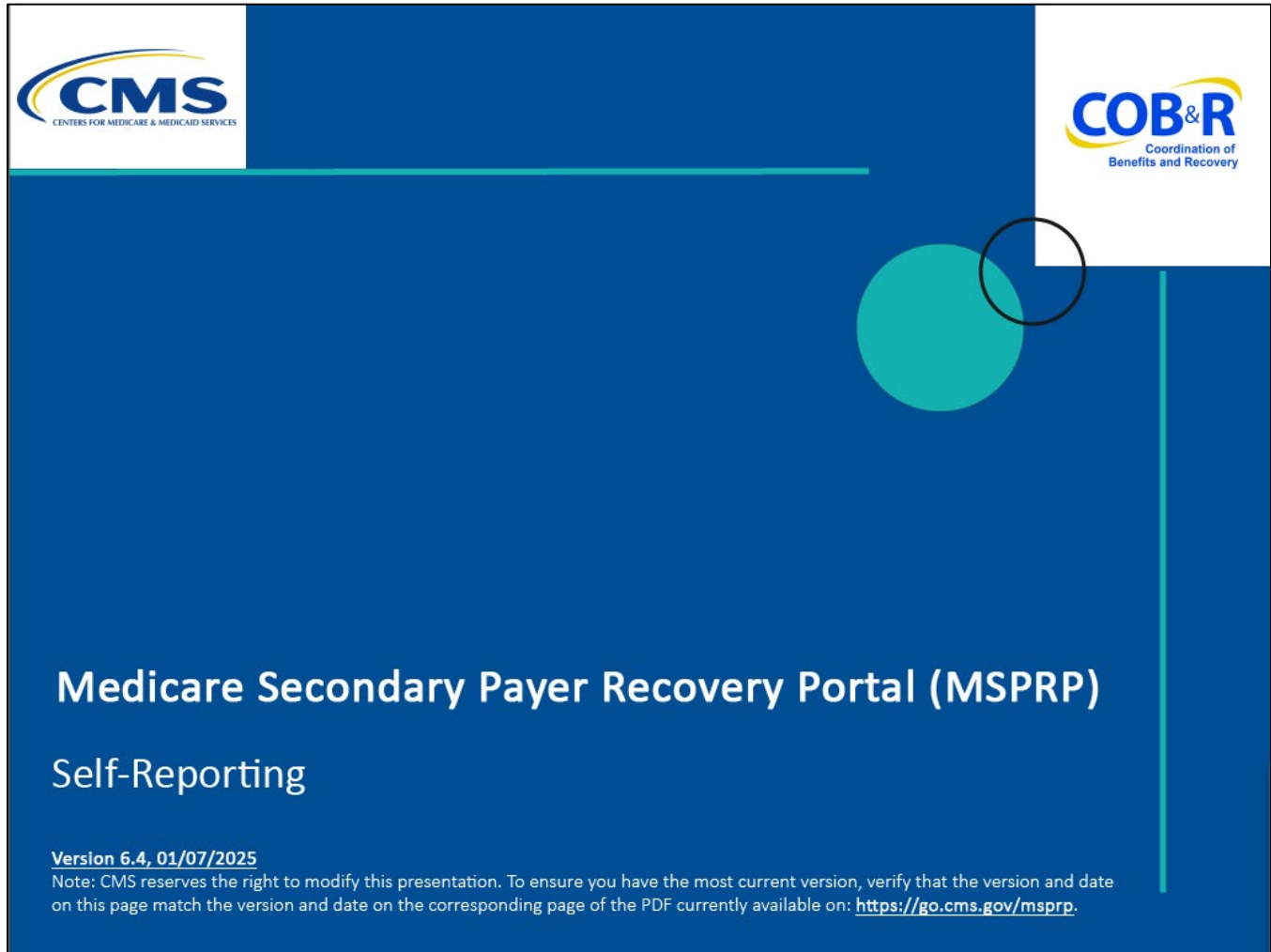


## Self-Reporting

### Slide 1 of 32 - Self-Reporting



**CMS**  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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

# Medicare Secondary Payer Recovery Portal (MSPRP)

## Self-Reporting

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) Self-Reporting course.

**Slide 2 of 32 - 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 32 - Course Overview**

## Course Overview

- Report
  - Self-Reporting a Case
  - Adding and/or searching for diagnosis codes and injury codes to cases
  - Reporting Settlement Information
  - Upload Settlement Documentation

**Slide notes**

This course will provide an overview of the MSPRP Self-Reporting capabilities.

By the end of this course, you will know how to:

- Self-Report leads
- Add and/or Search for Diagnosis Codes and Injury Codes to self-reported cases
- Report Settlement Information
- Upload Settlement Documentation

**Slide 4 of 32 - Welcome**

**Welcome!**

Account: 30401 ABC Corporation

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 conditional payment amount, submit settlement information and dispute claims.

You may view the account activity by clicking the appropriate link under the Account Settings.

To request information regarding a case you have not already associated to your account, click the Request Case Access link below.

To see cases that you have previously associated to your account, click the Case Listing link below.

To submit a liability or workers' compensation case, click the Report A Case link below. To report a no-fault case, contact the BCRC by phone at (855) 798-2627, or by mail at: NGHP, PO Box 138832, Oklahoma City, OK 73113..

To request an Open Debt Report, click the Open Debt Report link below.

To view/print "Paperless" letter notification e-mails and letters, click the Go Paperless Letter Notifications link below.

**Note:** You will not be able to use the links below until your Profile Report has been returned.

[Request Case Access](#)

[Case Listing](#)

[Report A Case](#)

[Open Debt Report](#)

[Go Paperless Letter Notifications](#)

**Slide notes**

From the MSPRP Welcome page, MSPRP users with the ability to self-report a new lead will select the Report A Case link.

Beneficiary users coming to MSPRP via Medicare.gov will be taken directly to the MSPRP Welcome! page where you will click the Report A Case link.

Note: Beneficiary users and authorized beneficiary representatives are able to initiate the authorization submission process from the Case Submission confirmation page.

Note: A "Go Paperless Letter Notifications" link has been added to allow users to view/print "Paperless" letter notification emails and letters. You will also see Go Paperless indicators next to the Account ID to indicate that the account has registered for the Go Paperless feature.

**Slide 5 of 32 - Reporting A Case**

## Reporting A Case

- If the case you are attempting to report cannot be submitted on the MSPRP, it must be reported via the MMSEA Section 111 reporting process.
- If a match is found to an existing case, the new lead will not be developed. The user will be redirected to the Case Submission Confirmation page where they will be provided with a link to the Case ID of the case that is being developed.
- But if there is no record of the new case, the case creation page will display.

**Slide notes**

If the case you are attempting to report cannot be submitted on the MSPRP. It must be reported via the MMSEA Section 111 reporting process.

If a match is found to an existing case, the new lead shall not be developed. You will be redirected to the Case Submission Confirmation page where they will be provided with a link to the Case ID of the case that is being developed.

But if there is no record of the new case, the case creation page will appear.

