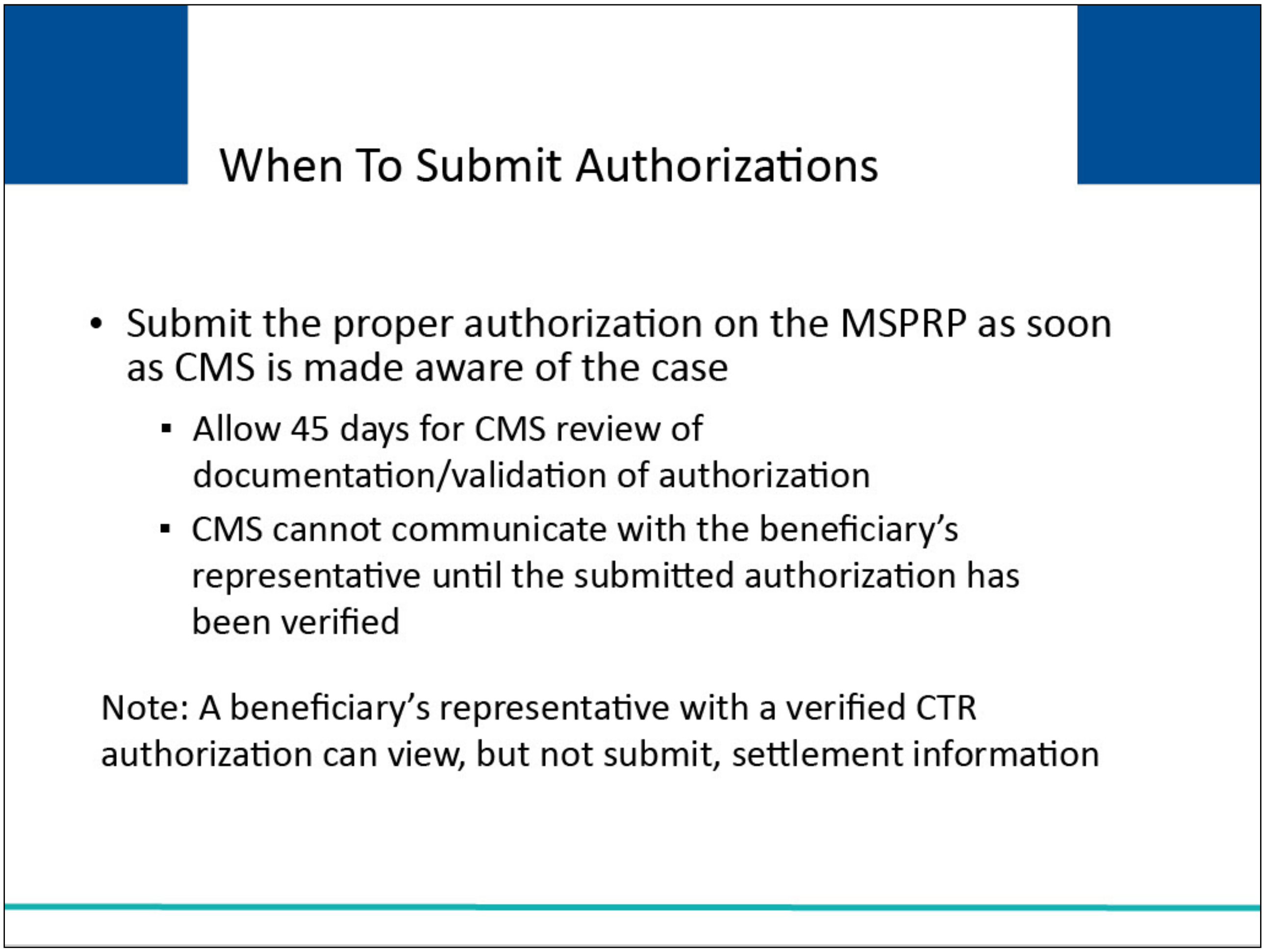
Slide notes

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



Slide notes

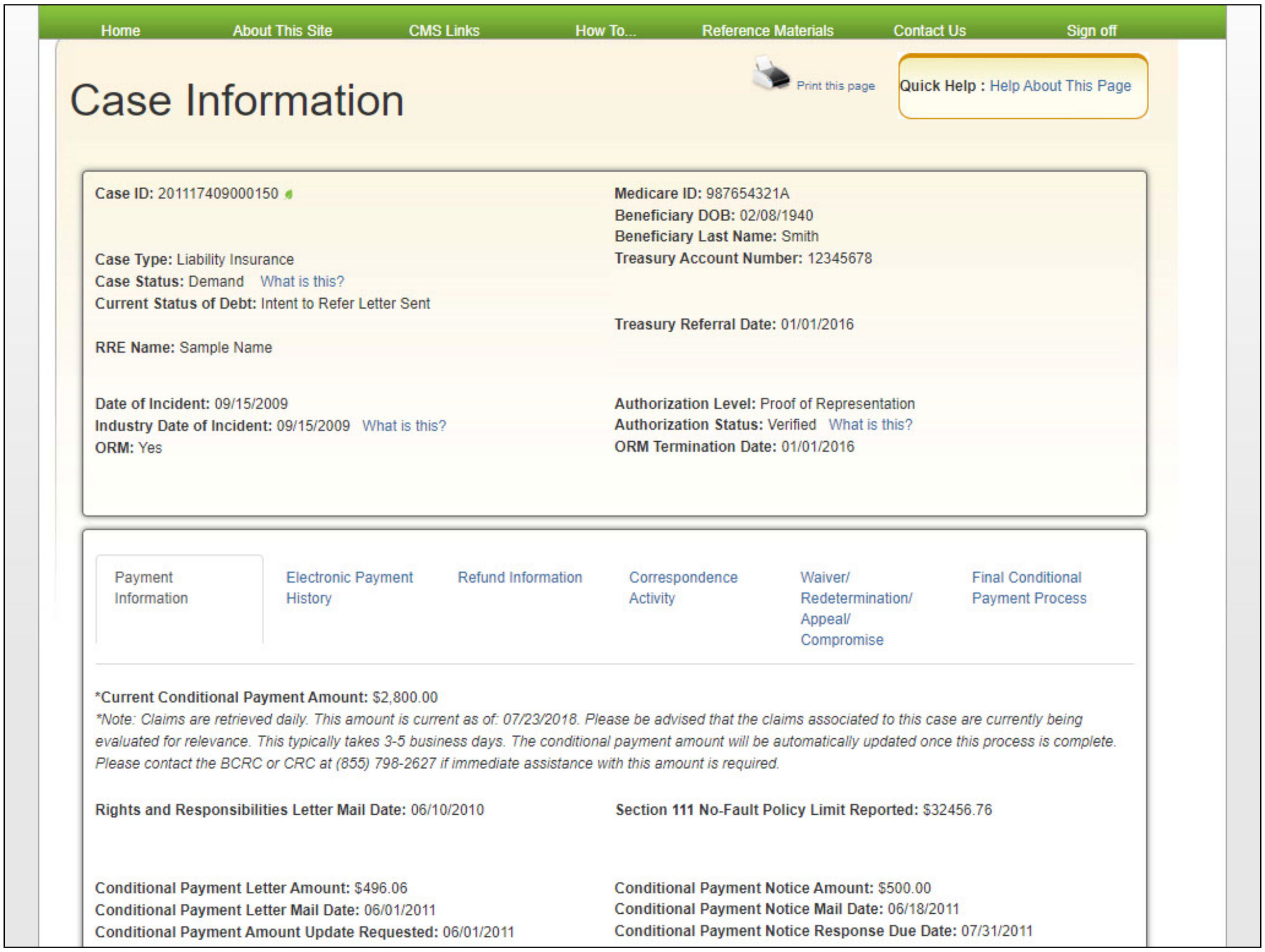
It is recommended that you upload and submit the proper authorization on the MSPRP as soon as CMS is made aware of the case. Allow 45 days for CMS to review the supporting documentation and validate the authorization.

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



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.

