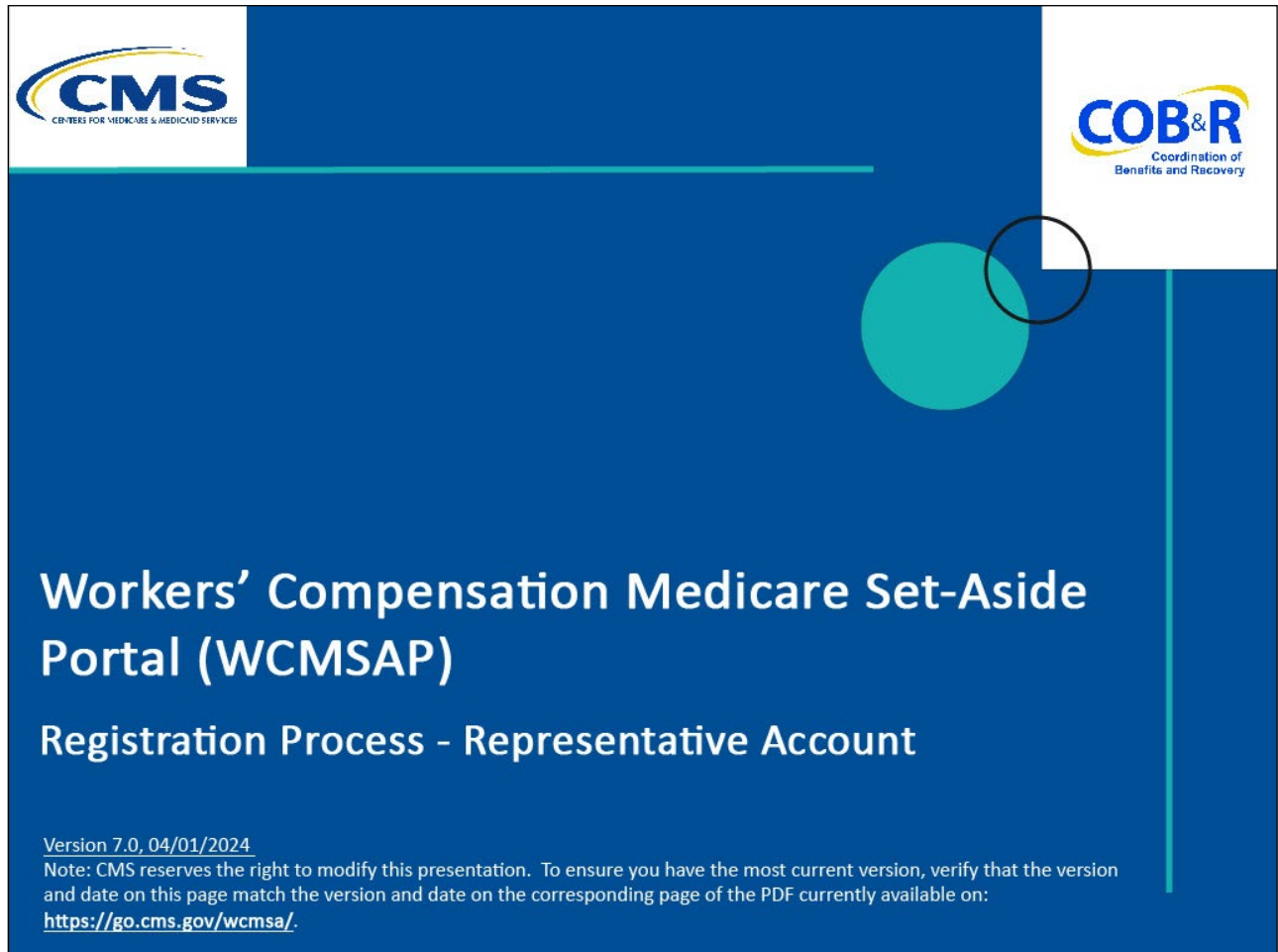


## Registration Process - Representative Account

### Slide 1 - of 35 - Registration Process - Representative Account



**CMS**  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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

# Workers' Compensation Medicare Set-Aside Portal (WCMSAP)

## Registration Process - Representative Account

Version 7.0, 04/01/2024  
Note: CMS reserves the right to modify this presentation. To ensure you have the most current version, verify that the version and date on this page match the version and date on the corresponding page of the PDF currently available on:  
<https://go.cms.gov/wcmsa/>.

### Slide notes

Welcome to the Workers' Compensation Medicare Set-Aside Portal (WCMSAP) Registration Process course.

Note: This module is intended for those entities who will register for a representative account. A representative account indicates that the submitter is registering as a non-corporate entity with no Employer Identification Number (EIN) but will be submitting multiple WCMSA requests.

## Slide 2 - of 35 - Disclaimer

## Disclaimer

While all information in this document is believed to be correct at the time of writing, this Computer Based Training (CBT) is for educational purposes only and does not constitute official Centers for Medicare & Medicaid Services (CMS) instructions for the WCMSAP. All affected entities are responsible for following the applicable CMS instructions found at the following link:

<https://www.cms.gov/medicare/coordination-benefits-recovery/workers-comp-set-aside-arrangements/portal>.

### Slide notes

While all information in this document is believed to be correct at the time of writing, this Computer Based Training (CBT) is for educational purposes only and does not constitute official Centers for Medicare & Medicaid Services (CMS) instructions for the WCMSAP.

All affected entities are responsible for following the applicable CMS instructions found at the following link: [CMS WCMSAP Website](https://www.cms.gov/medicare/coordination-benefits-recovery/workers-comp-set-aside-arrangements/portal).

**Slide 3 - of 35 - Course Overview**

## Course Overview

- Representative Registration




### Slide notes

This course will provide instruction on how to complete a representative registration on the WCMSAP and the steps to follow once the registration has been submitted.

## Slide 4 - of 35 - WCMSAP URL

Login Warning

 [Print this page](#)

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

This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this Government system, which includes: (1) this computer network, (2) all computers connected to this network, and (3) all devices and storage media attached to this network or to a computer on this network. This system is provided for Government-authorized use only.

Unauthorized or improper use of this system is prohibited and may result in disciplinary action and/or civil and criminal penalties

Personal use of social media and networking sites on this system is limited as to not interfere with official work duties and is subject to monitoring.

By using this system, you understand and consent to the following:

\*You have no reasonable expectation of privacy regarding any communication or data transiting or stored on this system.

\*The Government may monitor, record, and audit your system usage, including usage of personal devices and email systems for official duties or to conduct HHS business. Therefore, you have no reasonable expectation of privacy regarding any communication or data transiting or stored on this system. At any time, and for any lawful Government purpose, the Government may monitor, intercept, and search and seize any communication or data transiting or stored on this system.

\*Any communication or data transiting or stored on this system may be disclosed or used for any lawful Government purpose.

<http://www.cms.hhs.gov/About-CMS/Agency-Information/Aboutwebsite/Security-Protocols.html>

**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.

The  
and  
LOG

[https://www.cob.cms.hhs.gov/WCMSA/\)](https://www.cob.cms.hhs.gov/WCMSA/)

[I Accept](#)

[Decline](#)


## Slide notes

All users must register for a Web portal account on the WCMSAP URL.

To create your representative account, you must go to the [WCMSAP Website](#) to begin the registration process.

## Slide 5 - of 35 - Login Warning Page

Login Warning

 [Print this page](#)

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

This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this Government system, which includes: (1) this computer network, (2) all computers connected to this network, and (3) all devices and storage media attached to this network or to a computer on this network. This system is provided for Government-authorized use only.

Unauthorized or improper use of this system is prohibited and may result in disciplinary action and/or civil and criminal penalties

Personal use of social media and networking sites on this system is limited as to not interfere with official work duties and is subject to monitoring.

By using this system, you understand and consent to the following:

\*You have no reasonable expectation of privacy regarding any communication or data transiting or stored on this system.