**Slide 6 of 32 - Reporting a Case**

## Beneficiaries and Beneficiary Representatives

- Beneficiaries and beneficiary representatives will be taken directly to the Report a Case page when they click the Report a Case link on the Welcome page.

**Slide notes**

Beneficiaries and beneficiary representatives will be taken directly to the Report a Case page when they click the Report A Case link on the Welcome! page.

**Slide 7 of 32 - Report A Case**

## Report a Case

To report a case, you will be required to provide the following information: Medicare Beneficiary's Last Name, Medicare Number, Date of Birth, Date of Accident/Incident, and identify the type of case being reported (Liability or Workers' Compensation).

**Please Note:** Medicare will not release information regarding this case without proper authorization from the beneficiary. To ensure receipt of recovery related correspondence, you will need to submit a signed Consent to Release or Proof of Representation document from the beneficiary. You will be able to submit this information later in this process.

A case should only be reported if ongoing responsibility for medicals (ORM) has not been accepted for the case and there is a pending settlement, but settlement has not yet been reached. Note: ORM refers to the Insurer's responsibility to pay, on an ongoing basis, for the injured party's (the Medicare beneficiary's) "medicals" (medical care) associated with a claim.

If your case is related to exposure to an environmental hazard or ingestion of a particular substance, or an issue with an implanted medical device, the case should not be reported on the MSPRP. Please mail/fax information regarding this case to:

Special Projects  
P.O. Box 138868  
Oklahoma City, OK 73113  
Fax #: 1-405-869-3309

An asterisk(\*) indicates a required field.

\*Please identify if you are reporting a case on behalf of a beneficiary or an insurer.

☐ Beneficiary Representative   ☐ Insurer or Insurer Representative

Click **Continue** to proceed. Click **Cancel** to return to the Account List page without reporting the new case.

**Continue**   **Cancel**

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**Slide notes**

When the Report a Case link is selected, the Report a Case page will display.

If you are reporting as a Beneficiary or Representative, select the Beneficiary Representative bullet and click continue to proceed. If you are reporting as an Insurer or Insurer Representative, select the Insurer or Insurer Representative bullet and the following questions will appear (Questions with an asterisk must be answered):

- Has the insurer accepted the ORM?
- Has a settlement been reached for the accident/incident you are reporting?
- Is there a pending settlement for the accident/incident you are reporting?

After identifying if you are reporting a case on behalf of a beneficiary or an insurer, click Continue to proceed. Click Cancel to return to the Welcome! page.

If you select cancel this information will not be saved.

**Slide 8 of 32- Case Creation (Beneficiary)**

Case Creation

Beneficiary Case Creation

Print this page

Quick Help

[Help About This Page](#)

Enter data related to the accident/incident. This information will be validated to ensure the case does not already exist and that the data meets the criteria for creating a case. Once the case is successfully submitted, the Rights and Responsibilities letter will be generated and mailed.

Click **Continue** to proceed. Click **Cancel** to return to the Account List page without submitting the new case.

An asterisk(\*) indicates a required field.

\* Beneficiary's Medicare ID:  OR \*Social Security Number(SSN):  -  -

\*Beneficiary's Last Name:  (at least first five letters)

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

\*Date of Accident/Incident:  /  /  (MM/DD/CCYY)

\*Insurance Type:

☐ **Liability** (including self-insurance) - coverage that protects the policyholder or self-insured entity against claims based on negligence, inappropriate action, or inaction that results in bodily injury or damage to property. Liability insurance includes, but is not limited to, the following: Homeowners' liability insurance, Automobile liability insurance, Product liability insurance, Malpractice liability insurance, Uninsured motorist liability insurance, and Underinsured motorist liability insurance.

☐ **Workers' Compensation** - law or program administered by a state (defined to include commonwealths, territories and possessions of the United States) or the United States to provide compensation to workers for work-related injuries and/or illnesses. The term includes a similar compensation plan established by an employer that is funded by such employer directly or indirectly through an insurer, to provide compensation to a worker of such employer for a work-related injury or illness. Workers' compensation is a law or plan that compensates employees who get sick or injured on the job. Most employees are covered under workers' Compensation plans.

To report a no-fault case, contact the BCRC by phone at (855) 798-2627, or by mail at: NGHP, PO Box 138832, Oklahoma City, OK 73113.

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**Slide notes**

Since you are the Beneficiary, the Case Creation Page will appear.

You will only need to enter the Date of the Accident or Injury and to select an insurance type.

The other information will be pre-populated with the data coming from Medicare.gov for the beneficiary. Once the user has entered all required data on the Case Creation page, click the Continue button and if all data validations are successful, the system will initiate a case search. This information will be validated to ensure the case does not already exist and that the data meets the criteria for creating a case.

Once the case is successfully submitted, the Rights and Responsibilities letter will be generated and mailed.

**Slide 9 of 32 - Case Creation (Non- Beneficiary)**

**Case Creation** **Non-Beneficiary Case Creation** Print this page

Enter data related to the accident/incident. This information will be validated to ensure the case does not already exist and that the data meets the criteria for creating a case. Once the case is successfully submitted, the Rights and Responsibilities letter will be generated and mailed.

Click **Continue** to proceed. Click **Cancel** to return to the Account List page without submitting the new case.

An asterisk(\*) indicates a required field.

\* Beneficiary's Medicare ID:  OR \* Social Security Number(SSN):  -  -

\* Beneficiary's Last Name:  (at least first five letters)

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

\* Date of Accident/Incident:  /  /  (MM/DD/CCYY)

\* Insurance Type:

☐ **Liability** (including self-insurance) - coverage that protects the policyholder or self-insured entity against claims based on negligence, inappropriate action, or inaction that results in bodily injury or damage to property. Liability insurance includes, but is not limited to, the following: Homeowners' liability insurance, Automobile liability insurance, Product liability insurance, Malpractice liability insurance, Uninsured motorist liability insurance, and Underinsured motorist liability insurance.

☐ **No-Fault** - insurance that pays for health care services resulting from injury to an individual or damage to property in an accident, regardless of who is at fault for causing the accident. No-fault insurance may be found as part of: Automobile insurance policies, Homeowners' insurance policies, Commercial insurance plans, Medical Payments Coverage/Personal Injury Protection/Medical Expense Coverage.

☐ **Workers' Compensation** - law or program administered by a state (defined to include commonwealths, territories and possessions of the United States) or the United States to provide compensation to workers for work-related injuries and/or illnesses. The term includes a similar compensation plan established by an employer that is funded by such employer directly or indirectly through an insurer, to provide compensation to a worker of such employer for a work-related injury or illness. Workers' compensation is a law or plan that compensates employees who get sick or injured on the job. Most employees are covered under workers' Compensation plans.

**Continue** **Cancel**

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

**Slide notes**

If you are a Non-Beneficiary, the Case Creation Page will appear after you complete the questions on the Report A Case page.

Non-beneficiary users coming from the Report a Case page will need to enter a Medicare ID or SSN, Beneficiary Last Name, date of birth, the Date of the Accident or Injury for the case they are reporting and select the Insurance type (Liability, No-Fault, or Workers' Compensation).

