



Centers for Medicare & Medicaid Services  
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# **Workers' Compensation Medicare Set-Aside Portal (WCMSAP) User Manual**

**Rev. 2011-6/December  
GHI-DI-174-3.1**

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## Chapter 1:

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## Chapter 1: Introduction

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### Overview

The Centers for Medicare & Medicaid Services (CMS) requires a mechanism to receive and evaluate future medical and future prescription drug costs for inclusion in Workers' Compensation Medicare Set-Aside Arrangements (WCMSAs). The Workers' Compensation Medicare Set-Aside Portal (WCMSAP) is a Web-based application that allows attorneys, beneficiaries, claimants, insurance carriers, representative payees, and WCMSA vendors to:

- Create a work-in-progress case
- Submit WCMSA cases
- Perform case lookups
- Append documentation to a case
- Receive alerts relating to case activity

This user guide was written to help the user understand the WCMSAP and how to complete the registration and case submission processes.

All implementation instructions are available on the WCMSAP dedicated Web page:  
<https://www.cob.cms.hhs.gov/WCMSA>.

### Account Types

Before beginning the registration process, you must determine your account type. There are three types of WCMSAP accounts: Corporate, Representative, and Self. Account types are mutually exclusive; you can only select one account type.

- **Corporate** account type indicates that the submitter is registering as a corporate entity with an Employer Identification Number (EIN). Those registering as a Corporate account will regularly submit WCMSAP cases.
- **Representative** account type is for non-corporate WCMSAP users. These submitters do not have an EIN but will submit multiple cases.
- **Self** submitters are Medicare beneficiaries, or individuals with a reasonable expectation of becoming a Medicare beneficiary within 30 months, who wish to submit a case for themselves.

The account type selected determines both the basic information that is captured during the registration process and the level of vetting that is subsequently undertaken.

## User Roles

The WCMSAP permits multiple users per account to take part in the account registration and case submission processes. Each user is defined by one of three possible roles, and each user can only have one role within the WCMSAP:

### Account Representative (AR) Role

The Account Representative (AR) role is for Corporate account types only. Your AR is the individual who has the legal authority to bind the company to a contract and the terms of WCMSAP requirements and processing. Your AR has ultimate accountability for the company's compliance with WCMSAP submission requirements.

Although the AR does not have direct access to the WCMSAP application and cannot be a user on the portal, the AR must approve the organization's profile during the initial account setup and through any subsequent changes. The AR is also the recipient of the more severe error notifications, such as non-compliance. An AR cannot also be defined as an Account Manager (AM) or Account Designee (AD) for any account.

The AR:

- Performs the New Registration step on the WCMSAP but is not provided with a Login ID. They can NOT be an actual user of the system.
- Designates the AM.
- Must approve the account setup, by physically signing the Profile Report, including the Data Use Agreement and returning it to the COBC.

Change your Account Representative by using the Update Corporate Information process, as described in Chapter 7.

### Account Manager (AM) Role

Each WCMSAP Account must have an assigned Account Manager (AM). The AM is established during the account setup process. Each WCMSAP account can have only one AM. This is the individual who controls the administration of an organization's account and manages cases, which includes managing case access. The AM can only be associated with one WCMSAP account.

The AM is a registered user of the system. AMs have unlimited access to WCMSAP functionality and cases. The submitter for Self account types is, by default, the AM for the account. For Corporate and Representative account types, the AM is assigned during the Account Setup process. (For Representative accounts, the submitter may be the AM, but they have the option to assign the AM role to another person).

The AM:

- Reviews, signs, and returns the Profile Report upon its receipt in order to be granted full access to all WCMSAP functionality. (For Representative and Self account types.)  
**Note:** For Corporate account types, the AM will only be granted access after the Profile Report is signed and returned by the Account Representative (AR).
- Manages the WCMSAP account's profile information and updates general account information.
- Submits new cases for the WCMSAP account they are associated with.

- Can view and update all cases for the WCMSAP account they are associated with.
- Can add or replace documentation to a specific case for the account.
- Can invite other users to function as Account Designees (AD). (ADs are for Corporate or Representative account types only.)
- Can associate an AD to cases.
- Can revoke an AD's access to cases and/or an entire WCMSAP account.
- Can submit a single case, as an AM or as a Representative Payee. (For Self account types only.)

To replace an AM, the AR for Corporate accounts, or the original submitter for Representative accounts, must contact the COBC EDI Department.

## Account Designee (AD) Role

At the organization's discretion, an Account Manager (AM) for Corporate or Representative account types may invite other individuals, known as Account Designees (ADs), to have access to the WCMSAP for the AM's account. Corporate accounts may have up to 20 ADs associated with one WCMSAP account; Representative accounts may have up to 5.

The AD:

- Must register on the WCMSAP and obtain a Login ID and Password.
- Can be associated with multiple WCMSAP accounts but only if invited by the AM for those accounts.
- Can change their personal information on the WCMSAP.
- Cannot be an Account Representative (AR) for any WCMSAP account.
- Cannot be the AM for the same WCMSAP account.
- Cannot invite other users to the WCMSAP account.
- Cannot update WCMSAP account information.
- Can submit new cases for a given WCMSAP account.
- Can perform case lookups and view cases that they are associated with (cases submitted by the AD or assigned to the AD by the AM).
- Can update (append documentation to) a case that they have been associated with.
- Can replace documentation for cases that they have been associated with.
- Can access alerts for cases that they have been associated with.
- Can update work-in-progress case information for cases that they have created or are associated with, as assigned by the AM.

AMs can add, remove, or delete ADs using the Designee Maintenance process, as outlined in Chapter 8.

## Login ID and Password Limits

Each user of the WCMSAP can have only one Login ID and Password. Unless previously registered, all registrants are directed to the WCMSAP URL to register for a Web Portal account. Users of the Mandatory Reporting application must use that same Login ID and Password to access the WCMSAP application.

## Electronic Data Interchange (EDI) Representative Support

Users of the WCMSAP may need assistance with managing an account or managing their personal information within the application. If necessary, you may contact an EDI representative for such assistance.

Contact an EDI representative if:

- The Account ID and PIN letter is not received within 2 weeks (10 business days) after completing the New Registration step. The EDI representative can resend the letter, allowing you to complete the account setup.
- Any of the information entered during initial registration must be changed after the initial registration letter has been received.
- You have any questions or problems regarding your account at any time during account setup.
- You forget your Login ID and cannot remember the answers to your Security Questions. The EDI representative can resend your Login ID to your registered E-mail Address.
- You forget your Password and cannot remember the answers to your Security Questions. The EDI representative can generate a temporary Password and send it to your registered E-mail Address.
- You incorrectly entered your PIN 3 times and locked the account. The EDI representative can reset the PIN, unlocking the account.
- You have questions about case submission errors. The EDI representative will work with you to understand the error and determine whether the case should be deleted and resubmitted or processed as submitted.

Contact the COBC EDI Department by phone at 646-458-6740, or by e-mail at [COBVA@GHIMedicare.com](mailto:COBVA@GHIMedicare.com).

EDI representatives are available to assist you Monday through Friday, excluding Federal holidays, from 9:00 a.m. to 5:00 p.m., Eastern Time.

## Chapter 2: WCMSAP Welcome Page

The *Welcome* page is the portal to the WCMSAP for all WCMSA case functions. Before the case submission process can begin, the following steps must be taken, and are done using this page:

- For Corporate account types, the organization must be registered and given an Account ID
- For Corporate account types, the Account Representative must be named
- For Representative and Self account types, the submitter must register and receive an Account ID
- The designated Account Manager (AM) must perform the Account Setup step for the Account ID
- The Account Manager (AM) must self-register, obtain a Login ID, and create a Password

Once the Account ID account and all users are registered, the *Welcome* page is used to log in to the WCMSAP to manage the case submission process.

**CMS** Workers' Compensation Medicare Set-Aside Web Portal  [Skip Navigation](#)

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

### Welcome to the WCMSAP

This site provides an interface for entry of Workers' Compensation Medicare Set-Aside Arrangements (WCMSA) proposals. Attorneys, Medicare beneficiaries, claimants, insurance carriers and WCMSA vendors may use this site to enter the case information directly. The site also provides attorneys, Medicare beneficiaries, claimants, insurance carriers, and WCMSA vendors with the ability to track their submitted cases and the statuses without inquiry to the Coordination of Benefits Contractor (COBC) or the Centers for Medicare & Medicaid Services (CMS).

**WCMSAP Messages**

This space is reserved for system messages from the Coordination of Benefits Contractor. Check this location for important information regarding system outages, scheduled maintenance and special announcements.

**GETTING STARTED**

For more information, refer to How To Get Started under the How To menu option.

**STEP 1** **STEP 2**

**New Registration**  **Account Setup**   
(Account ID and PIN required)

**Sign into your account**

User Name:

[Forgot ID](#)

Password:

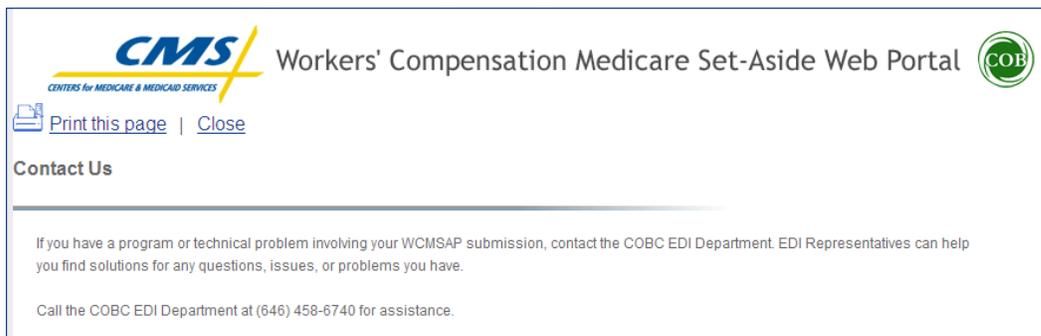
[Forgot Password](#)

## Navigation Menu

The navigation menu at the top of each page gives the user access to various parts of the WCMSAP to facilitate using the application.

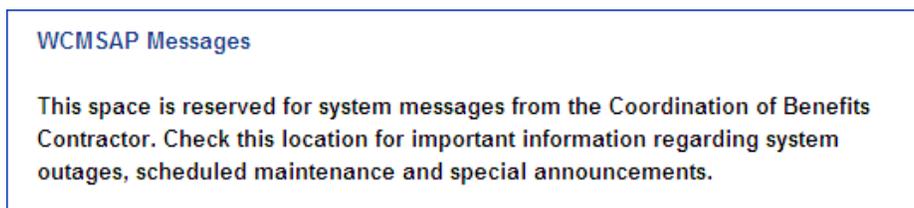


- **About This Site** navigates to the **How to Use This Site** link, offering general information on how to use the WCMSAP application.
- **CMS Links** provides links to the Workers' Compensation Agency Services page, the Medicare Web site, and the Coordination of Benefits Web site.
- **How To** provides detailed information on performing the following functions:
  - Getting Started
  - Requesting your Login ID
  - Requesting your Password
  - Changing your Password
  - Resetting your PIN
  - Changing your Account Manager
  - Changing your Account Representative
  - Inviting Account Designees
- **Reference Materials** provides a link to the WCMSAP User Manual (this guide).
- **Contact Us** displays the following message:



## Bulletin Board

Bulletin board messages display on the WCMSAP Welcome page. These messages keep users informed of upcoming events, maintenance or other system-specific information.



## New Registration

The designated Account Representative (AR) must click on the **New Registration** button under Step 1 to complete and submit the registration information. It is critical that you provide the AR's information (including E-mail address) in this New Registration step and **NOT** the E-mail address for someone you want to be a user of the WCMSAP (For Corporate accounts only. Users registering Representative and Self accounts are permitted to access the WCMSAP). Refer to Chapter 3 for more information on account registration.

## Account Setup

After completion of the New Registration step, the COBC will mail a confirmation letter containing the Account ID and PIN to the AR (for Corporate accounts), or you (for Representative and Self accounts), along with instructions for setting up the account. The assigned AM should click the **Account Setup** button under Step 2 to finish the account setup using the Account ID and PIN, and to register themselves as the AM. (For Corporate accounts, the AM receives the Account ID and PIN from the AR.) Refer to Chapter 4 for more information on account setup and AM registration.

## Account Login

After AMs and ADs have self-registered, and after AMs have completed the Account Setup process, AMs and ADs enter their Login IDs and Passwords in the **Account Login** fields to enter the WCMSAP and manage the case submission process. AMs can also perform AD maintenance.

**Note:** AMs and ADs cannot manage or create cases until the COBC receives a valid, signed copy of the Profile Report. Refer to Chapter 9 for information on the AD self-registration process. Refer to Chapter 5 for more information about the login process, including information on the **Forgot Login ID** and **Forgot Password** links on the *Welcome* page.

## Chapter 3: New Registration

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### New Registration

Before beginning the registration process, read this entire chapter and gather all necessary information. Once you have started registration you must complete the process. If you click **Cancel** or close the application at any point before registration is complete, your changes will NOT be saved, and all entered data will be lost.

It is critical that you provide accurate information in this step.

Starting from the *Welcome* page, you must provide basic information to start the registration process:

- **For Corporate Accounts:**
  - The Employer Identification Number (EIN) for the company
  - Company name and mailing address
  - Account Representative (AR) contact information (name, job title, address, E-mail address, phone number)
- **For Representative Accounts:**
  - Representative contact information (name, social security number, mailing address, e-mail address, phone)
  - Beneficiary last name and first initial
  - Beneficiary Social Security Number (SSN) or Health Insurance Claim Number (HICN)
  - Beneficiary date of birth
  - Beneficiary gender
- **For Self Accounts:**
  - Contact information (name, mailing address, e-mail address, phone)
  - Social Security Number (SSN) or Health Insurance Claim Number (HICN)
  - Date of birth
  - Gender

**It is imperative that all E-mail addresses entered are correct.**

To successfully register yourself or your organization and create an Account ID, follow the steps outlined below:

1. Enter the following URL into your Web browser: <https://www.cob.cms.hhs.gov/WCMSA>
2. The *Login Warning* page displays detailing the Data Use Agreement (DUA). The *Login Warning* page can be printed by clicking the **Print this Page** link in the upper right of the page.

Workers' Compensation Medicare Set-Aside Web Portal

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Login Warning [Print this page](#)

**UNAUTHORIZED ACCESS TO THIS COMPUTER SYSTEM IS PROHIBITED BY LAW**

This web site is maintained by the U.S. Government and is protected by federal law. Use of this computer system without authority or in excess of granted authority, such as access through use of another's Login ID and/or password, may be in violation of federal law, including the False Claims Act, the Computer Fraud and Abuse Act and other relevant provisions of federal civil and criminal law. Violators may be subject to administrative disciplinary action and civil and criminal penalties including civil monetary penalties.

For site security purposes we employ software programs to monitor and identify unauthorized access, unauthorized attempts to upload or change information, or attempts to otherwise cause damage. In the event of authorized law enforcement investigations, and pursuant to any required legal process, information from these sources may be used to help identify an individual and may be used for administrative, criminal or other adverse action.

**Privacy Act Statement**

The collection of this information is authorized by 42 U.S.C. 1395y(b)(5). The information collected will be used to identify and recover past mistaken Medicare primary payments and to prevent Medicare from making mistakes in the future for those Medicare Secondary Payer situations that continue to exist.

**Attestation of Information**

I have submitted all relevant information obtained and/or have knowledge of regarding this claimant, that was generated at any time on or after the Date of Incident (DOI) for the alleged accident/illness/injury/incident at issue, and has been included as part of this submission of the proposed amount for this WCMSA to the Centers for Medicare & Medicaid Services.

The information provided is complete, truthful, accurate, and meets all requirements set forth to use this process; and, I have read and understand all of the Centers for Medicare & Medicaid Services information at <http://www.cms.gov/WorkersCompAgencyServices/>

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

[I Accept](#)

[Decline](#)

<sup>1</sup> A Privacy Act system of records is a group of any records about individuals and under the control of any Federal agency from which information is retrieved by the name or other personal identifier of the individual

Privacy PolicyUser Agreement

3. Review the DUA. To proceed, click the **I Accept** link at the bottom of the page. You will be denied access to the WCMSAP site if you click **I Decline**.
4. The WCMSAP *Welcome* page displays.

**CMS** Workers' Compensation Medicare Set-Aside Web Portal **COB**

Centers for Medicare & Medicaid Services

Skip Navigation

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

## Welcome to the WCMSAP

This site provides an interface for entry of Workers' Compensation Medicare Set-Aside Arrangements (WCMSA) proposals. Attorneys, Medicare beneficiaries, claimants, insurance carriers and WCMSA vendors may use this site to enter the case information directly. The site also provides attorneys, Medicare beneficiaries, claimants, insurance carriers, and WCMSA vendors with the ability to track their submitted cases and the statuses without inquiry to the Coordination of Benefits Contractor (COBC) or the Centers for Medicare & Medicaid Services (CMS).

### WCMSAP Messages

This space is reserved for system messages from the Coordination of Benefits Contractor. Check this location for important information regarding system outages, scheduled maintenance and special announcements.

### GETTING STARTED

For more information, refer to How To Get Started under the How To menu option.

**STEP 1** **STEP 2**

New Registration → Account Setup →

(Account ID and PIN required)

**Sign into your account**

User Name:

[Forgot ID](#)

Password:

[Forgot Password](#)

5. Click the **New Registration** link.
6. The *Select Account Type* page displays. This page describes the differences between each account type.

**Corporate Account Type:** This submitter is registering as a corporate entity with an Employer Identification Number (EIN). Those registering as a Corporate account type will regularly submit WCMSAP requests.

**Representative Account Type:** This submitter is a non-corporate WCMSAP user. This submitter does not have an EIN but will be submitting multiple cases.

**Self Account Type:** This submitter is a Medicare beneficiary or a claimant who has a reasonable expectation of becoming a Medicare beneficiary within 30 months and is submitting a case on their own behalf. The registrant can only submit cases for themselves.

The screenshot shows the 'Workers' Compensation Set-Aside Web Portal' interface. At the top left is the CMS logo with the text 'CENTERS for MEDICARE & MEDICAID SERVICES'. To the right is the title 'Workers' Compensation Set-Aside Web Portal' and a circular 'COB' logo. A dark blue navigation bar contains links for 'Home', 'About This Site', 'CMS Links', 'How To...', 'Reference Materials', 'Contact Us', and 'Logoff'. Below the navigation bar is the heading 'Select Account Type' with a horizontal line underneath. The main content area asks the user to 'Please select the type of account for which you are registering:'. There are three radio button options: 'Corporate', 'Representative', and 'Self'. Each option is followed by a descriptive paragraph. A 'QUICK HELP' button with a 'Help About This Page' link is located to the right of the 'Corporate' option. At the bottom of the form are 'Previous' and 'Next' buttons.

**CMS**  
CENTERS for MEDICARE & MEDICAID SERVICES

Workers' Compensation Set-Aside Web Portal

COB

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

### Select Account Type

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

**Corporate**

A corporate account type indicates that the submitter is registering as a corporate entity with an Employer Identification Number (EIN) and will be regularly submitting WCMSA requests.

**Representative**

A representative account type is for non-corporate WCSA submitters. These submitters do not have an EIN, but will be submitting multiple cases.

**Self**

Self submitters are Medicare beneficiaries or future Medicare beneficiaries (Claimant) submitting a case on their own behalf. The registrant must be a Medicare Beneficiary or Claimant and may only submit cases for themselves.

QUICK HELP  
[Help About This Page](#)

Previous Next

7. Select an account type and click **Next**. The next page that displays depends on the account type selected.

## Corporate Account Type

1. For Corporate account types, the *Corporate Information* page displays. Enter the corporation's EIN and mailing address on this page. This address will be used to send the Profile Report and any correspondence from the COBC regarding this Account ID. Fields marked with an asterisk (\*) are required.

Corporate Information Page	
Field	Description
Employer Identification Number (EIN)	The IRS-assigned employer identification number (EIN) associated with the organization. If you have more than one EIN, you may submit this registration with any one of those EINs.
Corporation Name	Company Name
Address Line 1	Enter the first line of the company's mailing address.
Address Line 2	Enter the second line of the company's mailing address (Optional).
City	Enter the city where the company is located.
State	Select the state where the company is located from the dropdown list. <b>Note:</b> To quickly select a state, type the first letter to scroll to the desired state.
Zip Code	Enter the company's Zip Code (Required) plus 4-digit Zip-code suffix (Optional).
Command Buttons	
Previous	Click to return to the <i>Select Account Type</i> page.
Next	Click to save changes and continue to the next page.
Cancel	Click to cancel the registration process. Information entered on the current page and any previous pages is NOT saved.

- Enter the requested information then click the **Next** button. The *Account Representative (AR) Information* page displays. This page captures information related to the AR. As the AR, you must enter your personal information on this page.

**Note:** An AR can only have that one role; the AR cannot function as an Account Manager or an Account Designee. E-mail addresses for each user role will be verified upon entry, and any address matches between AM, AD, and AR roles will be denied.

Fields marked with an asterisk (\*) are required.

Account Representative (AR) Information Page	
Field	Description
AR First Name	Enter your first name.
MI	Enter your middle initial (Optional).
Last Name	Enter your last name.
AR Title	Enter your job title
AR E-mail Address	Enter your E-mail address. <b>Note:</b> If your E-mail address is found in the system as an existing user, you will NOT be allowed to continue the registration process.
AR Re-enter E-mail Address	Enter your E-mail address a second time for verification purposes.
AR Phone	Enter your work phone number. The Extension field is optional.
AR Fax	Enter your work fax number (Optional).
Command Buttons	
Previous	Click to return to the <i>Corporate Information</i> page.
Next	Click to save changes and continue to the next page.
Cancel	Click to cancel the registration process. Information entered on the current page and any previous pages is NOT saved.

3. Enter the required information then click **Next**. The *Registration Summary* page displays. This page lists all the information that was previously entered. All information should be reviewed and verified before continuing.

The screenshot shows the 'Registration Summary' page. At the top, there is a navigation bar with links: Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, and Logoff. The main content area is titled 'Registration Summary' and includes a 'Print this page' link. The information is organized into two columns:

- Corporate Information:** Account Type: Corporate (with an Edit button), Employer Identification Number (EIN): #####, Corporate Name: AAAAAAAAAAAAAA, Business Mailing Address: Address Line 1: AAAAAAAAAAAAAA, Address Line 2: AAAAAAAAAAAAAA, City: AAAAAAAAAAAAAA, State: AAAAAAAAAAAAAA, Zip Code: ##### - #####.
- Account Representative Information:** (with an Edit button), First Name: FIRSTMI: M Last Name: LAST, Title: AAAAAAAAAAAAAA, E-Mail Address: AAAAAAAAAAAAAA, Phone: ### - ## - #### ext. ####, Fax: ## - ## - #####.

At the bottom of the form, there are three buttons: Previous, Submit Registration, and Cancel.

4. Verify that all information is correct. To make any corrections, click the **Edit** button next to the proper section to return to that page. Once all corrections have been made, click **Next** at the bottom of that page to navigate back to the *Summary* page. After you have returned to the *Registration Summary* page, click the **Submit Registration** button.

Click **Previous** to return to the *Account Representative (AR) Information* page. If you click **Cancel**, you will exit the registration process. All information entered during the registration process is deleted.

5. After you click **Submit Registration**, the *Thank You* page displays, outlining the next steps in the registration process.



