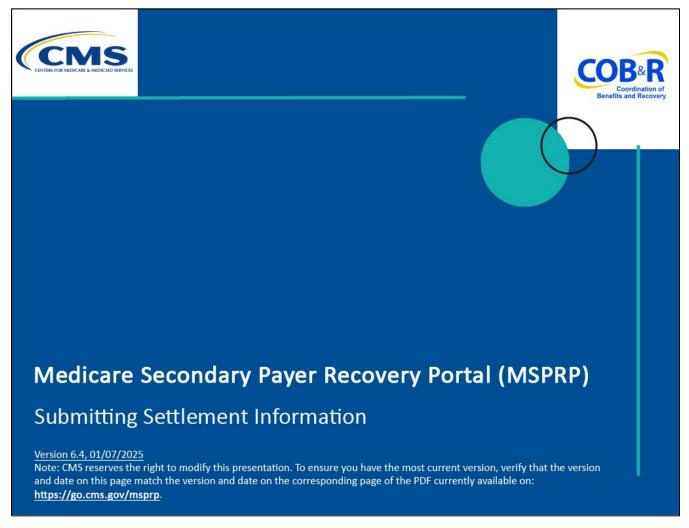
Submitting Settlement Information

Slide 1 of 24 - Submitting Settlement Information



Slide notes

Welcome to the Medicare Secondary Payer Recovery Portal (MSPRP) Submitting Settlement Information course.

Slide 2 of 24 - 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: <u>CMS MSPRP Website.</u>

Slide 3 of 24 - Course Overview



Course Overview



- Explain how, when, and why to submit information
- What to expect once settlement information has been submitted
- Requirements for selecting the Fixed Percentage Option



Slide notes

This course will explain how, when, and why settlement information is to be entered on the MSPRP, what to expect once settlement information has been submitted, and the requirements for selecting the Fixed Percentage Option.

Slide 4 of 24 - When to Submit Notice of Settlement



When to Submit Notice of Settlement



- Submit your Notice of Settlement Information as soon as the case has settled even if the settlement amount has not been received or if the funds are tied up in the registry of the courts
- Do not submit Notice of Settlement Information when
 - Settlement amount is a 'proposed' amount
 - Claims, not previously submitted for dispute, are now in dispute

Slide notes

When a beneficiary receives a settlement, judgment, award, or other payment, Medicare is entitled to recover associated payments made by the Medicare program.

In order for Medicare to properly calculate the net refund due, settlement information must be provided.

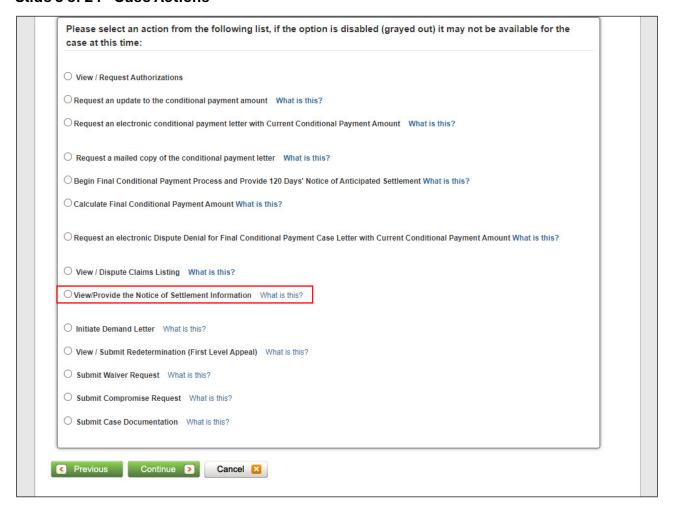
You are recommended to submit your Notice of Settlement Information as soon as the case has settled even if the settlement amount has not been received or if the funds are tied up in the registry of the courts.

Do not submit Notice of Settlement Information in the following situations:

- The settlement amount is a 'proposed' amount
- Additional claims, not previously submitted for dispute, are now in dispute

If additional claims are in dispute, select the View/Dispute Claims Listing action on the Case Information page and submit the claims for dispute.