When all data has been entered, select continue.

Note: Again, all entered data will be validated by the system to ensure that an existing case does not already exist.

**Slide 10 of 32 - Case Found**

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

Skip Navig

## Case Found

Print this page

Beneficiary Medicare ID: \*\*\*\*\*6789 Beneficiary Last Name: Doe

The case you reported already exists in the system. Click the Case ID to access the Case Information page for the selected case. Click [Continue](#) to return to the Welcome Page.

**Case ID**

- [201117409000150](#)
- [201117409000151](#)
- [201117409000152](#)
- [201117409000153](#)

[Continue](#)

### Quick Help

[Help About This Page](#)

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**Slide notes**

If the case entered is in the system, the Case Found page will appear with the cases associated to your account.

The Case ID links displayed on the Case Found page shall redirect you to the existing Case Information where you will be able to access and manage the existing case based on their level of authority.

When you click on a Case ID link on the Case Found page, MSPRP will redirect the display to the Case Information page for the associated case.

**Slide 11 of 32- Case Creation Continued**

**Case Creation Continued**

The information provided on the previous page has been validated. You are required to include at least one diagnosis code related to the accident/incident as this aids in the recovery process. You can directly enter diagnosis codes one at a time or perform a search to locate and add specific diagnosis codes.

Click **Continue** to submit the case to CMS. Click **Cancel** to return to the Account List page without submitting the case.

An asterisk(\*) indicates a required field.

Beneficiary Medicare ID: 1234A6789      Beneficiary Last Name: Doe      Beneficiary Date of Birth: 01/01/1950  
 Date of Accident/Incident: 01/01/2015      Insurance Type: No-Fault

\* Related Diagnosis (DX) Code(s):       DX Ind: ICD-9 ☐ ICD-10 ☐            Total Codes Selected: 0

Delete	DX Code	DX Ind	Description
--------	---------	--------	-------------

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**Slide notes**

If the case is not found in the system, the Case Creation Continued page will appear.

From the Case Creation Continued page you will be able to add up to 25 diagnosis codes to your case.

You will have three options for adding the diagnosis codes:

- Direct entry of a single code,
- DX Code Search Button, and
- Injury Category DX Code Search Button.

If you are unsure of the Diagnosis Code, select the Diagnosis Code Search Button to display the Diagnosis Code Search page.

**Slide 12 of 32 - Diagnosis Code Search**

The screenshot displays the Medicare Secondary Payer Recovery Portal. At the top, the CMS logo is on the left, and the portal title "Medicare Secondary Payer Recovery Portal" is in the center. A navigation bar below the title contains links: Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, and Sign off. A "Skip Navigation" link is on the right. The main content area is titled "Diagnosis Code Selection by Injury Category" and includes a "Print this page" icon. It shows the "Date of Accident/Incident" as 01/01/2015. Below this, a table displays counts: "Current Count on Case" is 5, "Total Count" is 5, "Selected Count" is 0, and "Total Diagnosis Codes Remaining" is 20. A list of injury categories with expandable icons is shown: Conditions, Diseases, Head & Neck, Lower Extremities, Mid Section, Organs, and Upper Extremities. At the bottom of the form are "Add Selected Codes" and "Cancel" buttons. A "Quick Help" box on the right contains a "Help About This Page" link. The footer contains links for CMS/HHS Vulnerability Disclosure Policy, Privacy Policy, User Agreement, and Adobe Reader.

**Diagnosis Code Selection by Injury Category**

Date of Accident/Incident: 01/01/2015

Current Count on Case:	5	Total Count:	5
Selected Count:	0	Total Diagnosis Codes Remaining:	20

- Conditions
- Diseases
- Head & Neck
- Lower Extremities
- Mid Section
- Organs
- Upper Extremities

Add Selected Codes Cancel

Quick Help  
Help About This Page

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**Slide notes**

The DX Code Search Button will take you to the Diagnosis Code Search page.

You will be able to search by:

- Diagnosis Code,
- A range of diagnosis codes,
- A list of codes, or
- By text description.
- The results from the search will be displayed with code and a description. This will allow you to select multiple codes at a time.

Once the Add selected Codes button is selected, the codes will display on the Case Creation Continued page.

**Slide 13 of 32- Diagnosis Codes**

## Diagnosis Codes

- When an MSPRP user adds or searches for a diagnosis code, they shall be limited to search for diagnosis codes that are applicable to the Date of Accident/Incident.
- If the Date of Accident/Incident is on or after October 1, 2015, they shall only be able to search for ICD-10 diagnosis codes.
- If the date of accident/incident is prior to October 1, 2015, they shall be able to search for ICD-9 or ICD-10 diagnosis codes.

**Slide notes**

When you add or search for a diagnosis code, you will be limited to search for diagnosis codes that are applicable to the Date of Accident/Incident.

If the Date of Accident/Incident is on or after October 1, 2015, you will only be able to search for ICD-10 diagnosis codes.

If the date of accident/incident is prior to October 1, 2015, you will be able to search for ICD-9 or ICD-10 diagnosis codes.

**Slide 14 of 32 - Diagnosis Code Selection**

The screenshot displays the Medicare Secondary Payer Recovery Portal. At the top, the CMS logo is on the left, and the portal title "Medicare Secondary Payer Recovery Portal" is in the center. A navigation bar below the title contains links: Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, and Sign off. A "Skip Navigation" link is on the right. The main content area is titled "Diagnosis Code Selection by Injury Category". It includes a "Print this page" icon and link. Below the title, there are fields for "Date of Accident/Incident:" (01/01/2015), "Current Count on Case:" (5), "Selected Count:" (0), "Total Count:" (5), and "Total Diagnosis Codes Remaining:" (20). A list of injury categories is shown with expandable plus icons: Conditions, Diseases, Head & Neck, Lower Extremities, Mid Section, Organs, and Upper Extremities. A red box highlights this list. At the bottom of the list are two buttons: "Add Selected Codes" (green) and "Cancel" (grey). On the right side of the page, there is a "Quick Help" section with a "Help About This Page" link. The footer contains the text "CMS/HHS Vulnerability Disclosure Policy | Privacy Policy | User Agreement | Adobe Reader".

