

# The Workers' Compensation Medicare Set-Aside Account Portal: To the WCMSAP—and Beyond!

# Agenda

- Features and benefits
- Recent and upcoming enhancements
- Walkthrough
- Questions

# Features and Benefits

## Bottom Line Up Front:

- Greater efficiency for CMS and for you
- Fewer errors
- Easier resolution of issues

# F&B: Enter a case

- You control what documents you submit
- Portal helps control errors/omissions
- Save a work-in-progress (WIP)
- Sorry, United States Postal Service (USPS)!

# F&B: Receive alerts

- Immediate notice:
  - Submission receipt
  - Re-review and amended review decisions
- Near-immediate notice:
  - Errors or issues with submissions
- Administrative notice:
  - Death of beneficiary
  - Updated SSN or Medicare ID

# F&B: Append documentation

- Fix errors or omissions on the spot
- New or replaced documents
- Sorry, USPS!

# F&B: Case access

- Previously submitted cases or WIPs
- Find status in real time—phone free

# Enhancement: Re-Reviews and Amended Reviews

Two situations:

- When there's an obvious error (re-review)
- When amount required for medical care has changed since approval (amended review)

Eligible if:

- Case status is approved
- No re-review already in process



# Re-review: Error conditions

- Option 1: Obvious error in original review
- Option 2: Evidence not submitted with case

# Enhancement: Amended review

- Future care amount needed has changed more than 10% or \$10,000, whichever is greater
- Submission window: at least 12 months after and not more than 48 months after most recent approval decision date

# Upcoming enhancement: Professional Administrator role

- Submit account transactions
- Track balance
- Not required to submit attestations

# Upcoming enhancement: Attestation submission

- Portal submission
- Sorry, USPS!
- Track usage, balance, and structured annuity deposits

# Walkthrough: Accounts

Account types:

- Corporate
- Professional Administrator
- Representative
- Self

# Account roles

Account Representative/AR

Account Manager/AM

Account Designee/AD

# Log In

## 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 Benefits Coordination & Recovery Center (BCRC) or the Centers for Medicare & Medicaid Services (CMS).

For information about the availability of auxiliary aids and services, please visit:  
<http://www.medicare.gov/about-us/nondiscrimination/nondiscrimination-notice.html>

### Sign into your account

User Name:

[Forgot ID](#)

Password:

[Forgot Password](#)

Login

Clear

### WCMSAP Message

Testing Message Text

### GETTING STARTED

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

STEP 1

New Registration



STEP 2

Account Setup



(Account ID and PIN required)

# Home page: Account list

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

## WCMSAP

### Corporate and Representative Accounts

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 the BCRC or CMS.

If the account is a Representative account, you also have the ability to view information for your WCMSA(s) and submit an annual attestation via WCMSAP for all eligible WCMSAs where you are the identified administrator.

### Professional Administrator Accounts

The WCMSAP provides an interface for you to view summary information for WCMSA cases you administer by utilizing the Case Lookup function. You can also upload account transaction files and receive corresponding response files for the WCMSAs you administer.

Click the desired Account ID link below to access the specific account and perform these functions. You may modify your personal account settings by clicking the appropriate link under the Account Settings list.

### Associated Account IDs:

---

[30401](#) - Corporate

[30324](#) - Corporate

[30184](#) - Representative

[30185](#) - Professional Administrator

#### QUICK HELP

[Help About This Page](#)

#### Account Settings

[Update Personal Information](#)

[Change Password](#)



# Account Home

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

## 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 BCRC 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**

[View Account Activity](#)

# Submit a case

[Home](#)

[About This Site](#)

[CMS Links](#)

[How To...](#)

[Reference Materials](#)

[Contact Us](#)

[Logoff](#)

## New Case Creation

QUICK HELP

[Help About This Page](#)

The information requested below will be systematically validated to ensure the Workers' Compensation Medicare Set-Aside (WCMSA) case does not already exist in the Web portal and that the data entered meets the criteria set for new case creation. A new WCMSA case should not be created if the beneficiary is deceased or the proposed settlement amount is under the threshold limits set for a WCMSA case.