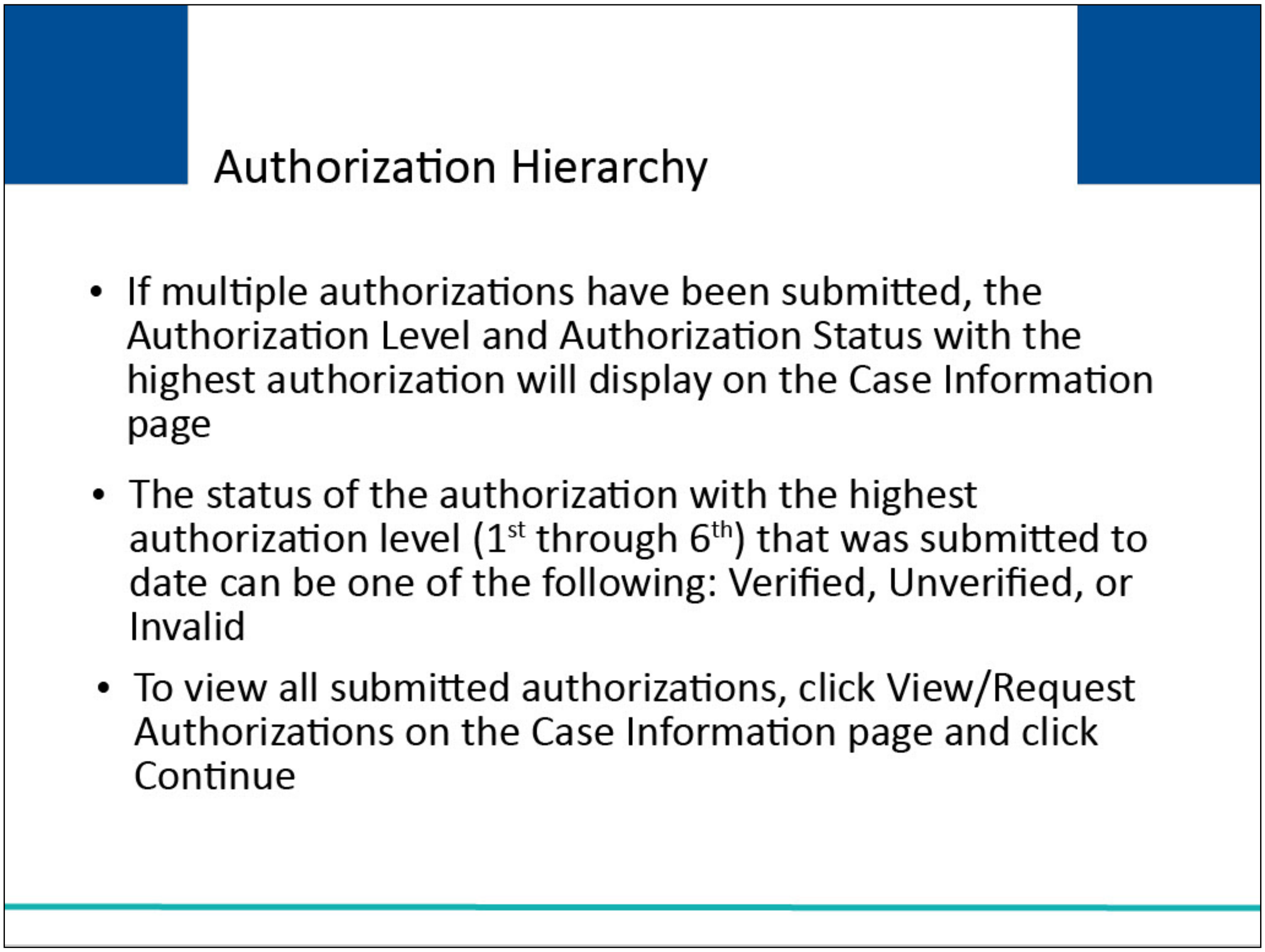
It can be Verified, Unverified, or Invalid. Only one Authorization Level and Authorization Status will display on this page.

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



Slide notes

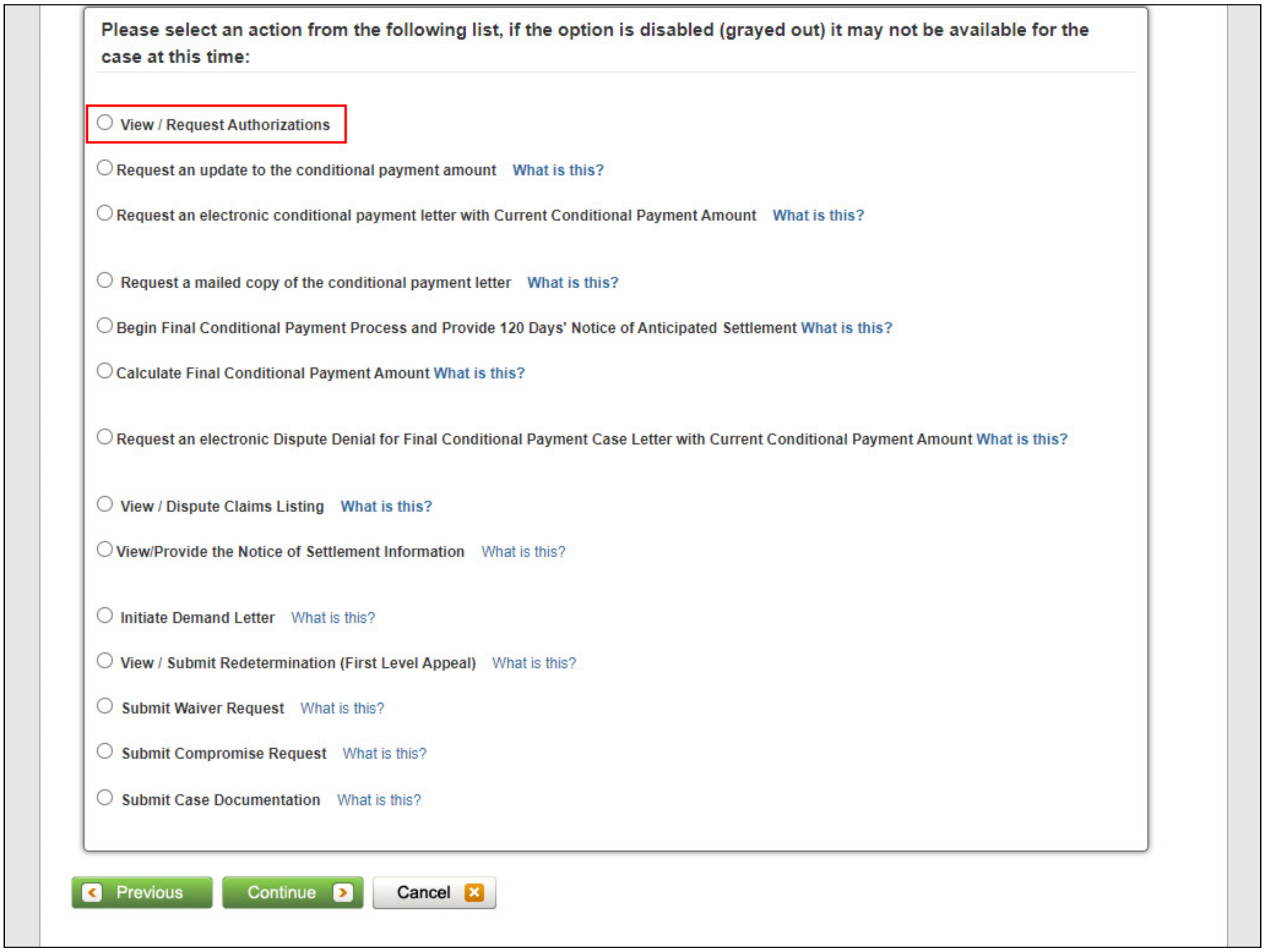
If multiple authorizations have been submitted for the case, the Authorization Level and Authorization Status with the highest authorization level will display on the Case Information page.