Slide 5 of 24 - Case Actions

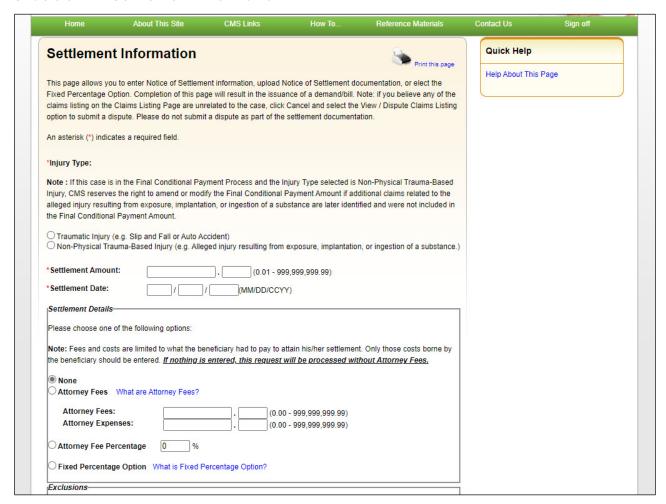


Slide notes

To submit notice of settlement information, select the View/Provide the Notice of Settlement Information action and then click [Continue].

Note: If the insurer is the identified debtor on the case, the View/Provide Notice of Settlement Information action will not display.

Slide 6 of 24 - Settlement Information



Slide notes

When the Provide Notice of Settlement action has been selected, the Settlement Information page will appear. This page provides you with the ability to enter and submit Notice of Settlement information.

If the case qualifies for the Fixed Percentage Option, you can request that option on this page as well.

In order to submit settlement information, you must first select the injury type by clicking the radio button for the type of accident/injury/illness being claimed and/or released with respect to the Medicare beneficiary. This field is required.

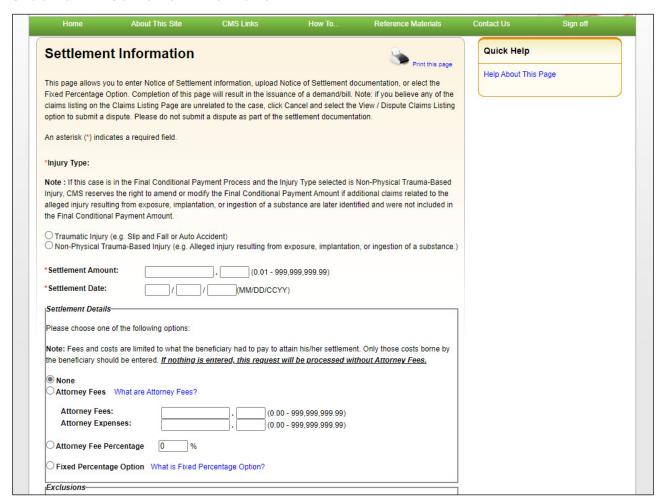
For an injury/illness resulting from a sudden physical injury such as a slip and fall, or auto-accident (i.e., the injury/illness does not relate to ingestion, exposure, or medical implant), select the Traumatic Injury radio button.

For an injury/illness that does not result from a sudden physical injury (i.e., an alleged injury resulting from exposure, implantation, or ingestion of a substance.), select the Non-traumatic Injury radio button.

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.

Slide 7 of 24 - Settlement Information



Slide notes

The Settlement Amount and Settlement Date are also required and are entered next.

The Settlement Amount is the dollar amount of the total payment obligation to or on behalf of the Medicare beneficiary in connection with the settlement, judgment, award, or other payment.

Note: If attorney fees and/or costs are awarded in addition to the settlement, please include the award as a part of the Settlement Amount. This field is required. Enter a numeric value (decimals and commas are optional).

For example, a settlement amount of \$10,000 could be entered as: 10000; or 10,000; or 10,000.00. Do not enter the dollar sign (\$) as part of your entry.