Once the information is validated, you can continue adding case information, upload corresponding documentation in PDF file format, and if necessary, create a work-in-progress case. A work-in-progress case allows you to enter part of the new case information and save it to the WCMSAP. The information saved will be available when you return to the portal to complete the new case creation process.

To begin the new case creation process, enter the required data and click the 'Continue' button. To cancel the case creation, click the 'Cancel' button to return to the Home page.

An asterisk (\*) indicates a required field.

The Beneficiary/Claimant's Social Security Number (SSN) or Health Insurance Claim Number (HICN) must be provided. You may not provide both.

Medicare ID: \*  OR SSN: \*  -  -

Initial Date of Injury: \*  /  /  (MM/DD/CCYY)

Last Name: \*  First Name: \*

Gender: \*

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

Proposed Settlement Amount: \* \$

# Bene/Claimant Info

## Case Information

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

### Beneficiary/Claimant Information

A superscript (¹) indicates a field required for submission.

Last Name: Doe

First Name: John

MI: A

Beneficiary Medicare ID: \*\*\*\*\*234B

Beneficiary/Claimant Date of Birth: 06/15/1966 (MM/DD/CCYY)

Beneficiary/Claimant Gender: Male

State where injury occurred: ¹

Submitter Type: ¹

#### QUICK HELP

[Help About This Page](#)

Next

Save Work-In-Progress

Case Summary

Cancel Case Creation

[Privacy Policy](#)

[User Agreement](#)

[Adobe Acrobat](#)

# WCMSA Administrator

## Case Information

### WCMSA Administrator

As part of the new case creation process, you are required to identify the administrator of the WCMSA. The default option is 'Self'. A self-administrator is a Medicare beneficiary who is administering their WCMSA on their own behalf. The Rep Payee option is for non-corporate entities who are administering the WCMSA on behalf of a beneficiary. The Professional Administrator option means that a professional entity will administer and account for the WCMSA that was established to protect Medicare's interests. Click Continue to proceed or save the case as a work-in-progress.

**\*Note:** When the Administrator Type is 'Professional Administrator', a copy of the Professional Administrator Agreement is required before you can submit this case. You can upload this document on the Documents tab.

An asterisk (\*) indicates a required file.

Administrator Type:\*

Self
  Rep Payee
  Professional Administrator

Name:

Address Line 1:

Address Line 2:

City:

State:

Zip Code:  -

Phone:  -  -

Fax:  -  -

E-mail Address:

**QUICK HELP**

[Help About This Page](#)

# Diagnosis Codes

## Case Information

### Diagnosis Codes

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

**QUICK HELP**

[Help About This Page](#)

If you would like to perform a Diagnosis Code Lookup by the code or the description, please Click on the Search link to go to the Diagnosis Code Lookup screen.

[Diagnosis Code Search](#) 

Type the diagnosis code in the text box provided and click on the 'Add Diagnosis Code' button to add the diagnosis code to the list. At least one diagnosis code must be provided for the case. The primary Diagnosis Code should be added first. You may add up to 5 diagnosis codes to the case. Click the 'Clear' button to clear the value in the text box. To delete a diagnosis code from the listing, click the delete icon 'X' to the left of the diagnosis code.

A superscript of <sup>(1)</sup> indicates that a field is required for submission.

Diagnosis Code: <sup>1</sup>  DX Ind: <sup>1</sup>  ICD-9  ICD-10

Delete	Diagnosis Code	DX Indicator	Description
X	33912	ICD-9	Chronic tension type headache
X	7245	ICD-9	Backache, unspecified

# Prescription Drugs

## Case Information

## Prescription Drugs

**QUICK HELP**

[Help About This Page](#)

Please indicate whether the claimant is taking or is expected to take prescription drugs as a result of the Workers' Compensation injury. Enter all prescription drug information if prescription drugs are involved in the case. **Note:** The information that you enter on this screen is not final. The WCRC will review and make changes as appropriate.