**Slide notes**

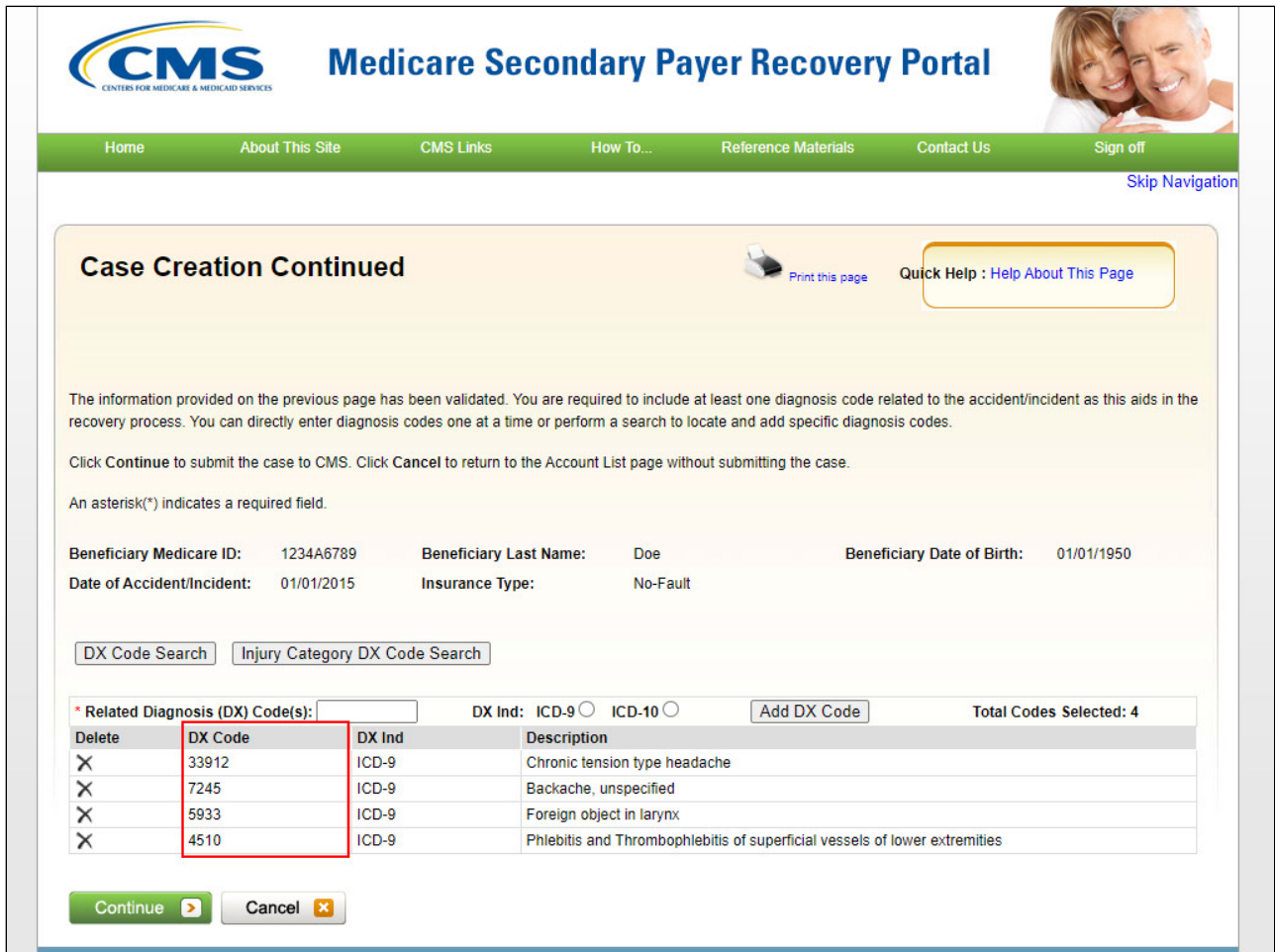
The Injury Category Diagnosis Code Search button will take you to the Diagnosis Code Selection by Injury Category page.

You can select diagnosis codes based on the body part that was affected by the accident or injury.

One or multiple diagnosis codes can be selected at a time. The system will then copy the selected codes over to the Case Creation Continued page.

Click to add Selected Codes button.

## Slide 15 of 32 - Case Creation Continued




**CMS** Medicare Secondary Payer Recovery Portal

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

[Skip Navigation](#)

### Case Creation Continued

 [Print this page](#) [Quick Help : Help About This Page](#)

The information provided on the previous page has been validated. You are required to include at least one diagnosis code related to the accident/incident as this aids in the recovery process. You can directly enter diagnosis codes one at a time or perform a search to locate and add specific diagnosis codes.

Click **Continue** to submit the case to CMS. Click **Cancel** to return to the Account List page without submitting the case.

An asterisk(\*) indicates a required field.

Beneficiary Medicare ID: 1234A6789 Beneficiary Last Name: Doe Beneficiary Date of Birth: 01/01/1950  
 Date of Accident/Incident: 01/01/2015 Insurance Type: No-Fault

DX Code Search  Injury Category DX Code Search

\* Related Diagnosis (DX) Code(s):  DX Ind: ☐ ICD-9 ☐ ICD-10  Total Codes Selected: 4

Delete	DX Code	DX Ind	Description
<input type="checkbox"/>	33912	ICD-9	Chronic tension type headache
<input type="checkbox"/>	7245	ICD-9	Backache, unspecified
<input type="checkbox"/>	5933	ICD-9	Foreign object in larynx
<input type="checkbox"/>	4510	ICD-9	Phlebitis and Thrombophlebitis of superficial vessels of lower extremities

## Slide notes

Once all diagnosis codes are entered and the Continue button is clicked on the Case Creation Continued page, the system will display a Case Submission Confirmation page with the new Case ID and text asking you to use the link to go to the Case Information page to enter any settlement information you have for the case now.

**Slide 16 of 32 - Case Submission Confirmation**

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 "Skip Navigation" link is also present. The main content area is titled "Case Submission Confirmation". It displays the Case ID: 201117409000150 and the Beneficiary Medicare ID: \*\*\*\*\*6789. The Beneficiary Last Name is Doe. A paragraph explains that a Conditional Payment Letter (CPL) will be mailed to the beneficiary and all authorized parties after the claims retrieval process has completed. It also mentions that if a settlement has been reached, a Conditional Payment Notice (CPN) will be mailed instead of the CPL. At the bottom, there are two buttons: "Continue" and "Provide Authorization".

**Case Submission Confirmation**

Case ID: 201117409000150 Beneficiary Medicare ID: \*\*\*\*\*6789

Beneficiary Last Name: Doe

You have successfully submitted the case. The Conditional Payment Letter (CPL) will automatically be mailed to the beneficiary and all authorized parties after the claims retrieval process has completed. This letter provides information on items or services that Medicare paid conditionally which have been identified as being related to the submitted case. To ensure receipt of this letter, authorization must be on file for all parties except the beneficiary. Click [Provide Authorization](#) to submit this information now.

*Below text is only visible for beneficiary or for users who are identified themselves as Beneficiary representative on Report Case page.*

If a settlement has been reached for the submitted case, a Conditional Payment Notice (CPN) will be mailed instead of the CPL if settlement information is provided at this time. Like the CPL, the CPN provides conditional payment information but, also advises on what actions must be taken within 30 days of its receipt or the demand letter will be issued. To upload settlement information, authorization must be on file for all parties except the beneficiary. Click [Provide Authorization](#) to submit this information now. Once submitted, settlement information can be provided from the Case Information page.

Click [Continue](#) to return to the Welcome! page. Click the Case ID link to access the Case Information page.