The screenshot shows the top of the 'Workers' Compensation Medicare Set-Aside Web Portal'. The header includes the CMS logo (Centers for Medicare & Medicaid Services) and the COB logo. A navigation bar contains links for Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, and Logoff. The main content area features a 'Thank You' heading, a 'Print this page' button, and a message: 'You have successfully completed the initial registration for the Workers' Compensation Set-Aside Web site. Please print this page for your records.' Below this is a 'Next Steps' section explaining that information will be vetted, an Account ID will be assigned, and a letter will be mailed. An 'Account Setup' section follows, stating that upon receipt of the letter, the Account Representative will be instructed to return to the site to complete setup. At the bottom, there is a link for 'Workers' Compensation Set-Aside Welcome Page'.

6. Click the **Workers' Compensation Medicare Set-Aside Welcome Page** link to return to the *Welcome* page.

### Next Steps

Within two weeks, a letter will be mailed to you, the AR, that contains the Account ID and PIN, along with instructions for setting up the account (to be completed by the Account Manager). Refer to Chapter 15 for a sample mailing. If a letter is not received within 10 business days, contact a COBC EDI representative.

Once the Account Manager (AM) has completed the account setup, an E-mail notification will be sent to you, including a Profile Report denoting all information previously recorded during registration, and any additional information provided during the account setup. Refer to Chapter 15 for a sample notification E-mail and Profile Report. It may take up to 10 business days to receive the Profile Report.

You will have 60 business days to review, sign, and return the Profile Report to the COBC. When returning the signed Profile Report via email, use "WCMSAP Profile Report" in the subject line.

If a signed Profile Report is not received within that timeframe, the account will be automatically deleted on the 60<sup>th</sup> business day. If the account is deleted, you must start the registration process from the beginning.

Refer to Chapter 4 for more information on completing the account setup.

## Representative Account Type

- For Representative account types, the *Representative Information* page displays. Enter your personal information on this page. The address you enter on this page will be used to send the Profile Report and any correspondence from the COBC regarding this Account ID. Fields marked with an asterisk (\*) are required.

<b>Representative Information Page</b>	
<b>Field</b>	<b>Description</b>
First Name	Enter your first name.
MI	Enter your middle initial (Optional).
Last Name	Enter your last name.
E-mail Address	Enter your E-mail address. <b>Note:</b> If your E-mail address is found in the system as an existing user, you will NOT be allowed to continue the registration process.
Re-enter E-mail Address	Enter your E-mail address a second time for verification purposes.
Phone	Enter your phone number. The Extension field is optional.
Fax	Enter your fax number (Optional).
Address Line 1	Enter the first line of your mailing address.

Representative Information Page	
Field	Description
Address Line 2	Enter the second line of your mailing address (Optional).
City	Enter the city where you are located.
State	Select the state where you are located from the drop down list. <b>Note:</b> To quickly select a state, type the first letter to scroll to the desired state.
Zip Code	Enter your Zip Code (Required) plus 4-digit Zip-code suffix (Optional).
Command Buttons	
Previous	Click to return to the <i>Select Account Type</i> page.
Next	Click to save changes and continue to the next page.
Cancel	Click to cancel the registration process. Information entered on the current page and any previous pages is NOT saved.

- Enter the required information then click the **Next** button. The *Beneficiary Information* page displays. Enter information on this page for a beneficiary associated with the case(s) that will be created using this Account ID.

Fields marked with an asterisk (\*) are required.

The screenshot shows the 'Beneficiary Information' page of the Workers' Compensation Set-Aside Web Portal. The page features the CMS logo and a navigation menu with links for Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, and Logoff. A 'QUICK HELP' button is present with a link to 'Help About This Page'. The form contains the following fields:

- Bene Last Name: \*  First Initial: \*
- Bene Health Insurance Claim Number (HICN): \*  OR
- Bene Social Security Number (SSN): \*  -  -  (SSN is required if HICN is not provided)
- Bene Date of Birth: \*  /  /  (MM/DD/CCYY)
- Bene Gender: \*

At the bottom left, there are 'Previous' and 'Next' buttons.

Beneficiary Information Page	
Field	Description
Bene Last Name	Enter the beneficiary's last name.
First Initial	Enter the beneficiary's first initial.
Bene Health Insurance Claim Number (HICN)	Enter the beneficiary's HICN. If you enter the HICN, you can NOT enter an SSN.

<b>Beneficiary Information Page</b>	
<b>Field</b>	<b>Description</b>
Bene Social Security Number (SSN)	Enter the beneficiary's SSN. If you enter the SSN, you can NOT enter a HICN.
Bene Date Of Birth	Enter the beneficiary's date of birth.
Bene Gender	Select the beneficiary's gender from the drop down list.
<b>Command Buttons</b>	
Previous	Click to return to the <i>Representative Information</i> page.
Next	Click to save changes and continue to the next page.

3. Enter the required information then click **Next**. The *Registration Summary* page displays. This page lists all the information that was previously entered. All information should be reviewed and verified before continuing.

**Registration Summary**  Print this page

Account Type: Representative

Representative Information       Beneficiary Information

First Name: FIRST MI: M Last Name: LAST      Last Name: LAST First Initial F  
 SSN: ### ## #####      HICN: #####A  
 E-Mail Address: AAAAAAAAAAAAA      Date of Birth: MONTH ##, ####  
 Phone ### ## - #### ext. ####      Gender: Male  
 Fax: ## - ## - ####

Representative Mailing Address:

Address Line 1: AAAAAAAAAAAAA  
 Address Line 2: AAAAAAAAAAAAA  
 City: AAAAAAAAAAAAA  
 State: AAAAAAAAAAAAA  
 Zip Code: ##### - ####

4. Verify that all information is correct. To make any corrections, click the **Edit** button next to the proper section to return to that page. Once all corrections have been made, click **Next** at the bottom of that page to navigate back to the *Summary* page. After you have returned to the *Registration Summary* page, click the **Submit Registration** button.

Click **Previous** to return to the *Beneficiary Information* page.

5. After you click **Submit Registration**, the *Thank You* page displays outlining the next steps in the registration process.

**Thank You**

[Print this page](#)

You have successfully completed the initial registration for the Workers' Compensation Set-Aside Web site. Please print this page for your records.

**Next Steps**

After initial registration is completed, the information captured will be vetted to verify the Company, Representative or Beneficiary/Claimant is an appropriate submitter. After the vetting has been completed, the registrant will be defined with an Account identification number (ID). After the assignment of an Account ID, a letter will be mailed to the Account Representative captured during registration, with the Account ID and PIN number.

**Account Setup**

Upon receipt of the mailed Account ID and PIN, the Account Representative will be instructed to return to the Workers' Compensation Set-Aside Web site to complete the account setup. The Account Manager will need to enter the Account ID and PIN on the Account Setup page to begin setup.

[Workers' Compensation Set-Aside Welcome Page](#)

- Click the **Workers' Compensation Medicare Set-Aside Welcome Page** link to return to the *Welcome* page.

### Next Steps

Within two weeks, a letter will be mailed to you that contains the Account ID and PIN, along with instructions for setting up the account (to be completed by the AM). Refer to Chapter 15 for a sample mailing. If a letter is not received within 10 business days, contact a COBC EDI representative.

Once you have completed the account setup, an E-mail notification will be sent to you, including a Profile Report denoting all information previously recorded during registration and any additional information provided during the account setup. Refer to Chapter 15 for a sample notification E-mail and Profile Report. It may take up to 10 business days to receive the Profile Report.

You will have 60 business days to review, sign, and return the Profile Report to the COBC, who is listed on the report. When returning the signed Profile Report via email, use "WCMSAP Profile Report" in the subject line.

If a signed Profile Report is not received within that timeframe, the account will be automatically deleted on the 60<sup>th</sup> business day. If the account is deleted, you must start the registration process from the beginning.

Refer to Chapter 4 for more information on completing the account setup.

## Self Account Type

1. For Self account types, the *Beneficiary/Claimant Information* page displays. Enter your personal information on this page. The information you enter on this page is for the beneficiary or claimant associated with the case that will be created using this Account ID, and the address entered will be used to send the Profile Report and any correspondence from the COBC regarding this Account ID.

Fields marked with an asterisk (\*) are required.

<b>Beneficiary/Claimant Information Page</b>	
<b>Field</b>	<b>Description</b>
First Name	Enter your first name as it appears on your Medicare Card, if you are a Medicare Beneficiary. If you are not a Medicare Beneficiary, enter your Legal first name.
MI	Enter your middle initial as it appears on your Medicare Card, if you are a Medicare Beneficiary. If you are not a Medicare Beneficiary, enter your Legal middle initial. (Optional).
Last Name	Enter your last name as it appears on your Medicare Card, if you are a Medicare Beneficiary. If you are not a Medicare Beneficiary, enter your Legal last name.
Health Insurance Claim Number (HICN)	Enter your HICN. If you enter the HICN, you can NOT enter an SSN.

<b>Beneficiary/Claimant Information Page</b>	
<b>Field</b>	<b>Description</b>
Social Security Number (SSN)	Enter your SSN. If you enter the SSN, you can NOT enter a HICN.
Date Of Birth	Enter your date of birth.
Gender	Select your gender from the drop down list.
E-mail Address	Enter your E-mail address. <b>Note:</b> If your E-mail address is found in the system as an existing user, you will NOT be allowed to continue the registration process.
Re-enter E-mail Address	Enter your E-mail address a second time for verification purposes.
Phone	Enter your phone number. The Extension field is optional.
Address Line 1	Enter the first line of your mailing address.
Address Line 2	Enter the second line of your mailing address (Optional).
City	Enter the city where you are located.
State	Select the state where you are located from the drop down list. <b>Note:</b> To quickly select a state, type the first letter to scroll to the desired state.
Zip Code	Enter your Zip Code (Required) plus 4-digit Zip-code suffix (Optional).
<b>Command Buttons</b>	
Previous	Click to return to the <i>Select Account Type</i> page.
Next	Click to save changes and continue to the next page.

2. Enter the required information then click **Next**. The *Registration Summary* page displays. This page lists all the information that was previously entered. All information should be reviewed and verified before continuing.

**Registration Summary** [Print this page](#)

Account Type: Self

Self/Beneficiary Information:

First Name: FIRST MI: M Last Name: LAST

SSN: ### ## ####

HICN: #####A

Date of Birth: MONTH ##, ####

Gender: Male

E-Mail Address: AAAAAAAAAAAAAA

Phone ### ## ## ####

Mailing Address:

Address Line 1: AAAAAAAAAAAAAA

Address Line 2: AAAAAAAAAAAAAA

City: AAAAAAAAAAAAAA

State: AAAAAAAAAAAAAA

Zip Code: ##### - ####

3. Verify that all information is correct. To make any corrections, click the **Edit** button next to the proper section to return to that page. Once all corrections have been made, click **Next** at the bottom of that page to navigate back to the *Summary* page. After you have returned to the *Registration Summary* page, click the **Submit Registration** button.

Click **Previous** to return to the *Beneficiary/Claimant Information* page.

4. After you click **Submit Registration**, the *Thank You* page displays, outlining the next steps in the registration process.

**Thank You** [Print this page](#)

You have successfully completed the initial registration for the Workers' Compensation Set-Aside Web site. Please print this page for your records.

**Next Steps**

After initial registration is completed, the information captured will be vetted to verify the Company, Representative or Beneficiary/Claimant is an appropriate submitter. After the vetting has been completed, the registrant will be defined with an Account identification number (ID). After the assignment of an Account ID, a letter will be mailed to the Account Representative captured during registration, with the Account ID and PIN number.

**Account Setup**

Upon receipt of the mailed Account ID and PIN, the Account Representative will be instructed to return to the Workers' Compensation Set-Aside Web site to complete the account setup. The Account Manager will need to enter the Account ID and PIN on the Account Setup page to begin setup.

[Workers' Compensation Set-Aside Welcome Page](#)

5. Click the **Workers' Compensation Medicare Set-Aside Welcome Page** link to return to the *Welcome* page.

### **Next Steps**

Within two weeks, a letter will be mailed to you that contains the Account ID and PIN, along with instructions for setting up the account (to be completed by the Account Manager). Refer to Chapter 15 for a sample mailing. If a letter is not received within 10 business days, contact a COBC EDI representative.

Once you have completed the account setup, an E-mail notification will be sent to you, including a Profile Report denoting all information previously recorded during registration and any additional information provided during the account setup. Refer to Chapter 15 for a sample notification E-mail and Profile Report. It may take up to 10 business days to receive the Profile Report.

You will have 60 business days to review, sign, and return the Profile Report to the COBC. When returning the signed Profile Report via email, use "WCMSAP Profile Report" in the subject line.

If a signed Profile Report is not received within that timeframe, the account will be automatically deleted on the 60<sup>th</sup> business day. If the account is deleted, you must start the registration process from the beginning.

Refer to Chapter 4 for more information on completing the account setup.

## Chapter 4: Account ID Setup & Account Manager Registration

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### Account Setup

#### Corporate Account Types:

Upon receipt of the mailed Account ID and PIN, the Account Representative (AR) must provide the information to the designated Account Manager (AM), who must then access the WCMSAP to complete the account setup process.

#### Representative Account Types:

Upon receipt of the mailed Account ID and PIN, you can provide the information to a designated AM, or assign yourself to the AM role. The AM must then access the WCMSAP to complete the account setup process.

#### Self Account Types:

By default, you will be the AM for this Account ID. Once you have received the Account ID and PIN in the mail, you must return to the WCMSAP site to complete the account setup process.

#### All Account Types:

The following section details the information that must be entered by the **Account Manager**. Contact the COBC EDI Department if you have any questions or problems regarding the Account ID at any time during account setup. To successfully set up the WCMSAP account and register yourself as the Account Manager, follow the steps outlined below.

1. Enter the following URL into your Web browser: <https://www.cob.cms.hhs.gov/WCMSA>
2. The *Login Warning* page displays, detailing the Data Use Agreement (DUA). The *Login Warning* page may be printed by clicking the **Print this Page** link in the upper right of the page.

Workers' Compensation Medicare Set-Aside Web Portal

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Login Warning [Print this page](#)

**UNAUTHORIZED ACCESS TO THIS COMPUTER SYSTEM IS PROHIBITED BY LAW**

This web site is maintained by the U.S. Government and is protected by federal law. Use of this computer system without authority or in excess of granted authority, such as access through use of another's Login ID and/or password, may be in violation of federal law, including the False Claims Act, the Computer Fraud and Abuse Act and other relevant provisions of federal civil and criminal law. Violators may be subject to administrative disciplinary action and civil and criminal penalties including civil monetary penalties.

For site security purposes we employ software programs to monitor and identify unauthorized access, unauthorized attempts to upload or change information, or attempts to otherwise cause damage. In the event of authorized law enforcement investigations, and pursuant to any required legal process, information from these sources may be used to help identify an individual and may be used for administrative, criminal or other adverse action.

**Privacy Act Statement**

The collection of this information is authorized by 42 U.S.C. 1395y(b)(5). The information collected will be used to identify and recover past mistaken Medicare primary payments and to prevent Medicare from making mistakes in the future for those Medicare Secondary Payer situations that continue to exist.

**Attestation of Information**

I have submitted all relevant information obtained and/or have knowledge of regarding this claimant, that was generated at any time on or after the Date of Incident (DOI) for the alleged accident/illness/injury/incident at issue, and has been included as part of this submission of the proposed amount for this WCMSA to the Centers for Medicare & Medicaid Services.

The information provided is complete, truthful, accurate, and meets all requirements set forth to use this process; and, I have read and understand all of the Centers for Medicare & Medicaid Services information at <http://www.cms.gov/WorkersCompAgencyServices/>

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

[I Accept](#)

[Decline](#)

<sup>1</sup> A Privacy Act system of records is a group of any records about individuals and under the control of any Federal agency from which information is retrieved by the name or other personal identifier of the individual

Privacy PolicyUser Agreement

3. Review the DUA. To proceed, click the **I Accept** link at the bottom of the page. You will be denied access to the WCMSAP site if you click **I Decline**.
4. The *Welcome* page displays.

**Workers' Compensation Medicare Set-Aside Web Portal**

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

## Welcome to the WCMSAP

This site provides an interface for entry of Workers' Compensation Medicare Set-Aside Arrangements (WCMSA) proposals. Attorneys, Medicare beneficiaries, claimants, insurance carriers and WCMSA vendors may use this site to enter the case information directly. The site also provides attorneys, Medicare beneficiaries, claimants, insurance carriers, and WCMSA vendors with the ability to track their submitted cases and the statuses without inquiry to the Coordination of Benefits Contractor (COBC) or the Centers for Medicare & Medicaid Services (CMS).

**WCMSAP Messages**

This space is reserved for system messages from the Coordination of Benefits Contractor. Check this location for important information regarding system outages, scheduled maintenance and special announcements.

**GETTING STARTED**

For more information, refer to How To Get Started under the How To menu option.

**STEP 1**      **STEP 2**

**New Registration** →      **Account Setup** →

(Account ID and PIN required)

**Sign into your account**

User Name:

[Forgot ID](#)

Password:

[Forgot Password](#)

5. Click the **Account Setup** button.
6. The *Account Setup Introduction* page displays. This page describes what steps you will be taking in the account setup process, and informs you of your duties as the Account Manager.

**Workers' Compensation Set-Aside Web Portal**

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

## Account Setup Intro

You have selected a link that guides you through the process of establishing a new Account Manager ID for the Workers' Compensation Set-Aside Web Portal (WCMSAP). Please have your Account Identification Number (EIN) and Personal Identification Number (PIN) available. The Account ID and PIN are listed on the mailing that was sent to your submitter contact.

If you are already associated with a Submitter on the WCMSA Web Portal, you will not be allowed to register for a different Submitter. An Account Manager is only allowed to be associated with one Submitter.

During this process you will be:

- Establishing an account for the Submitter, and
- Establishing your personal Login ID to the Workers' Compensation Set-Aside Web Portal (WCMSAP).

Before proceeding it is important to understand the roles of the various WCMSAP users, and their respective responsibilities to ensure the Submitter accounts are managed correctly. The role of the Account Manager and is described below.

7. Read the introduction then click **Next** to continue with the account setup process.
8. The *Account Setup* page displays. Enter the Account ID and PIN. You must also enter your E-mail address. All fields are required.

**Note:** If the E-mail address you enter here is found in the system, you will be prohibited from continuing the account setup process.

Account Setup Page	
Field	Description
Account ID	Enter the Account ID listed on the letter received from the COBC
Personal Identification Number (PIN)	Enter the PIN listed on the letter received from the COBC
E-mail Address	Enter your E-mail address. <b>Note:</b> If your E-mail address is found in the system as an existing user, you will NOT be allowed to continue the account setup process.
Re-enter E-mail Address	Enter your E-mail address a second time for verification purposes.
Command Buttons	
Previous	Click to return to the <i>Account Setup Intro</i> page.
Next	Click to save changes and continue to the next page.

9. Enter the required information then click the **Next** button.

## Corporate Account Type

After all information has been verified by the system, the *Account Setup – Company Information* page displays. The *Company Information* page displays information entered during the initial registration process.

**Account Setup - Company Information**

<p><b>Corporate Information</b></p> <p>Employer Identification Number (EIN): #####</p> <p>Corporation Name: AAAAAAAAAAAAA</p> <p><b>Business Mailing Address:</b></p> <p>Address Line 1: AAAAAAAAAAAAA</p> <p>Address Line 2: AAAAAAAAAAAAA</p> <p>City: AAAAAAAAAAAAA</p> <p>State: AAAAAAAAAAAAA</p> <p>Zip Code: ##### - #####</p>	<p><b>Account Representative Information</b></p> <p>First Name: FIRST MI: M Last Name: LAST</p> <p>Phone### - ### - ##### ext. ####</p>
---	---

Review the listed information and click the **Next** button. If any of the listed information is incorrect, contact a COBC EDI representative to have it corrected.

## Representative Account Type

After all information has been verified by the system, the *Account Setup – Representative Information* page displays. The *Representative Information* page displays information entered during the initial registration process.

The screenshot shows the 'Account Setup' page for Representative Information. At the top, there is a CMS logo and the text 'Workers' Compensation Medicare Set-Aside Web Portal' with a COB logo. A navigation bar contains links for Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, and Logoff. The main content area is titled 'Account Setup' and contains the following information:

**Representative Information**

First Name: FIRST  
 MI: M  
 Last Name: LAST  
 Phone: ### - ### - ####  
 ext.

**Representative Mailing Address:**

Address Line 1: AAAAAAAAAAAAA  
 Address Line 2: AAAAAAAAAAAAA  
 City: AAAAAAAAAAAAA  
 State: AAAAAAAAAAAAA  
 Zip Code: ##### - ####

At the bottom of the form, there are two buttons: 'Previous' and 'Next'.

Review the listed information and click the **Next** button. If any of the listed information is incorrect, contact a COBC EDI representative to have it corrected.



## Account Manager (AM) Self-Registration

The Account Manager (AM) controls the administration of a WCMSAP account. The AM has the following responsibilities:

- Reviews, signs, and returns the Profile Report upon its receipt in order to be granted full access to all WCMSAP functionality. (For Corporate accounts, the AR signs the Profile Report.)
- Manages the WCMSAP account’s information and updates general account information.
- Invites other users to function as Account Designees (ADs). (ADs are for Corporate or Representative accounts only.)
- Associates ADs to cases.
- Revokes AD’s access to cases and/or an entire WCMSAP account.
- Can submit new cases for the WCMSAP account they are associated with.
- Can view and update all cases for the WCMSAP account they are associated with.
- Can add or replace documentation in a specific case for the WCMSAP account they are associated with.
- Submits a single case, for themselves or as a Representative Payee. (For Self accounts only.)

Your personal information must be entered at this point to register yourself as the AM.

1. After clicking **Next** on the applicable *Information* page, the *Account Manager Personal Information* page displays. The information you enter here is required for subsequent communications.

2. Enter the required personal information, accept the User Agreement then click **Next**. For Representative accounts, all fields will be populated with the contact information you entered earlier if you click the **Same as Submitter** button. (This button does not display for Corporate or Self

accounts). For Self accounts, all fields will be automatically populated with the contact information you entered earlier.

**Note:** You can register as an Account Manager for an account if you are already a registered Medicare, Medicaid, and SHIP Extension Act 2006 (MMSEA) Mandatory Reporting user.

3. If you are a new user, the *Account Manager Login Information* page displays, requesting you to set up a Login ID and Password (using the following guidelines). Additionally, 2 Security Questions must be selected. Otherwise, this page is skipped.
  - Login IDs must be 7 characters
  - Login IDs must be in the format of AA999AA (first two alphabetic, next three numeric, last two alphabetic)
  - Login ID and Password cannot be the same
  - Passwords must be changed every 60 days
  - Passwords must be 8 characters in length
  - Passwords must contain at least one upper case letter, one lower case letter, one number, and one special character
  - Passwords cannot be changed more than once per day
  - Passwords cannot contain 4 consecutive characters from the previous password
  - Passwords must be different from the last 6 Passwords
  - Passwords cannot contain a reserved word (Password, welcome, hcfa, cms, system, medicare, medicaid, temp, letmein, god, sex, money, quest, 1234, or f20asya, ravens, redskin, orioles, bullets, capitol, Maryland, terps, doctor, 567890, 12345678, root, bossman, january, february, march, april, may, june, july, august, september, october, november, december, ssa, firewall, citic, admin, unisys, pwd, security, 76543210, 43210, 098765, iraq, ois, tmg, internet, intranet, extranet, att, Lockheed

The screenshot shows the 'Account Manager Login Information' page. At the top, there is a navigation bar with links: Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, and Logoff. The page title is 'Account Manager Login Information'. Below the title, there is a paragraph explaining that the security information requested will allow the system to authenticate the user's identity. To the right of this paragraph is a 'QUICK HELP' button with a link to 'Help About This Page'. Below this is a section titled 'Choose your Login ID and password carefully.' which lists several password requirements:

- Password must be changed every sixty (60) days.
- Password must consist of at least eight (8) characters.
- Password must contain at least one upper-case letter, one lower-case letter, one number, and one special character.
- Password must contain a minimum of four (4) changed characters from the previous password.
- Password cannot be changed more than once per day.
- Password must be different from the previous 6 passwords.
- Password cannot contain a reserved word (See Help About This Page for a complete list)

Below the list, it states 'An asterisk (\*) indicates a required field.' and shows three input fields: 'Login ID \*', 'Password \*', and 'Re-enter Password \*'. Further down, it explains that Security Questions allow users to regain account access if they forget their password. It asks users to 'Choose Security Questions and Provide Answers' and shows two sets of questions: 'Security Question 1 \*' with a dropdown menu set to 'Please Select' and an 'Answer 1 \*' text box, and 'Security Question 2 \*' with a dropdown menu set to 'Please Select' and an 'Answer 2 \*' text box. At the bottom left, there are 'Previous' and 'Next' buttons.