Is claimant currently taking or expected to take prescription drugs as a result of the injury?  Yes  No

## Prescription Drug Entry

First use the Redbook Drug Lookup Tool to find the correct drug. Then enter details about the prescription, calculate the total, and click [Add].

<input type="button" value="Drug Lookup"/>	<input type="button" value="Calculate Total"/>	<input type="button" value="Add"/>	<input type="button" value="Clear"/>						
Drug Name	Dosage	NDC	Frequency Per Day	Frequency Per Week	Frequency Per Mo.	# Years	Reason for Edit of # Years	PPU	Total

## Summary of Prescription Drugs

Delete	Drug Name	Dosage	NDC	Frequency Per Day	Frequency Per Week	Frequency Per Mo.	# Years	Reason for Edit of # Years	PPU	Total	Redbook Version	Rx Info.

Note: Drug pricing information may change depending on when you submit the case.

Grand Total:

# Case Notes

Home

About This Site

CMS Links

How To...

Reference Materials

Contact Us

Logoff

## Case Information

Beneficiary/Claimant \*

WCMSA Administrator \*

Diagnosis Codes \*

Prescriptions \*

WC Carrier \*

Employer \*

Attorney

Notes

Documents \*

Summary

## Case Notes

To add a note, type your note in the textbox provided, and click the 'Add Note' button. To delete a note, click the 'Delete' icon. Notes may only be added or deleted prior to case submission. Each note is limited to 800 characters.

### QUICK HELP

[Help About This Page](#)

Add Note

Delete	Date Added	User	Notes

Previous

Next

Save Work-In-Progress

Case Summary

Cancel Case Creation

# Case Documents

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

**Case Information**

Beneficiary/Claimant \* Diagnosis Codes \* Prescriptions \* 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.

Once you have added the document, click the Submit Files button at the bottom of the screen to submit it. You must click this button to successfully submit the file to the case.

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.

If a document must be replaced a 'Replace' link will appear to the right of the file name.

An asterisk (\*) indicates a required file.

**05 - Submitter Letter or Other Summary Documents \***

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

[Add Files](#)

**10 - Consent Form \***

Consent Form.pdf 2010-01-20 [Delete](#)

[Add Files](#)

**15 - Rated Age Information or Life Expectancy**

[Add Files](#)

**20 - Life Care Plan \***

[Add Files](#)

**25 - Proposed/Final Settlement Agreement or Proposed or Court Ordered \***

[Add Files](#)

**30 - Set-Aside Administrator or Copy of Agreement**

[Add Files](#)

**35 - Medical Records (1st Report of Injury through Recent Treatment) \***

MedicalReports\_1.pdf 2010-01-20 [Replace](#)

MedicalReports\_2.pdf 2010-01-20 [Delete](#)

MedicalReports\_3.pdf 2010-02-08 [Delete](#)

[Add Files](#)

**40 - Payment History \***

[Add Files](#)

**45 - Future Treatment Plans**

[Add Files](#)

**50 - Supplement/Additional Information**

[Add Files](#)

\* I attest that the documentation attached is complete and accurate to the best of my knowledge.

[Previous](#) | [Next](#) | [Save Work-In-Progress](#) | [Submit Files](#) | [Case Summary](#) | [Cancel Case Creation](#)



# Case Documents, legible

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.

## QUICK HELP

[Help About This Page](#)

Once you have added the document, click the Submit Files button at the bottom of the screen to submit it. You must click this button to successfully submit the file to the case.

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.

If a document must be replaced a 'Replace' link will appear to the right of the file name.

An asterisk (\*) indicates a required file.

### 05 - Submitter Letter or Other Summary Documents \*

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

 [Add Files](#)

### 10 - Consent Form \*

Consent Form.pdf 2010-01-20 [Delete](#)

 [Add Files](#)

### 15 - Rated Age Information or Life Expectancy

 [Add Files](#)

### 20 - Life Care Plan \*

# Summary Information

## Summary Information

 [Print this page](#)

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 Case as Work-In-Progress" button to save entered data. Print this page for your records.