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



Slide notes

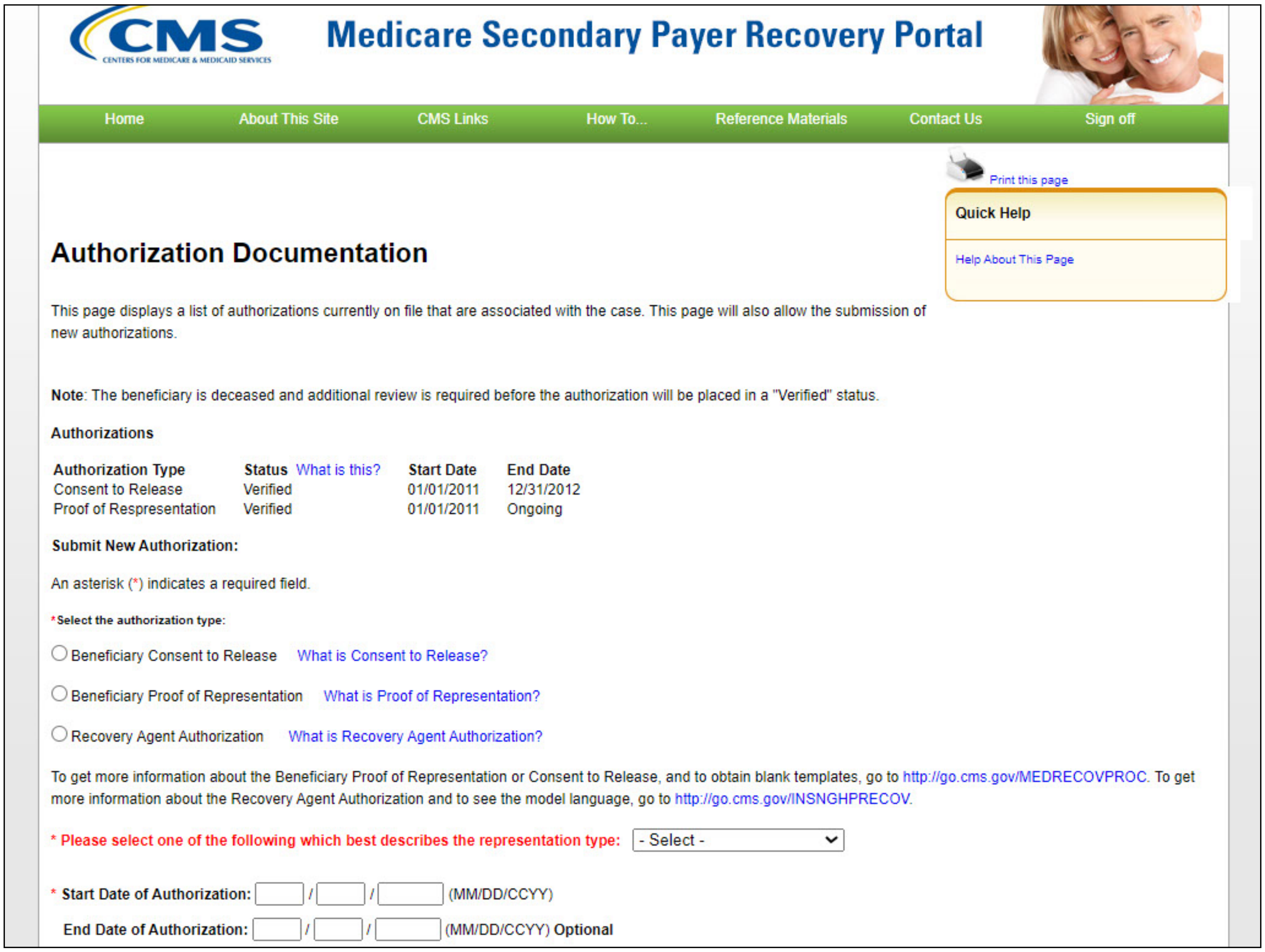
To view all submitted authorizations, select the View/Request Authorizations action and then click [Continue].

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**



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	• Missing or Insuffient 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 provided • Name on documents do not match the portal submitter • No authorizing statement on document • Case ID does not match
Start Date	Date the authorization goes into effect	
End Date	Date the authorization terminates	

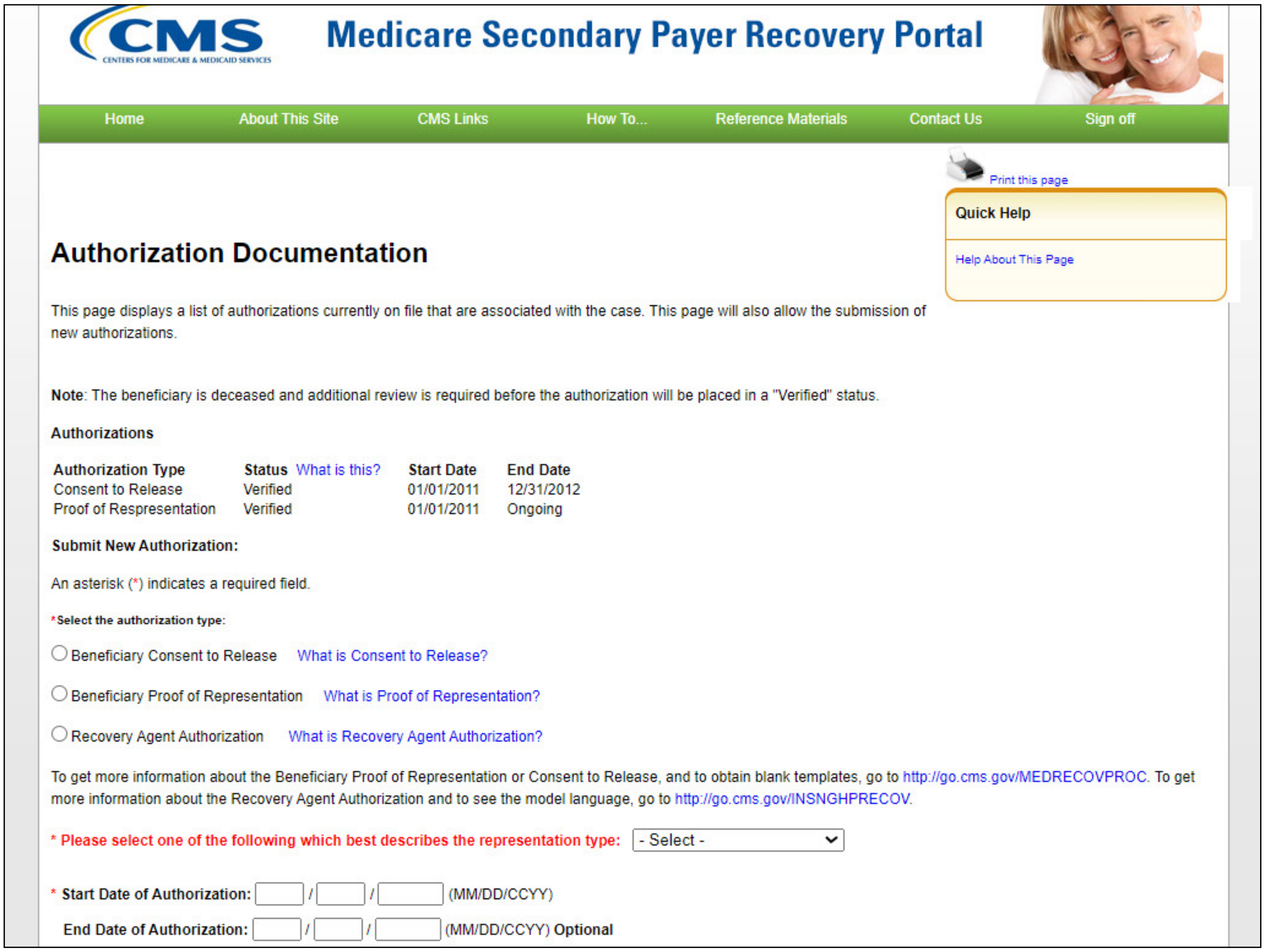
Slide notes

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



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

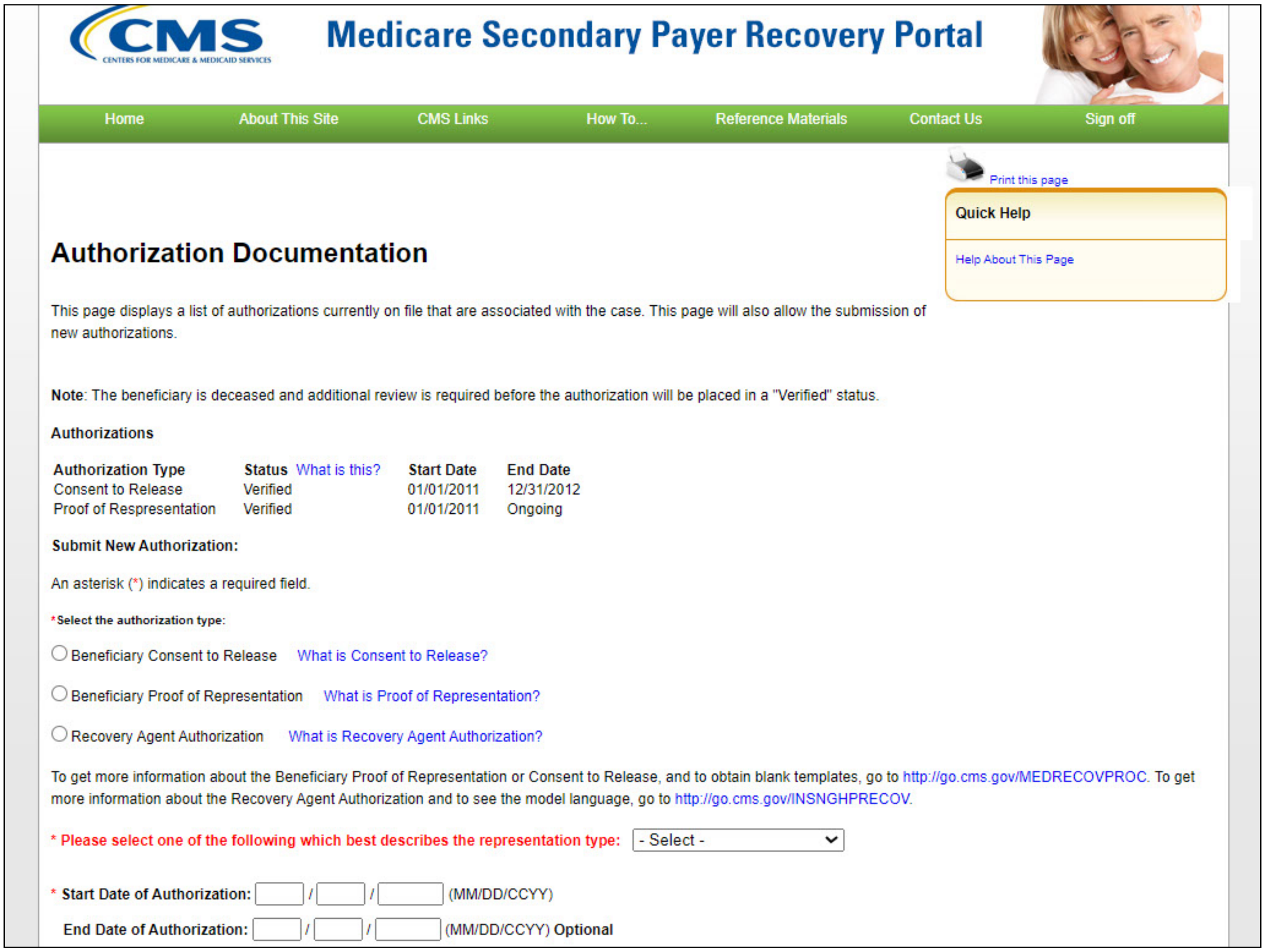
Type	Explanation
Attorney	A person licensed to practice law
Guardian/ Conservator	Appointed by a judge once it is determined that the beneficiary is incapacitated
Power of Attorney	A legal document giving the beneficiary’s representative full legal authority to preside on the beneficiary’s behalf
Third 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