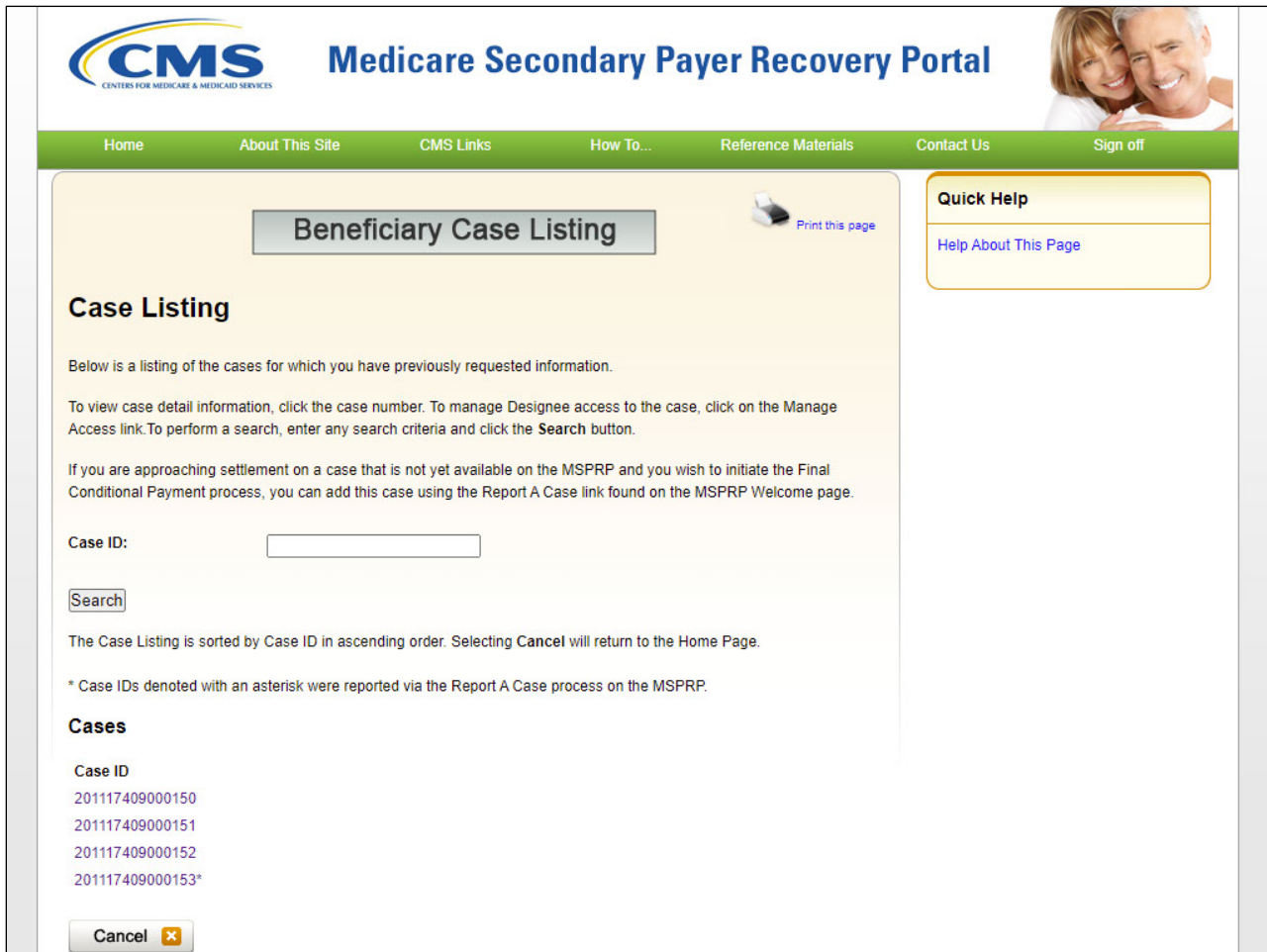
[Continue](#) [Provide Authorization](#)

**Slide notes**

The Case ID will be hyperlinked to take you directly to the Case Information page, or you can click the Continue button to return to the Welcome! page.

The confirmation page will also include a button to take you directly to the authorization page for the case. If you were to select the Provide Authorizations link, they would need to complete the same required information covered in the beneficiary user portion of this presentation.

Click continue to return to the Welcome Page.

**Slide 17 of 32 - Case Listing (Beneficiary)**

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 header 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 has a light yellow background. At the top of this area is a grey button labeled "Beneficiary Case Listing" and a "Print this page" link with a printer icon. Below this is the "Case Listing" section. It contains a paragraph explaining that the listing shows cases for which information was previously requested. It also provides instructions on how to view case details, manage Designee access, and perform a search. A "Search" button is present. Below the instructions, there is a "Case ID:" label followed by a text input field. A "Cancel" button with a red 'x' icon is at the bottom left of the main content area.

On the right side of the main content area, there is a "Quick Help" box with a yellow border. It contains a "Help About This Page" link.

**Case Listing**

Below is a listing of the cases for which you have previously requested information.

To view case detail information, click the case number. To manage Designee access to the case, click on the Manage Access link. To perform a search, enter any search criteria and click the **Search** button.

If you are approaching settlement on a case that is not yet available on the MSPRP and you wish to initiate the Final Conditional Payment process, you can add this case using the Report A Case link found on the MSPRP Welcome page.

Case ID:


**Search**

The Case Listing is sorted by Case ID in ascending order. Selecting Cancel will return to the Home Page.

\* Case IDs denoted with an asterisk were reported via the Report A Case process on the MSPRP.

**Cases**

Case ID
201117409000150
201117409000151
201117409000152
201117409000153*

**Cancel** 

**Slide notes**

The beneficiary can access the Case listing link from the Welcome! Page and the case will be listed for them to access or view.

**Slide 18 of 32 - Case Listing (Non-Beneficiary)**

**Case Listing**

**Non-Beneficiary Case Listing**

The following are the case reports associated to Account ID: 30401.

To view case detail information, click the case number. To manage Designee access to the case, click on the Manage Access link. To perform a search, enter any search criteria and click the **Search** button.

If you are approaching settlement on a case that is not yet available on the MSPRP and you wish to initiate the Final Conditional Payment process, you can add this case using the Report A Case link found on the MSPRP Welcome page.

Case ID:  [Search Hint](#)

Medicare ID:

Beneficiary SSN:  -  -

Beneficiary Last Name:  [Search Hint](#)

Selecting **Cancel** will return to the Home Page

Selecting **Remove Cases** will remove all cases checked in the Select column.

\* Case IDs denoted with an asterisk were reported via the Report A Case process on the MSPRP.

**Cases**

Select	Case ID	Bene Last Name	Medicare ID	Bene Date of Birth	Case Status	Authorization Level	Authorization Status	Case Access
<input type="checkbox"/>	201117409000150	Smith	*****9999A	09/01/1940	Demand	Beneficiary Proof of Representation	Verified	<a href="#">Manage Access</a>
<input type="checkbox"/>	201117409000151	Jones	*****8888B	04/19/1945	Closed			<a href="#">Manage Access</a>
<input type="checkbox"/>	201117409000152 *	Williams	*****7777B	08/20/1939	DEMAND IN PROGRESS	Beneficiary Consent to Release	Verified	<a href="#">Manage Access</a>

**Slide notes**

If a non-beneficiary user selects Continue, the Welcome page will allow them to access the Case listing link and their case will be listed for them to access or view.