\*The Government may monitor, record, and audit your system usage, including usage of personal devices and email systems for official duties or to conduct HHS business. Therefore, you have no reasonable expectation of privacy regarding any communication or data transiting or stored on this system. At any time, and for any lawful Government purpose, the Government may monitor, intercept, and search and seize any communication or data transiting or stored on this system.

\*Any communication or data transiting or stored on this system may be disclosed or used for any lawful Government purpose.

<http://www.cms.hhs.gov/About-CMS/Agency-Information/Aboutwebsite/Security-Protocols.html>

**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 [Workers Compensation Agency Services](#)

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

[I Accept](#)


[Decline](#)

## Slide notes

Each time a user visits the WCSMAP website, the Login Warning page will appear.

The Login Warning page provides information about WCMSAP security measures, including access, penalty, and privacy laws. All users must agree to the terms of this warning each time they access the WCMSAP application.

## Slide 6 - of 35 - Login Warning Page

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

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

This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this Government system, which includes: (1) this computer network, (2) all computers connected to this network, and (3) all devices and storage media attached to this network or to a computer on this network. This system is provided for Government-authorized use only.

Unauthorized or improper use of this system is prohibited and may result in disciplinary action and/or civil and criminal penalties

Personal use of social media and networking sites on this system is limited as to not interfere with official work duties and is subject to monitoring.

By using this system, you understand and consent to the following:

\*You have no reasonable expectation of privacy regarding any communication or data transiting or stored on this system.

\*The Government may monitor, record, and audit your system usage, including usage of personal devices and email systems for official duties or to conduct HHS business. Therefore, you have no reasonable expectation of privacy regarding any communication or data transiting or stored on this system. At any time, and for any lawful Government purpose, the Government may monitor, intercept, and search and seize any communication or data transiting or stored on this system.

\*Any communication or data transiting or stored on this system may be disclosed or used for any lawful Government purpose.

<http://www.cms.hhs.gov/About-CMS/Agency-Information/Aboutwebsite/Security-Protocols.html>

**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 [Workers Compensation Agency Services](#)

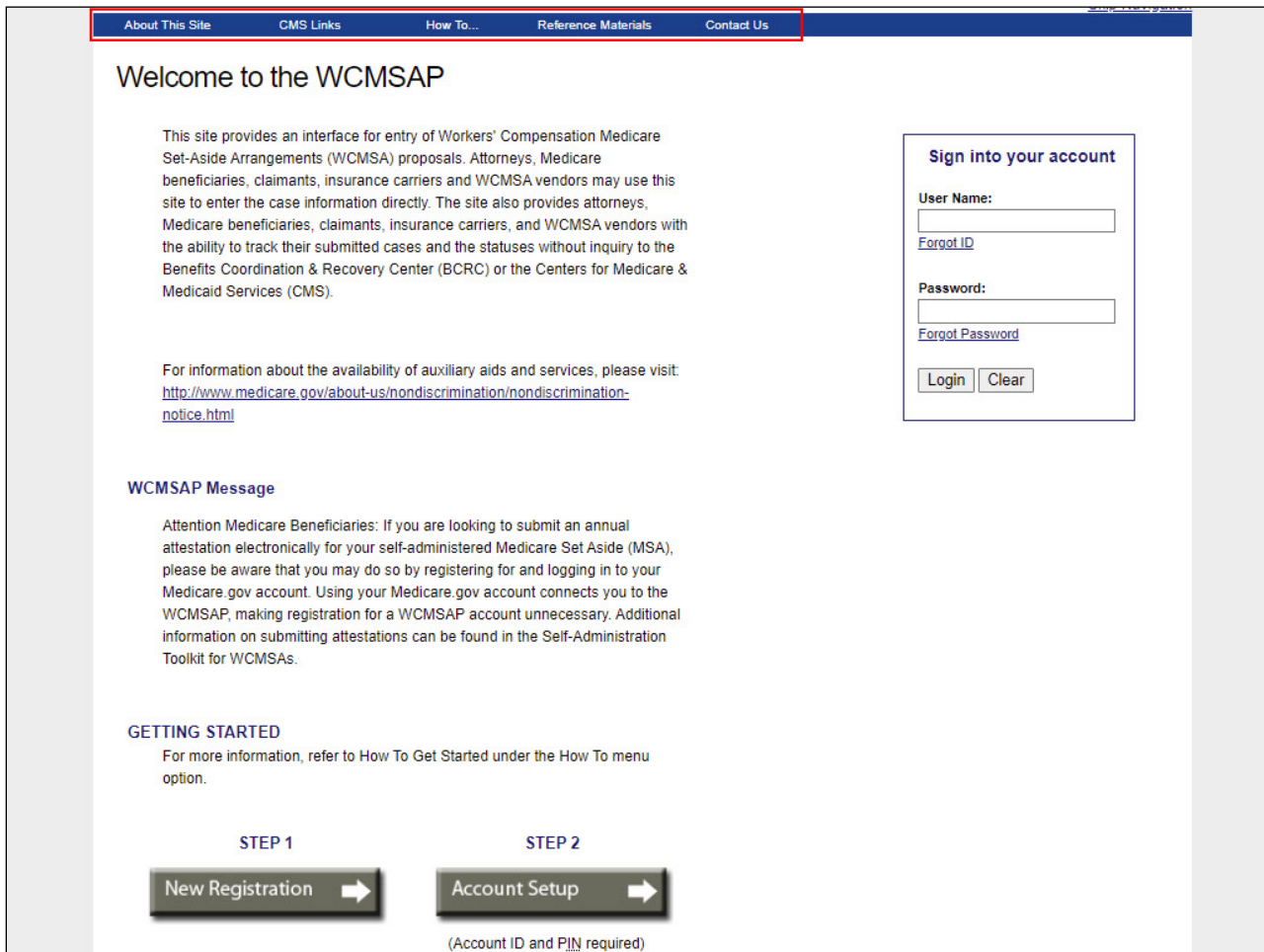
LOG OFF IMMEDIATELY if you do not agree to the conditions stated in this warning.

## Slide notes

You must review the Login Warning and click the I Accept link at the bottom of the page to continue, otherwise you will be denied access to the WCMSAP site and will be unable to register.



## Slide 7 - of 35 - Welcome/Login Page



The screenshot shows the WCMSAP Welcome/Login page. At the top is a navigation bar with links: About This Site, CMS Links, How To..., Reference Materials, and Contact Us. The main heading is "Welcome to the WCMSAP". Below this, a paragraph explains the site's purpose: providing an interface for Workers' Compensation Medicare Set-Aside Arrangements (WCMSA) proposals and allowing users to track cases. A link to a Medicare.gov page about nondiscrimination notices is provided. On the right, a "Sign into your account" box contains fields for User Name and Password, with "Forgot ID" and "Forgot Password" links, and "Login" and "Clear" buttons. Below the welcome message is a "WCMSAP Message" section for Medicare beneficiaries regarding annual attestations. A "GETTING STARTED" section refers to the "How To" menu. At the bottom, two buttons are shown: "STEP 1 New Registration" and "STEP 2 Account Setup", with a note that an Account ID and PIN are required for Step 2.

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 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](#)

### WCMSAP Message

Attention Medicare Beneficiaries: If you are looking to submit an annual attestation electronically for your self-administered Medicare Set Aside (MSA), please be aware that you may do so by registering for and logging in to your Medicare.gov account. Using your Medicare.gov account connects you to the WCMSAP, making registration for a WCMSAP account unnecessary. Additional information on submitting attestations can be found in the Self-Administration Toolkit for WCMSAs.

### 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)

## Slide notes

Once you have clicked on the I Accept link, the Login/Welcome to the WCMSAP page will display. Here you will find various menu options.