Slide notes

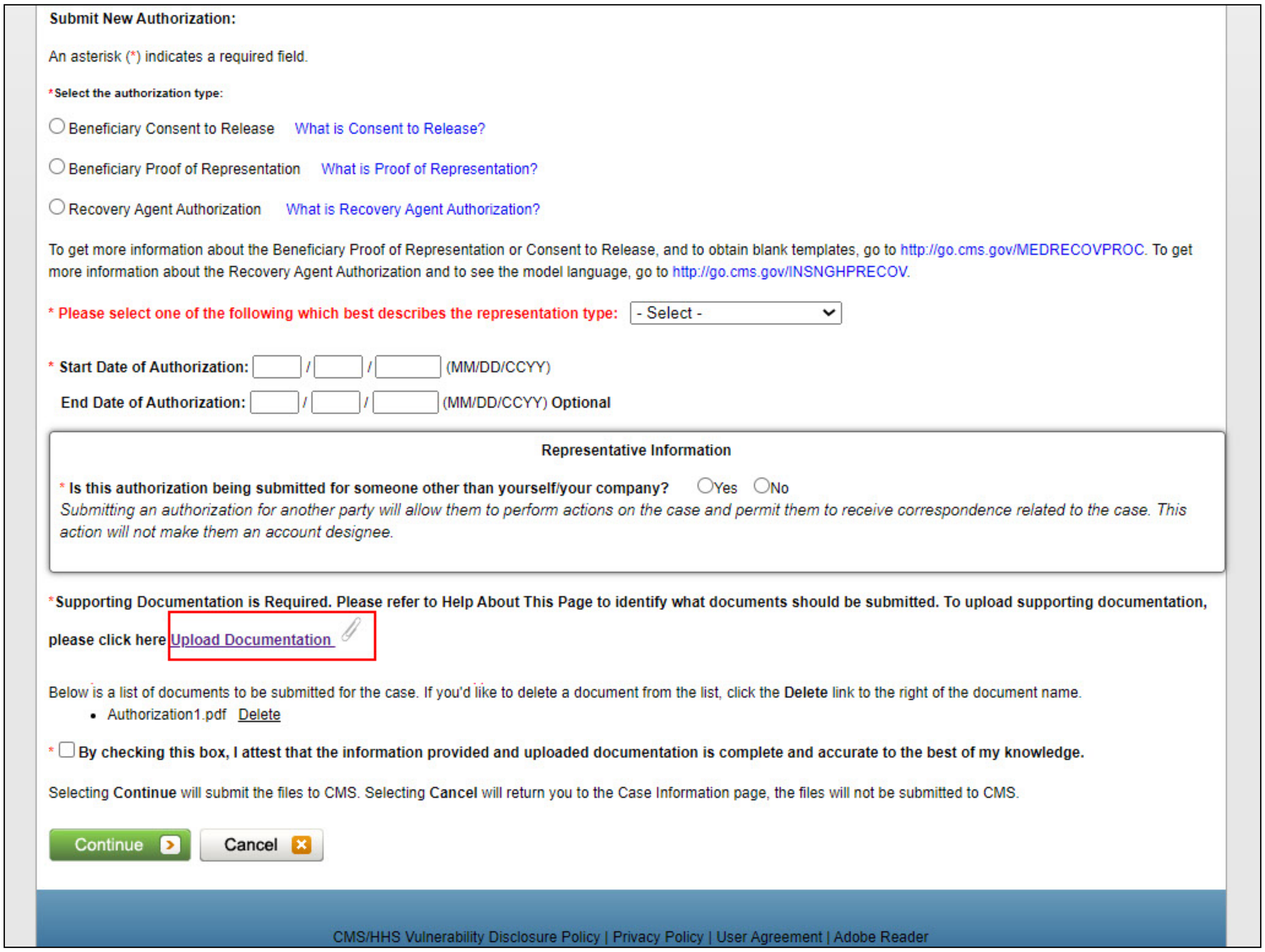
The Authorization Start Date and Authorization End Date (if applicable) are entered next. The Authorization Start Date is the date the authorization goes into effect. It must be entered in MMDDCCYY format, and it cannot be a future date.

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

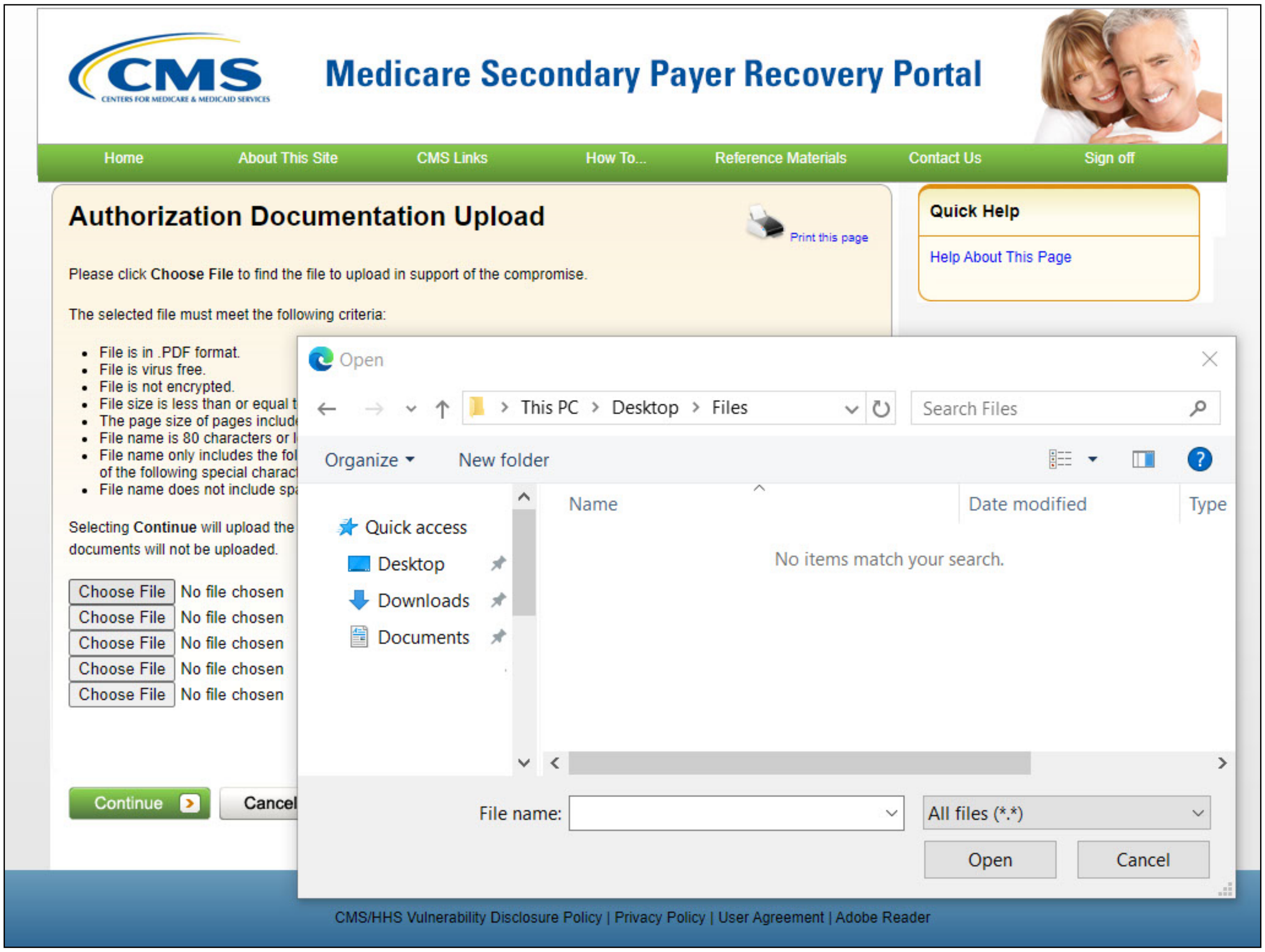


Slide notes

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].