- Using the posted guidelines, create a Login ID, and enter and re-enter a Password. Select 2 Security Questions and Answers and click the **Next** button. You will use your Login ID and Password to enter the WCMSAP site and manage the account, manage designees, create and view cases, and upload file attachments. The Security Questions will allow you to access your Login ID and reset your Password in the event you forget either one.

The *Account Manager Summary* page displays. This page lists information that was previously entered during the account setup process. All information should be reviewed and verified before continuing.

**CMS** Workers' Compensation Set-Aside Web Portal **COB**  
CENTERS for MEDICARE & MEDICAID SERVICES

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

### Account Manager Summary [Print this page](#)

Please review your personal and login information. If you need to change the information, click the 'Edit' button. If you are satisfied with the information click the 'Continue' button to submit your information. Click 'Cancel' to cancel the setup process, all data will be lost. Print this page for your records.

<b>Personal Information</b> <input type="button" value="Edit"/>	<b>Login ID</b> <input type="button" value="Edit"/>
First Name:FIRST MI: M Last Name: LAST	Login ID: AA123bb
E-Mail Address:AAAAAAAAAAAAA	
Phone ### ### #### ext.####	
<b>Mailing Address:</b>	
Address Line 1:AAAAAAAAAAAAA	
Address Line 2: AAAAAAAAAAAAAA	
City: AAAAAAAAAAAAAA	
State: AAAAAAAAAAAAAA	
Zip Code: ##### - ####	

5. Verify that all information is correct. To make any corrections, click the **Edit** button next to the proper section to return to that section. Once all corrections have been made, click **Next** at the bottom of that page to navigate back to the *Summary* page. After you have returned to the *Account Manager Summary* page, click the **Submit Account Setup** button.

Click **Previous** to return to the *Account Manager Login Information* page.

6. After you click **Submit**, the *Thank You* page displays, outlining the next steps in the account setup process.

**CMS** Workers' Compensation Medicare Set-Aside Web Portal **COB**  
CENTERS for MEDICARE & MEDICAID SERVICES

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

### Thank You [Print this page](#)

You have successfully completed the Account Setup for the Workers' Compensation Medicare Set-Aside Web site and established yourself as the Account Manager for the Account ID. Please print this page for your records.

**Next Steps**

You may return to the Workers' Compensation Medicare Set-Aside Web site Welcome page, login using the Login ID and Password you just created to access accounts associated to your ID.

Please note: when returning your profile to the COBVA mailbox, please write "WCMSAP Profile Report" in the subject line. This is so the EDI Reps responsible for routing COBVA messages know to who they should send profile reports.

You can visit the Workers' Compensation Medicare Set Aside page at [Workers' Compensation Set-Aside Welcome Page](#)

7. Click the **Workers' Compensation Medicare Set-Aside Welcome Page** link to return to the *Welcome* page.

You have successfully setup the account and registered yourself as the Account Manager. As the AM, you control the administration of the WCMSAP account. You will receive a Profile Report from the COBC via E-mail, which must be reviewed for accuracy then signed and returned to the COBC. You cannot submit, view, or create cases until the signed Profile Report is received by the COBC. After the report has been received by the COBC, you can login to the account to maintain account and case information, upload and replace documents, submit cases, and manage Designee access.

You may choose to manage the entire account or you may invite other company employees to assist as Account Designees (Corporate and Representative accounts only).

To add Designees to a WCMSAP account, you must login to the WCMSAP site using the Login ID and Password you created during the Account Setup process. Chapter 8 describes the steps you must take as the Account Manager to invite users to be Account Designees. Chapter 9 details the Account Designee self-registration process once they have received an invitation E-mail from the COBC after you add them to your account.

## Profile Report

Upon completion of all information for the account setup, an E-mail notification will be sent to you and the Account Representative (for Corporate accounts), or to you only (for Representative and Self accounts). The E-mail will also include a Profile Report, noting all information previously recorded during registration and any additional information provided during the account setup. Refer to Chapter 15 for a sample notification E-mail and Profile Report. It may take up to 10 business days to receive the Profile Report. Contact the COBC EDI Department if you do not receive a Profile Report after 10 business days.

You or the Account Representative will have 60 business days to review, sign, and return the Profile Report to the COBC. When returning the signed Profile Report via email, use "WCMSAP Profile Report" in the subject line.

If a signed Profile Report is not received within that timeframe, the account will be automatically deleted on the 60<sup>th</sup> business day. If the account is deleted, you must start the registration process from the beginning.

## Chapter 5: Login

### Log In to the WCMSAP Site

1. Enter the following URL into your Web browser: <https://www.cob.cms.hhs.gov/WCMSA>
2. The *Login Warning* page displays, detailing the Data Use Agreement (DUA).

**CMS** Workers' Compensation Medicare Set-Aside Web Portal 

CENTERS for MEDICARE & MEDICAID SERVICES

[Login Warning](#)  [Print this page](#)

**UNAUTHORIZED ACCESS TO THIS COMPUTER SYSTEM IS PROHIBITED BY LAW**

This web site is maintained by the U.S. Government and is protected by federal law. Use of this computer system without authority or in excess of granted authority, such as access through use of another's Login ID and/or password, may be in violation of federal law, including the False Claims Act, the Computer Fraud and Abuse Act and other relevant provisions of federal civil and criminal law. Violators may be subject to administrative disciplinary action and civil and criminal penalties including civil monetary penalties.

For site security purposes we employ software programs to monitor and identify unauthorized access, unauthorized attempts to upload or change information, or attempts to otherwise cause damage. In the event of authorized law enforcement investigations, and pursuant to any required legal process, information from these sources may be used to help identify an individual and may be used for administrative, criminal or other adverse action.

**Privacy Act Statement**

The collection of this information is authorized by 42 U.S.C. 1395y(b)(5). The information collected will be used to identify and recover past mistaken Medicare primary payments and to prevent Medicare from making mistakes in the future for those Medicare Secondary Payer situations that continue to exist.

**Attestation of Information**

I have submitted all relevant information obtained and/or have knowledge of regarding this claimant, that was generated at any time on or after the Date of Incident (DOI) for the alleged accident/illness/injury/incident at issue, and has been included as part of this submission of the proposed amount for this WCMSA to the Centers for Medicare & Medicaid Services.

The information provided is complete, truthful, accurate, and meets all requirements set forth to use this process; and, I have read and understand all of the Centers for Medicare & Medicaid Services information at <http://www.cms.gov/WorkersCompAgency/Services/>

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

[I Accept](#)

[Decline](#)

<sup>1</sup> A Privacy Act system of records is a group of any records about individuals and under the control of any Federal agency from which information is retrieved by the name or other personal identifier of the individual

[Privacy Policy](#) [User Agreement](#)

3. Review the DUA. To proceed, click the **I Accept** link at the bottom of the page. You will be denied access to the WCMSAP site if you click **I Decline**.
4. The WCMSAP *Welcome* page displays.

**Workers' Compensation Medicare Set-Aside Web Portal**

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

**Welcome to the WCMSAP**

This site provides an interface for entry of Workers' Compensation Medicare Set-Aside Arrangements (WCMSA) proposals. Attorneys, Medicare beneficiaries, claimants, insurance carriers and WCMSA vendors may use this site to enter the case information directly. The site also provides attorneys, Medicare beneficiaries, claimants, insurance carriers, and WCMSA vendors with the ability to track their submitted cases and the statuses without inquiry to the Coordination of Benefits Contractor (COBC) or the Centers for Medicare & Medicaid Services (CMS).

**Sign into your account**

User Name:

[Forgot ID](#)

Password:

[Forgot Password](#)

**WCMSAP Messages**

This space is reserved for system messages from the Coordination of Benefits Contractor. Check this location for important information regarding system outages, scheduled maintenance and special announcements.

**GETTING STARTED**

For more information, refer to How To Get Started under the How To menu option.

**STEP 1**      **STEP 2**

→       →

(Account ID and PIN required)

5. Enter your Login ID in the **User Name** field and your Password in the **Password** field, and click **Login**.
6. The *WCMSAP Home* page displays. This page functions as the main processing page to initiate any WCMSAP functions. Refer to Chapter 6 for more information about the *Home* page.

**Workers' Compensation Set-Aside Web Portal**

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

**WCMSAP**

The WCMSAP provides an interface for entry of Workers' Compensation Medicare Set-Aside (WCMSA) proposals. You may use this site to enter the case information directly. The site also provides the ability to track submitted cases and the statuses without inquiry to COBC or CMS. Case Lookup and View Alert functions are also available. Click the desired link below to perform that function.

You may modify Account Settings by clicking the appropriate link under the Account Settings list.

**I'd like to...**

[Create a New Case](#)  
[Case Lookup](#)  
[View Alerts](#)

**QUICK HELP**

[Help About This Page](#)

**Account Settings**

[Update Personal Information](#)  
[Update Account Information](#)  
[Designee Maintenance](#)  
[View Account Activity](#)  
[Change Password](#)

## Forgot Login ID

1. On the *Welcome* page, click the **Forgot ID** link in the Account Sign-in box.

2. This displays the *Forgot Login ID* page. Enter your E-mail address and click **Continue**.

3. The page then re-displays with the two Security Questions you selected during the registration process. Correctly answer each of your pre-selected Security Questions then click the **Continue** button. If the information you entered is correct, your Login ID will be sent via E-mail.

If you receive an error indicating that the answers are incorrect, check your answers and re-enter. If you cannot remember the answers to your Security Questions, contact a COBC EDI representative.

- The *Thank You* page displays if your answers are correct. This page confirms that you have successfully requested your Login ID.



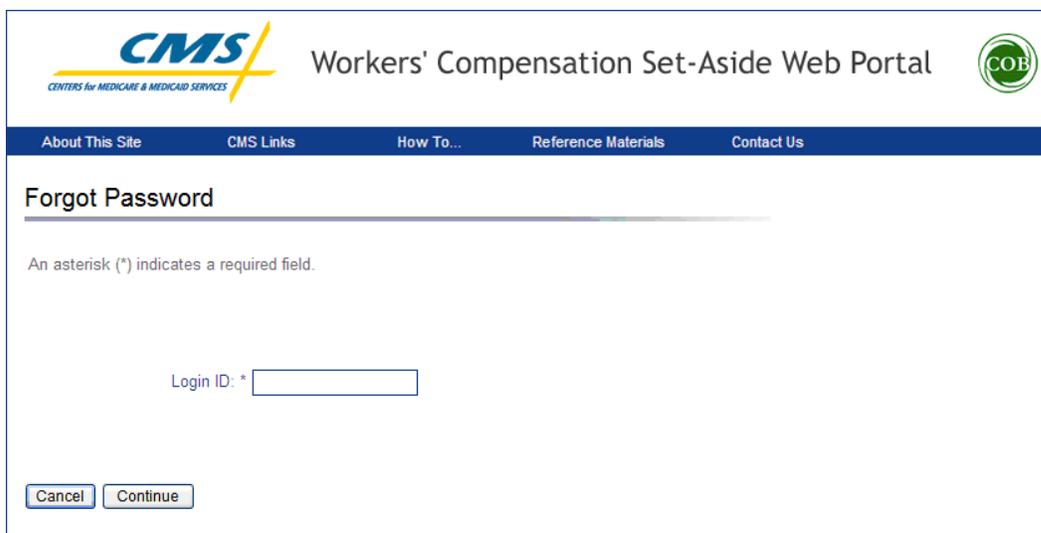
- Click the **Workers' Compensation Medicare Set-Aside Welcome Page** link to return to the *Welcome* page.
- You will then receive an E-mail containing your Login ID. After receipt of the E-mail, return to the WCMSAP site and log in using your Login ID and Password. If you do not receive an E-mail within 24 hours, contact a COBC EDI representative.

## Forgot Password

- On the *Welcome* page, click the **Forgot Password** link, in the Account Sign-in box.



- This displays the *Forgot Password* page. Enter your Login ID and click **Continue**.



- The page then re-displays with the two Security Questions you selected during the registration process. Correctly answer each of your pre-selected Security Questions then click the **Continue** button. If the information you entered is correct, your new temporary Password will be sent via E-mail.

If you receive an error indicating that your answers are incorrect, check your answers and re-enter. If you cannot remember the answers to your Security Questions, contact a COBC EDI representative.

- The *Thank You* page displays if your answers are correct, indicating that the system has generated a temporary Password and sent it to your registered E-mail address. If you do not receive an E-mail within 24 hours, contact a COBC EDI representative.

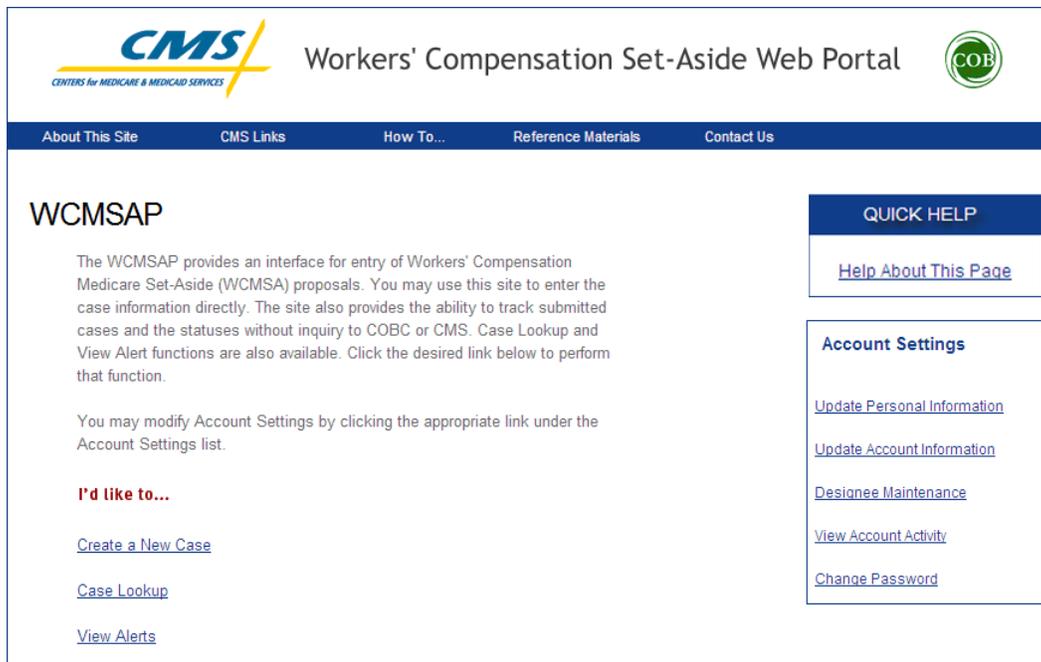
- Click the **Workers' Compensation Medicare Set-Aside Welcome Page** link to return to the *Welcome* page.
- You must change your temporary Password the next time you log into the WCMSAP. Refer to the Change Password section in Chapter 7 for more information.

## Chapter 6: WCMSAP Home Page

The *WCMSAP Home* page is the first page displayed after a successful login. This page functions as the main processing page to initiate all WCMSAP functions. In addition to the original Navigation Menu options, a **Log Off** link displays, which will log you out of the WCMSAP and return you to the *Login Warning* page.

The *Home* page gives you access to all functions in the WCMSAP. From this page you can:

- Update your Personal Information (your name, address, e-mail, phone)
- Update Account Information (organization name, address, e-mail, phone. AM function only)
- Manage Account Designees (AM function for Corporate and Representative accounts only)
- View Account Activity
- Change your Password
- Create a New Case
- Search for an Existing Case
  - Submit a Work-In-Progress case
  - Add or replace files on a submitted case
  - Manage Designee access to cases
- View Case Alerts



The screenshot shows the WCMSAP Home Page. At the top left is the CMS logo (Centers for Medicare & Medicaid Services). To its right is the title "Workers' Compensation Set-Aside Web Portal" and the COB logo. Below the title is a navigation bar with links: "About This Site", "CMS Links", "How To...", "Reference Materials", and "Contact Us". The main content area is titled "WCMSAP" and contains a paragraph describing the site's purpose: "The WCMSAP provides an interface for entry of Workers' Compensation Medicare Set-Aside (WCMSA) proposals. You may use this site to enter the case information directly. The site also provides the ability to track submitted cases and the statuses without inquiry to COBC or CMS. Case Lookup and View Alert functions are also available. Click the desired link below to perform that function." Below this paragraph is another paragraph: "You may modify Account Settings by clicking the appropriate link under the Account Settings list." Underneath is a section titled "I'd like to..." with three links: "Create a New Case", "Case Lookup", and "View Alerts". On the right side of the page, there is a "QUICK HELP" section with a link "Help About This Page". Below that is an "Account Settings" section with five links: "Update Personal Information", "Update Account Information", "Designee Maintenance", "View Account Activity", and "Change Password".

## Chapter 7: Account Settings

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Access to functions in the “Account Settings” box is limited by user role:

### Account Managers

- Update Personal Information
- Update Account Information
- Designee Maintenance (Corporate and Representative accounts only)
- View Account Activity
- Change Password

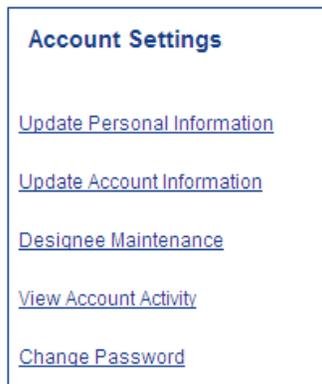
### Account Designees (Corporate and Representative account types)

- Update Personal Information
- View Account Activity
- Change Password

## Update Personal Information

Your personal information is recorded during your initial registration process. However, this information can be updated and changed, if necessary.

1. On the *Home* page, click the **Update Personal Information** link in the “Account Settings” box.



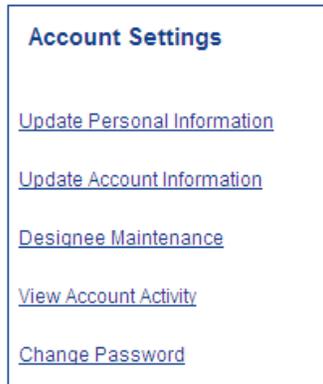
2. This displays the *Update Personal Information* page.

3. Your current personal information is displayed, with all fields except Date of Birth open for editing. After making any necessary changes, click the **Next** button.
4. This displays the *Personal Information Update Confirmation* page, showing the updated information.

5. Click the **Return to Home** button to return to the *Home* page. The system then sends you an E-mail, indicating that your personal information has been changed.

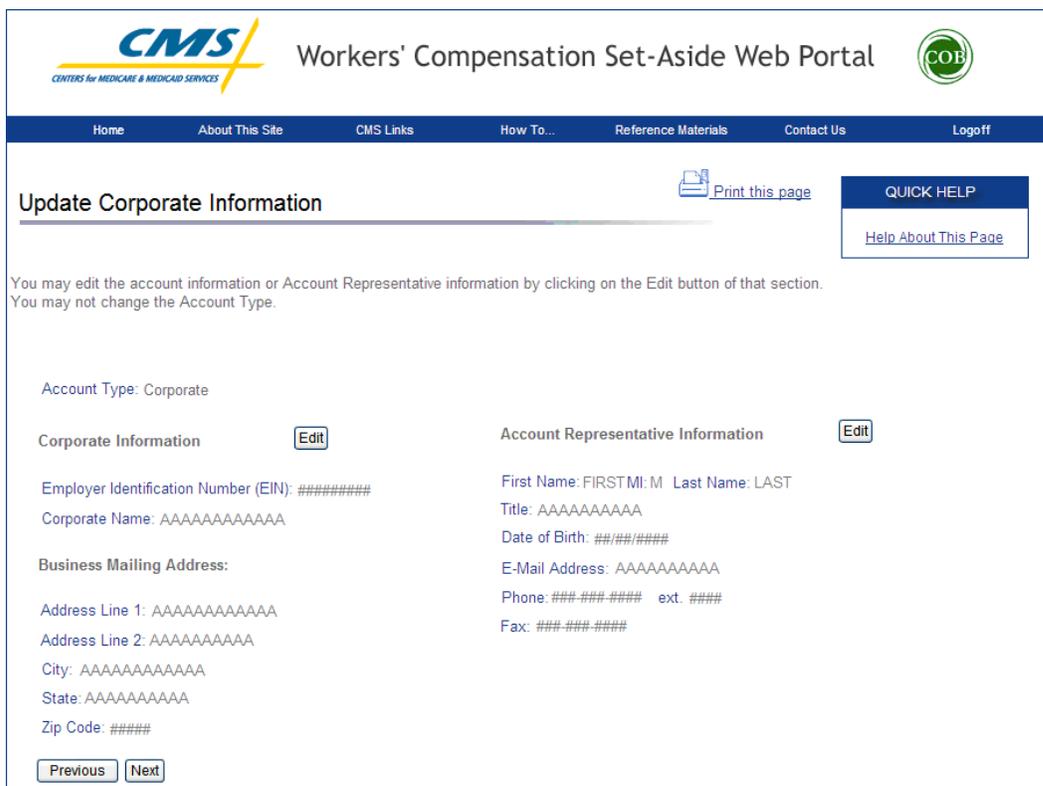
## Update Account Information

1. On the *Home* page, click the **Update Account Information** link in the “Account Settings” box. (Account Managers only)

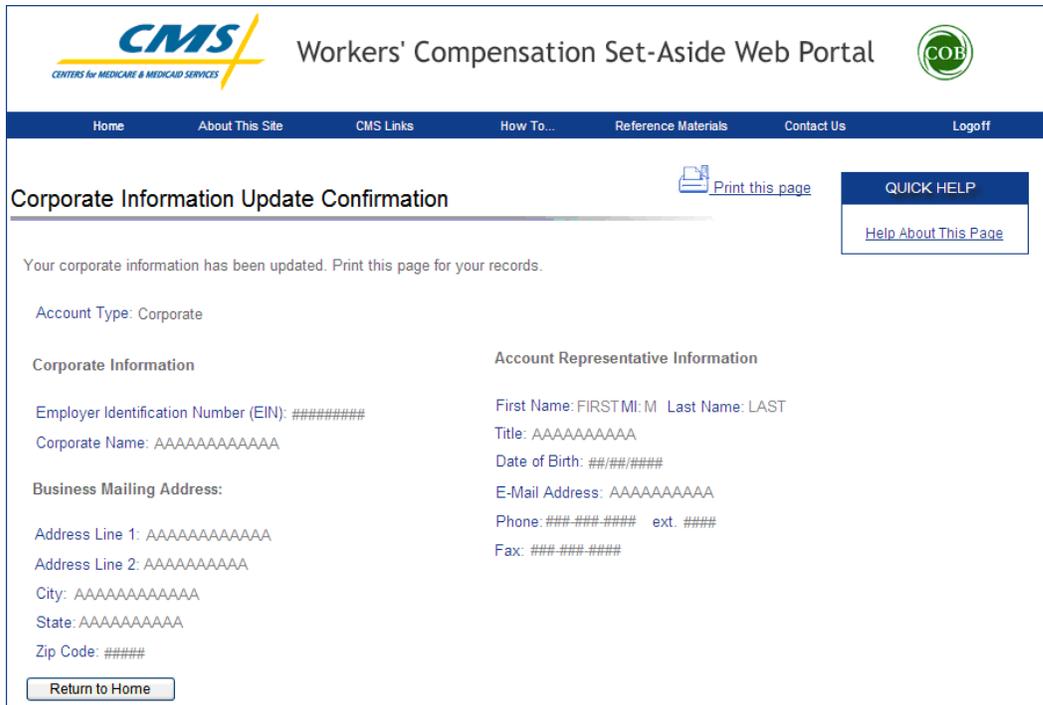


2. This displays the *Update Corporate Information* page. Your account’s mailing and contact information is displayed on this page. You can also update your Account Representative contact information, or replace them with another person.