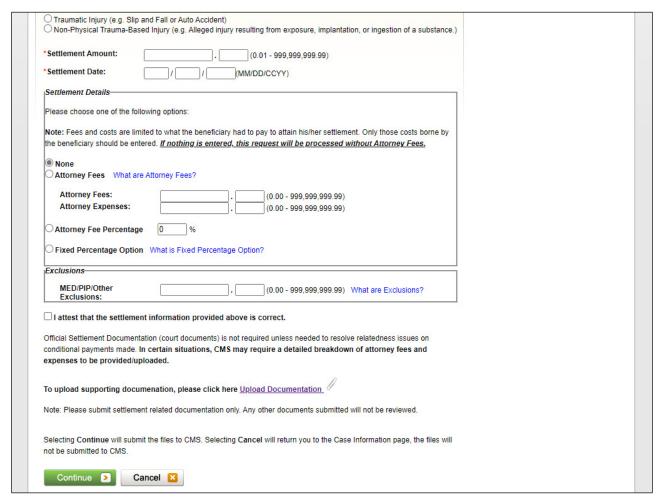
The Settlement Date is the date the payment obligation was established, not necessarily the payment date or check issue date.

It is the date the obligation is signed if there is a written agreement unless court approval is required. If court approval is required, it is the later of the date the obligation is signed or the date of court approval.

If there is no written agreement it is the date the payment (or first payment if there will be multiple payments) is issued.

This field is required. It must be a valid date, be greater than 01/01/1960, be less than or equal to the current date and be greater than the Date of Incident on the case.

Slide 8 of 24 - Settlement Information



Slide notes

Next is the Settlement Details section. There are four options:

- None
- Attorney Fees
- Attorney Fee Percentage
- Fixed Percentage Option

If no option is selected, the settlement information will be processed without Attorney Fees.

Note: If the responsible party for the Medicare Recovery Claim or debt is the insurer or employer, do not enter any amount in the attorney fees or attorney expenses fields on this page, otherwise there will be a corresponding deduction when the demand is generated.

Slide 9 of 24 - Settlement Information

O Non-Physical Trauma-I	Based Injury (e.g. Alleged injury resulting from exposure, implantation, or ingestion of a substance.)	
*Settlement Amount:	. (0.01 - 999,999,999)	
*Settlement Date:	/ (MM/DD/CCYY)	
Settlement Details——		
Please choose one of the	following options:	
	limited to what the beneficiary had to pay to attain his/her settlement. Only those costs borne by entered. If nothing is entered, this request will be processed without Attorney Fees.	
None		
Attorney Fees What	are Attorney Fees?	
Attorney Fees: Attorney Expenses:	. (0.00 - 999,999,999)	
Attorney Fee Percent	tage 0 %	
Fixed Percentage Op	tion What is Fixed Percentage Option?	
Exclusions		
MED/PIP/Other Exclusions:	(0.00 - 999,999,999.99) What are Exclusions?	
☐ I attest that the settle	ment information provided above is correct.	
	nentation (court documents) is not required unless needed to resolve relatedness issues on de. In certain situations, CMS may require a detailed breakdown of attorney fees and d/uploaded.	
To upload supporting do	ocumenation, please click here <u>Upload Documentation</u>	
Note: Please submit settle	ement related documentation only. Any other documents submitted will not be reviewed.	
Selecting Continue will sunt be submitted to CMS.	ubmit the files to CMS. Selecting Cancel will return you to the Case Information page, the files will	
Continue >	Cancel ×	

Slide notes

Select none to indicate that the beneficiary did not incur any attorney fees.

Select Attorney Fees when the beneficiary incurred costs in attaining his/her settlement. Enter a numeric value in the Attorney Fees and/or Attorney Expenses fields for those costs borne by the beneficiary.

Decimals and commas are optional. Do not enter the dollar sign (\$) as part of your entry. Attorney Fees and/or Attorney Expenses cannot both be zero. Attorney Fees are the total amount charged by the attorney to take the case.

Attorney Expenses are the total amount of additional expenses (not including the Attorney Fees) charged by the attorney.

Acceptable expenses are expenses related to obtaining medical records, copies, depositions, testimonies, faxes, mailings, phone calls, and also, travel expenses. Do not include interest charges, medical bills paid, or other Recovery Claims.

Select Attorney Fee Percentage when there is an agreed-upon percentage of the settlement amount charged by the attorney to the beneficiary.

Enter a whole number between 1 and 100 (Fractions or Percentages are not allowed).

As an alternative to resolve Medicare's recovery claim, certain Medicare beneficiaries can select the Fixed Percentage Option which will allow them to pay a flat 25% of their total liability insurance (including self-insurance) settlement instead of following the traditional recovery process.