**Slide 8 - of 35 - About This Site**

[Skip Nav](#)

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

[How To Use This Site](#)

## 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](#)

### WCMSAP Message

Attention: Due to scheduled system maintenance, the Worker's Compensation Medicare Set-Aside Portal (WCMSAP) will be unavailable from 5pm ET, Friday, September 30, 2022, until 7am ET, Monday, October 3, 2022. We apologize for the inconvenience.

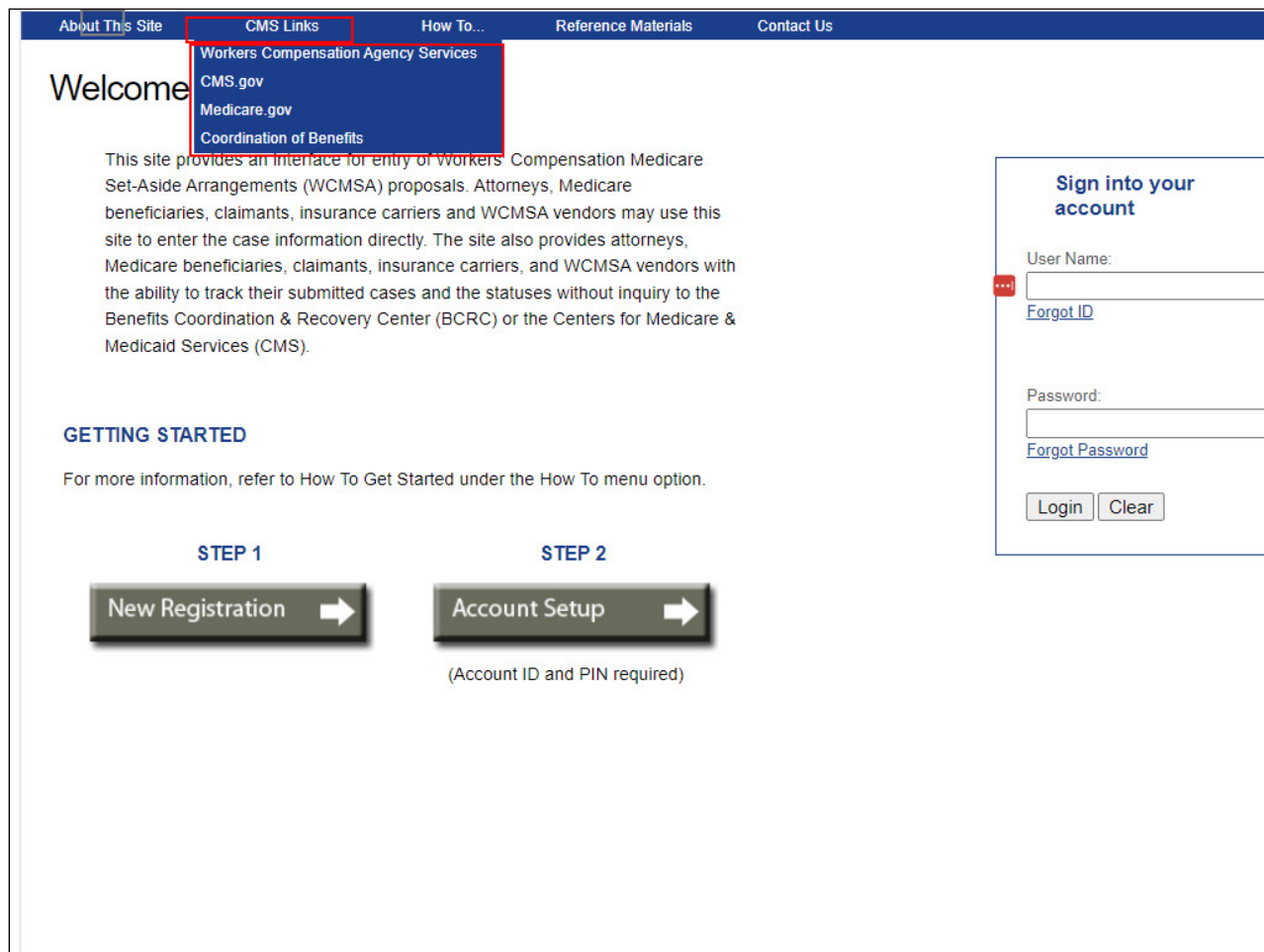
Attention Medicare Beneficiaries: If you are looking to submit an annual attestation electronically for your self-administered Medicare Set Aside (MSA), please be aware that you may do so by registering for and logging in to your Medicare.gov account. Using your Medicare.gov account connects you to the WCMSAP, making registration for a WCMSAP account unnecessary. Additional information on submitting attestations can be found in the Self-Administration Toolkit for WCMSAs.

**Slide notes**

“About This Site” navigates to the “How To Use This Site” link, offering general information on how to use the WCMSAP application.



## Slide 9 - of 35 - CMS Link



The screenshot shows a web application interface. At the top is a blue navigation bar with links: "About This Site", "CMS Links", "How To...", "Reference Materials", and "Contact Us". The "CMS Links" menu is highlighted with a red box, and its sub-items are listed in a blue dropdown: "Workers Compensation Agency Services", "CMS.gov", "Medicare.gov", and "Coordination of Benefits".

**Welcome**

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).

**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)

**Sign into your account**

User Name:

[Forgot ID](#)

Password:

[Forgot Password](#)

## Slide notes

"CMS Links" provides links to the Workers' Compensation Agency Services page, CMS.gov, the Medicare website, and the Coordination of Benefits & Recovery Overview website.

## Slide 10 - of 35 - How To Link

The screenshot shows the WCM SAP website. The top navigation bar includes links for 'About This Site', 'CMS Links', 'How To...', 'Reference Materials', and 'Contact Us'. The 'How To...' menu is expanded, listing the following options: 'How to Get Started', 'How To Request Your Login ID', 'How To Request Your Password', 'How To Change Your Password', 'How To Reset Your PIN', 'How To Change Your Authorized Representative', 'How To Change Your Account Manager', and 'How To Invite Account Designees'. The main content area features a 'Welcome to the WCM SAP' message, a description of the site's purpose, and a sign-in form titled 'Sign into your account'. The sign-in form includes fields for 'User Name' and 'Password', with links for 'Forgot ID' and 'Forgot Password', and 'Login' and 'Clear' buttons. A 'WCMSAP Message' section at the bottom provides information about system maintenance and Medicare beneficiaries.

**Welcome to the WCM SAP**

This site provides an interface for Medicare Set-Aside Arrangements (WCMSAP) beneficiaries, claimants, insurance providers, and vendors to enter the case information, 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>

**WCMSAP Message**

Attention: Due to scheduled system maintenance, the Worker's Compensation Medicare Set-Aside Portal (WCMSAP) will be unavailable from 5pm ET, Friday, September 30, 2022, until 7am ET, Monday, October 3, 2022. We apologize for the inconvenience.

Attention Medicare Beneficiaries: If you are looking to submit an annual attestation electronically for your self-administered Medicare Set Aside (MSA), please be aware that you may do so by registering for and logging in to your Medicare.gov account. Using your Medicare.gov account connects you to the WCMSAP, making registration for a WCMSAP account unnecessary. Additional information on submitting attestations can be found in the Self-Administration Toolkit for WCMSAs.

**Sign into your account**

User Name:

[Forgot ID](#)

Password:

[Forgot Password](#)

## Slide notes

The “How To...” section 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, and
- Inviting Account Designees.

## Slide 11 - of 35 - Reference Materials Link

[Skip Nav](#)

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

[WCMSAP site User Manual](#)

## 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>

### WCMSAP Message

Attention: Due to scheduled system maintenance, the Worker's Compensation Medicare Set-Aside Portal (WCMSAP) will be unavailable from 5pm ET, Friday, September 30, 2022, until 7am ET, Monday, October 3, 2022. We apologize for the inconvenience.