To make any corrections, click the **Edit** button next to the proper section to return to that section. Once all corrections have been made, click **Next** at the bottom of that page to navigate back to the *Update Corporate Information* page. After you have returned to the *Update Corporate Information* page, click the **Next** button.



3. This displays the *Corporate Information Update Confirmation* page, showing what information has been updated.



4. Click the **Return to Home** button to return to the *Home* page. The system then sends you an E-mail, indicating that the account information has been changed.

## View Account Activity

All activity performed for an Account ID can be reviewed. The system provides an Account Activity history page that lists Activity Date, Description, and User. Typical activity recorded includes:

- Initial Registration
- Account Setup (Account Manager Registration)
- Add Designee
- Delete Designee
- Update of Account Information
- Case Submitted
- Document Replaced

Take the following steps to view account activity.

1. On the *Home* page, click the **View Account Activity** link in the “Account Settings” box.

**Account Settings**

[Update Personal Information](#)

[Update Account Information](#)

[Designee Maintenance](#)

[View Account Activity](#)

[Change Password](#)

- This displays the *Account Activity* page.

**Account Activity**

Account Number: #####  
 Account Name: AAAAAAAAAA

Below details account activity for the Account listed.  
 Please report any discrepancies to the COB Contractor (COBC).

Select Return Home to return to the Home Page.

Activity Date	Activity Description	User
02/15/2010	Account Registration	FIRST LAST
02/20/2010	Account Setup	FIRST LAST
02/20/2010	Designee Invitation	FIRST LAST

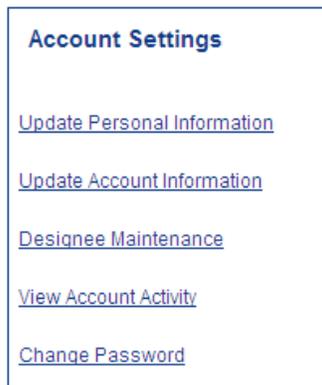
[Return to Home](#)

- After reviewing account activity history, click the **Return to Home** button to go back to the *Home* page.

## Change Password

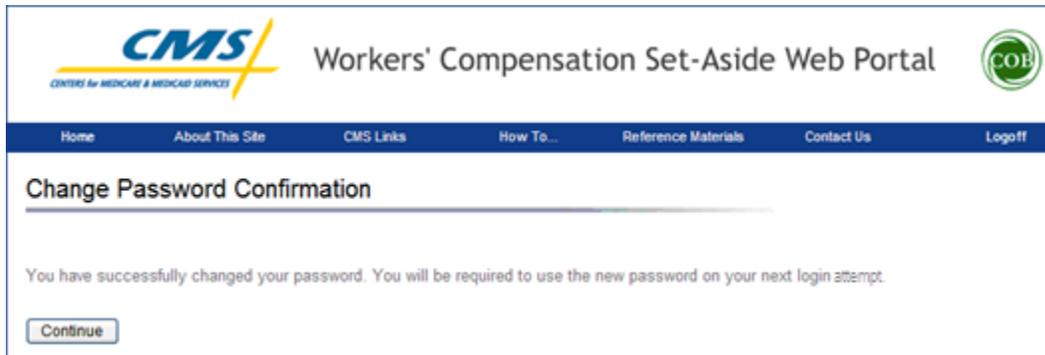
The system requires you to change your Password every 60 days. The following details the steps to successfully change your Password, whether it is expired or it is a temporary Password issued after you completed the Forgot Password process. Your Password can only be changed once every 24 hours.

1. On the *Home* page, click the **Change Password** link in the “Account Settings” box on the right side of the page.



2. This displays the *Change Password* page.

3. Enter your Current Password.
4. Enter and re-enter a new Password following the listed guidelines then click **Continue**.
5. The *Change Password Confirmation* page displays.



6. Click **Continue** to return to the *Home* page. Use your new Password the next time you log into the WCMSAP.

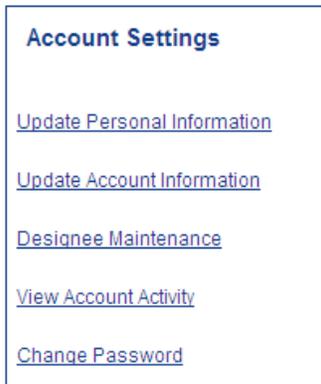
## Chapter 8: Designee Maintenance

For Corporate and Representative accounts, the Account Manager may designate one or more Account Designees to assist with case submission and management. The Account Manager can perform the following Designee Maintenance functions:

- Add an Account Designee
- Delete an Account Designee
- Edit information for an unregistered Account Designee
- Regenerate an invitation E-mail with a token link for an Account Designee’s registration

### Add a Designee

1. On the *Home* page, click the **Designee Maintenance** link in the “Account Settings” box.



2. The *Designee Listing* page displays, with all Designees and their associated statuses (Pending, Active, Locked, Expired, Revoked) listed.


Workers' Compensation Set-Aside Web Portal


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

### Designee Listing

This page provides the Designee(s) information for the individuals you have assigned to the account.

An Account Manager can only make changes to a pending Designee. Once the Designee has registered and has a Login ID, the Account Manager cannot make changes to the Designee information other than deleting the Designee from the account.

To make changes to the account of a particular Designee listed, select the link on the individual's last name. To delete a Designee select the Delete function to the left of the individual's name. Use the **Add a Designee** function to include an individual as a designee. Individuals added as designees will receive an e-mail notifying them that they have been invited to be a designee for the account.

Delete	Last Name	First Name	E-mail Address	Passphrase	Status
✗	<a href="#">LAST</a>	FIRST	AAAAAAAAAAAAA	AAAAAAA	Active
✗	<a href="#">LAST</a>	FIRST	AAAAAAAAAAAAA	AAAAAAA	Pending

- To print the *Designee Listing* page, click the **Print this Page** icon in the upper right corner. To return to the *Home* page without making any changes, click the **Return to Home** button.
- To add an Account Designee, click the **Add a Designee** button under the Account Designee List. The *Designee Information* page displays.

**CMS** Workers' Compensation Set-Aside Web Portal

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

### Designee Information

Please click the 'Next' button to check the E-Mail Address of a potential designee. To cancel and return to the Designee Listing page, click the 'Previous' button.

An asterisk (\*) indicates a required field. We ask for the e-mail address to verify if the person is currently a registered user.

Designee E-mail Address: \*

Re-enter Designee E-mail Address: \*

Previous Next

- Enter and re-enter the E-mail address of the Account Designee you wish to invite and click **Next**. Or click **Previous** to return to the *Designee Listing* page without adding a Designee.
- The system then verifies that the entered E-mail address is not in the database for an existing user.
- An existing, registered user can be an Account Designee for your Account ID as long as they are not already registered as an Account Representative for any Account ID, or the Account Manager for the same Account ID.

**If the entered E-mail address is found in system** (if the invited Account Designee is already a registered user), the following page displays:

**CMS** Workers' Compensation Set-Aside Web Portal

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

### Designee Invitation

The e-mail address that you entered has been found, please verify this is the Designee you intended to invite. If the user clicks Continue they will be taken to a confirmation page that states that the designee will receive an email notifying them that they have been invited to become a designee on the Account and may access the Account information by logging into the WCMSAP Secure Website. When they click Next they will be taken back to the Designee Listing Screen.

Cancel Previous Next

- If the information you entered is for the Designee you intended to invite, click **Next** to Continue. (Otherwise, click **Cancel**). The *Designee Confirmation* page displays, indicating that the invited Designee has been sent an E-mail notifying them that they have been added to this Account ID and will be able to access it the next time they log in to the WCMSAP.

The screenshot shows the CMS logo (Centers for Medicare & Medicaid Services) and the COB logo. The page title is "Workers' Compensation Set-Aside Web Portal". A navigation bar includes links for Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, and Logoff. The main content area is titled "Designee Confirmation" and contains the following text:

The following Designee has been successfully added to the account. The designee will receive an email notifying them that they have been invited to become a designee on the Account and may access the Account information by logging into the WCMSAP Secure Website. If the invited Designee is not currently a registered user, please contact the Designee and provide them with passphrase you created; the passphrase is necessary for them to complete registration.

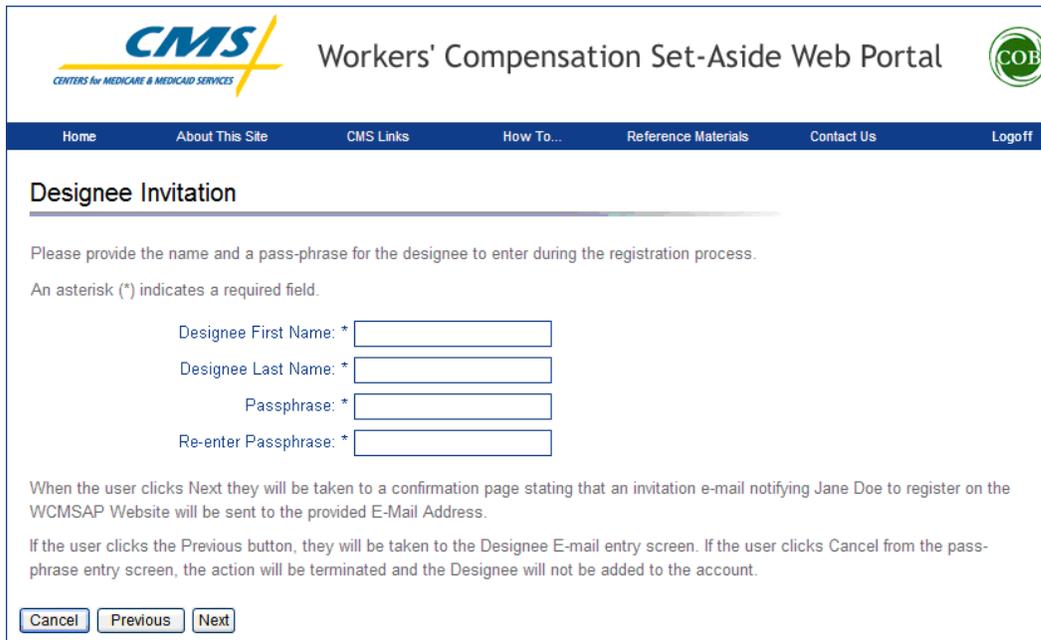
Designee First Name: FIRST  
 Designee Last Name: LAST  
 Designee Email: AAAAAAAAAA

At the bottom, there are two buttons: "Return Home" and "Next".

9. Click the **Return to Home** button to go back to the *Home* page, or click **Next** to go to the *Designee Listing* page.
10. If you click **Next**, the Designee Listing page re-displays with the new Designee listed, with the status of "Active."

Delete	Last Name	First Name	E-mail Address	Passphrase	Status
X	LAST	FIRST	AAAAAAAAAAAAA	AAAAAAA	Active
X	<a href="#">LAST</a>	FIRST	AAAAAAAAAAAAA	AAAAAAA	Pending

11. If the entered E-mail address is NOT found in the system, the *Designee Invitation* page displays. Enter the invited Designee's First Name, Last Name, create a Passphrase, and then click **Next**.



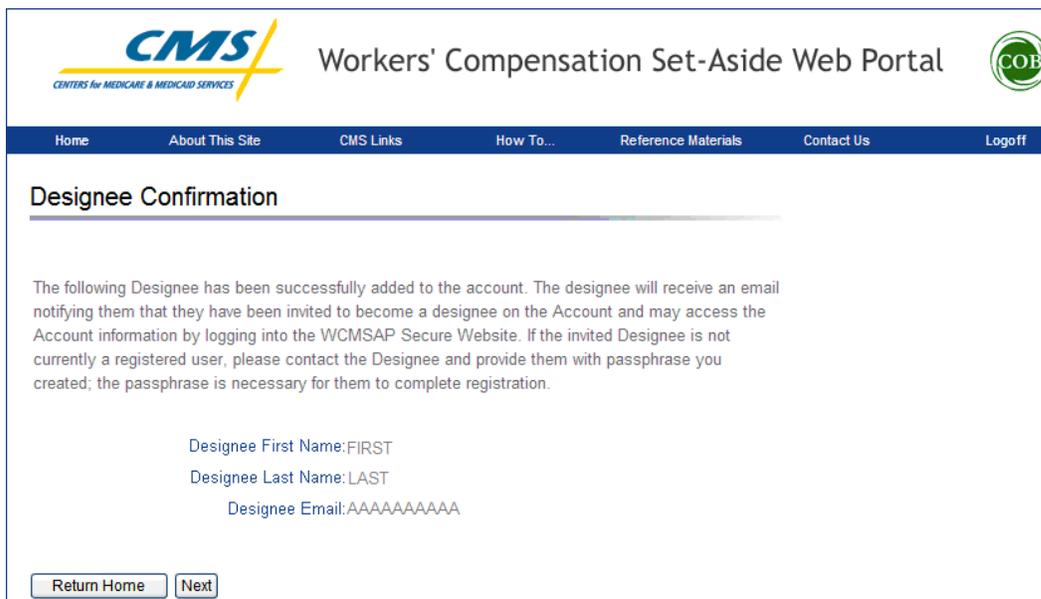
The screenshot shows the 'Designee Invitation' page. At the top, there is a header with the CMS logo (Centers for Medicare & Medicaid Services) and the text 'Workers' Compensation Set-Aside Web Portal'. A navigation bar below the header contains links for Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, and Logoff. The main content area is titled 'Designee Invitation' and contains the following text: 'Please provide the name and a pass-phrase for the designee to enter during the registration process. An asterisk (\*) indicates a required field.' Below this text are four input fields: 'Designee First Name: \*', 'Designee Last Name: \*', 'Passphrase: \*', and 'Re-enter Passphrase: \*'. At the bottom of the form, there are three buttons: 'Cancel', 'Previous', and 'Next'. A note at the bottom of the page states: 'When the user clicks Next they will be taken to a confirmation page stating that an invitation e-mail notifying Jane Doe to register on the WCMSAP Website will be sent to the provided E-Mail Address. If the user clicks the Previous button, they will be taken to the Designee E-mail entry screen. If the user clicks Cancel from the pass-phrase entry screen, the action will be terminated and the Designee will not be added to the account.'

The Passphrase should be a short case-sensitive phrase of your creation.

Enter a word or words up to 30 characters. After you complete the invitation process, contact your Designee and provide them with the Passphrase. They will need to enter it exactly as you did when they follow the link in their invitation E-mail to register for the WCMSAP.

This ensures that only the people you invite will have access to your account. Do not share this Passphrase with anyone else. It will not be sent to the Designee in the invitation E-mail. You must give it to them outside the system.

12. After clicking **Next**, the *Designee Confirmation* page displays, indicating that the invited Designee has been sent an E-mail notifying them that they have been added to this Account ID and must use the token link in that E-mail, in addition to the Passphrase you provide them, to register for the WCMSAP and access this Account ID.



The screenshot shows the 'Designee Confirmation' page. At the top, there is a header with the CMS logo (Centers for Medicare & Medicaid Services) and the text 'Workers' Compensation Set-Aside Web Portal'. A navigation bar below the header contains links for Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, and Logoff. The main content area is titled 'Designee Confirmation' and contains the following text: 'The following Designee has been successfully added to the account. The designee will receive an email notifying them that they have been invited to become a designee on the Account and may access the Account information by logging into the WCMSAP Secure Website. If the invited Designee is not currently a registered user, please contact the Designee and provide them with passphrase you created; the passphrase is necessary for them to complete registration.' Below this text, the following information is displayed: 'Designee First Name: FIRST', 'Designee Last Name: LAST', and 'Designee Email: AAAAAAAAAA'. At the bottom of the page, there are two buttons: 'Return Home' and 'Next'.

The invitation E-mail will come from cobva@ghimedicare.com. Inform your Designee to allow E-mail deliveries from this address.

- Click the **Return to Home** button to go back to the *Home* page, or click **Next** to go to the *Designee Listing* page.
- If you click **Next**, the Designee Listing page re-displays with the new Designee listed, with the status of "Pending."

Delete	Last Name	First Name	E-mail Address	Passphrase	Status
X	LAST	FIRST	AAAAAAAAAAAAA	AAAAAAA	Active
X	<a href="#">LAST</a>	FIRST	AAAAAAAAAAAAA	AAAAAAA	Pending

## Delete a Designee

- On the *Designee Listing* page, click the Delete icon **X** next to the Designee you wish to delete from the account.

Delete	Last Name	First Name	E-mail Address	Passphrase	Status
X	LAST	FIRST	AAAAAAAAAAAAA	AAAAAAA	Active

- The *Delete Designee Confirmation* page displays.

- If you do NOT want to delete the selected Designee, click **Cancel** to return to the *Designee Listing* page, which will show the Account Designee still listed with their status unchanged.
- If you DO want to delete the selected Designee, click **Continue**.
- The system disassociates the Account Designee from the account and re-displays the *Designee Listing* page without the Account Designee who was just deleted. This removes the AD from this Account ID only, but they will retain access to any other Account ID they are currently associated with.

## Edit Designee Information

An Account Manager can edit personal information for Designees in “Pending” status. ADs in “Pending” status have not yet registered on the WCMSAP. AMs can only view personal information for Designees in “Active” status.

1. On the *Designee Listing* page, click the last name of the Designee whose information you wish to update.

Delete	Last Name	First Name	E-mail Address	Passphrase	Status
X	<a href="#">LAST</a>	FIRST	AAAAAAAAAAAAA	AAAAAAA	Pending

2. The *Update Designee Information* page displays, with the Designee’s personal information open for editing.

**Update Designee Information**

Please click the 'Next' button to check the E-Mail Address of a potential designee. To cancel and return to the Designee Listing page, click the 'Previous' button.

An asterisk (\*) indicates a required field. We ask for the e-mail address to verify if the person is currently a registered user.

First Name: \*

Last Name: \*

E-mail Address: \*

Re-enter E-mail Address: \*

Passphrase: \*

Re-enter Passphrase: \*

Regenerate token. Check this box if another invitation email must be sent to the Designee.

3. Make the necessary changes and click **Next**.
4. The **Designee Listing** page re-displays with the Designee’s personal information updated.

Delete	Last Name	First Name	E-mail Address	Passphrase	Status
X	<a href="#">LAST</a>	FIRST	AAAAAAAAAAAAA	BBBBBBB	Pending

## Regenerate Invitation E-mail

When the Account Manager invites a person to be an Account Designee, an E-mail is generated and sent to the intended Designee informing them of the invitation, and includes a token link for them to access the WCMSAP site and self-register as an AD.

If the intended Designee has misplaced or deleted the invitation E-mail, or if the Designee has not registered within 30 days, the Account Manager can regenerate the invitation E-mail, allowing the intended AD to self-register.

The previously-generated token link will not work once a new E-mail is generated. Invitation E-mails can only be regenerated for Designees in Pending status. The E-mail will come from cobva@ghimedicare.com. Inform your Designee to allow E-mail deliveries from this address.

1. On the *Designee Listing* page, click the last name of the preferred Designee.

Delete	Last Name	First Name	E-mail Address	Passphrase	Status
X	<a href="#">LAST</a>	FIRST	AAAAAAAAAAAA	BBBBBBBB	Pending

2. The *Update Designee Information* page displays, with the Designee’s personal information open for editing.



### Workers' Compensation Set-Aside Web Portal



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#### Update Designee Information

Please click the 'Next' button to check the E-Mail Address of a potential designee. To cancel and return to the Designee Listing page, click the 'Previous' button.

An asterisk (\*) indicates a required field. We ask for the e-mail address to verify if the person is currently a registered user.

First Name: \*

Last Name: \*

E-mail Address: \*

Re-enter E-mail Address: \*

Passphrase: \*

Re-enter Passphrase: \*

Regenerate token. Check this box if another invitation email must be sent to the Designee.

3. Check the Regenerate token checkbox beneath the Designee’s personal information then click **Next**.
4. The *Designee Listing* page re-displays, with the Designee’s information unchanged. However, the system re-generates the invitation E-mail and sends it to the E-mail Address registered for the Account Designee.

## Chapter 9: Account Designee Registration

---

Account Designees (ADs) are optional users associated with an Account ID, who assist the Account Manager in managing a Corporate or Representative account. As a Designee, you will be able to perform most of the functions on the site, including submitting cases, but will not be able to invite additional users to be associated with the Account ID or company information.

ADs are assigned by the Account Manager. After the AM adds you to an account, the system sends you an invitation E-mail, containing a specific URL. It is necessary for you to use this URL, as it contains a specific token which grants access to the registration site. You will also verbally receive a Passphrase from the Account Manager, which must be entered during the registration process. The token link becomes inactive after 30 days of non-use, so it is imperative to register as soon as possible after receiving the invitation E-mail.

As an Account Designee, you register yourself on the WCMSAP, using the information contained in the system-generated E-mail sent and the Passphrase given to you by the Account Manager. You will only go through this process once, as you need only one Login ID no matter how many account IDs you will ultimately work with.

To successfully register yourself as an Account Designee, follow the steps outlined below.

1. Click on the token URL provided in the invitation E-mail sent by the COBC. The E-mail will come from cobva@ghimedicare.com. You must allow E-mail deliveries from this address.
2. The *Login Warning* page displays, detailing the Data Use Agreement (DUA).

Workers' Compensation Medicare Set-Aside Web Portal

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Login Warning [Print this page](#)

**UNAUTHORIZED ACCESS TO THIS COMPUTER SYSTEM IS PROHIBITED BY LAW**

This web site is maintained by the U.S. Government and is protected by federal law. Use of this computer system without authority or in excess of granted authority, such as access through use of another's Login ID and/or password, may be in violation of federal law, including the False Claims Act, the Computer Fraud and Abuse Act and other relevant provisions of federal civil and criminal law. Violators may be subject to administrative disciplinary action and civil and criminal penalties including civil monetary penalties.

For site security purposes we employ software programs to monitor and identify unauthorized access, unauthorized attempts to upload or change information, or attempts to otherwise cause damage. In the event of authorized law enforcement investigations, and pursuant to any required legal process, information from these sources may be used to help identify an individual and may be used for administrative, criminal or other adverse action.

**Privacy Act Statement**

The collection of this information is authorized by 42 U.S.C. 1395y(b)(5). The information collected will be used to identify and recover past mistaken Medicare primary payments and to prevent Medicare from making mistakes in the future for those Medicare Secondary Payer situations that continue to exist.

**Attestation of Information**

I have submitted all relevant information obtained and/or have knowledge of regarding this claimant, that was generated at any time on or after the Date of Incident (DOI) for the alleged accident/illness/injury/incident at issue, and has been included as part of this submission of the proposed amount for this WCMSA to the Centers for Medicare & Medicaid Services.