Non-Beneficiaries have the option to enter search criteria and search for the case they are accessing.

**Slide 19 of 32 - Case Information Page**

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**


The Case Information page will appear after selecting the appropriate case ID link. The bottom portion of the page provides a link for users to View/Provide the Notice of Settlement Information. This option allows the beneficiary or beneficiary representative with a verified POR to view or submit notice of settlement information for a beneficiary-debtor case, upload supporting settlement documentation, and if the case qualifies, elect the Fixed Percentage Option. A beneficiary's representative with a verified Consent to Release (CTR) authorization will be able to view, but not submit, settlement information.

Completion of this action results in the issuance of a demand bill. Once a case has settled, notice of the settlement must be transmitted to Medicare so that the reimbursement process can be brought to a conclusion. For cases that are in the Final Conditional Payment process, notice of settlement information must be submitted within 30 calendar days of requesting the final conditional payment amount.

## Slide 20 of 32- Settlement Information

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

## Settlement Information

 [Print this page](#)

This page allows you to enter Notice of Settlement information, upload Notice of Settlement documentation, or elect the Fixed Percentage Option. Completion of this page will result in the issuance of a demand/bill. Note: if you believe any of the claims listing on the Claims Listing Page are unrelated to the case, click Cancel and select the View / Dispute Claims Listing option to submit a dispute. Please do not submit a dispute as part of the settlement documentation.

An asterisk (\*) indicates a required field.

**\*Injury Type:**

**Note :** If this case is in the Final Conditional Payment Process and the Injury Type selected is Non-Physical Trauma-Based Injury, CMS reserves the right to amend or modify the Final Conditional Payment Amount if additional claims related to the alleged injury resulting from exposure, implantation, or ingestion of a substance are later identified and were not included in the Final Conditional Payment Amount.

☐ Traumatic Injury (e.g. Slip and Fall or Auto Accident)

☐ Non-Physical Trauma-Based Injury (e.g. Alleged injury resulting from exposure, implantation, or ingestion of a substance.)

**\*Settlement Amount:**     .  (0.01 - 999,999,999.99)

**\*Settlement Date:**     /  /  (MM/DD/CCYY)

**Settlement Details**

Please choose one of the following options:

**Note:** Fees and costs are limited to what the beneficiary had to pay to attain his/her settlement. Only those costs borne by the beneficiary should be entered. **If nothing is entered, this request will be processed without Attorney Fees.**

☒ **None**

☐ **Attorney Fees**    [What are Attorney Fees?](#)

Attorney Fees:     .  (0.00 - 999,999,999.99)

Attorney Expenses:     .  (0.00 - 999,999,999.99)

☐ **Attorney Fee Percentage**     %

☐ **Fixed Percentage Option**    [What is Fixed Percentage Option?](#)

**Exclusions**

### Quick Help

[Help About This Page](#)

## Slide notes

The Settlement Information Page will appear.

Enter the injury type, Settlement amount, settlement date, and all settlement details.

**Slide 21 of 32 - Settlement Information - Bottom**

☐ Traumatic Injury (e.g. Slip and Fall or Auto Accident)  
☐ Non-Physical Trauma-Based Injury (e.g. Alleged injury resulting from exposure, implantation, or ingestion of a substance.)

\*Settlement Amount:  .  (0.01 - 999,999,999.99)

\*Settlement Date:  /  /  (MM/DD/CCYY)

**Settlement Details**

Please choose one of the following options:

**Note:** Fees and costs are limited to what the beneficiary had to pay to attain his/her settlement. Only those costs borne by the beneficiary should be entered. ***If nothing is entered, this request will be processed without Attorney Fees.***

☒ None  
☐ Attorney Fees [What are Attorney Fees?](#)

Attorney Fees:  .  (0.00 - 999,999,999.99)  
Attorney Expenses:  .  (0.00 - 999,999,999.99)


☐ Attorney Fee Percentage  %  
☐ Fixed Percentage Option [What is Fixed Percentage Option?](#)

**Exclusions**

MED/PIP/Other Exclusions:  .  (0.00 - 999,999,999.99) [What are Exclusions?](#)



☐ I attest that the settlement information provided above is correct.

Official Settlement Documentation (court documents) is not required unless needed to resolve relatedness issues on conditional payments made. In certain situations, CMS may require a detailed breakdown of attorney fees and expenses to be provided/uploaded.

To upload supporting documentation, please click here [Upload Documentation](#) 

Note: Please submit settlement related documentation only. Any other documents submitted will not be reviewed.

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** 

**Slide notes**

The bottom portion of the Settlement page will allow you to attest that the settlement information is correct if settlement information is uploaded on the same day as the lead submission,

A Conditional Payment Notice (CPN) will be systematically generated after the claims history has been retrieved and claims filtering has been completed, otherwise a Conditional Payment Letter (CPL) will be generated.

You can add supporting documentation. Select the upload documentation link to add documents.

**Slide 22 of 32 - Notice of Settlement Documentation Upload**

**CMS** Medicare Secondary Payer Recovery Portal

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

### Notice of Settlement Documentation Upload

Please click **Choose File** to find the file to upload in support of the Notice of Settlement.

The selected file must meet the following criteria:

- File is in .PDF format.
- File is virus free.
- File is not encrypted.
- File size is less than or equal to 40 MB (megabytes) in size.
- The page size of pages included in the file must not be larger than 8.5 by 11 inches.
- File name is 80 characters or less.
- File name only includes the following valid alphanumeric characters: any letter (A-Z, a-z), any number (0-9), and any of the following special characters: hyphen (-), period (.) and underscore (\_).
- File name does not include spaces.

Selecting **Continue** will upload the documents. Selecting **Cancel** will return you to the Settlement Information page and documents will not be uploaded.

**Choose File** No file chosen  
**Choose File** No file chosen  
**Choose File** No file chosen  
**Choose File** No file chosen  
**Choose File** No file chosen

**Continue** **Cancel**

Quick Help  
[Help About This Page](#)

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

**Slide notes**

The Notice of Settlement Documentation Upload page appears. Click Choose File to locate the documents you want to upload.

Before uploading your document, ensure that the following requirements are met, otherwise, your file will fail to upload:

- The file format must be Adobe Acrobat (.PDF),
- The file must be virus free
- The file size must be less than or equal to 40 MB (megabytes) in size

The filename (naming convention) must only include the following valid characters:

- alphanumeric (any letter: A-Z, a-z; any number 0-9), and
- any of the following special characters:
- hyphen
- period
- underscore

The filename does not include spaces

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

**Slide 23 of 32 - Settlement Information**

\*Settlement Date:  /  /  (MM/DD/CCYY)

**Settlement Details**

Please choose one of the following options:

**Note:** Fees and costs are limited to what the beneficiary had to pay to attain his/her settlement. Only those costs borne by the beneficiary should be entered. **If nothing is entered, this request will be processed without Attorney Fees.**

☐ None

☐ Attorney Fees [What are Attorney Fees?](#)

Attorney Fees:  (0.00 - 999,999,999.99)

Attorney Expenses:  (0.00 - 999,999,999.99)

☐ Attorney Fee Percentage:  %


☐ Fixed Percentage Option [What is Fixed Percentage Option?](#)

**Exclusions**

MED/PIP/Other Exclusions:  (0.00 - 999,999,999.99) [What are Exclusions?](#)

☐ I attest that the settlement information provided above is correct.