Attention Medicare Beneficiaries: If you are looking to submit an annual attestation electronically for your self-administered Medicare Set Aside (MSA), please be aware that you may do so by registering for and logging in to your Medicare.gov account. Using your Medicare.gov account connects you to the WCMSAP, making registration for a WCMSAP account unnecessary. Additional information on submitting attestations can be found in the Self-Administration Toolkit for WCMSAs.

#### Sign into your account

User Name:

[Forgot ID](#)

Password:

[Forgot Password](#)

## Slide notes

“Reference Materials” displays a link to the WCMSAP User Guide.

A screenshot of a web browser displaying the Medicare.gov website. The browser's address bar shows the URL "cob.cms.hhs.gov/WCMSA/assets/wcmsa/contactUs/contactUs.htm". The page has a blue header with the text "About This Site" and a "Skip Nav" link. The main content area features a large heading "Welcome" followed by a paragraph about site navigation. Below this is a section titled "Contact Us" with a horizontal separator line. A note states: "Note: If you are a Medicare beneficiary who has entered this website through your Medicare.gov account, please contact Med... contact information for Medicare. You can log in to your Medicare.gov account by visiting the Medicare.gov website at https://...". Another paragraph follows: "For all other users, if you have a program or technical problem involving your WCMSAP submission, contact the BCRC EDI Department for solutions to any questions, issues, or problems you have." Below this is a call to action: "Call the BCRC EDI Department at (646) 458-6740 for assistance." On the right side, there is a form labeled "Log in to your account" with input fields for email and password, and a "Log In" button. At the bottom left, there is a section titled "WCMSAP Me..." with a list of links: "Attention:", "Medicare S...", "September", "the inconve...", "Attention M...", "attestation", "please be...", "Medicare.g...", "WCMSAP", "information", and "Toolkit for".

“Contact Us” displays the following page which provides information on how to contact the Benefits Coordination & Recovery Center (BCRC).

## Slide 13 - of 35 - New Registration Process

The screenshot displays the WCMSAP website interface. At the top, a blue navigation bar contains links: "About This Site", "CMS Links", "How To...", "Reference Materials", and "Contact Us". The main heading is "Welcome to the WCMSAP". Below this, a paragraph describes the site's purpose: providing an interface for Workers' Compensation Medicare Set-Aside Arrangements (WCMSA) proposals, allowing attorneys, Medicare beneficiaries, claimants, insurance carriers, and WCMSA vendors to enter case information directly and track submitted cases. A link is provided for information on auxiliary aids and services: <http://www.medicare.gov/about-us/nondiscrimination/nondiscrimination-notice.html>.

On the right side, there is a "Sign into your account" box. It includes fields for "User Name:" and "Password:", each with a "Forgot" link below it. At the bottom of this box are "Login" and "Clear" buttons.

Below the welcome message, there is a "WCMSAP Message" section. It contains a paragraph for "Attention Medicare Beneficiaries" stating that if they are looking to submit an annual attestation electronically for their self-administered Medicare Set Aside (MSA), they should be aware that they can do so by registering for and logging in to their Medicare.gov account. It notes that using a Medicare.gov account connects them to the WCMSAP, making registration for a WCMSAP account unnecessary. Additional information on submitting attestations can be found in the Self-Administration Toolkit for WCMSAs.

Below the message, there is a "GETTING STARTED" section. It states: "For more information, refer to How To Get Started under the How To menu option." Below this text are two buttons: "STEP 1 New Registration" and "STEP 2 Account Setup". The "STEP 1 New Registration" button is highlighted with a red rectangle. Both buttons have a right-pointing arrow. Below the "STEP 2 Account Setup" button, it says "(Account ID and PIN required)".

## Slide notes

Account Registration is the first step in the WCMSAP registration process.

During the account registration process, basic information related to the representative and the beneficiary are required.

To begin the initial registration process, click New Registration.

## Slide 14 - of 35 - Select Account Type Page

[Skip Nav](#)

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

## Select Account Type

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

Beneficiaries do not need to create a "Self" account type in WCMSAP to submit an attestation for a self-administered WCMSA account. To find out how to manage (self-administer) your WCMSA account and submit attestations, visit [go.cms.gov/WCMSASelfAdm](https://go.cms.gov/WCMSASelfAdm).

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.

☐ **Professional Administrator**

A professional administrator account type indicates that the entity is registering with an Employer Identification Number (EIN) and will be the responsible party for administering MSA funds and reporting to Medicare.

[Previous](#)   [Next](#)

## Slide notes

The Select Account Type page will appear. This page describes the differences between each account type.



**Slide 15 - of 35 - Account Types Defined**

## Account Type

- Corporate
  - Corporate entity with an Employer Identification Number (EIN)
  - Will regularly submit WCMSAP requests
- Representative
  - Non-corporate WCMSAP submitter with no EIN
  - Will submit multiple cases
- Self
  - Medicare beneficiary/claimant
  - Submit a case for themselves
- Professional Administrator
  - Professional Administrator with an Employer Identification Number (EIN)
  - Administers MSA Funds and report to Medicare

**Slide notes**

Users will be required to first specify the type of account for which they are registering. There are four types of WCMSAP accounts:

- Corporate
- Representative
- Self
- Professional Administrator

A 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 type will be regularly submitting WCMSAP requests.

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

A self-submitter account type is for 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 self-submitter can only submit cases for themselves.

A professional administrator account type indicates that the entity is registering with an Employer Identification Number (EIN) and will be the responsible party for administering MSA funds and reporting to Medicare.

**Slide 16 - of 35 - Select Account Type**

[Skip Nav](#)

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

## Select Account Type

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

Beneficiaries do not need to create a "Self" account type in WCMSAP to submit an attestation for a self-administered WCMSA account. To find out how to manage (self-administer) your WCMSA account and submit attestations, visit [go.cms.gov/WCMSASelfAdm](https://go.cms.gov/WCMSASelfAdm).

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.

☐ **Professional Administrator**

A professional administrator account type indicates that the entity is registering with an Employer Identification Number (EIN) and will be the responsible party for administering MSA funds and reporting to Medicare.

[Previous](#) [Next](#)

**Slide notes**

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

This course focuses on how to register for a representative account.

To register as a Representative user, select the Representative button and then click Next.

**Slide 17 - of 35 - Representative Information Page**

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

## Representative Information


An (\*) indicates a required field.

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


First Name: \*  MI:  Last Name: \*

Social Security Number: \*  -  -

E-Mail Address: \*

Re-enter E-Mail Address: \*  

Phone: \*  -  -  ext.

Fax:  -  -  


**Mailing Address:**

Address Line 1: \*

Address Line 2:

City: \*

State: \*

Zip Code: \*  -  

<a href="#">CMS/HHS Vulnerability Disclosure Policy</a>	<a href="#">Privacy Policy</a>	<a href="#">User Agreement</a>	<a href="#">Adobe Acrobat</a>
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**Slide notes**

After the Representative account type is selected, you will be directed to the Representative Information page.

**Slide 18 - of 35 - Enter Personal Information**

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

## Representative Information

An (\*) indicates a required field.

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

First Name: \*  MI:  Last Name: \*

Social Security Number: \*  -  -

E-Mail Address: \*

Re-enter E-Mail Address: \*

Phone: \*  -  -  ext.

Fax:  -  -

**Mailing Address:**

Address Line 1: \*

Address Line 2:

City: \*

State: \*

Zip Code: \*  -

<a href="#">CMS/HHS Vulnerability Disclosure Policy</a>	<a href="#">Privacy Policy</a>	<a href="#">User Agreement</a>	<a href="#">Adobe Acrobat</a>
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**Slide notes**

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 BCRC regarding this Account ID.