Slide 10 of 24 - Fixed Percentage Option Criteria



- Liability insurance settlement must be for a physical trauma-based injury
- 2. Total liability settlement, judgment, award, or other payment is \$5,000 or less
- 3. Beneficiary elects the option within the required timeframe
 - Request must be submitted before or at the time the settlement documentation is submitted
 - If a CPN has been issued, the request must be on or before the CPN response is due (30 days from the date of the CPN)
- 4. Medicare has not issued a demand letter or other request for reimbursement related to the incident
- 5. Beneficiary has not received and does not expect to receive any other settlements, judgments, awards, or other payments related to the incident

Slide notes

In order to qualify for the Fixed Percentage Option, all of the following criteria must be met:

- The liability insurance settlement must be for a physical trauma-based injury (i.e., it does not relate to ingestion, exposure, or medical implant).
- The total liability settlement, judgment, award, or other payment is \$5,000 or less.
- The beneficiary elects the option within the required timeframe:
- The request must be submitted before or at the time the settlement documentation is submitted.
- If a Conditional Payment Notice (CPN) has been issued, the request must be on or before the CPN response is due (30 days from the date of the CPN).
- Medicare has not issued a demand letter or other request for reimbursement related to the incident.
- The beneficiary has not received and does not expect to receive any other settlements, judgments, awards, or other payments related to the incident.

Note: This option is disabled for cases in the Final Conditional Payment (Final CP) process.

Slide 11 of 24 - Settlement Details

O Traumatic Injury (a.g. Olin and	Fall or Auto Assidant)	
 Traumatic Injury (e.g. Slip and O Non-Physical Trauma-Based I 	нан от Auto Accident) njury (e.g. Alleged injury resulting from exposure, implantation, or ingestion of a substance.)	
Settlement Amount:	. (0.01 - 999,999,999)	
Settlement Date:	/ MM/DD/CCYY)	
Settlement Details		
Please choose one of the following	g 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 Att	orney Fees?	
Attorney Fees:	(0.00 - 999,999,999)	
Attorney Expenses:	. (0.00 - 999,999,999)	
O Attorney Fee Percentage	0 %	
Fixed Percentage Option V	hat is Fixed Percentage Option?	
Exclusions-		
MED/PIP/Other		
Exclusions:	(0.00 - 999,999,999) What are Exclusions?	
I attact that the cottlement in	formation provided above is correct.	
- I attest that the settlement in	ionilation provided above is correct.	
	(court documents) is not required unless needed to resolve relatedness issues on	
conditional payments made. In ce expenses to be provided/uploa	rtain situations, CMS may require a detailed breakdown of attorney fees and led.	
To upload supporting documen	ation, please click here <u>Upload Documentation</u>	
Note: Please submit cottlement re	lated documentation only. Any other documents submitted will not be reviewed.	
NOTE. 1 ISBSE SUDINIL SELIERINENT IN	iated documentation only. Any other documents submitted will not be reviewed.	
Selecting Continue will submit th	e files to CMS. Selecting Cancel will return you to the Case Information page, the files will	
not be submitted to CMS.	s mee to come. Selecting Cancer will return you to the case information page, the lifes will	

Slide notes

The next field on this page is MED/PIP/Other Exclusions which is related to no-fault.

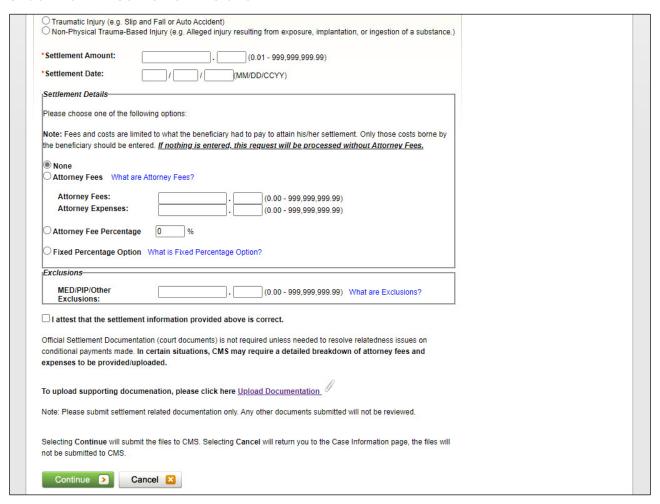
When no-fault insurance pays for all or part of the medical expenses for injuries regardless of who may have been responsible for causing the accident, this insurance is sometimes called personal injury protection (PIP), medical payments coverage (MED PAY), or medical expense coverage. If such monies have been paid to the Medicare beneficiary and/or Medicare, the total amount paid must be entered.