The information provided is complete, truthful, accurate, and meets all requirements set forth to use this process; and, I have read and understand all of the Centers for Medicare & Medicaid Services information at <http://www.cms.gov/WorkersCompAgencyServices/>

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

[I Accept](#)

[Decline](#)

<sup>1</sup> A Privacy Act system of records is a group of any records about individuals and under the control of any Federal agency from which information is retrieved by the name or other personal identifier of the individual

Privacy PolicyUser Agreement

3. Review the DUA. To proceed, click the **I Accept** link at the bottom of the page. You will be denied access to the WCMSAP registration process if you click **I Decline**.
4. The *Designee Registration* page displays.

<a href="#">Home</a>	<a href="#">About This Site</a>	<a href="#">CMS Links</a>	<a href="#">How To...</a>	<a href="#">Reference Materials</a>	<a href="#">Contact Us</a>	<a href="#">Logoff</a>
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## Designee Registration

You have been assigned as a Designee to the following account:

**Corporate Name:** AAAAAAAAAAAAA

**Account Manager Information:**

FIRST LAST  
 AAAAAAA  
 AAAAAAAAAAAAA  
 AAAAAAAAAAAAA, AA #####  
 EIN/TIN: #####  
 Telephone: (###) ### ####  
 Email: AAAAAAAAA

To set up a Login ID for you to act as a Designee, you will need the pass-phrase created by the Account Manager.  
 If you do not have the pass-phrase, please contact the above Account Manager.

If you have already registered, please visit the Workers' Compensation Medicare Set-Aside Welcome Page at <https://www.cob.cms.hhs.gov/WCMSA> to login.

**Enter the passphrase:**

You must read the User Agreement provided in the scrolling box. To accept the agreement, click the checkbox. You must accept and agree to the terms of the User Agreement in order to continue through the registration process.  
[View and print the agreement below](#)

### User Agreement

THE FOLLOWING DESCRIBES THE TERMS AND CONDITIONS BY WHICH THE CENTERS FOR MEDICARE MEDICAID SERVICES (CMS) OFFERS YOU ACCESS TO THE COORDINATION OF BENEFITS (COB) SECURE WEB SITE

You must read and accept the terms and conditions contained in this User Agreement expressly set out below and incorporated by reference before you may access the COB Secure Web site.

Please check the following box:

I accept the User Agreement and Privacy Policy above

[Privacy Policy](#)
[User Agreement](#)

- The *Registration* page informs you that you have been assigned as an AD for the listed Account ID. Enter the Passphrase given to you earlier by the Account Manager, check the **I Accept** box beneath the DUA, and click the **Next** button. **Note:** The Passphrase is case-sensitive. Enter it exactly as it was given to you.
- The *Designee Personal Information* page displays.

The screenshot shows the 'Designee Personal Information' registration page. At the top left is the CMS logo (Centers for Medicare & Medicaid Services) and the title 'Workers' Compensation Set-Aside Web Portal'. At the top right is the COB logo. A navigation bar contains links for Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, and Logoff. The main content area is titled 'Designee Personal Information' and includes a note: 'An asterisk (\*) indicates a required field.' The form fields are: First Name (\*), MI, Last Name (\*), E-mail Address (\*, containing 'AAAAAAAAA'), Phone (\*, with area code, prefix, and extension boxes), Mailing Address (Address Line 1 (\*), Address Line 2, City (\*), State (\*, dropdown menu with '-Select-' selected), and Zip Code (\*, with two boxes). At the bottom left are 'Previous' and 'Next' buttons.

7. Enter the requested information and click the **Next** button.
8. The *Designee Login Information* page displays. Select 2 Security Questions and setup a Login ID and Password (using the following guidelines):
  - Passwords must be changed every 60 days
  - Passwords must be 8 characters in length
  - Passwords must contain at least one upper case letter, one lower case letter, one number, and one special character
  - Passwords cannot be changed more than once per day
  - Passwords cannot contain 4 consecutive characters from the previous password
  - Passwords must be different from the last 6 Passwords
  - Passwords cannot contain a reserved word (Password, welcome, hcfa, cms, system, medicare, medicaid, temp, letmein, god, sex, money, quest, 1234, or f20asya, ravens, redskin, orioles, bullets, capitol, Maryland, terps, doctor, 567890, 12345678, root, bossman, january, february, march, april, may, june, july, august, september, october, november, december, ssa, firewall, citic, admin, unisys, pwd, security, 76543210, 43210, 098765, iraq, ois, tmg, internet, intranet, extranet, att, Lockheed)

**CMS**  
CENTERS for MEDICARE & MEDICAID SERVICES

Workers' Compensation Set-Aside Web Portal

COB

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### Designee Login Information

The security information requested on this page will allow the system to authenticate your identity each time you log on. This will ensure only you are provided access and updating privileges

**QUICK HELP**  
[Help About This Page](#)

Choose your Login ID and password carefully.

- Password must be changed every sixty (60) days.
- Password must consist of at least eight (8) characters.
- Password must contain at least one upper-case letter, one lower-case letter, one number, and one special character.
- Password must contain a minimum of four (4) changed characters from the previous password.
- Password cannot be changed more than once per day.
- Password must be different from the previous 6 passwords.
- Password cannot contain a reserved word (See Help About This Page for a complete list)

An asterisk (\*) indicates a required field.

Login ID \*

Password \*

Re-enter Password \*

The Security Questions allow you to regain account access if you forget your password. Please note the answers you provide to these questions should be actual answers and not hints for your password.

Choose Security Questions and Provide Answers

Security Question 1 \*

Answer 1 \*

Security Question 2 \*

Answer 2 \*

9. Enter the required information and click the **Next** button.
10. The *Designee Summary* page displays. The page provides a summary of all the information you have entered. To make any corrections, click the **Edit** button next to the proper section to return to that section. Once all corrections have been made, click **Next** at the bottom of that page to navigate back to the *Designee Summary* page. After you have returned to the *Designee Summary* page, click the **Submit Registration** button.

**CMS** Workers' Compensation Set-Aside Web Portal

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### Designee Summary [Print this page](#)

Please review your personal and login information. If you need to change the information, click the 'Edit' button. If you are satisfied with the information click the 'Continue' button to submit your information. Click 'Cancel' to cancel the setup process, all data will be lost. Print this page for your records.

<b>Personal Information</b> <input type="button" value="Edit"/>	<b>Login ID</b> <input type="button" value="Edit"/>
First Name: FIRST MI: M Last Name: LAST	Login ID: AA123bb
E-Mail Address: AAAAAAAAAA	
Phone: ### ### ##### ext. #####	
<b>Mailing Address:</b>	
Address Line 1: AAAAAAAAAA	
Address Line 2: AAAAAAAAAA	
City: AAAAAAAAAA	
State: AAAAAAAAAA	
Zip Code: #####	

- The *Thank You* page displays. Click the **Workers' Compensation Medicare Set-Aside Welcome Page** link to go to the *WCMSAP Welcome* page to log in to the site and manage account information.

**CMS** Workers' Compensation Medicare Set-Aside Web Portal

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### Thank You [Print this page](#)

You have successfully completed registration for the Workers' Compensation Set-Aside Web site and established yourself as a Designee for the Account ID. Please print this page for your records.

**Next Steps**

You may now return to the Workers' Compensation Set-Aside Web site welcome page, login using the Login ID and Password you just created to access accounts associated with your ID.

You can visit the Workers' Compensation Medicare Set-Aside Welcome page at <https://www.cob.cms.hhs.gov/WCMSA/>

You have successfully completed self-registration on the WCMSAP site.

## Chapter 10: Create a New Case

### Case Creation Overview

Use the case creation process to input Workers' Compensation Medicare Set-Aside case information and all relevant documentation. Before you begin, read this chapter in its entirety and gather all required information.

**Once a case has been created, neither the SSN nor HICN can be changed within the case. If the SSN and/or HICN are incorrect, the case must be:**

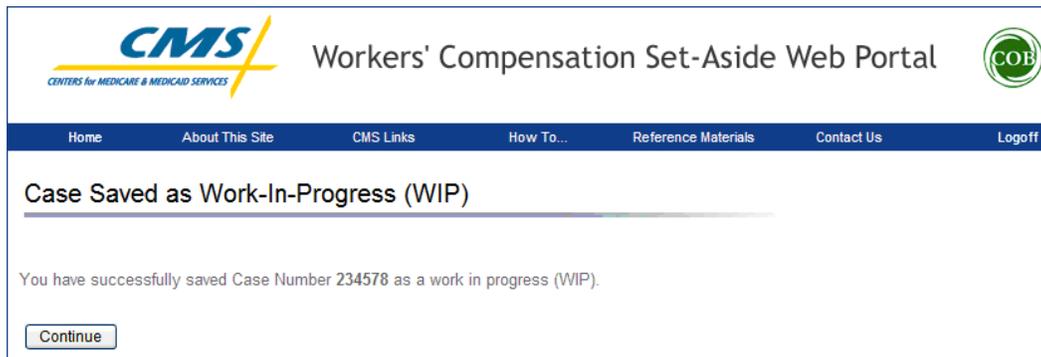
- Canceled if it has not been saved as a **Work-In-Progress**,
- Deleted if it has been saved as a **Work-In-Progress**, **OR**
- Closed and re-created with the correct HICN or SSN if the case was submitted.  
Contact the EDI Department to close a submitted case.

See the following sections for more information on removing cases.

All files being added to a case must be in PDF format, can be no larger than 40 MB total for all files being attached (up to 3 files), and must be virus-free.

Ensure that all files related to a case have been converted to that format, and do not exceed size limits. This is especially important for medical records. You may have to separate medical records into multiple files to meet size limitations. All PDF files that meet the noted criteria can be added to a case.

You do not have to complete the case creation process immediately. You can save the entered information at any time after the initial case creation page by clicking the **Save Work-In-Progress** button that displays at the bottom of most pages. If you do so, the case is saved and the *Work-In-Progress* page displays:



You can return to the WCMSAP at a later time and finish creating the case, then submit the case, by using the case lookup process and utilizing the case number provided on the *Work-In-Progress* page. See the next chapter for more information on the case lookup process.

If you click the **Cancel Case Creation** button, the case will NOT be saved. Cancelling the case deletes any entered information from the WCMSAP; you must start the case creation process from the beginning for that case.

Take the following steps to successfully create a new case.

From the *Home* page, click the **Create a New Case** link in the "I'd Like To..." box. The *New Case Creation* page displays.

**I'd like to...**

[Create a New Case](#)

[Case Lookup](#)

[View Alerts](#)

## New Case Creation

Use the *New Case Creation* page to enter information for the beneficiary or claimant, and to verify that the case meets all new case requirements. Fields marked with an asterisk (\*) are required.

**For Account Designees:** The system will first require you to select the desired WCMSAP account from the *Account Listing* page prior to creating a new case.

If any of the following conditions are found, a case can NOT be created for this beneficiary or claimant:

- **The proposed settlement amount is less than or equal to \$25,000 for beneficiaries**
- **The proposed settlement amount is less than or equal to \$250,000 for non-beneficiaries**
- **The case already exists in the system (use Case Lookup to work the case)**

<b>New Case Creation Page</b>	
<b>Field</b>	<b>Description</b>
HICN	Enter the beneficiary or claimant's Health Insurance Claim Number. If you enter the HICN, you can NOT enter an SSN.
SSN	Enter the beneficiary or claimant's Social Security Number. If you enter the SSN, you can NOT enter a HICN.

<b>New Case Creation Page</b>	
<b>Field</b>	<b>Description</b>
Initial Date of Injury	Enter the date of the beneficiary or claimant's first injury. If there are additional dates of injury for this case, add them on the Case Notes page. If there are additional dates of injury for this beneficiary/claimant that are NOT associated with this case, a separate case or cases must be submitted.
Last Name	Enter the beneficiary or claimant's last name.
First Name	Enter the beneficiary or claimant's first name.
Gender	Select the beneficiary or claimant's gender from the drop down list.
Date of Birth	Enter the beneficiary or claimant's date of birth.
Proposed Settlement Amount	Enter the proposed settlement amount for the case.
<b>Command Buttons</b>	
Cancel	Click to return to the <i>Select Welcome</i> page. The information entered on this page will NOT be saved.
Continue	Click to save changes and continue to the next page.

Enter the required information then click **Continue**. If the case meets minimum requirements, the *Beneficiary/Claimant Information* page displays.

## Beneficiary/Claimant Information

Enter the beneficiary or claimant’s contact and injury information on this page. Fields marked with a superscript 1 (¹) are required.

**For Self accounts:** Most fields are pre-populated. If the name, address, or phone number information is no longer correct, click the **Cancel Case Creation** button, make the necessary corrections via the Update Personal Information page, then begin the case creation process again.

**For Corporate and Representative accounts:** The information entered on the previous page is pre-populated, with all other fields open for editing.

<b>Beneficiary/Claimant Information Page</b>	
<b>Field</b>	<b>Description</b>
Last Name	Displays the beneficiary or claimant’s last name.
First Name	Displays the beneficiary or claimant’s first name.
MI	Displays the beneficiary or claimant’s middle initial, if previously entered.
Beneficiary HICN	Displays the beneficiary’s HICN, if previously entered. The first 5 digits are masked with asterisks.
Beneficiary/Claimant SSN	Displays the beneficiary or claimant’s social security number, if previously entered. The first 5 digits are masked with asterisks.
Beneficiary/Claimant Date of Birth	Displays the beneficiary or claimant’s birth date.

<b>Beneficiary/Claimant Information Page</b>	
<b>Field</b>	<b>Description</b>
Beneficiary/Claimant Gender	Displays the beneficiary or claimant's gender.
Address Line 1	Enter the first line of the beneficiary or claimant's mailing address. This field is pre-populated for Self account types.
Address Line 2	Enter the second line of the beneficiary or claimant's mailing address. Optional. This field is pre-populated for Self account types, if previously entered.
City	Enter the city where the beneficiary or claimant lives. This field is pre-populated for Self Account types.
State of Residence	Select the state where the beneficiary or claimant lives from the dropdown list. This field is pre-populated for Self account types.
Zip Code	Enter the beneficiary or claimant's zip code. The ZIP+4 field is optional. This field is pre-populated for Self account types.
Phone	Enter the beneficiary or claimant's telephone number. The extension field is optional. This field is pre-populated for Self account types.
State where injury occurred	Select the state where the beneficiary or claimant's first injury occurred from the dropdown list.
Submitter Type	Select a submitter type from the dropdown list. (This field is not displayed for Self account types.) Options are: Beneficiary/Claimant Representative Claimant Attorney Defendant Attorney WC Carrier Employer Medical Consultant Other
<b>Command Buttons</b>	
Next	Click to save changes and continue to the next page.
Save Work-In-Progress	Click to save all information entered up to this point and exit the case creation process.
Case Summary	Click to go to the <i>Case Summary</i> page and view a synopsis of the case information entered.
Cancel Case Creation	Click to delete all information entered for this case and exit the case creation process.

Enter the required information then click **Next**. The *Diagnosis Codes* page displays.

## Diagnosis Codes

Add diagnosis codes to the case by entering a code in the Diagnosis Codes text box, then clicking the **Add Diagnosis Code** button. Click the **Clear** button to remove the value in the text box.

You must add at least one diagnosis code to the case, and a maximum of 5 diagnosis codes. **The primary diagnosis code must be added first.**

The screenshot shows the 'Workers' Compensation Set-Aside Web Portal' interface. At the top, there is a navigation bar with links: Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, and Logoff. Below this is the 'Case Information' section with several tabs: Beneficiary/Claimant \*, Diagnosis Codes \*, WC Carrier \*, Employer \*, Attorney, Notes, Documents \*, and Summary. The 'Diagnosis Codes' tab is selected. The content area includes instructions on how to search for and add diagnosis codes. A search field with a magnifying glass icon is present, along with an 'Add Diagnosis Code' button and a 'Clear' button. At the bottom, there are buttons for 'Previous', 'Next', 'Save Work-In-Progress', 'Case Summary', and 'Cancel Case Creation'.

If you do not know the exact code, you can search for it by clicking the Magnifying Glass icon  next to Diagnosis Code Search at the top of the page. The *Diagnosis Codes Search* page displays.

## Diagnosis Codes Search

Search for codes by entering either a partial diagnosis code in the **Diagnosis Code** text box, or by entering descriptive keywords in the **Diagnosis Keywords** text box. Enter at least three characters in either field. You cannot search by both fields simultaneously.

Click the **Search** icon next to the field you use to find all diagnose codes that include the text or numbers entered. Click the **Clear** button next to either field to remove any value you have entered in that box.

**Diagnosis Codes**

You may search for a diagnosis code by entering a numeric value for the code or by entering any text in the text field to find all the diagnoses whose description includes that text.

Diagnosis Code:  Search 

Diagnosis Keywords:  Search 

After clicking **Search**, a list of diagnosis codes displays near the bottom of the page. Select the desired diagnosis code by clicking the radio button next to it then clicking the **Select Diagnosis Code** button.

Code	Description
<input type="radio"/> 933	Foreign Body in Larynx
<input type="radio"/> 5933	Generalized Infection
<input type="radio"/> 7933	Abdominal Swelling

The *Diagnosis Codes* page redisplay, with the new code added to the list at the bottom of the page. To remove a diagnosis code from a case, click the Delete icon  next to the code.

Diagnosis Code:

Delete	Diagnosis Code	Description
	933	Foreign Body in Larynx

Once all codes are added to the case, click **Next**. The *Workers' Compensation (WC) Carrier* page displays.

## Workers' Compensation (WC) Carrier

Enter the information for a single WC carrier (insurer) to the case. **Any additional WC carriers must be entered on the Case Notes page.** Fields marked with a superscript 1 (¹) are required.

**Case Information**

---

Beneficiary/Claimant \*
Diagnosis Codes \*
**WC Carrier \***
Employer \*
Attorney
Notes
Documents \*
Summary

**Workers' Compensation (WC) Carrier**

---

[QUICK HELP](#)

[Help About This Page](#)

An superscripted (¹) indicates a field is required for submission.

Insurer Name: ¹

Address Line 1: ¹

Address Line 2:

City: ¹  State: ¹  Zip Code: ¹  -

Phone: ¹  -  -

Fax:  -  -

E-Mail:

Re-enter E-Mail:

Policy Number: ¹  OR Claim Number: ¹

Tax ID Number (TIN):

Rx PCN:  Rx BIN:

Previous
Next
Save Work-In-Progress
Case Summary
Cancel Case Creation

<b>Workers' Compensation (WC) Carrier Page</b>	
<b>Field</b>	<b>Description</b>
Insurer Name	Enter the carrier company name.
Address Line 1	Enter the first line of the carrier's mailing address.
Address Line 2	Enter the second line of the carrier's mailing address. Optional.
City	Enter the city where the carrier is located.
State	Select the state where the carrier is located from the dropdown list.
Zip Code	Enter the carrier's zip code. The ZIP+4 field is optional.
Phone	Enter the carrier's phone number. The extension field is optional.
Fax	Enter the carrier's fax number. Optional.
E-Mail	Enter the carrier's E-mail address. Optional.
Re-enter E-mail	Re-enter the carrier's E-mail address. The address must be manually entered; it cannot be copied and pasted. This field is required if an E-mail address is entered in the previous field.
Policy Number	Enter the claimant's policy number with the WC carrier. Do not enter hyphens. Required if a Claim Number is not entered. Do not enter a policy number and claim number.
Claim Number	Enter the claimant's claim number with the WC carrier. Do not enter hyphens. Required if a Policy Number is not entered. Do not enter a policy number and claim number.

Workers' Compensation (WC) Carrier Page	
Field	Description
Tax ID Number (TIN)	Enter the carrier's Tax Identification Number. Optional.
Rx PCN	Enter the carrier's Pharmacy Benefit Processor Control Number. Optional.
Rx BIN	Enter the carrier's Pharmacy Benefit International Identification Number. Optional.
Command Buttons	
Previous	Click to return to the <i>Diagnosis Codes</i> page.
Next	Click to save changes and continue to the next page.
Save Work-In-Progress	Click to save all information entered up to this point and exit the case creation process.
Case Summary	Click to go to the <i>Case Summary</i> page and view a synopsis of the case information entered.
Cancel Case Creation	Click to delete all information entered for this case and exit the case creation process.

After you have entered the necessary information, click **Next**. The *Employer Information* page displays.

## Employer Information

Enter the beneficiary or claimant’s employer information on this page. Fields marked with a superscript 1 (¹) are required.

The screenshot shows the 'Employer Information' page in the CMS Workers' Compensation Set-Aside Web Portal. The page has a navigation bar with links: Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, and Logoff. Below the navigation bar is a 'Case Information' section with tabs for: Beneficiary/Claimant \*, Diagnosis Codes \*, WC Carrier \*, Employer \*, Attorney, Notes, Documents \*, and Summary. The 'Employer Information' tab is active. A note states: 'An (¹) indicates a field required for case submission.' The form fields are: Employer Name: ¹, Address Line 1: ¹, Address Line 2:, City: ¹, State: ¹ (dropdown menu), Zip Code: ¹, Phone: ¹, and Tax ID Number (TIN):. A 'QUICK HELP' button with a link 'Help About This Page' is located on the right. At the bottom are buttons for 'Previous', 'Next', 'Save Work-In-Progress', 'Case Summary', and 'Cancel Case Creation'.

Employer Information Page	
Field	Description
Employer Name	Enter the employer’s name.
Address Line 1	Enter the first line of the employer’s mailing address.
Address Line 2	Enter the second line of the employer’s mailing address. Optional.
City	Enter the city where the employer is located.
State	Enter the state where the employer is located from the dropdown list.
Zip Code	Enter the employer’s zip code. The ZIP+4 field is optional.
Phone	Enter the employer’s phone number. The extension field is optional.
Tax ID Number (TIN)	Enter the employer’s Tax Identification Number. Optional.
Command Buttons	
Previous	Click to return to the <i>WC Carrier</i> page.
Next	Click to save changes and continue to the next page.
Save Work-In-Progress	Click to save all information entered up to this point and exit the case creation process.
Case Summary	Click to go to the <i>Case Summary</i> page and view a synopsis of the case information entered.
Cancel Case Creation	Click to delete all information entered for this case and exit the case creation process.

After you have entered the necessary information, click **Next**. The *Beneficiary/Claimant Attorney* page displays.

## Beneficiary/Claimant Attorney

You have the option to enter attorney information on this page, but you do not have to enter anything on this page before submitting the case. However, if information is entered in any field then the following fields are required: Last Name, First Name, Address Line 1, City, State, Zip Code, and Phone.

This page must be left blank if the beneficiary or claimant is not represented by an attorney.

**CMS** Workers' Compensation Set-Aside Web Portal

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**Case Information**

Beneficiary/Claimant\* Diagnosis Codes\* WC Carrier\* Employer\* Attorney Notes Documents\* Summary

**Beneficiary/Claimant Attorney**

QUICK HELP  
Help About This Page

Please leave fields blank if not represented by an attorney. If any information is entered then the following information must be provided: Last Name, First Name, Address Line 1, City, State, Zip Code and Phone.

Last Name:

First Name:  MI:

Address Line 1:

Address Line 2:

City:  State:  Zip Code:  -

Phone:  -  -

Fax:  -  -

Attorney E-mail Address:

Re-enter Attorney E-mail Address:

Previous Next Save Work-In-Progress Case Summary Cancel Case Creation

Beneficiary/Claimant Attorney Page	
Field	Description
Last Name	Enter the attorney's last name.
First Name	Enter the attorney's first name.
MI	Enter the attorney's middle initial.
Address Line 1	Enter the first line of the attorney's mailing address.
Address Line 2	Enter the second line of the attorney's mailing address.
City	Enter the city where the attorney is located.
State	Select the state where the employer is located from the dropdown list.
Zip Code	Enter the attorney's zip code.
Phone	Enter the attorney's phone number.
Fax	Enter the attorney's fax number.
Attorney E-mail Address	Enter the attorney's E-mail address.
Re-enter Attorney E-mail Address	Re-enter the attorney's E-mail address. The address must be manually entered; it cannot be copied and pasted.
Command Buttons	
Previous	Click to return to the <i>WC Carrier</i> page.