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

**Slide 19 - of 35 - Completed Registration**

About This Site	CMS Links	How To...	Reference Materials	Contact Us
<h2>Representative Information</h2>				
<p>An (*) indicates a required field.</p>				
<div><b>QUICK HELP</b> <a href="#">Help About This Page</a></div>				
<p>First Name: * <input type="text"/> MI: <input type="text"/> Last Name: * <input type="text"/></p>				
<p>Social Security Number: * <input type="text"/> - <input type="text"/> - <input type="text"/></p>				
<p>E-Mail Address: * <input type="text"/></p>				
<p>Re-enter E-Mail Address: * <input type="text"/></p>				
<p>Phone: * <input type="text"/> - <input type="text"/> - <input type="text"/> ext. <input type="text"/></p>				
<p>Fax: <input type="text"/> - <input type="text"/> - <input type="text"/></p>				
<p><b>Mailing Address:</b></p>				
<p>Address Line 1: * <input type="text"/></p>				
<p>Address Line 2: <input type="text"/></p>				
<p>City: * <input type="text"/></p>				
<p>State: * <input type="text" value="-Select-"/></p>				
<p>Zip Code: * <input type="text"/> - <input type="text"/></p>				
<p><input type="button" value="Previous"/> <input type="button" value="Next"/></p>				
<p>CMS/HHS Vulnerability Disclosure Policy   Privacy Policy   User Agreement   Adobe Acrobat</p>				

**Slide notes**

When you have completed the Representative Information page, click Next to continue with the registration process.



**Slide 20 - of 35 - Beneficiary Information Page**

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

## Beneficiary Information

An asterisk (\*) indicates a required field.

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

Bene Last Name: \*   First Initial: \*

Bene Medicare ID: \*  OR

Bene Social Security Number  -  -  (SSN is required if Medicare ID is not provided)  
(SSN): \*

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

Bene Gender: \*

[CMS/HHS Vulnerability Disclosure Policy](#) [Privacy Policy](#) [User Agreement](#) [Adobe Acrobat](#)

**Slide notes**

As long as all information was entered correctly on the Representative Information page, you will be directed to the Beneficiary Information page.

**Slide 21 - of 35 - Enter Beneficiary Information**

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

## Beneficiary Information

An asterisk (\*) indicates a required field.

Bene Last Name: \*

First Initial: \*

Bene Medicare ID: \*

OR

Bene Social Security Number (SSN): \*  -  -  (SSN is required if Medicare ID is not provided)

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

Bene Gender: \*

Previous

Next

[CMS/HHS Vulnerability Disclosure Policy](#) [Privacy Policy](#) [User Agreement](#) [Adobe Acrobat](#)

**Slide notes**

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.

**Slide 22 - of 35 - Beneficiary Information Page**

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

## Beneficiary Information

An asterisk (\*) indicates a required field.

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

Bene Last Name: \*   First Initial: \*

Bene Medicare ID: \*  OR

Bene Social Security Number (SSN): \*  -  -  (SSN is required if Medicare ID is not provided)

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

Bene Gender: \*

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**Slide notes**

When the Beneficiary Information page is complete, click Next to continue.

## Slide 23 - of 35 - Registration Summary Page

The screenshot shows the 'Registration Summary' page of the 'Workers' Compensation Set-Aside Web Portal'. The page header includes the CMS logo, the portal title, the COB&R logo, and a navigation bar with links: Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, and Logoff. A 'Skip Navigation' link is also present. The main heading is 'Registration Summary'. To the right, there is a 'Print this page' link and a 'QUICK HELP' button with a 'Help About This Page' link. A paragraph of instructions follows: 'Please review your registration information. If you need to change the information, click the "Edit" button. If you are satisfied with the information, click the "Submit Registration" button to submit the registration. Click the "Cancel" Button to cancel the process: all data will be lost. Click the "Previous" button to return to the previous screen. Print this page for your records.' The form displays the following information: Account Type: Representative (with an Edit button); Representative Information (with an Edit button): First Name: Jane MI: A, Last Name: Smith, SSN: 999-99-9999, E-Mail Address: jsmith@abcassociates.com, Phone: 410- 832- 8350 ext. 9877, Fax: 410- 832- 8999; Beneficiary Information (with an Edit button): Last Name: Doe First Initial: J, Medicare ID: 987654321A, SSN: , Date of Birth: July 20, 1940, Gender: Male; Representative Mailing Address: Address Line 1: 200 Test Avenue, Address Line 2: Suite 2-B, City: Towson, State: Maryland, Zip Code: 21204- 3276. At the bottom are buttons for Previous, Submit Registration, and Cancel.

**Registration Summary**

Please review your registration information. If you need to change the information, click the "Edit" button. If you are satisfied with the information, click the "Submit Registration" button to submit the registration. Click the "Cancel" Button to cancel the process: all data will be lost. Click the "Previous" button to return to the previous screen. Print this page for your records.

Account Type: Representative

**Representative Information**

First Name: Jane MI: A  
Last Name: Smith  
SSN: 999-99-9999  
E-Mail Address: jsmith@abcassociates.com  
Phone: 410- 832- 8350 ext. 9877  
Fax: 410- 832- 8999

**Beneficiary Information**

Last Name: Doe First Initial: J  
Medicare ID: 987654321A  
SSN:   
Date of Birth: July 20, 1940  
Gender: Male

**Representative Mailing Address:**

Address Line 1: 200 Test Avenue  
Address Line 2: Suite 2-B  
City: Towson  
State: Maryland  
Zip Code: 21204- 3276



## Slide notes

Once the Representative and Beneficiary Information pages are complete, the Registration Summary page will appear.

This page lists all the information that was previously entered.

All information should be reviewed and verified before continuing.


## Slide 24 - of 35 - Print this Page Link



## Workers' Compensation Set-Aside Web Portal

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

### Registration Summary

 [Print this page](#)

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

Please review your registration information. If you need to change the information, click the "Edit" button. If you are satisfied with the information, click the "Submit Registration" button to submit the registration. Click the "Cancel" Button to cancel the process: all data will be lost. Click the "Previous" button to return to the previous screen. Print this page for your records.

Account Type: Representative	<a href="#">Edit</a>
<b>Representative Information</b>	<a href="#">Edit</a>
First Name: Jane MI: A	
Last Name: Smith	
SSN: 999-99-9999	
E-Mail Address: jsmith@abcassociates.com	
Phone: 410- 832- 8350 ext. 9877	
Fax: 410- 832- 8999	
<b>Beneficiary Information</b>	<a href="#">Edit</a>
Last Name: Doe First Initial: J	
Medicare ID: 987654321A	
SSN:	
Date of Birth: July 20, 1940	
Gender: Male	
<b>Representative Mailing Address:</b>	
Address Line 1: 200 Test Avenue	
Address Line 2: Suite 2-B	
City: Towson	
State: Maryland	
Zip Code: 21204- 3276	
<a href="#">Previous</a> <a href="#">Submit Registration</a> <a href="#">Cancel</a>	

## Slide notes

This page may be printed for your records by using the Print this page link in the upper right-hand corner.

## Slide 25 - of 35 - Editing Your Information

**CMS** **Workers' Compensation Set-Aside Web Portal** **COB&R**  
CENTERS FOR MEDICARE & MEDICAID SERVICES Coordination of Benefits and Recovery

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

### Registration Summary

[Print this page](#)

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

Please review your registration information. If you need to change the information, click the "Edit" button. If you are satisfied with the information, click the "Submit Registration" button to submit the registration. Click the "Cancel" Button to cancel the process: all data will be lost. Click the "Previous" button to return to the previous screen. Print this page for your records.

**Account Type:** Representative [Edit](#)

**Representative Information** [Edit](#)

First Name: Jane MI: A  
Last Name: Smith  
SSN: 999-99-9999  
E-Mail Address: jsmith@abcassociates.com  
Phone: 410- 832- 8350 ext. 9877  
Fax: 410- 832- 8999

**Beneficiary Information** [Edit](#)

Last Name: Doe First Initial: J  
Medicare ID: 987654321A  
SSN:  
Date of Birth: July 20, 1940  
Gender: Male

**Representative Mailing Address:**

Address Line 1: 200 Test Avenue  
Address Line 2: Suite 2-B  
City: Towson  
State: Maryland  
Zip Code: 21204- 3276

[Previous](#) [Submit Registration](#) [Cancel](#)

## Slide notes

To make any corrections, click the Edit button next to the applicable section. Once clicked, the system will display that information entry page.