Official Settlement Documentation (court documents) is not required unless needed to resolve relatedness issues on conditional payments made. In certain situations, CMS may require a detailed breakdown of attorney fees and expenses to be provided/uploaded.



To upload supporting documentation, please click here [Upload Documentation](#) 

Note: Please submit settlement related documentation only. Any other documents submitted will not be reviewed.

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.

- NOS1.pdf [Delete](#)
- NOS2.pdf [Delete](#)

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 the MSPRC.

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

**Slide notes**

When your supporting documentation has been located and added to the Notice of Settlement Documentation Upload page, click Continue.

The Settlement Information page appears again. The documents you added will be listed.

Click Continue to confirm the submission of the settlement information and documentation.

**Slide 24 of 32 - Notice of Settlement Confirmation**

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 has a light yellow background. The title "Notice of Settlement Confirmation" is at the top left. To its right is a printer icon and a link "Print this page". Below the title, the case information is displayed: "Case ID: 201117409000150" and "Medicare ID: \*\*\*\*\*6789A". Below this, the beneficiary's name is shown: "Beneficiary Last Name: Smith".

A message states: "You have successfully submitted the Notice of Settlement documentation for the case listed above." Below this message is a link: "Click Continue to return to the Case Information page." At the bottom of this section is a green button labeled "Continue" with a right-pointing arrow.

On the right side of the main content area is a yellow box titled "Quick Help" containing a link "Help About This Page".

At the bottom of the page is a blue footer bar with the text: "CMS/HHS Vulnerability Disclosure Policy | Privacy Policy | User Agreement | Adobe Reader".

**Slide notes**

The Notice of Settlement Confirmation page appears. You can print this page by clicking the Print this page link.

Click Continue to return to the Case Submission Confirmation Page.

**Slide 25 of 32 - Case Submission Confirmation**

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 "Skip Navigation" link is also present. The main content area is titled "Case Submission Confirmation". It displays the Case ID: 201117409000150 and Beneficiary Medicare ID: \*\*\*\*\*6789. The Beneficiary Last Name is Doe. A paragraph explains that a Conditional Payment Letter (CPL) will be mailed to the beneficiary and authorized parties. Below this, a red text block states: "Below text is only visible for beneficiary or for users who are identified themselves as Beneficiary representative on Report Case page." Another paragraph explains that if a settlement has been reached, a Conditional Payment Notice (CPN) will be mailed instead of the CPL. At the bottom, there are two buttons: "Continue" and "Provide Authorization". The "Provide Authorization" button is highlighted with a red rectangle.

**Case Submission Confirmation**

Case ID: 201117409000150 Beneficiary Medicare ID: \*\*\*\*\*6789

Beneficiary Last Name: Doe

You have successfully submitted the case. The Conditional Payment Letter (CPL) will automatically be mailed to the beneficiary and all authorized parties after the claims retrieval process has completed. This letter provides information on items or services that Medicare paid conditionally which have been identified as being related to the submitted case. To ensure receipt of this letter, authorization must be on file for all parties except the beneficiary. Click [Provide Authorization](#) to submit this information now.

*Below text is only visible for beneficiary or for users who are identified themselves as Beneficiary representative on Report Case page.*

If a settlement has been reached for the submitted case, a Conditional Payment Notice (CPN) will be mailed instead of the CPL if settlement information is provided at this time. Like the CPL, the CPN provides conditional payment information but, also advises on what actions must be taken within 30 days of its receipt or the demand letter will be issued. To upload settlement information, authorization must be on file for all parties except the beneficiary. Click [Provide Authorization](#) to submit this information now. Once submitted, settlement information can be provided from the Case Information page.

Click [Continue](#) to return to the Welcome! page. Click the Case ID link to access the Case Information page.

[Continue](#) [Provide Authorization](#)

**Slide notes**

If you select the Provide Authorization button from the case submission confirmation page, the Authorization Documentation Page will appear.

## Slide 26 of 32 - Authorization Documentation

### Authorization Documentation

[Help About This Page](#)

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	What is this?	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: - 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](#)

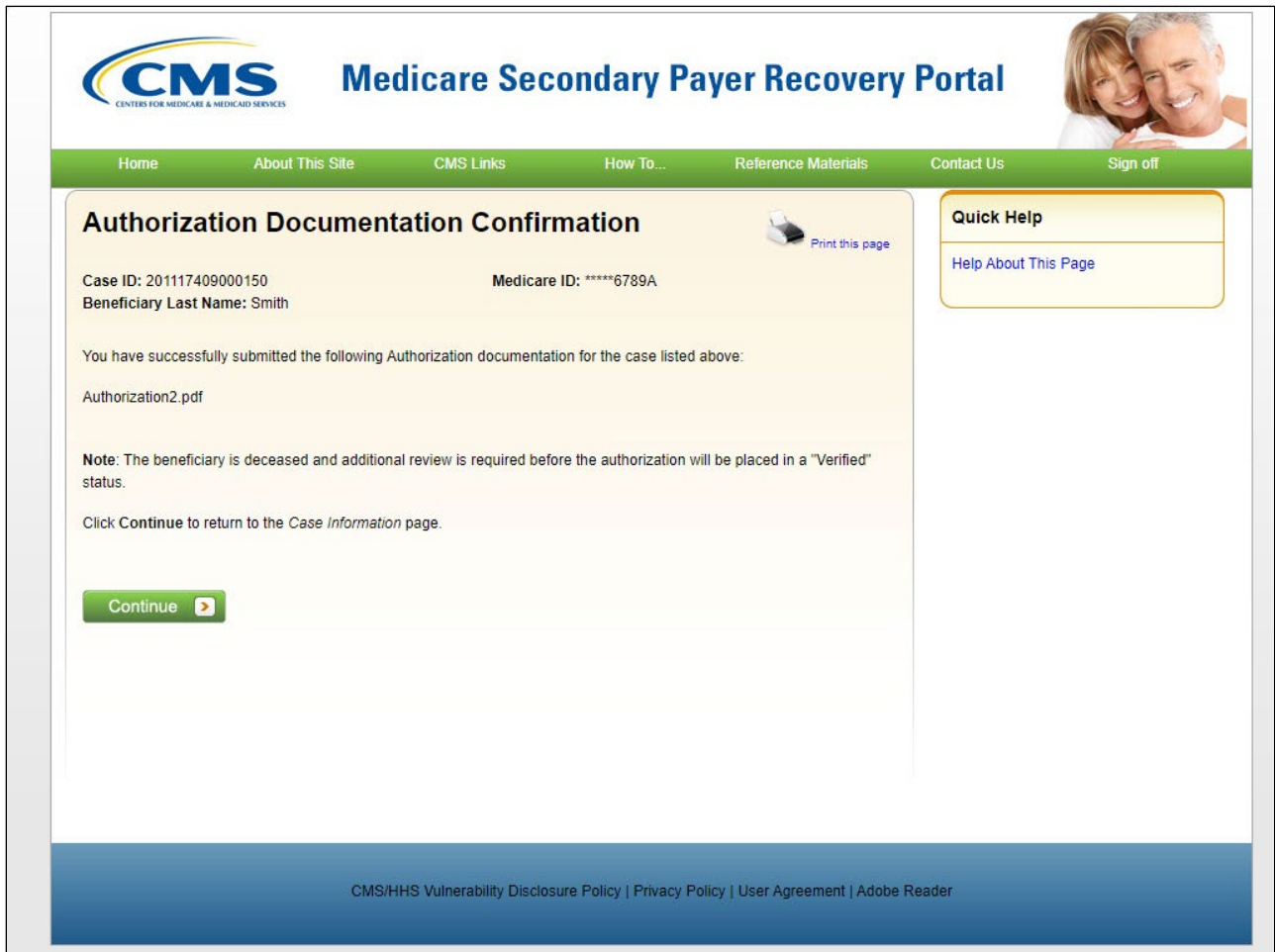
\* ☐ By checking this box, I attest that the information provided and uploaded documentation is complete and accurate to the best of my knowledge.