Beneficiary/Claimant Attorney Page	
Field	Description
Next	Click to save changes and continue to the next page.
Save Work-In-Progress	Click to save all information entered up to this point and exit the case creation process.
Case Summary	Click to go to the <i>Case Summary</i> page and view a synopsis of the case information entered.
Cancel Case Creation	Click to delete all information entered for this case and exit the case creation process.

After you have entered any necessary information, click **Next** to display the *Case Notes* page.

## Case Notes

The *Case Notes* page is also optional. Notes can be added:

- to a new case, at any time prior to its submission
- to a case saved as a Work In Progress (WIP), at any time prior to its submission
- to a submitted case when a document is replaced
- to a submitted case when additional documents are added

Add a note to a new or WIP case to record any pertinent information. Notes can only be added to submitted cases when a document is added or replaced. See page 84 for more information about adding notes to submitted cases.

For new/WIP cases, enter any relevant notes in the text box then click the **Add Note** button.

The note will then display at the bottom of the page, with the date it was added to the case, the name of the user who added it, and the content of the note.

Delete	Date Added	User	Notes
X	2010-01-10	FIRST LAST	Collecting documentation, saving as work in progress case.

Previous Next Save Work-In-Progress Case Summary Cancel Case Creation

Click the Delete icon  next to a note to remove it from a case.

After managing any case notes, click **Next**. The *Case Documents* page displays.

## Case Documents

Use this page to add documents to a case or delete any existing documents on a case. Documents can be added to a case under the following document categories:

- Submitter Letter or Other Summary Documents
- Consent Form
- Rated Age Information or Life Expectancy
- Life Care Plan
- Proposed/Final Settlement Agreement or Court Order
- Set-Aside Administrator or Copy of Agreement
- Medical Records (1<sup>st</sup> Report of Injury through Recent Treatment)
  - Medical records must be separated into files that contain less than 100 pages. Create separate files before attaching them.
- Payment History
- Future Treatment Plans
- Supplement/Additional Information

Document categories marked with an asterisk \* are required for file submission.

Beneficiary/Claimant \*
Diagnosis Codes \*
WC Carrier \*
Employer \*
Attorney
Notes
Documents \*
Summary

### Case Documents

QUICK HELP

[Help About This Page](#)

Below is a list of the documentation that is attached to this case. To add documentation to the case, click the Add Files link under the document type you would like to add. Documents must be in PDF file format.

To delete documentation, locate the document and click the 'Delete' button that appears to the right of the file name. This will permanently remove the document from the Web Portal. You will not be able to delete any files that were uploaded to the WCMSA Web Portal when the case was submitted.

An asterisk (\*) indicates a required file.

05 - Submitter Letter or Other Summary Documents

 [Add/Replace Files](#)

10 - Consent Form \*

 [Add/Replace Files](#)

15 - Rated Age Information or Life Expectancy

 [Add/Replace Files](#)

To add a document to a case, click the **Add/Replace Files** link under the document category you would like to add. This opens the *Attach Documentation* page. Use the *Attach Documentation* page to browse your system and select documents to upload to the case.

## Add Files

Use the *Attach Documentation* page to select documents to add to a case. Selected documents must be in PDF format and cannot exceed 40 MB (total size for up to 3 files). Files with a non-PDF extension or greater than 40 MB will not be accepted. The system accepts single PDF files. Please do not upload files in PDF Portfolio format. A PDF Portfolio contains multiple files assembled into an integrated PDF unit.

The document category displays near the top of the page (i.e. Consent Form, Life Care Plan). If you have selected the wrong document category, click the **Cancel** button return to the *Case Documents* page and click the **Add/Replace Files** link under the desired document category.

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### Attach Documentation

Document Category: 10 - Consent Form

Please type in the file name or click browse to find the file.  
The file must be in .PDF format and the size limit is 40 MB (megabyte) per file for attachments.

**\*Note\*** If you wish to attach multiple files with the same name, please attach them one at a time to ensure all files are attached properly. The system expects single PDF files. Please do not upload files in PDF Portfolio format. A PDF Portfolio contains multiple files assembled into an integrated PDF unit.

**Note:** Once documents are added to a case, the contents of that document can NOT be viewed. Review the document on your system prior to uploading to ensure its accuracy.

To attach a document, enter the file name and path in the text box, or use the **Browse** button next to the text box to search your system for the desired document. Medical records must be separated into files that contain 100 or fewer pages. If a beneficiary or claimant's medical records contain more than 100 pages, create separate files before attaching the records.

To attach the selected file, click the **Attach Files** button. This uploads the document to the *Case Documents* page. The file name and date the file was uploaded displays under the appropriate document category.

05 - Submitter Letter or Other Summary Documents

Submitter Letter.pdf 2010-01-20 [Delete](#)

 [Add/Replace Files](#)

## Delete Files

To delete a document, click the **Delete** link that appears to the right of an already uploaded file name. This permanently removes the document from the WCMSAP. **Note:** Documents can only be deleted from case that have not yet been submitted.

After adding all relevant documentation to the case, click **Next**. The *Case Summary* page displays.

## Case Summary

The *Case Summary* page provides a summary of all the information you have entered for the case. To make any corrections, click the **Edit** button next to the proper section to return to that section. Once all corrections have been made, click **Next** at the bottom of that page to navigate back to the *Case Summary* page.

### Case Summary



Beneficiary/Claimant \*
Diagnosis Codes \*
WC Carrier \*
Employer\*
Attorney
Notes
Documents \*
Summary

Please review your case information. Please note that a consent form is required prior to case submission. If you need to change the information, click the 'Edit' button. If you are satisfied with the information click the 'Submit Case' button to submit the case. Click 'Cancel Case Creation' to cancel the process, all data will be lost. Click "Save Work-In-Progress" button to save entered data. Print this page for your records.

<p><b>Claimant Information</b> <span style="float: right;"><input type="button" value="Edit"/></span></p> <p>Last Name: LAST MI: M First Name: FIRST                  Date of Birth: MONTH, ##, ####                  Date of Injury: MONTH, ##, ####                  HICN: #####A SSN: ##-##-####</p>	<p><b>Diagnosis Codes</b> <span style="float: right;"><input type="button" value="Edit"/></span></p> <p>Diag Code: 933                  Diag Code: 5933</p>
<p><b>WC Carrier</b> <span style="float: right;"><input type="button" value="Edit"/></span></p> <p>Insurer Name: AAAAAAAAAAAAA                  Policy Number: #####                  Claim Number: #####</p>	<p><b>Employer</b> <span style="float: right;"><input type="button" value="Edit"/></span></p> <p>Employer Name: AAAAAAAAAAAAA                  EIN: #####</p>
<p><b>Claimant Attorney</b> <span style="float: right;"><input type="button" value="Edit"/></span></p> <p>Last Name: LAST MI: M First Name: FIRST                  Attorney E-mail: AAAAAAAAA</p>	
<p><b>Notes Information</b> <span style="float: right;"><input type="button" value="Edit"/></span></p>	<p><b>Documentation</b> <span style="float: right;"><input type="button" value="Edit"/></span></p>

## Submit the Case

You still have the option to save the case as a Work-In-Progress on this page. However, if all case information is complete and you are ready to submit the case, click the **Submit Case** button. The **Submit Case** button is active only after all required case information has been entered and a consent form has been provided. The *Successful Case Submission* page displays.



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### Successful Case Submission

You have successfully submitted Case Number 234576.

You can return to the WCMSAP at a later time and work on the submitted case by using the case lookup process (described in the next chapter) and utilizing the case number provided on the *Successful Case Submission* page.

## Chapter 11: Manage Existing Cases

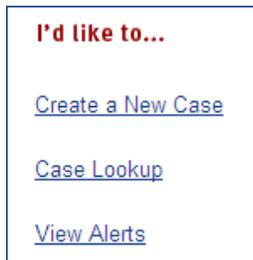
---

Users of the WCMSAP can access and make changes to cases under their assigned Account ID(s). Account Managers have access to all associated cases, while Account Designees' case access is controlled by the AM. Use the case lookup process to perform the following functions:

- Search for Work-In-Progress and Submitted cases
- View case information
- View case status
- Grant or revoke Account Designee access to specific cases (AM function only)
- Add additional documents to a case
- Delete documents from Work-In-Progress cases
- Replace co-mingled documents on submitted cases

Follow the steps detailed below to manage existing cases:

From the *Home* page, click the **Case Lookup** link in the “I’d Like To...” box. The *Case Lookup* page displays.



## Case Lookup

Use this page to specify which cases to display. **For Account Designees:** You must select an Account ID first, if you are assigned to more than one WCMSAP account.

Use the fields on the page to narrow search results.

- Select the **All Cases** radio button to view submitted and Work-In-Progress cases assigned to you.
- Select the **Submitted Cases Only** radio button to view submitted cases assigned to you.
- Select the **WIP Cases Only** radio button to view Work-In-Progress cases assigned to you.

The remaining fields are all optional.

Case Lookup Page	
Field	Description
Case Control Number	Enter the Case Number to narrow results. The case number was provided when the case was submitted or saved as a Work-In-Progress.
HICN	Enter a Health Insurance Claim Number. If you enter a HICN, do not enter an SSN.
SSN	Enter a Social Security Number. If you enter a SSN, do not enter a HICN.
Case Creation From Date	To enter a case creation date range, enter a beginning case creation date here.
Case Creation To Date	Enter an ending case creation date here.
Case Submission From Date	To enter a case submission date range, enter a beginning case submission date here.
Case Submission To Date	Enter an ending case submission date here.

Case Lookup Page	
Field	Description
<b>Command Buttons</b>	
Clear	Click to reset all search options.
Cancel	Click to return to the <i>Home</i> page.
Search	Click to display search results.

After you have entered your search criteria, click the **Search** button. The *Case Listing* page displays.

## Case Listing

The *Case Listing* page displays the cases that meet the search criteria you previously entered on the *Case Lookup* page.

Case Number	Claimant Name	Date of Injury	Case Status	Case Location	Creation Date	Submission Date	Case Access
<a href="#">123456</a>	LAST, FIRST	#### ## ##	DREC	WCRC	2010-02-15	2010-02-23	<a href="#">Manage Access</a>
<a href="#">987654</a>	LAST, FIRST	#### ## ##	WIP	Submitter	2010-01-24		<a href="#">Manage Access</a>
<a href="#">798654</a>	LAST, FIRST	#### ## ##	DREC	WCRC	2009-11-27	2009-12-05	<a href="#">Manage Access</a>

Case Listing Page	
Field	Description
Case Number	The case number provided when the case was submitted or saved as a Work-In-Progress.
Claimant Name	Name of the beneficiary or claimant.
Date of Injury	Date of initial injury.
Case Status	<p>Status of the case. All cases have been submitted, except for cases in WIP (Work-In-Progress) status. Options are:</p> <ul style="list-style-type: none"> <li>WIP            Work In Progress. Not submitted</li> <li>Submitted    Case submitted</li> <li>PEND         Pending</li> <li>RECD         Case Received</li> <li>REOP         Case Reopened (after RO/CLOS)</li> <li>CLTR         Closeout</li> <li>APPR         Approved</li> <li>ASGN         Assigned</li> <li>BUND         Beneficiary Under Threshold</li> <li>CLOS         Manually Closed</li> <li>COMP         Case Completed</li> <li>DECD         Deceased</li> <li>DENY         Case Denied (unable to process case)</li> <li>DEVP         In Development</li> <li>DISP         WCRC Recommendation Completed (at RO)</li> <li>DREC         Development Received</li> <li>OPCM         Case Reopened (after RO/COMP)</li> <li>RTND         Under Threshold – Non-Bene Case (No CMS Review)</li> <li>ZERO         Zero Set-aside</li> </ul>

Case Listing Page	
Field	Description
	Note: A case status of "Approved" means the Regional Office has approved and is working the case; an Approval letter may not have been generated yet. Once the Regional Office has completed their review of the case, the user will receive an email alert notification and they can go to the Alerts list screen and retrieve the approval letter.
Case Location	Location of the case. Options are: Submitter WCRC RO (Regional Office)
Creation Date	Date the case was created.
Submission Date	Date the case was submitted.
Case Access	Click the Manage Access link to grant or revoke AD access to the case (AM only).
Command Buttons	
Previous	Click to return to the <i>Case Lookup</i> page.
Cancel	Click to return to the <i>Home</i> page.

Click the case number link for a case to display the *Case Summary* page. Click the **Manage Access** link for a case to display the *Manage Case Access* page.

## Case Summary

Use the *Case Summary* page to add documents to a case, replace documents on submitted cases, delete documents on Work-In-Progress cases, and submit WIP cases from this page. Corporate and Representative Account Managers can also view the *Manage Case Access* page from here.

Click the **View** button next to a section heading to display the entered information. Click the **Next** button at the bottom of that page to navigate back to the *Case Summary* page or click the **Case Summary** button at the bottom of any page to return to the *Summary* page.

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**Workers' Compensation Set-Aside Web Portal**

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Print this page

**Case Summary**

Beneficiary/Claimant\* Diagnosis Codes\* WC Carrier\* Employer\* Attorney Notes Documents\* **Summary**

The following is the information submitted for the case. If you need to view the details click the applicable View button. Click the "Add Files" button to transfer to the Case Documents screen. If you would like to review or change the individuals assigned to this case please click the "Manage Access" button. You may print this page for your records.

Case Number: 123456

Alerts:

Beneficiary/Claimant Information <input type="button" value="View"/>	Diagnosis Codes <input type="button" value="View"/>
Last Name:LAST MI: M First Name: FIRST	Diag Code: 933
Date of Birth: MONTH, ##, ####	Diag Code: 5933
Date of Injury: MONTH, ##, ####	
HICN: #####A SSN: ### ## ####	

WC Carrier <input type="button" value="View"/>	Employer <input type="button" value="View"/>
Insurer Name: AAAAAAAAAAAAA	Employer Name: AAAAAAAAAAAAA
Policy Number: #####	EIN: #####
Claim Number: #####	

After all changes are made, click the **Submit Files** button at the bottom of the *Case Summary* page to save changes to the submitted case.

Click the **New Search** button to return to the *Case Lookup* page. To manage case documents, click the **Add Files** button on the *Case Summary* page. This displays the *Case Documents* page.

### Add Files

On the *Case Documents* page, click the **Add Files** link under the document category you would like to add. This opens the *Attach Documentation* page. Use the *Attach Documentation* page to browse your system and select a document to upload to the case. Selected documents must be in PDF format and cannot exceed 40 MB (total size for up to 3 files). Document categories marked with an asterisk \* are required for submission. See page 76 for more information on adding documents.

Beneficiary/Claimant \*    Diagnosis Codes \*    WC Carrier \*    Employer \*    Attorney    Notes    Documents \*    Summary

### Case Documents

Below is a list of the documentation that is attached to this case. To add documentation to the case, click the Add Files link under the document type you would like to add. Documents must be in PDF file format.

To delete documentation, locate the document and click the 'Delete' button that appears to the right of the file name. This will permanently remove the document from the Web Portal. You will not be able to delete any files that were uploaded to the WCMSA Web Portal when the case was submitted.

An asterisk (\*) indicates a required file.

05 - Submitter Letter or Other Summary Documents

Submitter Letter.pdf    2010-01-20    [Delete](#)

 [Add Files](#)

**QUICK HELP**  
[Help About This Page](#)

## Replace Files

Typically, documents must be replaced when a case has been submitted and it contains co-mingled documents. Only files that have been flagged as replaceable by the WCRC can be replaced. A co-mingled alert will be listed on the *Alert Lookup* page in this instance. See Chapter 12 for more information about alerts.

If a document must be replaced, click the **Replace** link that appears to the right of the file name.

Beneficiary/Claimant \*    Diagnosis Codes \*    WC Carrier \*    Employer \*    Attorney    Notes    Documents \*    Summary

### Case Documents

Below is a list of the documentation that is attached to this case. To add documentation to the case, click the Add Files link under the document type you would like to add. Documents must be in PDF file format and cannot exceed 40 MB (megabytes) total size for up to 3 files.

To delete documentation, locate the document and click the 'Delete' button that appears to the right of the file name. This will permanently remove the document from the Web Portal. You will not be able to delete any files that were uploaded to the WCMSA Web Portal when the case was submitted.

An asterisk (\*) indicates a required file.

05 - Submitter Letter or Other Summary Documents

Submitter Letter.pdf    2010-01-20    [Replace](#)

 [Add Files](#)

**QUICK HELP**  
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This displays the *Attach Documentation* page.

The screenshot shows the 'Workers' Compensation Set-Aside Web Portal' interface. At the top left is the CMS logo with the text 'CENTERS for MEDICARE & MEDICAID SERVICES'. To the right is the title 'Workers' Compensation Set-Aside Web Portal' and a 'COB' logo. A navigation bar contains links: Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, and Logoff. The main content area is titled 'Attach Documentation: 05 - Submitter Letter or Other Summary Documents'. Below the title, instructions state: 'Please type in the file name or click browse to find the file. The file must be in .PDF format and the size limit is 40 MB (megabytes) total for up to 3 files.' There is a text input field followed by a 'Browse...' button. Below that is a text area for notes with the prompt 'Please add any applicable notes:'. At the bottom are 'Attach Files' and 'Cancel' buttons.

To replace a document, enter a new file name and path in the text box, or use the **Browse** button next to the text box to search your system for the desired document. Medical records must be separated into files that contain 100 or fewer pages. If a beneficiary or claimant's medical records contain more than 100 pages, create separate files before attaching the records.

Before attaching the file, you can enter a note detailing what file was replaced and the reason for the replacement. All notes will display on the *Case Notes* page.

To attach the selected file, click the **Attach Files** button. This uploads the document to the *Case Documents* page. The file name and date the file was uploaded displays under the appropriate document category.

The new file name will appear under the proper document category, replacing the previous file name. The **Replace** link will still display to the right of the file name.

The screenshot shows a document entry in a list. The title is '05 - Submitter Letter or Other Summary Documents'. Below it, the file name 'Submitter Letter.pdf' is followed by the upload date '2010-01-20' and a blue 'Replace' link. At the bottom left of the entry is a pencil icon and a blue 'Add Files' link.

## Delete Files

To delete a document, click the **Delete** link that appears to the right of the file name. This permanently removes the document from the WCMSAP. You can only delete documents from new and WIP cases, and documents that have been added but not yet saved to an existing case. You cannot delete files that were previously saved to existing cases.

## Submit a Work-In-Progress Case

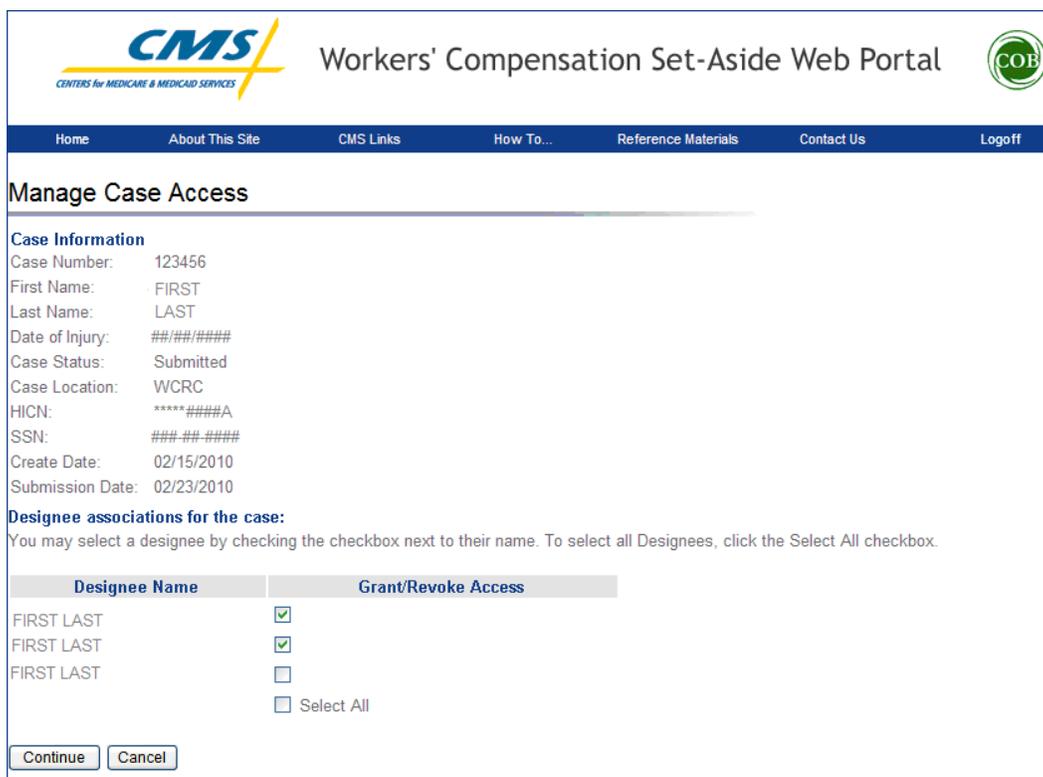
Once all case information is complete and you are ready to submit a Work-In-Progress case, click the **Submit Case** button at the bottom of the page. (This button only displays for cases in WIP status.) The *Successful Case Submission* page displays.



You can return to the WCMSAP at a later time and work on the submitted case by using the case lookup process, and utilizing the case number provided on the *Successful Case Submission* page.

## Manage Case Access

Account Managers for Corporate and Representative accounts can use this page to grant or revoke Account Designees' access to specific cases under an Account ID. After clicking the **Manage Access** link on the *Case Listing* page, or the **Manage Access** button on the *Case Summary* page, the following page displays:



The *Manage Case Access* page lists all ADs assigned to the Account ID. If the AD currently has access to the selected case, the checkbox will be checked. If the AD does not currently have access to the case, the checkbox will be empty.

To revoke AD access to a case, remove the check. To grant access, place a check in the box. Place a check in the **Select All** box to grant access to all ADs. Check the box again to revoke access from all ADs. After all changes are complete, click the **Continue** button. The *Case Access Confirmation* page displays, listing only the ADs with access granted to the case.

The following Designees have access to the case:

Designee Name
FIRST LAST
FIRST LAST
FIRST LAST

[Case Listing](#)

Click the **Case Listing** button to return to the *Case Listing* page.

## Chapter 12: View Alerts

After cases have been submitted, the WCRC reviews each case for completeness and accuracy. If errors have been found in a submitted case, the WCRC sends an alert E-mail to the E-mail address provided during account setup. The alert E-mail will contain the case number and the type of error found. Use the Alerts section of the WCMSAP to view the alert or, in most instances, the letter issued by the COBC. Most alerts are informational; however, some require action on the case. Read the alert and respond if necessary. Take the following steps to view alerts.

From the *Home* page, click the **View Alerts** link in the “I’d Like To...” box. The *Alert Lookup* page displays.

**I'd like to...**

[Create a New Case](#)

[Case Lookup](#)

[View Alerts](#)

### Alert Lookup

By default, the *Alert Lookup* page lists all alerts for the previous 60 days associated with the Account ID(s) you are registered under. Use the fields on the page to narrow the displayed alerts.



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#### Alerts

This page lists all alerts that correspond to the Account ID(s) you are registered under. You can select a notification to view by clicking on the Alert ID. The data is sorted by Creation Date and Case Number descending.