Note: If Medicare has paid claims in relation to the incident, Medicare's recovery amount will be directly impacted by any amount entered in the MED/PIP/Other Exclusions field.

When processing a liability settlement, CMS will make a pro rata reduction based on the settlement amount, attorney's fees, and expenses.

When processing a no-fault settlement, there should be no reduction based on the amount the no-fault insurer has paid directly.

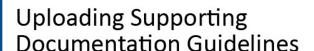
Slide 12 of 24 - Settlement Details

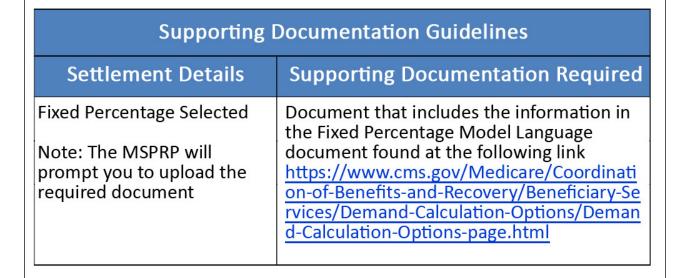


Slide notes

Next, you must select the attestation box to confirm the accuracy of the submitted settlement information. Finally, you will upload documentation if it is required.

Slide 13 of 24 - Uploading Supporting Documentation Guidelines





Slide notes

If you have selected the Fixed Percentage option, upload supporting documentation that includes the information in the Fixed Percentage Model Language document found at the following link: <u>Fixed Percentage Model Language</u>.

Slide 14 of 24 - Uploading Supporting Documentation Guidelines



Supporting Documentation Guidelines			
Settlement Details	Supporting Documentation Required		
Settlement information exceeds the MSPRP threshold restrictions Note: The MSPRP will prompt you to submit a detailed breakdown of attorney fees and expenses when this occurs	 Final settlement Detail Document that includes the: Amount of Settlement Date of Settlement Attorney's Fees paid by the beneficiary (if any), and An itemized list of Attorney Expenses paid by the beneficiary (if any) 		

Slide notes

When the settlement information exceeds the MSPRP threshold restrictions, the MSPRP will prompt you to submit a detailed breakdown of attorney fees and expenses.

Upload the Final Settlement Detail Document that includes the Amount of Settlement, Date of Settlement, Attorney's Fees paid by the beneficiary (if any), and an itemized list of Attorney Expenses paid by the beneficiary (if any).

Slide 15 of 24 - Uploading Supporting Documentation Guidelines



- Submit settlement related documentation only. Any other documents submitted will not be reviewed.
- Do not submit a dispute as part of the settlement documentation
- Do not mail or fax any documentation that you have successfully uploaded to the MSPRP. This will slow down the review process.

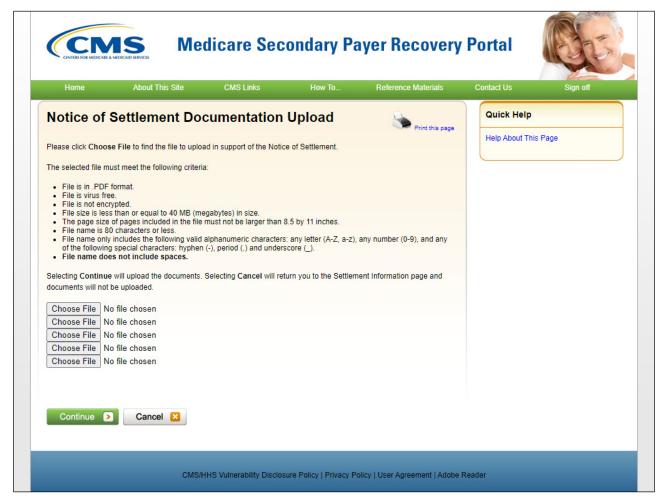
Slide notes

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

Do not submit a dispute as part of the settlement documentation. Also, do not mail or fax any documentation that you have successfully uploaded to the MSPRP. This will slow down the review process.