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](#)

## Slide notes

Enter all known or required information and use the Upload Documentation link at the bottom of the page to include any supporting documentation, then click continue.

**Slide 27 of 32 - Authorization Documentation Confirmation**

The screenshot displays the Medicare Secondary Payer Recovery Portal. At the top, the CMS logo is on the left, the portal title "Medicare Secondary Payer Recovery Portal" is in the center, and a photo of a smiling couple is on the right. A green navigation bar contains links: Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, and Sign off. The main content area has a yellow header for "Authorization Documentation Confirmation" with a "Print this page" icon. Below this, it shows "Case ID: 201117409000150" and "Medicare ID: \*\*\*\*\*6789A". The "Beneficiary Last Name" is "Smith". A message states: "You have successfully submitted the following Authorization documentation for the case listed above: 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." At the bottom of the main area is a green "Continue" button with a right arrow. To the right of the main area is a "Quick Help" box with a "Help About This Page" link. The footer is a blue bar with links: "CMS/HHS Vulnerability Disclosure Policy | Privacy Policy | User Agreement | Adobe Reader".

**Slide notes**

The Authorization Documentation Confirmation page will display showing that you have successfully submitted your documentation. Click continue to return to the Case Information page.

**Slide 28 of 32- Case Submission Confirmation**

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. A 'Skip Navigation' link is also present. The main content area is titled 'Case Submission Confirmation'. It displays the Case ID (201117409000150) and Beneficiary Medicare ID (\*\*\*\*\*6789). The Beneficiary Last Name is Doe. A paragraph explains that a Conditional Payment Letter (CPL) will be mailed to the beneficiary and authorized parties. Below this, a red text block states that the following text is only visible for beneficiaries or users identified as beneficiary representatives. Another paragraph explains that if a settlement has been reached, a Conditional Payment Notice (CPN) will be mailed instead of the CPL. At the bottom, there are two buttons: 'Continue' (highlighted with a red box) and 'Provide Authorization'. A 'Quick Help' sidebar on the right contains a link to 'Help About This Page'.

**Case Submission Confirmation**

Case ID: 201117409000150 Beneficiary Medicare ID: \*\*\*\*\*6789

Beneficiary Last Name: Doe

You have successfully submitted the case. The Conditional Payment Letter (CPL) will automatically be mailed to the beneficiary and all authorized parties after the claims retrieval process has completed. This letter provides information on items or services that Medicare paid conditionally which have been identified as being related to the submitted case. To ensure receipt of this letter, authorization must be on file for all parties except the beneficiary. Click [Provide Authorization](#) to submit this information now.

*Below text is only visible for beneficiary or for users who are identified themselves as Beneficiary representative on Report Case page.*

If a settlement has been reached for the submitted case, a Conditional Payment Notice (CPN) will be mailed instead of the CPL if settlement information is provided at this time. Like the CPL, the CPN provides conditional payment information but, also advises on what actions must be taken within 30 days of its receipt or the demand letter will be issued. To upload settlement information, authorization must be on file for all parties except the beneficiary. Click [Provide Authorization](#) to submit this information now. Once submitted, settlement information can be provided from the Case Information page.

Click [Continue](#) to return to the Welcome! page. Click the Case ID link to access the Case Information page.

[Continue](#) [Provide Authorization](#)

**Quick Help**

[Help About This Page](#)

**Slide notes**

Once all case information and authorization documentation has been submitted, click continue to return to the MSPRP Welcome Page.

**Slide 29 of 32- Welcome! Page**

## Welcome!

Account: 30401 ABC Corporation 🟢

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 conditional payment amount, submit settlement information and dispute claims.

You may view the account activity by clicking the appropriate link under the Account Settings.

To request information regarding a case you have not already associated to your account, click the Request Case Access link below.

To see cases that you have previously associated to your account, click the Case Listing link below.

To submit a liability or workers' compensation case, click the Report A Case link below. To report a no-fault case, contact the BCRC by phone at (855) 798-2627, or by mail at: NGHP, PO Box 138832, Oklahoma City, OK 73113..

To request an Open Debt Report, click the Open Debt Report link below.

To view/print "Paperless" letter notification e-mails and letters, click the Go Paperless Letter Notifications link below.

**Note:** You will not be able to use the links below until your Profile Report has been returned.

[Request Case Access](#)

[Case Listing](#)

[Report A Case](#)

[Open Debt Report](#)

[Go Paperless Letter Notifications](#)

### Account Settings

- [Update Account Information](#)
- [Designee Maintenance](#)
- [View Account Activity](#)
- [Update Paperless E-mail Distribution](#)

**Slide notes**

When you click the Continue button on the Case Submission Confirmation page, MSPRP will return you to the Welcome page.

**Slide 30 of 32 - Course Summary**

## Course Summary



- Report
  - Self-Reporting a Case
  - Adding and/or searching for diagnosis codes and injury codes to cases
  - Reporting Settlement Information
  - Upload Settlement Documentation

**Slide notes**

This course provided an overview of the MSPRP Self-Reporting capabilities.

You should now know how to:

- Self-Report leads
- Add and or Search for Diagnosis Codes and Injury Codes to self-reported cases
- Report Settlement Information
- Upload Settlement Documentation

**Slide 31 of 32 - Conclusion**

You have completed the MSPRP Self-Reporting 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 Self-Reporting 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 32 of 32- Survey**



If you have any questions or feedback on this material,  
please go to 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](#).