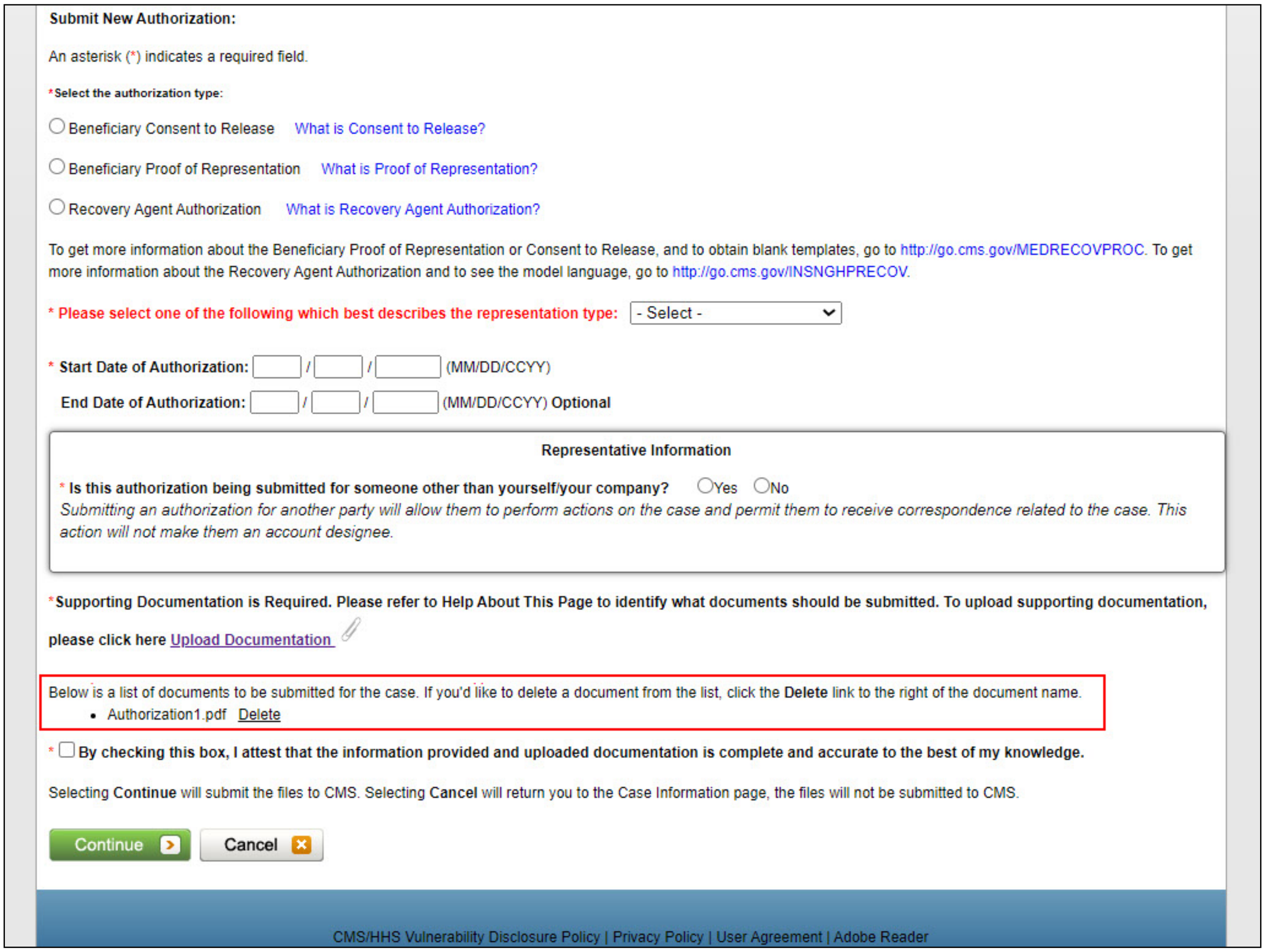
If any file is not in .PDF format, exceeds 40 MB, contains a virus, or cannot be located, you will receive an error message.

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



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.

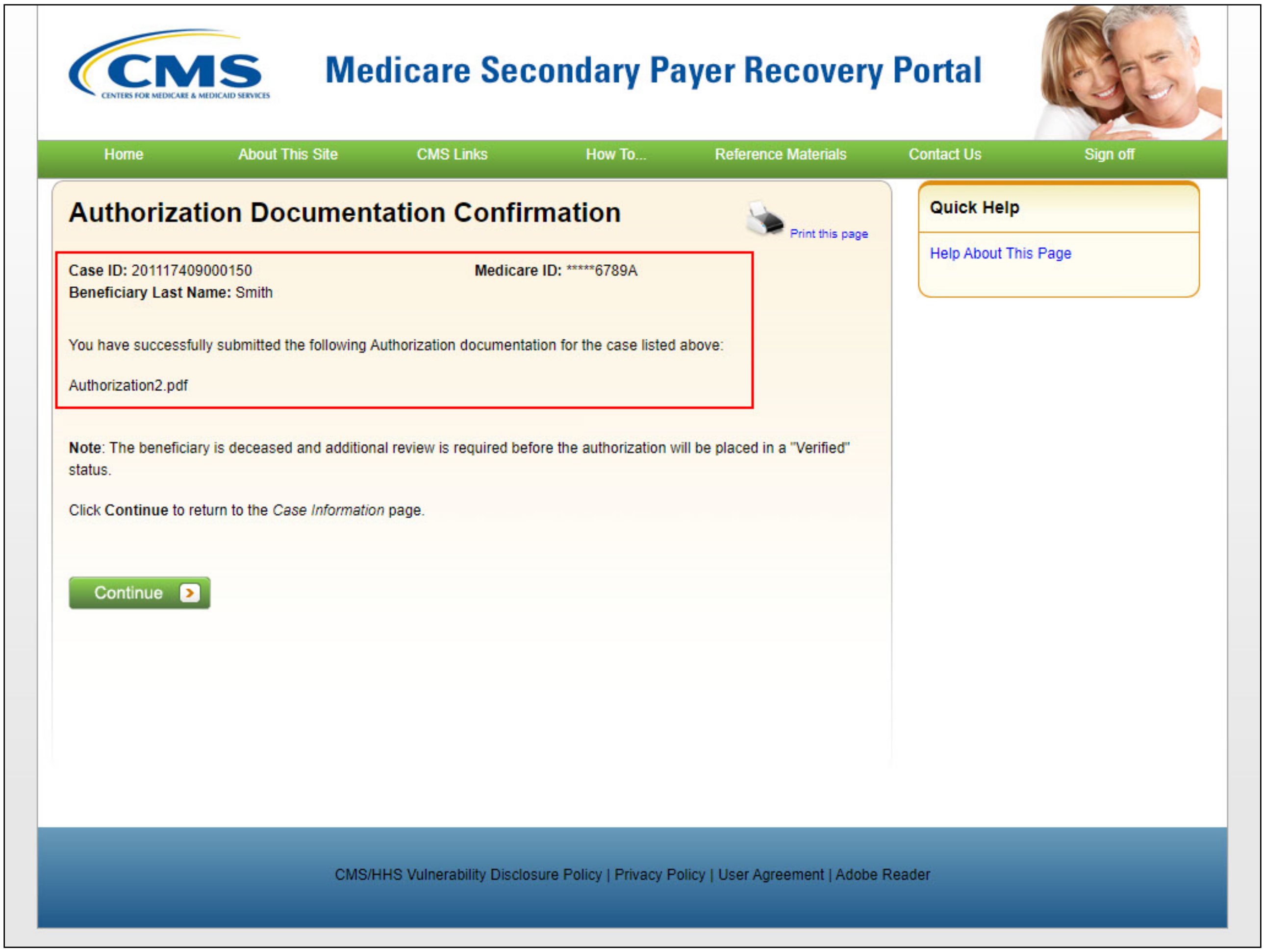
If you have additional files to upload, select Upload Documentation to repeat the upload process until all of your supporting documentation has been uploaded.