**Slide 26 - of 35 - Editing Your Information**

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

## Beneficiary Information

An asterisk (\*) indicates a required field.

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

Bene Last Name: \*   First Initial: \*

Bene Medicare ID: \*  OR

Bene Social Security Number (SSN): \*  -  -  (SSN is required if Medicare ID is not provided)

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

Bene Gender: \*

[CMS/HHS Vulnerability Disclosure Policy](#) [Privacy Policy](#) [User Agreement](#) [Adobe Acrobat](#)

**Slide notes**

Add, change, or delete any of the information as needed.

**Slide 27 - of 35 - Corrections Completed**

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

### Beneficiary Information

An asterisk (\*) indicates a required field.

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

Bene Last Name: \*   First Initial: \*

Bene Medicare ID: \*  OR

Bene Social Security Number  -  -  (SSN is required if Medicare ID is not provided)  
(SSN): \*

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

Bene Gender: \*

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**Slide notes**

Once all corrections have been made, click Next to navigate back to the Registration Summary page.

## Slide 28 - of 35 - Submit Registration

The screenshot displays the 'Registration Summary' page of the CMS Workers' Compensation Set-Aside Web Portal. The page header includes the CMS logo, the portal title, the COB&R logo, and a navigation bar with links: Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, and Logoff. A 'Skip Navigation' link is also present. Below the header, the title 'Registration Summary' is underlined. To the right of the title is a 'Print this page' link with a printer icon. A 'QUICK HELP' box with a 'Help About This Page' link is located on the right side. The main content area contains a paragraph of instructions: 'Please review your registration information. If you need to change the information, click the "Edit" button. If you are satisfied with the information, click the "Submit Registration" button to submit the registration. Click the "Cancel" Button to cancel the process: all data will be lost. Click the "Previous" button to return to the previous screen. Print this page for your records.' Below this text, the registration details are organized into sections: 'Account Type: Representative' with an 'Edit' button; 'Representative Information' with an 'Edit' button, listing Jane M. A. Smith's contact details; 'Beneficiary Information' with an 'Edit' button, listing Doe J.'s details; and 'Representative Mailing Address' listing the address in Towson, Maryland. At the bottom, there are three buttons: 'Previous', 'Submit Registration' (highlighted with a red box), and 'Cancel'.

**CMS** Workers' Compensation Set-Aside Web Portal **COB&R**  
Coordination of Benefits and Recovery

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

### Registration Summary

[Print this page](#)

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

Please review your registration information. If you need to change the information, click the "Edit" button. If you are satisfied with the information, click the "Submit Registration" button to submit the registration. Click the "Cancel" Button to cancel the process: all data will be lost. Click the "Previous" button to return to the previous screen. Print this page for your records.

Account Type: Representative

**Representative Information**

First Name: Jane MI: A  
Last Name: Smith  
SSN: 999-99-9999  
E-Mail Address: jsmith@abcassociates.com  
Phone: 410- 832- 8350 ext. 9877  
Fax: 410- 832- 8999

**Beneficiary Information**

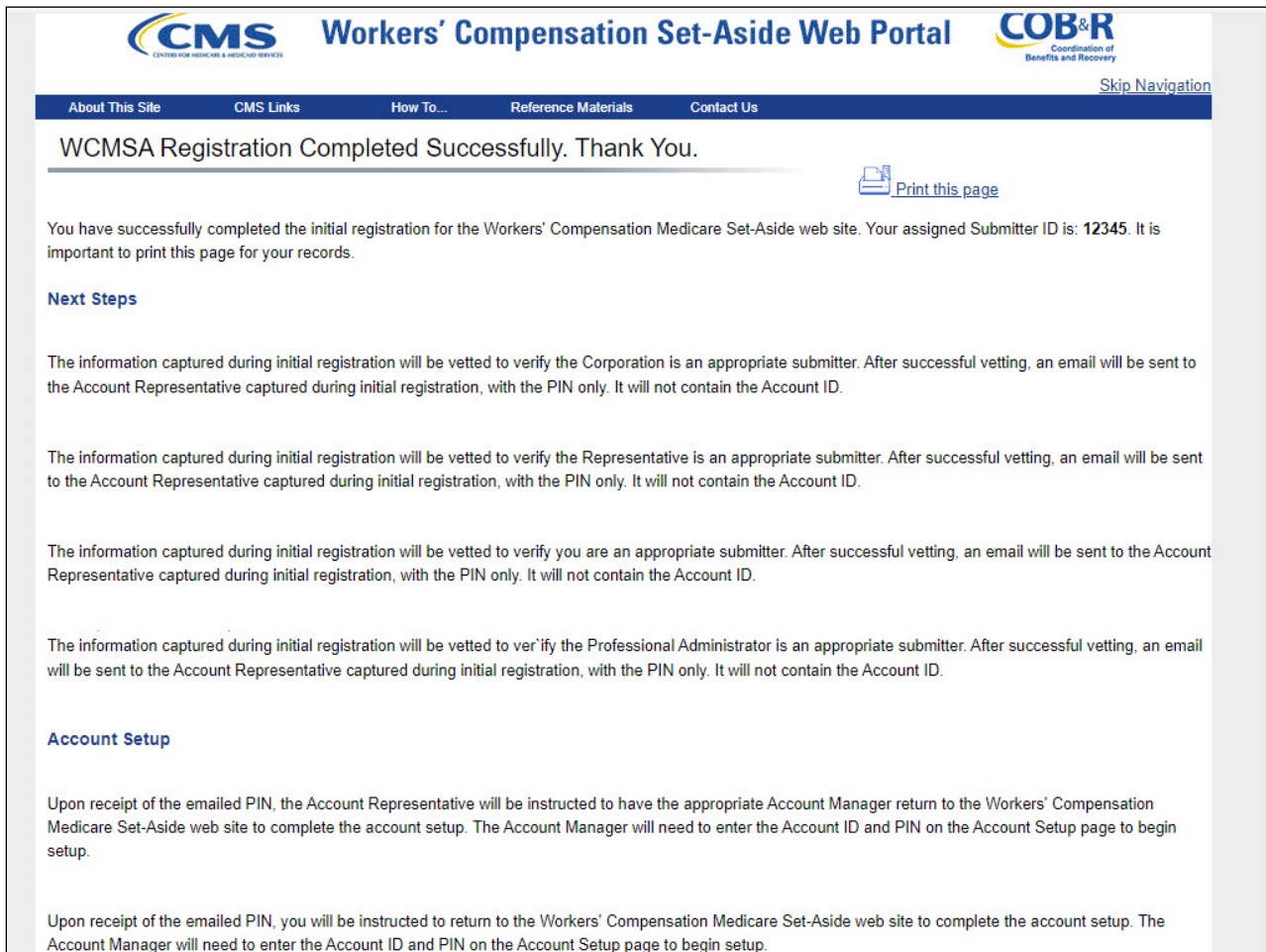
Last Name: Doe First Initial: J  
Medicare ID: 987654321A  
SSN:  
Date of Birth: July 20, 1940  
Gender: Male

**Representative Mailing Address:**

Address Line 1: 200 Test Avenue  
Address Line 2: Suite 2-B  
City: Towson  
State: Maryland  
Zip Code: 21204- 3276

## Slide notes

When the registration information has been verified, click Submit Registration.