Once you are ready to upload the documentation, click [Upload Documentation].

Slide 16 of 24 - Notice of Settlement Documentation Upload



Slide notes

The Notice of Settlement Documentation Upload page will appear.

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), and any of the following special characters: hyphen (-), period (.) or 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.

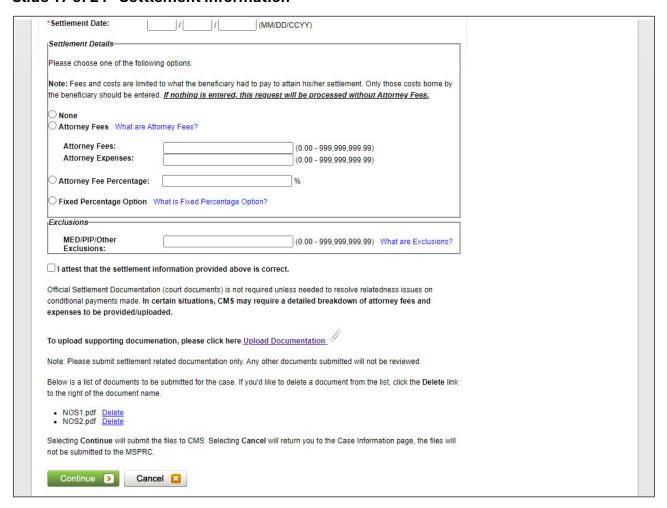
Once all files have been identified, click [Continue].

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

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 17 of 24 - Settlement Information



Slide notes

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

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

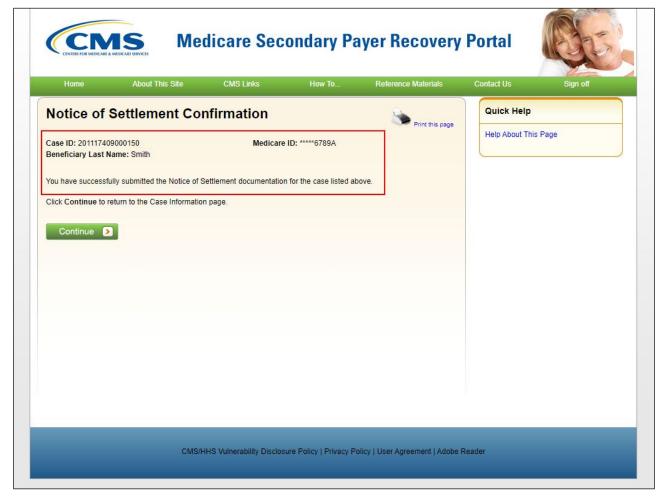
Once all documentation has been uploaded, review the documents that were submitted. If an incorrect file was uploaded, click [Delete].

This will remove the file and it will not be uploaded to the case. If there is a need to upload a different document, click [Upload Documentation]. You will be returned to the Documentation Upload page.

Click [Continue] once you have confirmed that all uploaded files should be submitted for the case.

This will complete the submission process. Note: If you are not uploading any supporting documentation, you must click [Continue] to submit your Notice of Settlement.

Slide 18 of 24 - Notice of Settlement Confirmation



Slide notes

The Notice of Settlement 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 file names of any documentation submitted to support the settlement information will also be listed.

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 19 of 24 - Next Steps



Next Steps

- Allow 20 days for CMS to review settlement information
 - CMS will contact you if any additional information is needed
 - If settlement information and/or documentation submitted is complete, CMS will issue a final demand, bill, or case closure notice
- Fixed Percentage Option are processed in the order received
 - Allow CMS 30 days to process the request
 - Request Denied
 - Formal letter will be provided with an explanation, and a regular Final Demand Letter will be sent under separate cover
 - Request Approved
 - Beneficiary will receive a bill for the amount specified (i.e., 25% of the settlement)

Slide notes

When a beneficiary receives a settlement, judgment, award, or other payment, Medicare is entitled to recover associated payments made by the Medicare program.

CMS will contact you if any additional information is needed. If the settlement information and/or documentation submitted is complete, CMS will issue a final demand, bill, or case closure notice.

Fixed Percentage Option requests are processed in the order received. Please allow CMS 30 days to process these requests.