You can perform a search by entering the search criteria and clicking the 'Search' button.

Case Control Number:

Status: All ▼

HICN:  OR SSN: --

Alert Creation Date Range:  
 From Date:  /  /  (MM/DD/CCYY) To Date:  /  /  (MM/DD/CCYY)

Alert ID	Creation Date	Alert Type	Case Number	Creator	Status	HICN/SSN	Bene Name
01	2010-02-15	Development	<a href="#">123456</a>	RO	Open	*****A	FIRST LAST
02	2010-02-14	Deny	<a href="#">987654</a>	WCRC	Archived	*****B	FIRST LAST

QUICK HELP

  
[Help About This Page](#)

Alert Lookup Page	
Field	Description
Case Control Number	Enter the case number received on the alert.
Status	Enter an alert status to filter by. Options are Read, Unread, Archived, or Not Archived
HICN	Enter a Health Insurance Claim Number. If you enter a HICN, do not enter an SSN.
SSN	Enter a Social Security Number. If you enter an SSN, do not enter a HICN
Alert Creation Date Range	
From Date	To enter an alert creation date range, enter a beginning case creation date here.
To Date	Enter an ending alert creation date here.
<b>Alert Listing</b>	
Alert ID	ID number of the alert. Click the Alert ID link to display the <i>Alert Detail</i> page. The Alert Detail page contains the complete alert.
Creation Date	Date the alert was created.
Alert Type	Type of alert. Most alerts are a letter, and the Alert Detail page will contain the letter in PDF format. Options are: <ul style="list-style-type: none"> <li>• Below Threshold</li> <li>• Development</li> <li>• Deny</li> <li>• Zero Set Aside</li> <li>• Approval (includes recommendation attachments)</li> <li>• Closeout</li> <li>• Deceased Beneficiary (does not produce a letter)</li> <li>• Co-Mingling (does not produce a letter)</li> </ul>
Case Number	Case number associated with the alert. Click the Case Number link to display the <i>Alert Listing</i> page, which displays all alerts for that case.
Creator	Entity that entered the alert. Options are Submitter, WCRC, and RO.
Status	Status of the alert. Options are Open or Archived.
HICN/SSN	The HICN or SSN of the beneficiary or claimant associated with the case. The first 5 digits of the HICN or SSN are masked by asterisks.
Bene Name	Name of the beneficiary or claimant associated with the case.
<b>Command Buttons</b>	
Search	Click to narrow the displayed alerts using your search criteria.
Clear	Click to empty all fields and show all alerts.
Cancel	Click to return to the <i>Home</i> page.

Filter alerts by entering your selected criteria then click **Search**. The *Alert Lookup* page redisplay, with information listed for alerts that matches the search criteria only.

Click the Alert ID number link to view *Alert Detail* page, which displays a specific alert or letter. Click the Case Number link to view the *Alert Listing* page, which shows all alerts for the case.

## Alert Listing

This page displays all alerts associated with the selected case number.

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### Alert Listing

Case Number: #####

This page lists all the alerts for the selected case. The data is sorted by Alert Creation Date (descending).

Alert ID	Alert Creation Date	Alert Type	Creator	Status	HICN/SSN	Bene Name
<a href="#">127</a>	01/31/2011	Under Threshold	WCSA	READ	#####A	FIRST LAST
<a href="#">125</a>	01/31/2011	Denied	WCSA	READ	#####B	FIRST LAST

[Previous](#)

Click the Alert ID number link next to an alert to view the *Alert Detail* page.

## Alert Detail

The *Alert Detail* page displays the selected alert. Most alerts are accompanied by letters. In most instances, the Alert Detail page will display the contents of the letter in PDF format.

Where possible, please submit any requested documents via the website instead of faxing or mailing.



DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services

---

First Last

RE: Workers' Compensation Medicare Set-aside Arrangement

Claimant: First Last

HICN: #####

SSN: #####

Date of Injury: Unknown

CMS Case Control Number: #####

Dear First Last

This letter is in response to your initial proposal submitted on Unknown for a Workers' Compensation Medicare Set-aside Arrangement (WCMSA) on behalf of the above named individual.

You proposed that a WCMSA in the amount of \$25,000.00 be available for the purpose of paying future medical services related to the work injury or disease that would otherwise be reimbursable by Medicare. We have evaluated your proposal to protect Medicare's interests with a WCMSA for future medical expenses related to John Doe adequately considers Medicare's interests. The WCMSA funds must be placed in an interest bearing account. Funds must be available for payment of services that would otherwise be covered by Medicare per the following payment schedule.

**WORKERS COMPENSATION MEDICARE SET-ASIDE REVIEW**

Case Control #: ##### HICN: SSN: #####

Claimant's Name: First Last

Date of Injury: #####

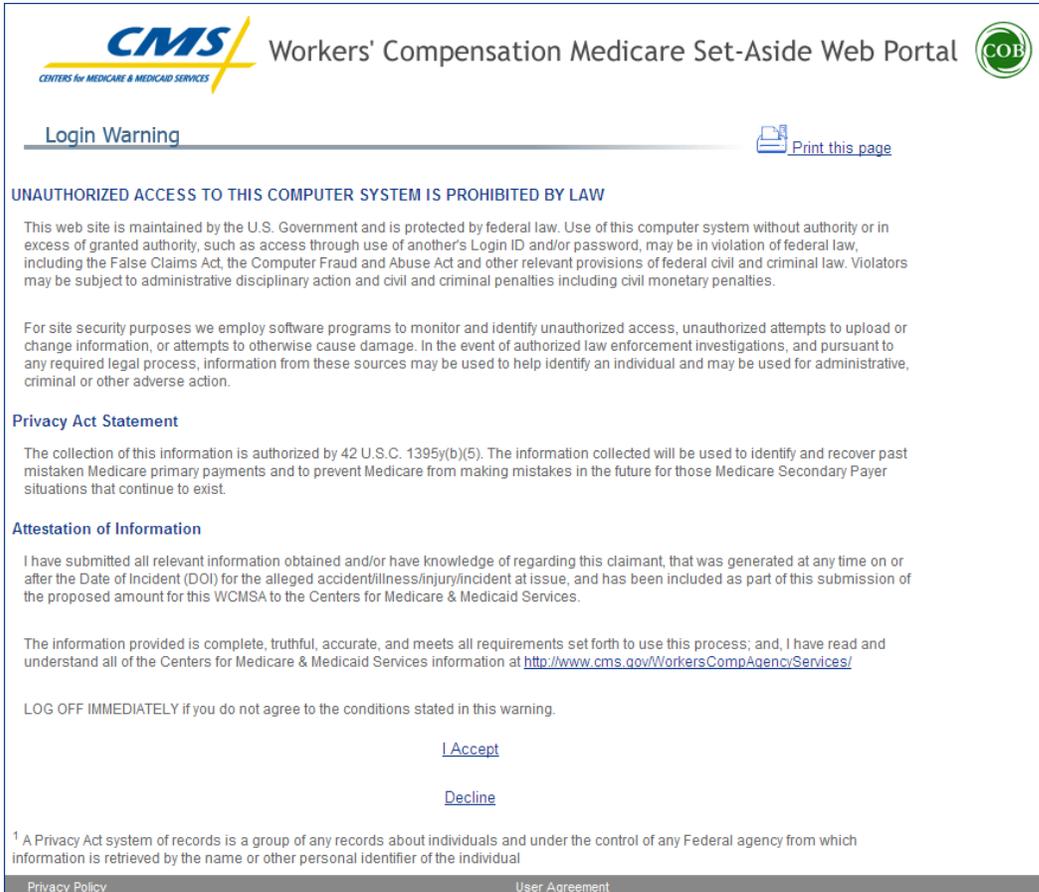
Read the alert and review for any changes required to the account. After viewing the alert, click the **Archive This Alert** button to change the alert status to Archived. Click the **Close this Window** button to close the alert and return to the previous page. Use the case lookup process, as outlined in Chapter 11, to make any necessary changes to the case.

## Chapter 13: Logoff

1. From any page, click the **Logoff** link at the top of the page.



2. The system ends your session and displays the *Login Warning* page.

A screenshot of the "Login Warning" page from the CMS Workers' Compensation Medicare Set-Aside Web Portal. The page features the CMS logo and a "COB" icon in the top right. The main heading is "Login Warning" with a "Print this page" link. The page contains a warning about unauthorized access, a privacy act statement, and an attestation of information section. At the bottom, there are "Accept" and "Decline" links, and a footer with "Privacy Policy" and "User Agreement" links.

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**Login Warning**  [Print this page](#)

**UNAUTHORIZED ACCESS TO THIS COMPUTER SYSTEM IS PROHIBITED BY LAW**

This web site is maintained by the U.S. Government and is protected by federal law. Use of this computer system without authority or in excess of granted authority, such as access through use of another's Login ID and/or password, may be in violation of federal law, including the False Claims Act, the Computer Fraud and Abuse Act and other relevant provisions of federal civil and criminal law. Violators may be subject to administrative disciplinary action and civil and criminal penalties including civil monetary penalties.

For site security purposes we employ software programs to monitor and identify unauthorized access, unauthorized attempts to upload or change information, or attempts to otherwise cause damage. In the event of authorized law enforcement investigations, and pursuant to any required legal process, information from these sources may be used to help identify an individual and may be used for administrative, criminal or other adverse action.

**Privacy Act Statement**

The collection of this information is authorized by 42 U.S.C. 1395y(b)(5). The information collected will be used to identify and recover past mistaken Medicare primary payments and to prevent Medicare from making mistakes in the future for those Medicare Secondary Payer situations that continue to exist.

**Attestation of Information**

I have submitted all relevant information obtained and/or have knowledge of regarding this claimant, that was generated at any time on or after the Date of Incident (DOI) for the alleged accident/illness/injury/incident at issue, and has been included as part of this submission of the proposed amount for this WCMSA to the Centers for Medicare & Medicaid Services.

The information provided is complete, truthful, accurate, and meets all requirements set forth to use this process; and, I have read and understand all of the Centers for Medicare & Medicaid Services information at <http://www.cms.gov/WorkersCompAgency/Services/>

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

[Accept](#)

[Decline](#)

<sup>1</sup> A Privacy Act system of records is a group of any records about individuals and under the control of any Federal agency from which information is retrieved by the name or other personal identifier of the individual

[Privacy Policy](#) [User Agreement](#)

3. Once this is displayed, close your browser.

## Chapter 14: Troubleshooting

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### Replace Account Representative

Use the **Edit** button on the *Update Corporate Information* page, as accessed from the “Account Settings” box on the *Home* page. See Chapter 7 for more information.

### Replace Account Manager

If an Account Manager must be replaced for Corporate accounts, the Account Representative must contact the COBC EDI Department and request replacement. AMs cannot be replaced using the WCMSAP site.

### Unsuccessful Account Registration

#### Previously Used EIN

During initial registration, an error message will display on the *Corporate Information* page if you enter an EIN that has already successfully completed the registration process for Corporate account types. Change the EIN entered and continue the registration process.

#### Previously Used SSN

During initial registration, an error message will display on the *Representative Information or Beneficiary/Claimant Information* page if you enter an SSN that has already successfully completed the registration process for Representative or Self account types. If you have incorrectly entered your SSN on this page, change the SSN entered and continue the registration process.

#### Registration Denied

During initial registration, an error message will display if a beneficiary entered for Representative or Self account types is not found in the database. Registration cannot be completed for this beneficiary.

### Unsuccessful Account Setup

#### Account PIN Error

The Personal Identification Number (PIN) for the Account ID will be sent to you (for Representative or Self accounts) or the Account Representative (for Corporate accounts), after the New Registration step has been completed. If, during Account Setup, the Account Manager receives an Invalid Account ID/PIN Combination error message, check the numbers on the mailing received.

An Account ID should always contain nine digits and a PIN should have four digits. If your numbers are shorter, add leading zeros to make them the proper length. You have three tries to enter the PIN correctly before the account is locked. Contact a COBC EDI representative to confirm the Account ID/PIN combination or to unlock the PIN.

## Account ID Already Registered

During Account Setup, an error message will display on the *Account Setup* page if you enter an Account ID and PIN that has already successfully completed the setup process. The message will indicate that the account is already setup. Because the account is already setup, you cannot self-register as the Account Manager for the Account ID, or repeat the Account Setup process. There can be only one Account Manager for each Account ID.

If you had previously completed Account Setup for the Account ID and registered as the Account Manager, go back to the *Welcome* page and enter your Login ID and Password to sign in to the WCMSAP site. If you are not the Account Manager, contact the existing Account Manager to add you as an Account Designee if you need access to the system.

## Account Manager and Account Representative E-mail Addresses Match

An error message will display if, during Account Setup and Account Manager self-registration, it is found that your E-mail address (as the AM) matches the E-mail address of any Account Representative recorded in the system. Account Representatives can NOT be users of the WCMSAP site for any Account ID. Click **Next** on the error message to be returned to the *Welcome* page. If the wrong individual was named as the Account Representative in the New Registration step, contact a COBC EDI representative to make the necessary correction.

## Unsuccessful Account Designee Invitation

### Account Designee E-mail Address Matches Account Representative or Account Manager E-mail Address

An error message will display if, while an Account Manager is adding an Account Designee to an Account ID, it is found that the Designee's E-mail address matches the E-mail address of any Account Representative or Account Manager recorded in the system. Account Representatives can NOT be users of the WCMSAP site for any Account ID, and Account Managers cannot also be Designees. Click **Next** on the error message to be returned to the *Welcome* page.

### Account Designee E-mail Address Matches Account Designee Already Associated with the Account

An error message will display if, while an Account Manager is adding an Account Designee to an Account ID, it is found that the Designee's E-mail address matches the E-mail address of an Account Designee already assigned to the same Account ID. Return to the *Designee Listing* page to manage the AD's case access.

## Unsuccessful Account Designee Registration

### Incorrect Passphrase

The Passphrase must be provided to you (the AD) by the Account Manager, outside the system. It will not be included in the invitation E-mail. The Account Manager's name is contained in the invitation E-mail and can also be found on the registration page where the error is received. Contact your Account Manager to obtain the Passphrase.

If your Account Manager does not remember the Passphrase, they can log into the WCMSAP site and create another Passphrase by accessing the *Designee Maintenance* page and selecting the details

associated with your last name. They can then provide the correct Passphrase to you. The Passphrase is case-sensitive.

## Unsuccessful Login

### Invalid Login ID

Refer to Chapter 5.

### Inactive Login ID

If you receive this error message at login, your access to the WCMSAP site has been deactivated due to inactivity in the last 180 days. Contact a COBC EDI representative to reactivate your Login ID and create a new Password.

### Revoked Login ID

If you receive this error message at login, you can no longer access the WCMSAP site.

### Invalid Password

Refer to Chapter 5.

### Expired Password

Refer to Chapter 7.

### Deleted Account

If you receive this error message at login, your account's Account ID has been deleted. It has been deleted because a signed Profile Report has not yet been received by the COBC and 61 business days have elapsed from the date the Profile Report was sent. Your account must go through the Registration and Setup processes again to gain access to the WCMSAP site.

## Case Creation Errors

### Duplicate Case Exists

If you receive this error message, the system has found that a duplicate case already exists, and you will not be allowed to create a new case for this beneficiary or claimant.

### Case Under Threshold

If you receive this error message, the proposed settlement amount is under threshold for the case (threshold amounts must be greater than \$25,000 for beneficiaries or greater than \$250,000 for non-beneficiaries), and you will not be allowed to create a new case.

## Case Submission Errors

### Invalid Diagnosis Code

If you receive this error message, the diagnosis code you entered on the *Diagnosis Codes* page does not exist in the database. Use the *Diagnosis Code Search* page to retrieve the proper code.

## Incomplete Case Information

This message is displayed on the *Case Summary* page, if required sections of a newly created case are incomplete. Any required fields that are missing or incomplete are highlighted in red and flagged with an asterisk (\*). Return to the incomplete/incorrect sections and make corrections.

**For any additional problems, contact the COBC EDI Department at 646-458-6740  
or by E-mail at [COBVA@GHIMedicare.com](mailto:COBVA@GHIMedicare.com).**

EDI representatives are available to assist you Monday through Friday, excluding Federal holidays, from 9:00 a.m. to 5:00 p.m., Eastern Time.

## Chapter 15: Sample WCMSAP Correspondence

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### System Generated E-mails

#### Successful Vetting Notification (Corporate Account)

From: cobva@ghimedicare.com [<mailto:cobva@ghimedicare.com>]  
Sent: Wednesday, April 01, 2009 2:42 PM  
To: AAAAA@AAA.COM  
Subject: Workers' Compensation Medicare Set-Aside Portal (WCMSAP)  
Successful Vetting Verification

Company Name: AAAAAAAAAAAAAA  
Authorized Representative: FIRST LAST

Your organization has been successfully verified and registered for the Workers' Compensation Set-Aside Portal (WCMSAP).

In order to use the WCMSAP, you must complete the account setup process. A letter will be sent, via the U.S. Postal Service, which contains your Account Identification (ID) and Personal Identification Number (PIN). You will need this information in order to complete the final step of the account setup.

If you have any questions or concerns, please contact our Electronic Data Interchange (EDI) Department.

Phone: (646) 458-6740  
E-mail: COBVA@GHIMedicare.com

#### Confidentiality Note:

This electronic message transmission is intended only for the person or entity to which it is addressed and may contain information that is privileged, confidential or otherwise protected from disclosure. If you have received this transmission but are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or use of the contents of this information is strictly prohibited. If you have received this e-mail in error, please contact the COBC Electronic Data Interchange (EDI) Department at 646-458-6740 and delete and destroy the original message and all copies.

\*\*\*\*\*

## Successful Vetting Notification (Representative Account)

From: cobva@ghimedicare.com [<mailto:cobva@ghimedicare.com>]  
Sent: Wednesday, April 01, 2009 2:42 PM  
To: AAAAA@AAA.COM  
Subject: Workers' Compensation Medicare Set-Aside Portal (WCMSAP)  
Successful Vetting Verification

Representative: FIRST LAST

Your information has been successfully verified and registered for the Workers' Compensation Set-Aside Portal (WCMSAP).

In order to use the WCMSAP, you must complete the account setup process. A letter will be sent, via the U.S. Postal Service, which contains your Account Identification (ID) and Personal Identification Number (PIN). You will need this information in order to complete the final step of the account setup.

If you have any questions or concerns, please contact our Electronic Data Interchange (EDI) Department.

Phone: (646) 458-6740  
E-mail: COBVA@GHIMedicare.com

### Confidentiality Note:

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\*\*\*\*\*

## Successful Vetting Notification (Self Account)

From: cobva@ghimedicare.com [<mailto:cobva@ghimedicare.com>]  
Sent: Wednesday, April 01, 2009 2:42 PM  
To: AAAAA@AAA.COM  
Subject: Workers' Compensation Medicare Set-Aside Portal (WCMSAP)  
Successful Vetting Verification

Beneficiary/Claimant: FIRST LAST

Your information has been successfully verified and registered for the Workers' Compensation Set-Aside Portal (WCMSAP).

In order to use the WCMSAP, you must complete the account setup process. A letter will be sent, via the U.S. Postal Service, which contains your Account Identification (ID) and Personal Identification Number (PIN). You will need this information in order to complete the final step of the account setup.

If you have any questions or concerns, please contact our Electronic Data Interchange (EDI) Department.

Phone: (646) 458-6740  
E-mail: COBVA@GHIMedicare.com

### Confidentiality Note:

This electronic message transmission is intended only for the person or entity to which it is addressed and may contain information that is privileged, confidential or otherwise protected from disclosure. If you have received this transmission but are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or use of the contents of this information is strictly prohibited. If you have received this e-mail in error, please contact the COBC Electronic Data Interchange (EDI) Department at 646-458-6740 and delete and destroy the original message and all copies.

\*\*\*\*\*

## Post-Registration Letter

[current date]

[contact name]

[mailing address 1]

[mailing address 2]

[mail city] [st] [zip][zip+4]

Attn: [contact name]

**\*\*\* Workers' Compensation Medicare Set-Aside Portal (WCMSAP) \*\*\***  
**\*\*\* Registration Notification \*\*\***

Your registration request has been successfully verified for the Workers' Compensation Medicare Set-Aside Portal. Through the WCMSAP, you will be able to submit cases, append new documentation to a case, perform case lookups and view any alerts associated with a case(s).

To begin using the WCMSAP, you must first complete the account setup process. As a part of this process an account manager must be specified. The Account Manager should go to the WCMSAP Web site at [www.WCMSAP.cms.hhs.gov](http://www.WCMSAP.cms.hhs.gov), select the "Account Setup" button and follow the instructions presented on the screen. Depending on the account type that was specified during registration, note the following when selecting an Account Manager:

- **Corporate Account**  
The Account Manager cannot be the same individual that was specified as the Account Representative. In addition to processing cases, the Account Manager will have the ability to designate Account Designees.
- **Representative Account**  
The Account Manager will have the ability to process cases and to designate a limited number of Account Designees.
- **Self Account**  
Under a Self account, the registering individual will be the Account Manager. No Account Designees may be added.

### Next Steps:

To complete the account setup, your designated Account Manager should be selected and provided with your WCMSAP Account ID and Personal Identification (PIN).

WCMSAP Account ID: [#####]

PIN: [#####]

If you have any questions or concerns, please contact the Coordination of Benefits Contractor (COBC) Electronic Data Interchange (EDI) Department at:

Phone: (646) 458-6740

E-mail: COBVA@GHIMedicare.com

Sincerely,  
Medicare Coordination of Benefits Contractor

**Profile Report E-mail Notification (Corporate Account)**

From: cobva@ghimedicare.com [<mailto:cobva@ghimedicare.com>]  
Sent: Wednesday, April 01, 2009 2:42 PM  
To: AAAAA@AAA.COM  
Subject: Workers' Compensation Medicare Set-Aside Portal (WCMSAP) Profile Report

Company Name: AAAAAAAAAAAAA  
Account Representative: FIRST LAST  
Account Manager: FIRST LAST

The WCMSAP Profile Report has been attached to this e-mail. The Profile Report contains information regarding your company and the associated contact information. A Profile Report is generated after the account setup has been completed successfully.

Please review the attached Profile Report carefully and ensure all information is accurate. In order to access all of the functions within the WCMSAP, the report must be signed by the Account Representative and returned to the COBC. Please send signed reports to:

via Fax: (646) 458-6761  
via E-mail: COBVA@GHIMedicare.com  
via mail: MEDICARE - COB  
Section Reporting Program  
P.O. Box 660  
New York, NY 10274-0660

If the report is incorrect, please contact our Electronic Data Interchange (EDI) Department at the number or e-mail address listed below to resolve any error.

Phone: (646) 458-6740  
E-mail: COBVA@GHIMedicare.com

**Confidentiality Note:**

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\*\*\*\*\*



## SAFEGUARDING &amp; LIMITING ACCESS TO DATA

I, the undersigned Account Representative for the WCMSA corporate account defined above, certify that the information contained in this Registration is true, accurate, and complete to the best of my knowledge and belief, and I authorize CMS to verify this information. I agree to establish and implement proper safeguards against unauthorized use and disclosure of the data for the purposes of WCMSA proposal(s) review and processing. Proper safeguards shall include the adoption of policies and procedures to ensure that the data obtained shall be used solely in accordance with Section 1106 of the Social Security Act [42 U.S.C. § 1306], Section 1874(b) of the Social Security Act [42 U.S.C. § 1395k(b)], Section 1862(b) of the Social Security Act [42 U.S.C. § 1395y(b)], and the Privacy Act of 1974, as amended [5 U.S.C. § 552a]. The WCMSA Account Representative shall establish appropriate administrative, technical, procedural, and physical safeguards to protect the confidentiality of the data and to prevent unauthorized access to the data provided by the CMS. I agree that the authorized representatives of the CMS shall be granted access to premises where the Medicare data are kept for the purpose of inspecting security arrangements and confirming whether the WCMSA submitter is in compliance with the security requirements specified above. Access to any records created by the WCMSA process shall be restricted to authorized CMS and WCMSA submitter employees, agents and officials who require access to 1) perform their official duties in accordance with the approved uses of the information; (2) to respond to authorized for law enforcement investigations, or (3) to respond to any required legal process. Such personnel shall be advised of (1) the confidential nature of the information, (2) safeguards required to protect the information, and (3) the administrative, civil and criminal penalties for noncompliance contained in applicable Federal laws.