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



Slide notes

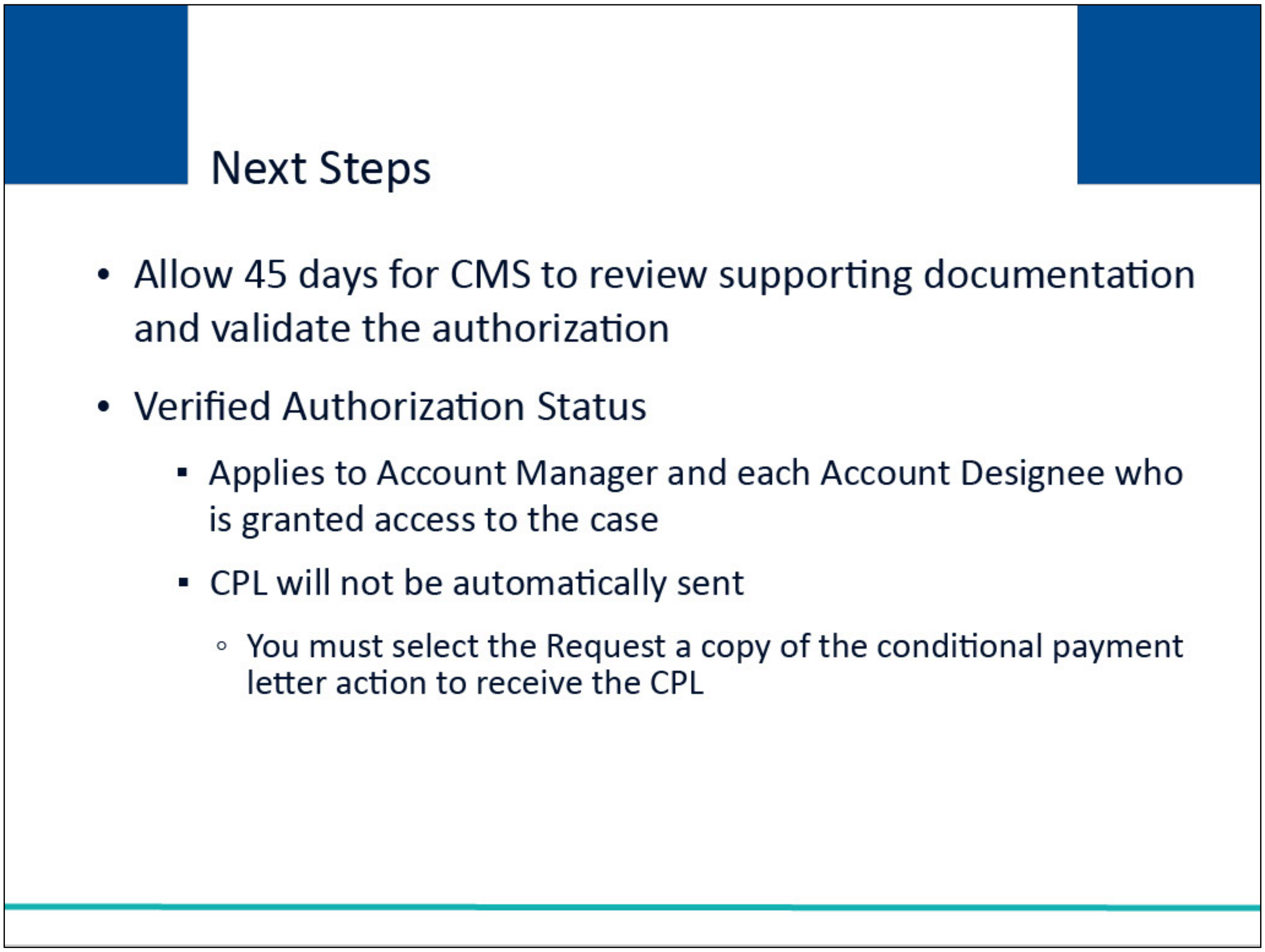
The Authorization Documentation Confirmation page will appear. This page confirms that you have successfully submitted the supporting documentation for your authorization.

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



Slide notes

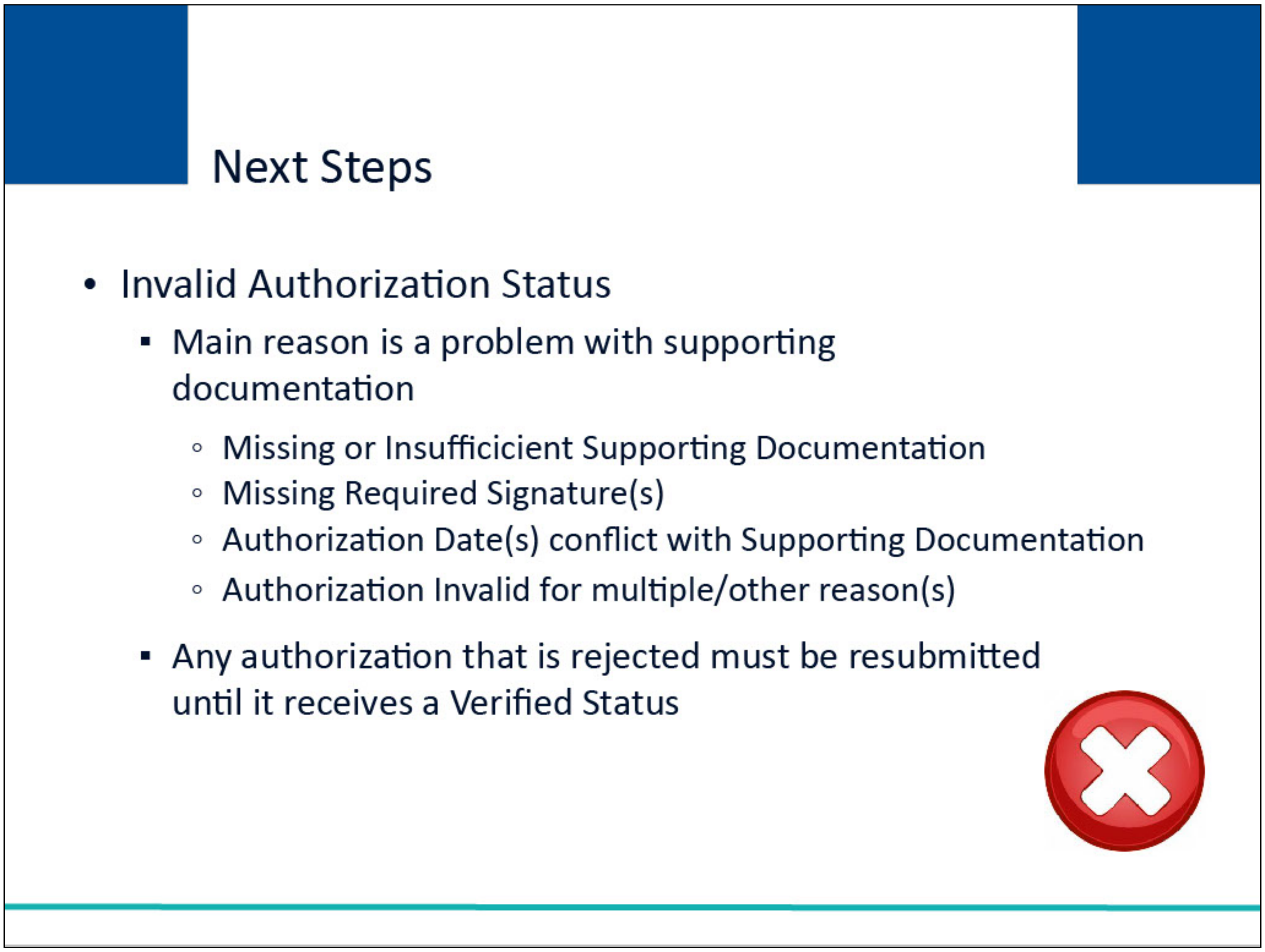
Allow 45 days for CMS to review the supporting documentation and validate the authorization.