If the request is denied, a formal letter will be provided with an explanation, and a regular Final Demand Letter will be sent under separate cover.

If the request is approved, the beneficiary will receive a bill for the amount specified (i.e., 25% of the settlement).

Note: All correspondence mailed out for your case can be reviewed on the Correspondence Activity tab of the Case Information page.

Slide 20 of 24 - Final Demand



Case Information Page			
Field	Updated Value		
Case Status	Demand		
Demand Letter Mail Date	Date the Demand Letter was issued		
Demand Amount	Final demand amount included in the letter		

- Demand letter
 - Sent to formally advise the debtor of the amount of money owed to the Medicare program and reflects a pro rata share reduction for fees and costs
 - Explains the MSP recovery process
 - Note: Interest accrual will be assessed every 30 days from the date of the Final Demand Letter if payment is not received within 60 days of the date of the letter

Slide notes

When CMS has issued a Final Demand Letter, the following updates will be made to the Case Information page. The Case status will be changed to Demand.

This means that CMS has issued/or is in the process of issuing a formal demand letter advising the debtor of his/her/its payment responsibility.

The Demand Letter Mail Date will be updated to the date the demand letter was issued and the Demand Amount will be updated with the final demand amount included in the demand letter.

The demand letter is sent to formally advise the debtor of the amount of money owed to the Medicare program and reflects a pro rata share reduction for fees and costs. This letter explains the Medicare Secondary Payer (MSP) recovery process.

Note: Interest accrual will be assessed every 30 days from the date of the Final Demand Letter if payment is not received within 60 days of the date of the letter.

Users can now view real-time data reported from HIGLAS in the Balance Amount, Remaining Balance Amount, Remaining Principal Amount, and Remaining Interest Amount fields on the Case Information page.

Slide 21 of 24 - Bill Issued



Case Information Page				
Field	Updated Value			
Case Status	Bill Issued			
Demand Letter Mail Date	Date the bill was issued			
Demand Amount	Final demand amount included in the bill			

- · Payment must be received within the timeframe specified on the bill
- Payments can now be paid electronically within the MSPRP using Pay.gov. See the MSPRP Electronic Payment Information CBT for detailed information.

Note: The MSPRP now displays accounts receivable (AR) balance and refund information on the Case Information screen for BCRC and CRC cases.

Slide notes

The following updates will be made to the Case Information page when CMS has approved the Fixed Percentage Option Request and has issued a bill to the beneficiary for the amount due:

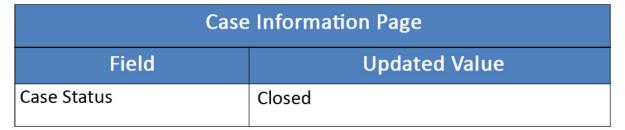
- Case Status: Bill Issued
- Demand Letter Mail Date: Date the bill was issued
- Demand Amount: Final demand amount included in the bill

Payment must be received within the timeframe specified on the bill. Payments can now be paid electronically within the MSPRP using Pay.gov. See the MSPRP Electronic Payment Information Electronic Payment CBT for detailed information.

Note: To make post demand refund data available to users, the MSPRP now displays accounts receivable (AR) balance and refund information on the Case Information screen for BCRC and CRC cases.

Slide 22 of 24 - Case Closure





- CMS has terminated recovery efforts for the case and has issued a case closure notice
- Case closure may occur when a case should not have been created

Contact the BCRC at (855)-798-2627

Slide notes

When the Case Status is changed to Closed, this means that CMS has terminated recovery efforts for the case and has issued a case closure notice. Case closure may occur when a case should not have been created, e.g., the case was created for an incorrect date of incident, or the beneficiary was not eligible during the MSP coverage period.

Note: If you feel that a case should not have been closed or if you want to take further action, please contact the BCRC at (855)-798-2627 to speak with a customer service representative.

Slide 23 of 24 - Submitting Settlement Information Conclusion





You have completed the MSPRP Submitting Settlement Information 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: http://go.cms.gov/cobro.

Slide notes

You have completed the MSPRP Submitting Settlement Information course. Information in this course can be referenced by using the MSPRP User Manual found at the following link: CMS MSPRP Website.

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

Slide 24 of 24 - 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 the following URL: Training Survey.