### QUICK HELP

[Help About This Page](#)

If you would like to request a CMS Re-Review of this case, please click the Request Case Re-Review button.

Case Number: WC#####

### Claimant Information

Last Name: | MI: | First Name:

Date of Birth:

Date of Injury:

Medicare ID: #####A

SSN:

Address Line 1:

Address Line 2:

City:

State:

Zip:

Phone:

State where

Submitter Type:

### Claimant Attorney

Name:

Attorney E-mail:

Address Line 1:

Address Line 2:

City:

State:

Zip:

### WC Carrier

Insurer Name:

Policy Number:

Claim Number:

Rx PCN:

Rx BIN:

Tax ID Number (TIN):

Address Line 1:

Address Line 2:

City: City

State:

Zip:

Phone:

### Employer

Employer Name:

Address Line 1:

Address Line 2:

City:

State:

Zip:

Phone:

Employer Tax ID Number (TIN):

# Summary Information II: The Sequel

**Diagnosis Codes \***

Diagnosis Code    Diagnosis Indicator

**Prescription Drugs**

Is claimant currently taking or expected to take prescription drugs as a result of the injury? **Yes**

Drug Name	Dosage	NDC	Frequency	Frequency	Frequency	#
			Per Day	Per Week	Per Month	
ACETAMINOPHEN/BUTALBITAL/CAFFEINE	300 MG-50 MG-40 MG	42291-0181-01			30.0	27
LISINOPRIL	10 MG	24658-0242-10			30.0	27

**Case Notes**

**Case Documents**

- 05 - Submitter Letter or Other Summary Documents
- 10 - Consent Form \*
- 15 - Rated Age Information or Life Expectancy
- 20 - Life Care Plan
- 25 - Proposed/Final Settlement Agreement or Court Order
- 30 - Set-Aside Administrator or Copy of Agreement
- 35 - Medical Records (1st Report of Injury through Recent Treatment)
- 40 - Payment History
- 45 - Future Treatment Plans
- 50 - Supplement/Additional Information

# Finished entry!

<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>
----------------------	---------------------------------	---------------------------	---------------------------	-------------------------------------	----------------------------	------------------------

## Successful Case Submission

---

You have successfully submitted Case Number 234576.

[Continue](#)

# Request case access

<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="#">Logout</a>
----------------------	---------------------------------	---------------------------	---------------------------	-------------------------------------	----------------------------	------------------------

  

## Case Lookup

---

You can access Workers' Compensation Medicare Set-Aside (WCMSA) cases that have been submitted through the Web portal and are associated with your Login ID using various search criteria.

**QUICK HELP**

[Help About This Page](#)

Enter the search criteria in the provided fields and click 'Search.' Selecting 'Cancel' will return you to the Home page.

**Helpful Hints:**

- WIP cases do not have a Submission Date
- Date Range is limited to a maximum of six months

All Cases (Both submitted and WIP cases)  
 Submitted Cases Only  
 WIP Cases Only

Enter one of the following:

Case Control Number:

Medicare ID:  OR SSN: --

Date Range:

Case Creation Date Range:

From Date:  /  /  To Date:  /  /

Case Submission Date Range:

From Date:  /  /  To Date:  /  /

# Case Listing

## Case Listing

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

This page lists all cases entered into the Workers' Compensation Medicare Set-Aside Web Portal that are associated with your Login ID. Click on the Case Number to view the details of the case. Selecting 'Cancel' will return you to the Home page. To delete a case select the Delete function to the left of the Case Number. Submitted cases may not be deleted.