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



Slide notes

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

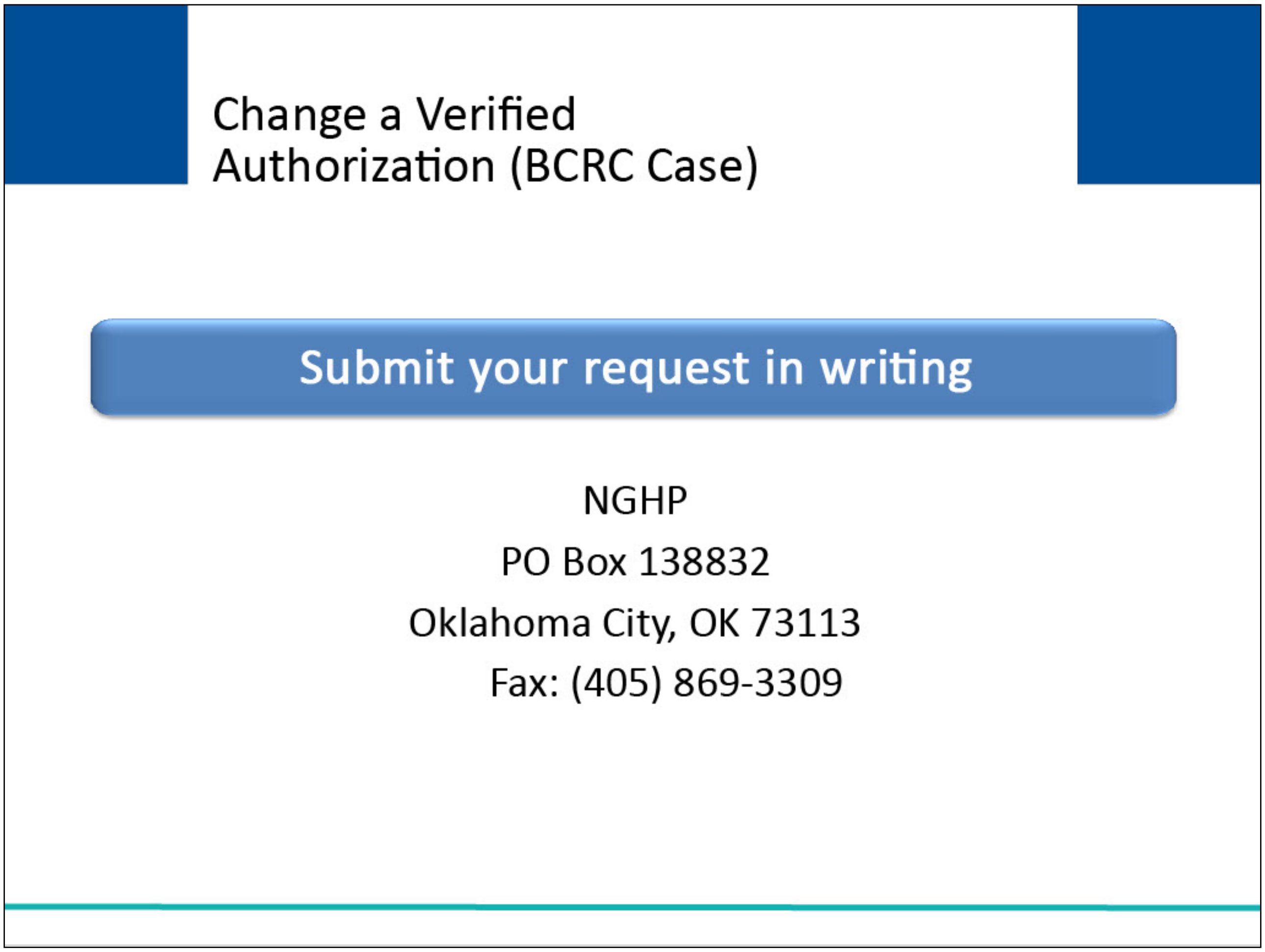
The main reason that an authorization would be rejected and receive an Invalid status is if there is a problem or error with the supporting documentation that was uploaded.

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)

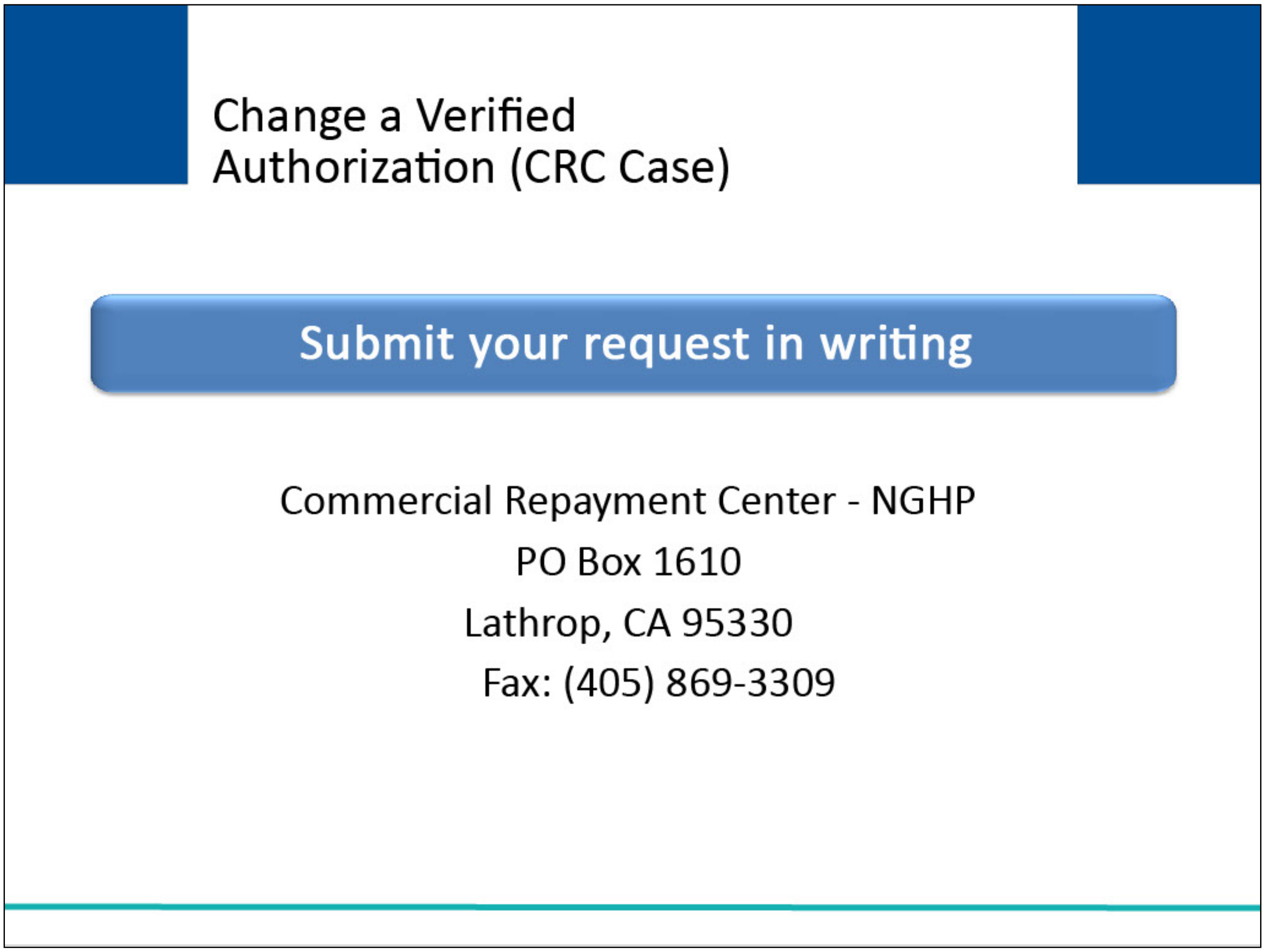


Slide notes

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)