**Slide 29 - of 35 - WCMSA Registration Completed Successfully. Thank You Page**

The screenshot shows the 'Workers' Compensation Set-Aside Web Portal' with logos for CMS (Centers for Medicare & Medicaid Services) and COB&R (Coordination of Benefits and Recovery). A navigation bar includes links: About This Site, CMS Links, How To..., Reference Materials, and Contact Us, with a 'Skip Navigation' link on the right. The main heading is 'WCMSA Registration Completed Successfully. Thank You.' followed by a 'Print this page' icon and link. The text states: 'You have successfully completed the initial registration for the Workers' Compensation Medicare Set-Aside web site. Your assigned Submitter ID is: 12345. It is important to print this page for your records.' Below this is a 'Next Steps' section with four paragraphs explaining the vetting process for Corporations, Representatives, and Professional Administrators, each noting that an email will be sent with the PIN only, not the Account ID. An 'Account Setup' section follows, explaining that upon receiving the emailed PIN, the Account Representative will be instructed to have the Account Manager return to the website to complete the setup by entering the Account ID and PIN.

**CMS** **Workers' Compensation Set-Aside Web Portal** **COB&R**  
CENTERS FOR MEDICARE & MEDICAID SERVICES Coordination of Benefits and Recovery

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

## WCMSA Registration Completed Successfully. Thank You.

 [Print this page](#)

You have successfully completed the initial registration for the Workers' Compensation Medicare Set-Aside web site. Your assigned Submitter ID is: 12345. It is important to print this page for your records.

### Next Steps

The information captured during initial registration will be vetted to verify the Corporation is an appropriate submitter. After successful vetting, an email will be sent to the Account Representative captured during initial registration, with the PIN only. It will not contain the Account ID.

The information captured during initial registration will be vetted to verify the Representative is an appropriate submitter. After successful vetting, an email will be sent to the Account Representative captured during initial registration, with the PIN only. It will not contain the Account ID.

The information captured during initial registration will be vetted to verify you are an appropriate submitter. After successful vetting, an email will be sent to the Account Representative captured during initial registration, with the PIN only. It will not contain the Account ID.

The information captured during initial registration will be vetted to verify the Professional Administrator is an appropriate submitter. After successful vetting, an email will be sent to the Account Representative captured during initial registration, with the PIN only. It will not contain the Account ID.

### Account Setup

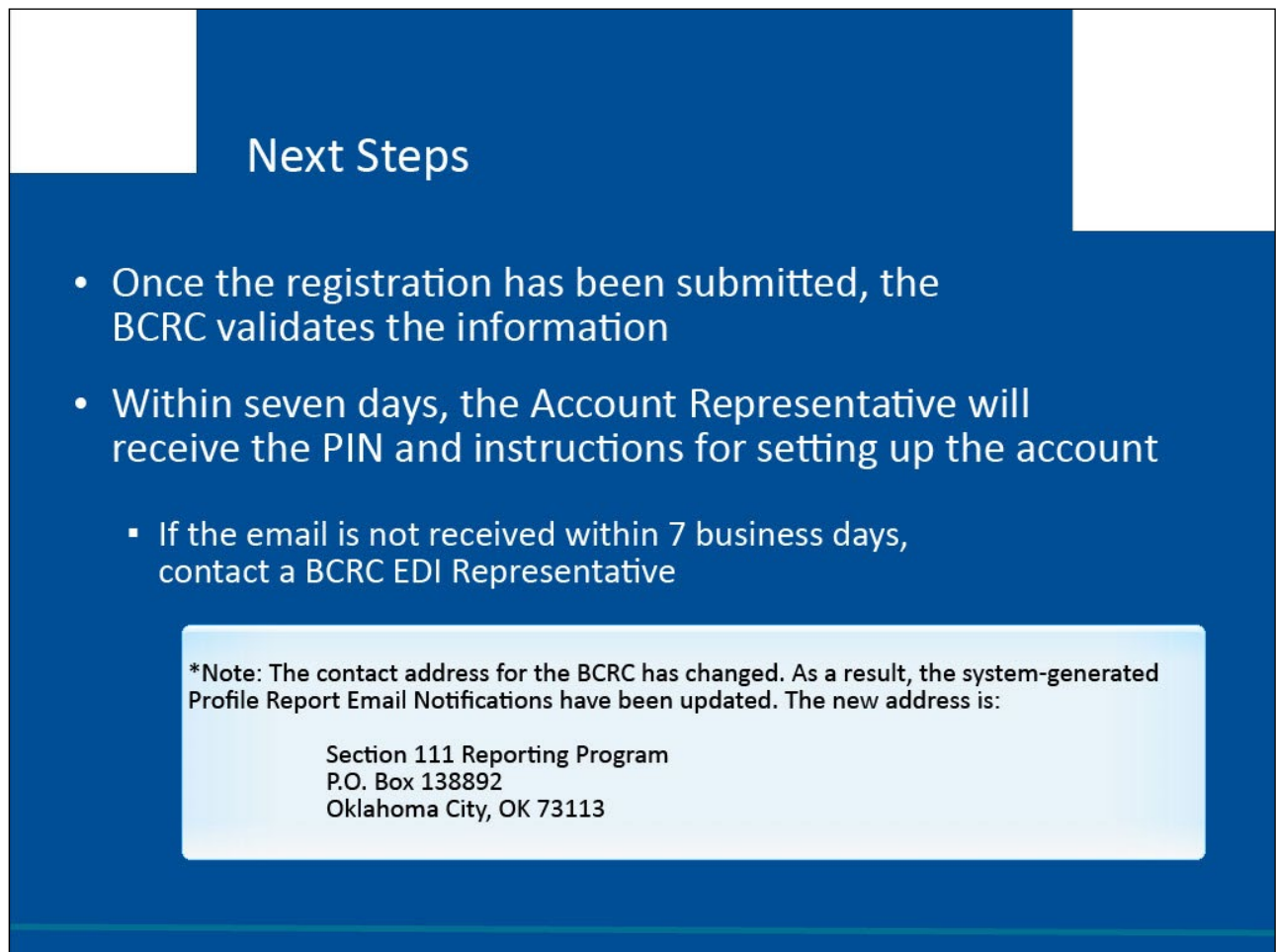
Upon receipt of the emailed PIN, the Account Representative will be instructed to have the appropriate Account Manager return to the Workers' Compensation Medicare Set-Aside web site to complete the account setup. The Account Manager will need to enter the Account ID and PIN on the Account Setup page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

Upon receipt of the emailed PIN, you will be instructed to return to the Workers' Compensation Medicare 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.

**Slide notes**

Once the registration has been submitted, the WCMSA Registration Completed Successfully. Thank You page will appear, outlining the next steps in the registration process.

## Slide 30 - of 35 - Initial Next Steps



## Next Steps

- Once the registration has been submitted, the BCRC validates the information
- Within seven days, the Account Representative will receive the PIN and instructions for setting up the account
  - If the email is not received within 7 business days, contact a BCRC EDI Representative

**\*Note:** The contact address for the BCRC has changed. As a result, the system-generated Profile Report Email Notifications have been updated. The new address is:

Section 111 Reporting Program  
P.O. Box 138892  
Oklahoma City, OK 73113

## Slide notes

When the registration application has been submitted, the information provided will be validated by the BCRC. You will need to record, or print, the submitter ID to provide to the Account Manager for future steps.

Within 7 business days, an email will be sent to you that contains the PIN, along with instructions for setting up the account (to be completed by the Account Manager).

If the email is not received within 7 business days, contact an Electronic Data Interchange (EDI) Representative.

**\*Note:** The contact address for the BCRC has changed. As a result, the system-generated Profile Report Email Notifications have been updated. The new address is:

Section 111 Reporting Program

P.O. Box 138892

Oklahoma City, OK 73113

**Slide 31 - of 35 - Next Steps**

## Next Steps

- Once Account Setup is completed
  - Email notification will be sent which includes a Profile Report
    - May take up to 10 business days to receive the Profile Report
- Profile Report must be reviewed, signed, and returned within 60 business days
  - When returning this via email, use “WCMSAP Profile Report” in the subject line
  - If this is not received within the timeframe, the account will automatically be deleted on the 60th business day
    - If account is deleted, you must start the registration process from the beginning

**Slide notes**

Once you have completed the account setup, an email 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.