Delete	Case Number	Claimant Name	Date of Injury	Case Status	Case Location	Creation Date	Submission Date	Case Access
	<a href="#">123456</a>	Smith, Jane	2010-01-19	Received	WCRC	2010-02-15	2010-02-23	<a href="#">Manage Access</a>
	<a href="#">798654</a>	Jones, Mary	2009-11-17	Received	WCRC	2009-11-27	2009-12-05	<a href="#">Manage Access</a>
	<a href="#">798655</a>	DANA, ROSE	2009-11-17	COMG	WCRC	2015-11-27	2016-01-05	<a href="#">Manage Access</a>
X	<a href="#">987654</a>	Doe, John	2009-12-15	Work in Progress	Submitter	2010-01-24		<a href="#">Manage Access</a>

# View alerts

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

---

## Alerts

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

7 items found, displaying all items.

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 Alert Creation Date (descending) and Case Number (ascending).

Enter the search criteria in the provided fields and click 'Search.' Selecting 'Cancel' will return you to the Home page. If a date range is not provided, the application will present alerts for the most current 60 days.

Case Control Number:

Alert Status:

Medicare ID:  OR SSN:  -  -

Date Range:

Alert Creation Date Range:  
 From Date  /  /  To Date:  /  /

Order by Date, then Case Number  
 Order by Case Number, then Date

Alert ID	Alert Creation Date	Alert Type	Case Number	Creator	Status	Medicare ID/SSN	Bene Name
<a href="#">163</a>	02/14/2011	Closeout	<a href="#">WC#####</a>	WCSA	Not Read	*****2013A	FIRST LAST
<a href="#">161</a>	02/14/2011	Commingled	<a href="#">WC#####</a>	WCSA	Read	*****-8155	FIRST LAST

# Sample alert

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

Archive this Alert

Close This Window

Account Number: 30400  
Case Control Number: WC#####  
Date of Alert: 01/04/2011  
Alert Type: Commingled Documentation  
Alert Number: 99  
Medicare ID/SSN: \*\*\*\*\*2013A  
Claimant: First Last

A review of the WCMSA submission indicates that the file contains commingled documents. A document is considered "commingled" when the documentation received contains dta for more than one beneficiary.

Any file containing commingled documents must be replaced with a file without commingled documents, via the web portal within 10 business days from the date of this alert. Instructions relating to the replacement of a commingled document can be found in Online Help on the WCMSAP *Case Documents* screen. If files containing commingled documents are not replaced within 10 business days from the date of this alert, the case will be closed automatically. Commingled documents have been discovered in:

THE FIFTH SUBMITTER LETTER FILE IS COMMINGLED. PLEASE REPLACE IT WITH ANOTHER FILE.

If you have any questions regarding this alert, please contact the WCRC at (301) 575-0160 for additional information.



# Request re-review

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

## Case Re-Review Request

Case Number: #####

Please choose one of the following as your re-review request type:

Medical  RX  Both

Please choose one of the following reasons for the re-review request. If option 2 is chosen, you must upload supporting documentation.

Option 1: You believe CMS' determination contains obvious mistakes (e.g., a mathematical error or failure to recognize medical records already submitted showing a surgery, priced by CMS, that has already occurred).

Option 2: You believe you have additional evidence, not previously considered by CMS, which was available prior to the submission date of the original proposal which warrants a change in CMS' determination.

Amended Review: You believe projected care has changed so much that the new proposed amount would result in a 10% or \$10,000 change (whichever is greater) in CMS' previously approved amount.

To continue with your case re-review submission, please press Continue. Press Cancel if you do NOT wish to submit your case for re-review.

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

# Coming soon: Check account balance

- From Summary Information tab on case
- Attestation Information button
- Shows attestation information (depletion/exhaustion with dates), anniversary date, and for structured annuities, initial deposit and payout schedule.

# Coming soon: Submit attestations

- Attestation language and options
- Sorry, USPS!
- View previously submitted attestations

# Coming soon: Prior attestations

- Summary information
- Details of expenditures and replenishments
- Category of item: medical, prescription, interest, taxes on interest
- Dates, balance, document filenames

Questions?

Thank you for your time and attention!