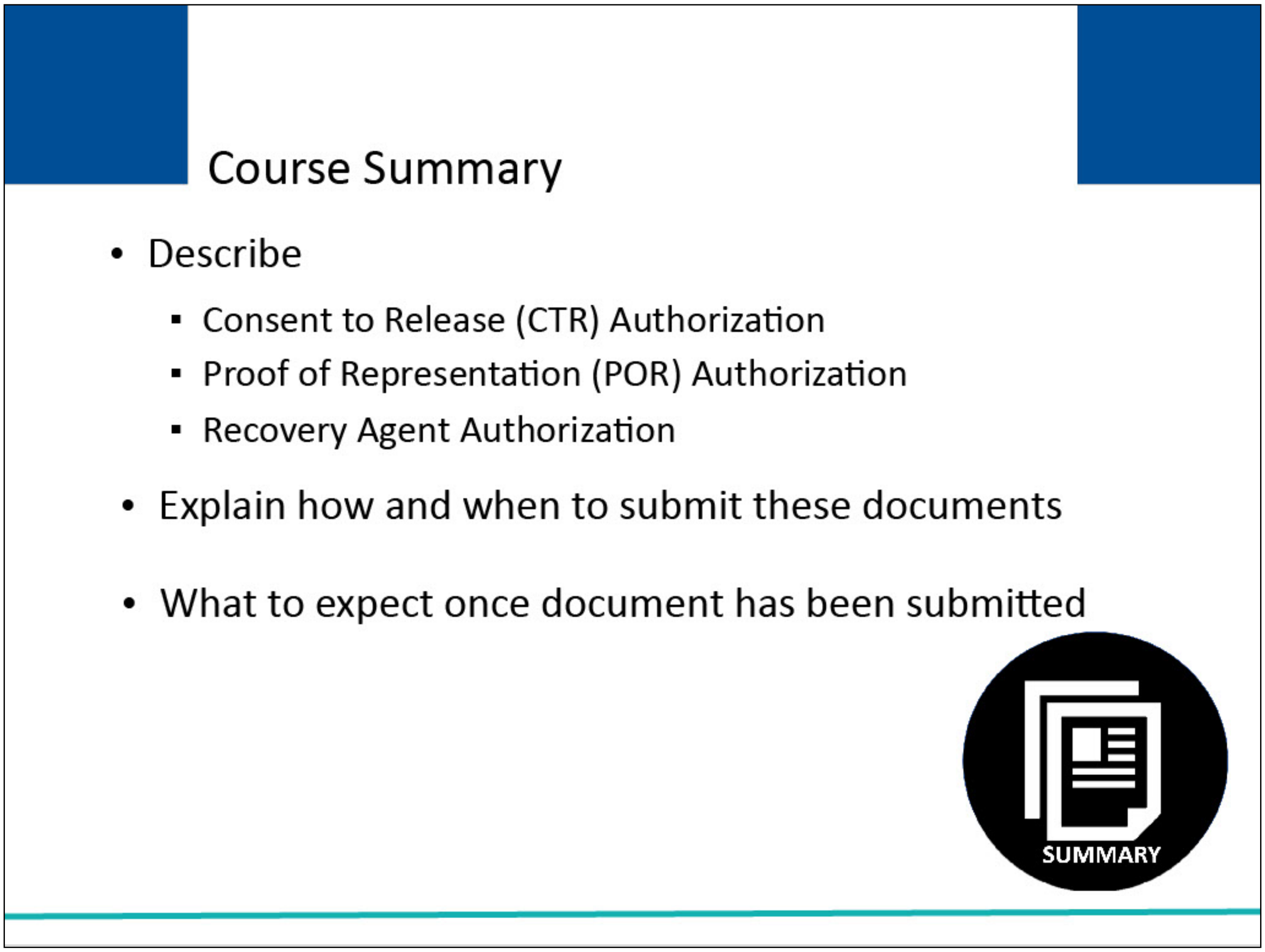


Slide notes

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

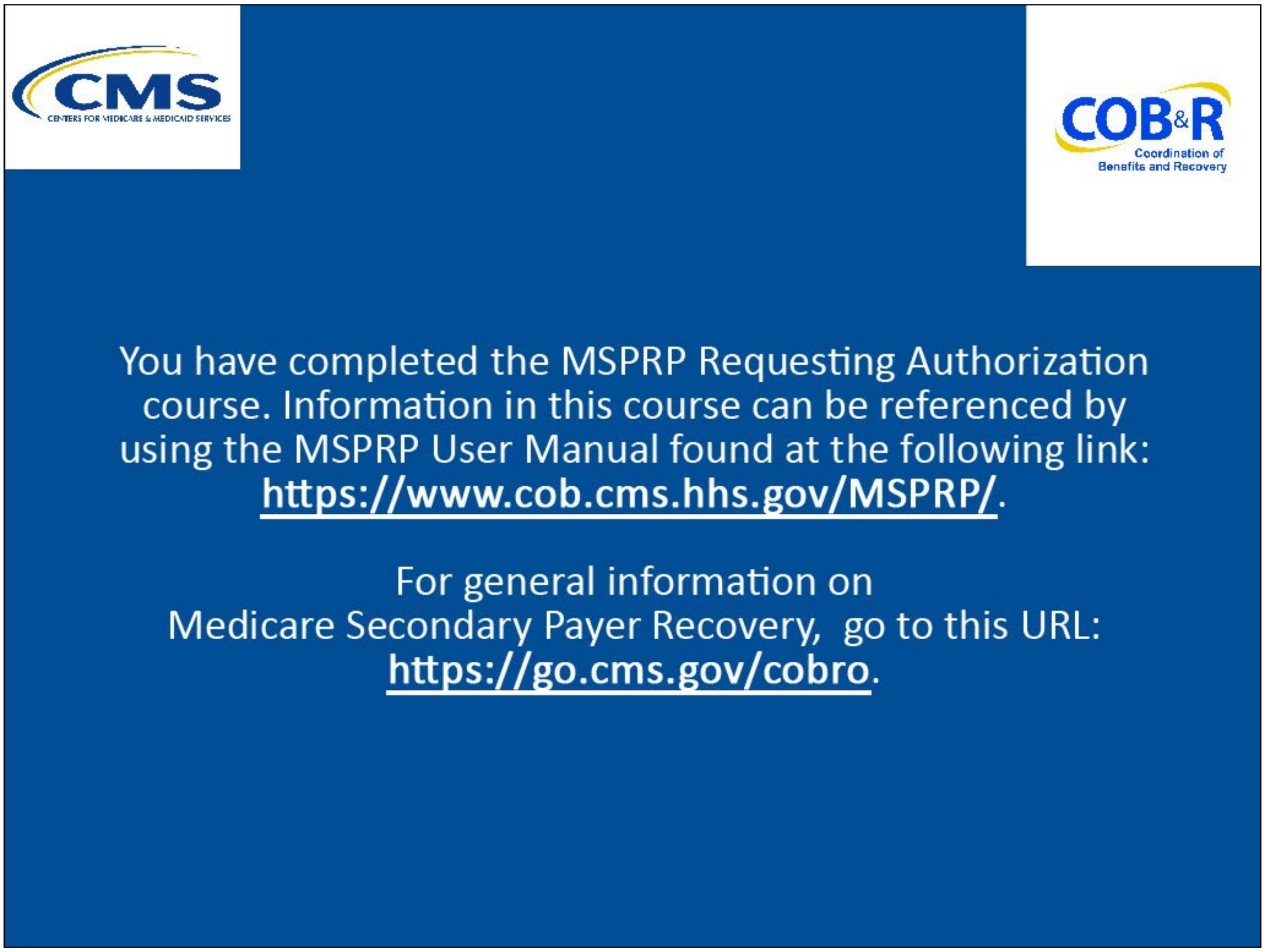


Slide notes

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

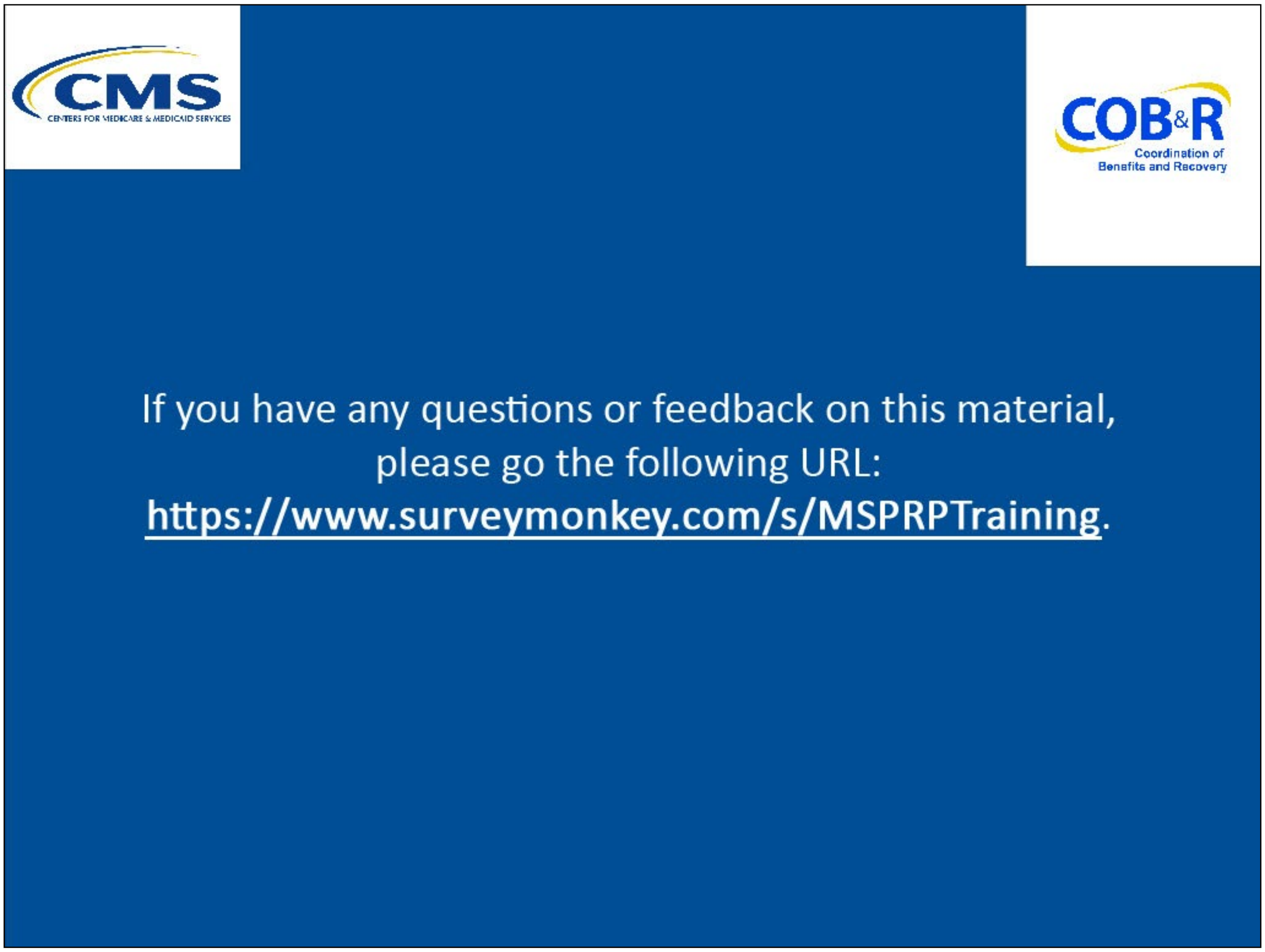


Slide notes

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



Slide notes

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