Signature of Account Representative: \_\_\_\_\_

Date: \_\_\_\_\_

## Profile Report E-mail Notification (Representative Account)

From: cobva@ghimedicare.com [<mailto:cobva@ghimedicare.com>]  
Sent: Wednesday, April 01, 2009 2:42 PM  
To: AAAAA@AAA.COM  
Subject: Workers' Compensation Medicare Set-Aside Portal (WCMSAP) Profile Report

Representative:       FIRST LAST  
Account Manager:     FIRST LAST

The WCMSAP Profile Report has been attached to this e-mail. The Profile Report contains information regarding the representative for the account and the associated account manager information. A Profile Report is generated after the account setup has been completed successfully.

Please review the attached Profile Report carefully and ensure all information is accurate. In order to access all of the functions within the WCMSAP, the report must be signed by the Account Manager and returned to the COBC. Please send signed reports to:

via Fax:               (646) 458-6761  
via Email:            COBVA@GHIMedicare.com  
via mail:             MEDICARE - COB  
                          Section Reporting Program  
                          P.O. Box 660  
                          New York, NY 10274-0660

If the report is incorrect please contact our Electronic Data Interchange (EDI) department at the number or e-mail address listed below to resolve any error.

Phone:     (646) 458-6740  
E-mail:    COBVA@GHIMedicare.com

### Confidentiality Note:

This electronic message transmission is intended only for the person or entity to which it is addressed and may contain information that is privileged, confidential, or otherwise protected from disclosure. If you have received this transmission but are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or use of the contents of this information is strictly prohibited. If you have received this e-mail in error, please contact the COBC Electronic Data Interchange (EDI) Department at 646-458-6740 and delete and destroy the original message and all copies.

\*\*\*\*\*

**Sample Profile Report**



**Workers' Compensation Medicare  
Set-Aside Portal  
Profile Report**

**Account ID:** #####                      Account Type: Representative                      Date: 99/99/9999

COBC EDI Contact Information:

E-mail: [COBVA@GHIMedicare.com](mailto:COBVA@GHIMedicare.com)                      Phone: (646) 458-6740

**Representative:**

Name: FIRST LAST                      Phone: (###) ###-####  
 Title: AAAAAAAAAAAAA  
 Fax: (###) ###-####  
 Address: AAAAAAAAAAAAA  
           AAAAAAAAAAAA  
           AAAAAAAAAAAA                      St    99999-9999  
 E-mail: [AcctRepemail@address.com](mailto:AcctRepemail@address.com)

**Account Manager:**

Name: FIRST LAST                      Phone: (###) ###-####  
 Title: AAAAAAAAAAAAA  
 Address: AAAAAAAAAAAAA  
           AAAAAAAAAAAA  
           AAAAAAAAAAAA                      St    ###-###-####  
 Email: [AMemail@address.com](mailto:AMemail@address.com)

**Account ID:** #####                      Account Type: Representative                      Date: 99/99/9999

COBC EDI Contact Information:

Email: [COBVA@GHIMedicare.com](mailto:COBVA@GHIMedicare.com)                      Phone: (646) 458-6740

**SAFEGUARDING & LIMITING ACCESS TO DATA**

I, the undersigned Account Manager for the WCMSA representative account defined above, certify that the information contained in this Registration is true, accurate and complete to the best of my knowledge and belief, and I authorize CMS to verify this information. I agree to establish and implement proper safeguards against unauthorized use and disclosure of the data for the purposes of WCMSA proposal(s) review and processing. Proper safeguards shall include the adoption of policies and procedures to ensure that the data obtained shall be used solely in accordance with Section 1106 of the Social Security Act [42 U.S.C. § 1306], Section 1874(b) of the Social Security Act [42 U.S.C. § 1395k(b)], Section 1862(b) of the Social Security Act [42 U.S.C. § 1395y(b)], and the Privacy Act of 1974, as amended

[5 U.S.C. § 552a]. The WCMSA authorized representative shall establish appropriate administrative, technical, procedural, and physical safeguards to protect the confidentiality of the data and to prevent unauthorized access to the data provided by the CMS. I agree that the authorized representatives of the CMS shall be granted access to premises where the Medicare data are kept for the purpose of inspecting security arrangements and confirming whether the WCMSA submitter is in compliance with the security requirements specified above. Access to any records created by the WCMSA process shall be restricted to authorized CMS and WCMSA submitter employees, agents and officials who require access to 1) perform their official duties in accordance with the approved uses of the information; (2) to respond to authorized for law enforcement investigations, or (3) to respond to any required legal process. Such personnel shall be advised of (1) the confidential nature of the information, (2) safeguards required to protect the information, and (3) the administrative, civil and criminal penalties for noncompliance contained in applicable Federal laws.

Signature of Account Manager: \_\_\_\_\_

Date: \_\_\_\_\_

## Profile Report Email Notification (Self Account)

From: cobva@ghimedicare.com [<mailto:cobva@ghimedicare.com>]  
Sent: Wednesday, April 01, 2009 2:42 PM  
To: AAAAA@AAA.COM  
Subject: Workers' Compensation Medicare Set-Aside Portal (WCMSAP) Profile Report

Account Manager:       FIRST LAST

The WCMSAP Profile Report has been attached to this e-mail. The Profile Report contains information regarding your WCMSAP account and the associated beneficiary/claimant information. A Profile Report is generated after the account setup has been completed successfully.

Please review the attached Profile Report carefully and ensure all information is accurate. In order to access all of the functions within the WCMSAP, the report must be signed by the account manager and returned to the COBC. Please send signed reports to:

via Fax:               (646) 458-6761  
via E-mail:           COBVA@GHIMedicare.com  
via mail:             MEDICARE - COB  
                          Section Reporting Program  
                          P.O. Box 660  
                          New York, NY 10274-0660

If the report is incorrect please contact our Electronic Data Interchange (EDI) Department at the number or e-mail address listed below to resolve any error.

Phone:   (646) 458-6740  
E-mail:   COBVA@GHIMedicare.com

### Confidentiality Note:

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\*\*\*\*\*

**Sample Profile Report**



**Workers' Compensation Medicare  
Set-Aside Portal  
Profile Report**

**Account ID:** ##### Account Type: Self Date: 99/99/9999

COBC EDI Contact Information:

E-mail: [COBVA@GHIMedicare.com](mailto:COBVA@GHIMedicare.com) Phone: (646) 458-6740

**Beneficiary/Claimant:**

Name: FIRST LAST  
 Phone: (###) ###-####  
 Address: AAAAAAAAAAAAA  
 AAAAAAAAAAAAA  
 AAAAAAAAAAAAA St #####-####  
 E-mail: [AMemail@address.com](mailto:AMemail@address.com)

**Account ID:** ##### Account Type: Self Date: 99/99/9999

COBC EDI Contact Information:

E-mail: [COBVA@GHIMedicare.com](mailto:COBVA@GHIMedicare.com) Phone: (646) 458-6740

**SAFEGUARDING & LIMITING ACCESS TO EXCHANGED DATA**

I, the undersigned Account Manager for the WCMSA Self account defined above, certify that the information contained in this Registration is true, accurate, and complete to the best of my knowledge and belief, and I authorize CMS to verify this information. I agree to establish and implement proper safeguards against unauthorized use and disclosure of the data for the purposes of WCMSA proposal(s) review and processing. Proper safeguards shall include the adoption of policies and procedures to ensure that the data obtained shall be used solely in accordance with Section 1106 of the Social Security Act [42 U.S.C. § 1306], Section 1874(b) of the Social Security Act [42 U.S.C. § 1395k(b)], Section 1862(b) of the Social Security Act [42 U.S.C. § 1395y(b)], and the Privacy Act of 1974, as amended [5 U.S.C. § 552a]. The WCMSA authorized representative shall establish appropriate administrative, technical, procedural, and physical safeguards to protect the confidentiality of the data and to prevent unauthorized access to the data provided by the CMS. I agree that the authorized representatives of the CMS shall be granted access to premises where the Medicare data are kept for the purpose of inspecting security arrangements and confirming whether the WCMSA submitter is in compliance with the security requirements specified above. Access to any records created by the WCMSA process shall be restricted to authorized CMS and WCMSA submitter employees, agents and officials who require access to 1) perform their official duties in accordance with the approved uses of the information; (2) to respond to authorized for law enforcement investigations, or (3) to respond to any required legal process. Such personnel shall be advised of (1) the confidential nature of the

information, (2) safeguards required to protect the information, and (3) the administrative, civil and criminal penalties for noncompliance contained in applicable Federal laws.

Signature of Account Manager: \_\_\_\_\_

Date: \_\_\_\_\_

## Alert Email Notification

From: cobva@ghimedicare.com  
Sent: October 01, 2010 2:42 PM  
To: All E-Mail addresses associated with case  
Subject: Alert ## Has Been Posted

Account Number:               #####  
Case Control Number:       #####  
Alert Type:                    See values below

A/An [Alert Type] alert has been posted on the Workers' Compensation Medicare Set-Aside Portal. This alert contains information relating to recent activity on case ##### for account number #####.

Note: Alert Types are: Below Threshold, Development, Deny, Zero Set Aside, Under Threshold, Approval, Closeout, Co-Mingled Documentation, and Deceased Beneficiary

Please log into the web site <https://www.cob.cms.hhs.gov/WCMSA> to review the alert details.

**\*\*\* PLEASE DO NOT REPLY TO THIS E-MAIL \*\*\***

### Confidentiality Note:

This electronic message transmission is intended only for the person or entity to which it is addressed and may contain information that is privileged, confidential, or otherwise protected from disclosure. If you have received this transmission but are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or use of the contents of this information is strictly prohibited. If you have received this e-mail in error, please contact the COBC Electronic Data Interchange (EDI) Department at 646-458-6740 and delete and destroy the original message and all copies.

\*\*\*\*\*

## Alert Letters

### Below Threshold Letter (Beneficiary)



MEDICARE - Coordination of Benefits  
1-800-999-1118 or (TTY/TDD): 1-800-318-8782

«Name»

RE: Workers' Compensation Medicare Set-aside Arrangement for  
 Claimant: «Claimant»  
 HICN/SSN: «HicnSsn»  
 Date of Injury «DateOfInjury»  
 CMS Case Control Number: «CaseId»

Dear Sir or Madam:

The Centers for Medicare & Medicaid Services (CMS) has received your correspondence regarding the proposed workers' compensation (WC) settlement. If the referenced Health Insurance Claim Number (HICN) is incorrect, you must provide CMS with the correct HICN within 10 business days of the date of this letter.

The CMS will only review new Workers' Compensation Medicare Set-aside Arrangement (WCMSA) proposals for Medicare beneficiaries when the total settlement amount is greater than \$25,000.00. CMS does not issue "verification" letters confirming that approval of a Workers' Compensation Medicare Set-aside Arrangement is unnecessary when the WC settlement is \$25,000.00 or less. The CMS wishes to stress that this is a CMS workload management tool and not a substantive dollar or "safe harbor" threshold. Therefore, due to resource constraints, CMS is not providing a review of this case because the facts represented do not meet the above thresholds. However, Medicare beneficiaries must still consider Medicare's interest in all WC cases and ensure that Medicare is secondary to WC in such cases.

For additional information and links to CMS memoranda and frequently asked questions documents, please visit the Medicare Coordination of Benefits, Workers' Compensation website at: <http://www.cms.hhs.gov/WorkersCompAgencyServices/>

Please note that decisions regarding future medical treatment and/or future prescription drug expenses are independent of any determination regarding Medicare Secondary Payer recovery rights. Medicare has both a direct recovery right and a subrogated right to recover Medicare payments related to any workers' compensation (WC) settlement, judgment, award, or other recovery. Any payments Medicare may have made that are related to the WC settlement, judgment, award, or other recovery must be repaid.

If you have further questions, please contact «RO ContactName» at «RO ContactNum».

Sincerely,

Gerald Walters  
 Director, Financial Services Group  
 Office of Financial Management

cc: «CcFields»

**Below Threshold Letter (Non-Beneficiary)**

MEDICARE - Coordination of Benefits

«MailDate»

«MailTo»

RE: Workers' Compensation Medicare Set-aside Arrangement for:

Claimant:	«Claimant»
HICN:	«HICN»
SSN:	«SSN»
Date of Injury:	«DateOfInjury»
CMS Case Control Number:	«CaseNo»

The Centers for Medicare & Medicaid Services (CMS) has received your correspondence regarding the proposed workers' compensation (WC) settlement that includes future medical benefits for the above-referenced claimant. If the referenced Social Security Number (SSN) is incorrect, you must provide CMS with the correct SSN or a Health Insurance Claim Number within 10 calendar days of the date of this letter.

CMS does not issue "verification" letters confirming that approval of a Workers' Compensation Medicare Set-aside Arrangement is unnecessary when a WC settlement is \$250,000 or less and the injured individual does not have a reasonable expectation of becoming a Medicare beneficiary within 30 months of the settlement date, as represented by the facts in this case. Please refer to the following CMS memorandums for additional information.

WC: Commutation of Future Benefits dated July 23, 2001,  
<http://www.cms.hhs.gov/medicare/cob/pdf/wcfuturebene.pdf>

Medicare Secondary Payer -- WC Frequently Asked Questions dated April 21, 2003,  
[http://www.cms.hhs.gov/medicare/cob/pdf/wc\\_faqs.pdf](http://www.cms.hhs.gov/medicare/cob/pdf/wc_faqs.pdf)

Medicare Secondary Payer -- WC Additional Frequently Asked Questions dated May 23, 2003, [http://www.cms.hhs.gov/medicare/cob/pdf/wc\\_faqs2.pdf](http://www.cms.hhs.gov/medicare/cob/pdf/wc_faqs2.pdf)

CMS will honor threshold levels that are in effect as of the date of the WC settlement. Due to resource constraints, CMS is not providing a review of this case since the facts represented do not meet the thresholds stated in the frequently asked questions documents.

If you have further questions, please contact «RoName» at «RoPhone».

Sincerely,

«PoName»

cc: «CcFields»

## Development Letter



MEDICARE - Coordination of Benefits  
1-800-999-1118 or (TTY/TDD): 1-800-318-8782

«McDate»

\*\*\*WCS10094-DEVCC-R:509

«MailTo»

RE: Workers' Compensation Medicare Set-aside Arrangement for:  
Claimant: «Claimant»  
HICN: «HICN»  
SSN: «SSN»  
Date of Injury: «DateOfInjury»  
CMS Case Control Number: «CaseNo»

The CMS has received your request to review a proposed Workers' Compensation Medicare Set-aside Arrangement (WCMSA) for the claimant listed above. Please note that the items indicated on the enclosure are missing from the above-referenced case and a review of the proposed WCMSA cannot be completed without this information. The requested information must include the CMS Case Control Number listed above and be appended to the case according to the information provided on the enclosure no later than 10 business days from the date of this letter.

Failure to provide the information requested may result in closing your case as CMS will not have sufficient information to review the WCMSA proposal. As a result, Medicare may exclude its payments for medical expenses related to the injury(ies) and/or illness(es)/disease(s), until such time as workers' compensation settlement funds expended for services otherwise reimbursable by Medicare exhaust the entire settlement.

When all requested information is received, CMS will then review the proposed WCMSA and send a response to the appropriate parties with regard to the findings of the review.

Questions regarding this correspondence may be directed to «RoName» at «RoPhone».

Sincerely,

«RoName2»

Enclosure

CC: «Claimant2»

**Centers for Medicare & Medicaid Services (CMS)  
Workers' Compensation (WC)  
Medicare Set-aside Proposal  
Requirements Checklist**

«McDate2»

«Claimant3»

«CaseNo2»

Please append only the item(s) indicated below no later than 10 business days from the date of this document. Medical records must be submitted in a logical order.

If you have further questions, please contact «RoName3» at «RoPhone3».

**1. A cover letter must include the following information for all Medicare Set-aside arrangement proposals.**

«Section1»

**2. Documentation that must be available to CMS prior to the approval of a Medicare set-aside arrangement**

«Section2»

«FreeText»

SAMPLE

CONSENT TO RELEASE FORM

CMS Case Control Number: «CaseNo3»

The Privacy Act of 1974 (Public Law 93-579) prohibits the government from revealing information from personal files without the express written permission of the person involved. Disclosure of personal records to an attorney or other representative who is acting on behalf of another person is prohibited, unless the individual to whom the record pertains has consented.

I, \_\_\_\_\_, hereby authorize the Centers for Medicare & Medicaid Services (CMS), its agents and/or contractors to disclose, discuss, and/or release, orally or in writing, information related to my workers' compensation injury and/or settlement to the individual(s) and/or firm(s) listed below. This consent is for my current workers' compensation claim and is on an ongoing basis. An additional consent to release form will not be necessary unless or until I revoke this authorization (which must be in writing).

PLEASE CHECK:

Claimant's attorney \_\_\_\_\_  
(name and/or firm)

Employer's attorney \_\_\_\_\_  
(name and/or firm)

Workers' compensation carrier \_\_\_\_\_  
(name and/or firm)

Other \_\_\_\_\_  
(name and/or firm)

\_\_\_\_\_  
Claimant's Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date of Injury

\_\_\_\_\_  
Social Security Number Or  
Health Insurance Claim Number

## Approval Letter



### DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services

«Name»

RE: Workers' Compensation Medicare Set-aside Arrangement  
 Claimant: «Claimant»  
 HICN: «Hicn»  
 SSN: «SSN»  
 Date of Injury: «DateOfInjury»  
 CMS Case Control Number: «CaseId»

Dear «SubName2»

This letter is in response to your initial proposal submitted on «OrigDate» for a Workers' Compensation Medicare Set-aside Arrangement (WCMSA) on behalf of the above named individual.

«Para1»

«Para1-Payout»

«Para1-Cont»

**Approval of this WCMSA is not effective until a copy of the final executed workers' compensation settlement agreement, which must include this approved WCMSA amount, is received by CMS at the following address.**

CMS  
 c/o Coordination of Benefits Contractor  
 P.O. Box 33849  
 Detroit, Michigan 48232-5849  
 Attention: WCMSA

Note – If this case was submitted using the Worker's Compensation Set-Aside Web Portal, the final settlement document must be attached and submitted to the case using the Web Portal. See the Case Documents section '25 - Proposed/Final Settlement Agreement or Court Order' on the Web Portal case.

«Para2»

Once the funds in the WCMSA account have been exhausted and Medicare has been provided with information to document that payments from the account were appropriate, Medicare will begin paying for the beneficiary's Medicare-covered services that are related to the work injury or disease. The beneficiary's Medicare-covered expenses that are not related to the work injury or disease are not affected by the WCMSA and will be reimbursed by Medicare unless another entity under 42 U.S.C. Section 1395y(b) is responsible for primary payment of such expenses.

Funds in a WCMSA may not be used to purchase a Medicare supplemental insurance policy or a Medigap policy for a beneficiary, or to pay for the premiums for such policies.

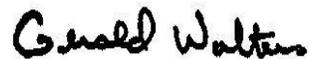
«Para3»

«Contractor»

Please note that decisions regarding future medical treatment and/or future prescription drug expenses are independent of any determination regarding Medicare Secondary Payer recovery rights. Medicare has both a direct recovery right and a subrogated right to recover Medicare payments related to any workers' compensation (WC) settlement, judgment, award, or other recovery. Any payments Medicare may have made that are related to the WC settlement, judgment, award, or other recovery must be repaid.

«Closing»

Sincerely,



Gerald Walters  
Director, Financial Services Group  
Office of Financial Management

Enclosure

CC: «CcField»

## Zero Set Aside Letter



MEDICARE - Coordination of Benefits

«MailDate»

«SubName»

RE: Workers' Compensation Medicare Set-aside Arrangement

Claimant:	«Claimant»
HICN/SSN:	«HicnSSN»
Date of Injury:	«InjuryDate»
Case Number:	«CaseId»

Dear Sir or Madam:

This letter is in response to your initial proposal for a Workers' Compensation Medicare Set-aside Arrangement (WCMSA) received on behalf of the above named individual on «SubDate».

You proposed that no WCMSA be established for the purpose of paying future medical services and future prescription drug expenses related to the work injury or illness that would otherwise be reimbursable by Medicare.

We have evaluated your proposal along with the supporting medical documentation you submitted and have determined that Medicare's interests have been adequately considered. **Therefore, no WCMSA is deemed necessary in this case.**

Please note that decisions regarding future medical treatment and/or future prescription drug expenses are independent of any determination regarding Medicare Secondary Payer recovery rights. Medicare has both a direct recovery right and a subrogated right to recover Medicare payments related to any workers' compensation (WC) settlement, judgment, award, or other recovery. Any payments Medicare may have made that are related to the WC settlement, judgment, award, or other recovery must be repaid.

For your information in the future, the Coordination of Benefits Contractor (COBC) should be notified of workers' compensation cases involving current Medicare beneficiaries as soon as you become aware of the situation. Please call the COBC at 1-800-999-1118 to report these cases and to obtain information on the coordination of any past claims for Medicare beneficiaries.

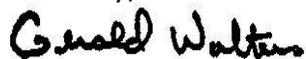
Please provide CMS with a copy of the workers' compensation agreement once a final settlement is reached. **This decision regarding the WCMSA is not effective until CMS receives a copy of the final settlement.** The document should be mailed to the following address:

CMS  
 c/o Coordination of Benefits Contractor  
 P.O. Box 33849  
 Detroit, Michigan 48232-5849  
 Attention: WCMSA

Note – If this case was submitted using the Worker’s Compensation Set-Aside Web Portal, the final settlement document must be attached and submitted to the case using the Web Portal. See the Case Documents section ‘25 - Proposed/Final Settlement Agreement or Court Order’ on the Web Portal case.

If you have any questions concerning this letter, please call «RoContact» at «RoPhone».

Sincerely,



Gerald Walters  
Director, Financial Services Group  
Office of Financial Management

cc: «CcClaimName»  
«CcClaimAtty»  
«CcLeadCntr»

## Closeout Letter



MEDICARE - Coordination of Benefits  
1-800-999-1118 or (TTY/TDD): 1-800-318-8782

«MailDate»

«SubName»

RE: Workers' Compensation Medicare Set-aside Arrangement for:

Claimant: «Claimant»

HICN: «Hicn»

SSN: «SSN»

Date of Injury: «InjuryDate»

CMS Case Control Number: «CaseId»

Dear «SubName2»:

We recently requested additional information from your office to determine the appropriate Medicare set-aside for the claimant named above. Since that time, either 10 business days have expired without our receiving a reply, or the reply we received did not include what we need.

**We still need:**

<<Free Text>>

Therefore, we are closing this case and treating it as ineligible for review due to lack of sufficient information. This action may result in the non-payment of the Medicare beneficiary's claims that are related to the workers' compensation injury or illness. **Note: The case will automatically reopen when the requested information is received.** If you have any questions regarding our request for additional information, please contact the undersigned at 301-575-0160.

Sincerely,  
«RoName»