It may take up to 10 business days to receive the Profile Report.

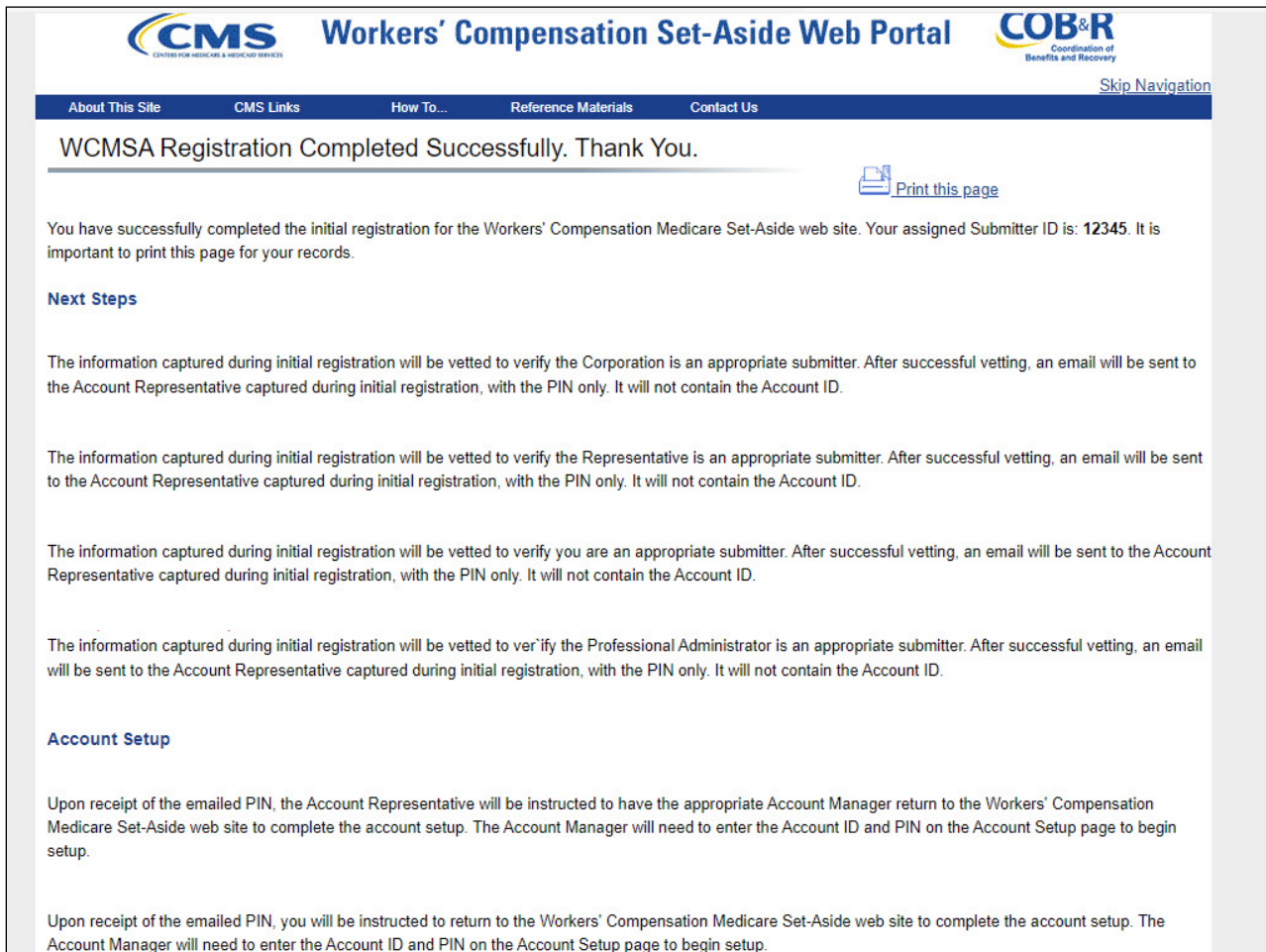
You will have 60 business days to review, sign, and return the Profile Report to the BCRC.

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 60th business day.

If the account is deleted, you must start the registration process from the beginning.




**Slide 32 of 35 - Returning back to the Welcome Page**

The screenshot displays the 'Workers' Compensation Set-Aside Web Portal' with logos for CMS (Centers for Medicare & Medicaid Services) and COB&R (Coordination of Benefits and Recovery). A navigation bar includes links for 'About This Site', 'CMS Links', 'How To...', 'Reference Materials', and 'Contact Us', along with a 'Skip Navigation' link. The main heading reads 'WCMSA Registration Completed Successfully. Thank You.' with a 'Print this page' icon. The text states: 'You have successfully completed the initial registration for the Workers' Compensation Medicare Set-Aside web site. Your assigned Submitter ID is: 12345. It is important to print this page for your records.' A 'Next Steps' section follows, detailing the vetting process for Corporations, Representatives, and Professional Administrators, each noting that an email will be sent with a PIN and that the Account ID will not be included. An 'Account Setup' section explains that upon receiving the PIN, the Account Representative will be instructed to have the Account Manager return to the website to complete the setup, requiring the Account ID and PIN.

**CMS** **Workers' Compensation Set-Aside Web Portal** **COB&R**  
Centers for Medicare & Medicaid Services Coordination of Benefits and Recovery

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

## WCMSA Registration Completed Successfully. Thank You.

 [Print this page](#)

You have successfully completed the initial registration for the Workers' Compensation Medicare Set-Aside web site. Your assigned Submitter ID is: 12345. It is important to print this page for your records.

### Next Steps

The information captured during initial registration will be vetted to verify the Corporation is an appropriate submitter. After successful vetting, an email will be sent to the Account Representative captured during initial registration, with the PIN only. It will not contain the Account ID.

The information captured during initial registration will be vetted to verify the Representative is an appropriate submitter. After successful vetting, an email will be sent to the Account Representative captured during initial registration, with the PIN only. It will not contain the Account ID.

The information captured during initial registration will be vetted to verify you are an appropriate submitter. After successful vetting, an email will be sent to the Account Representative captured during initial registration, with the PIN only. It will not contain the Account ID.

The information captured during initial registration will be vetted to verify the Professional Administrator is an appropriate submitter. After successful vetting, an email will be sent to the Account Representative captured during initial registration, with the PIN only. It will not contain the Account ID.

### Account Setup

Upon receipt of the emailed PIN, the Account Representative will be instructed to have the appropriate Account Manager return to the Workers' Compensation Medicare 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.

Upon receipt of the emailed PIN, you will be instructed to return to the Workers' Compensation Medicare 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.

**Slide notes**

To return to the Welcome to the WCMSAP page, click the Workers' Compensation Set-Aside Welcome Page link.

**Slide 33 - of 35 - Course Summary**

## Course Summary

- Representative Registration



**Slide notes**

This course provided instruction on how to complete a Representative registration on the WCMSAP and the steps to follow once the registration has been submitted.

**Slide 34 - of 35 - Conclusion**





You have completed the Registration Process for Representative Submitters course. The information in this course can be referenced by using the document at the link below.

<https://www.cob.cms.hhs.gov/WCMSA/assets/wcmsa/userManual/WCMSAUserManual.pdf>

**Slide notes**

You have completed the Registration Process for Representative Submitters course. The information in this course can be referenced by using the document at the link: [WCMSAP PDF](https://www.cob.cms.hhs.gov/WCMSA/assets/wcmsa/userManual/WCMSAUserManual.pdf)

**Slide 35 - of 35 - WCMSAP Training Survey**



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

<http://www.surveymonkey.com/s/WCMSAPTraining>.

**Slide notes**

If you have any questions or feedback on this material, please go to the following URL: [Training Survey](#)