

## **CMS/OSORA FOIA Beneficiary Portal**



Screenshots for PRA
Submission

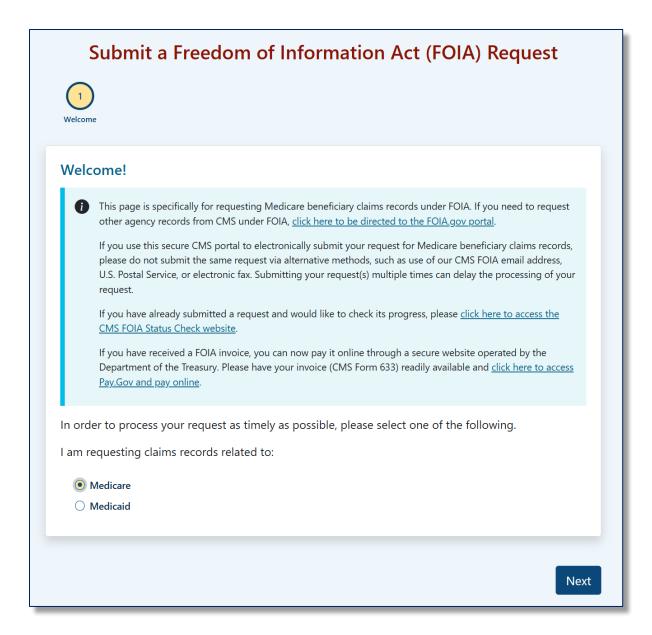


Figure 1: Welcome page with "Medicare" selected

### Submit a Freedom of Information Act (FOIA) Request



#### Welcome to the FOIA request portal for Medicare beneficiary claims records!

In order to process your request as timely as possible, please select one of the following.

I am requesting claims records related to:



#### **Medicaid Records**

Please note that the Centers for Medicare and Medicaid Services does not hold any records related to Medicaid claims.

Those records are available through the Medicaid office for the state where the Medicaid beneficiary resides. You can access each state's website by <u>clicking here.</u>

- Medicare
- Medicaid

Next

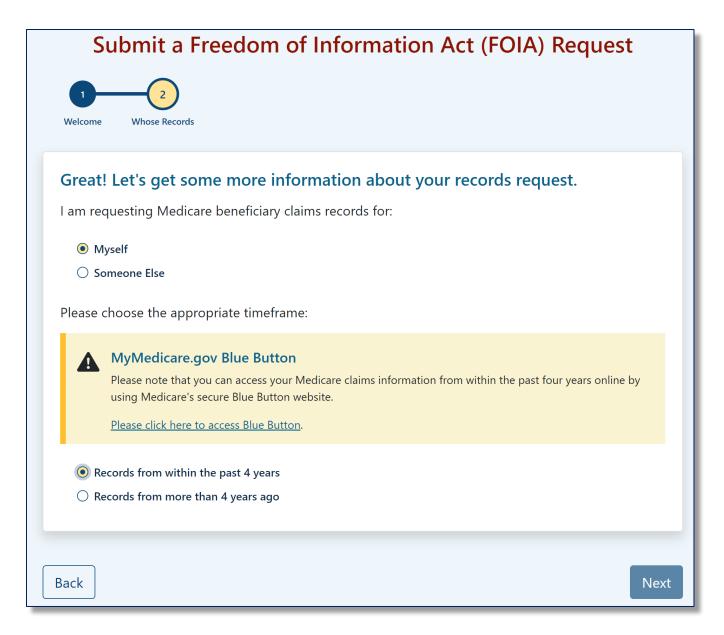


Figure 3: Whose Records page with "Myself" selected

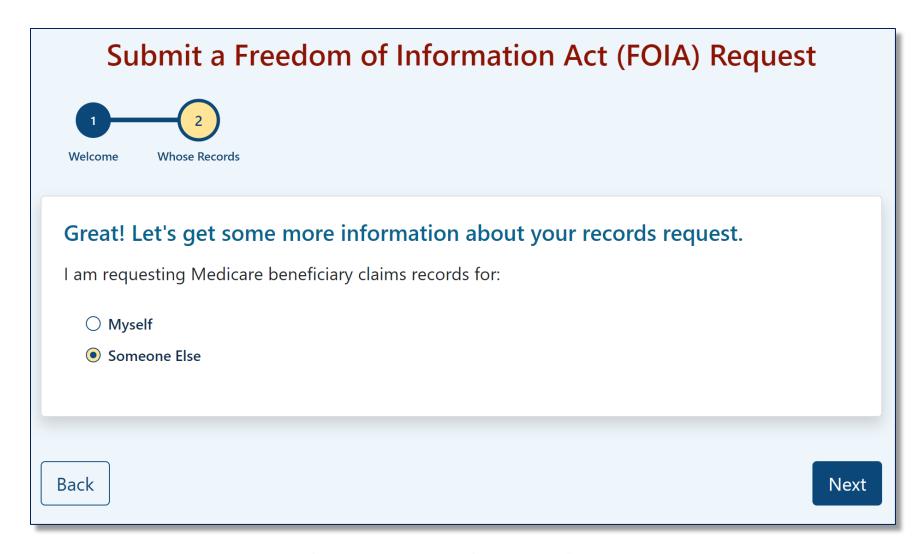


Figure 4: Whose Records page with "Someone Else" selected

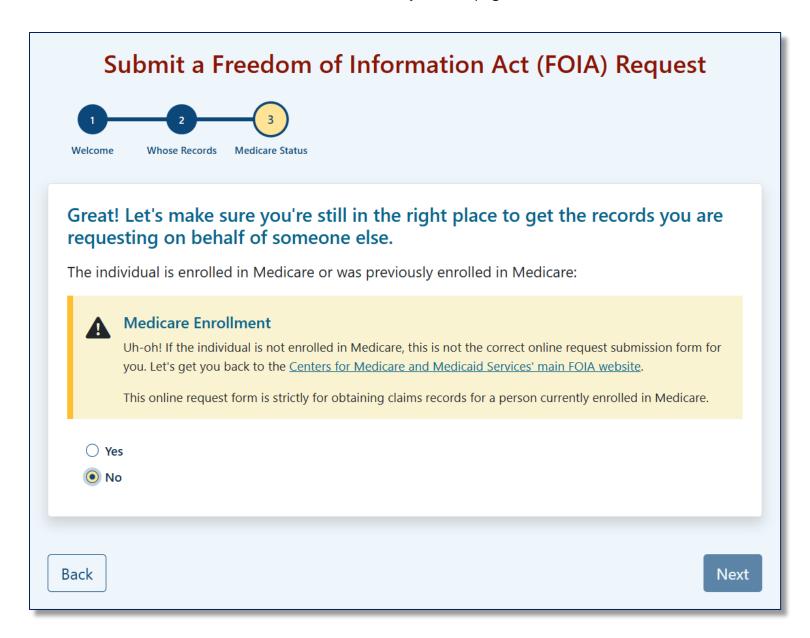


Figure 5: Medicare Status page with "No" selected

# Submit a Freedom of Information Act (FOIA) Request Welcome Whose Records **Medicare Status** Great! Let's make sure you're still in the right place to get the records you are requesting on behalf of someone else. The individual is enrolled in Medicare or was previously enrolled in Medicare: Yes O No Next Back

Figure 6: Medicare Status page with "Yes" selected

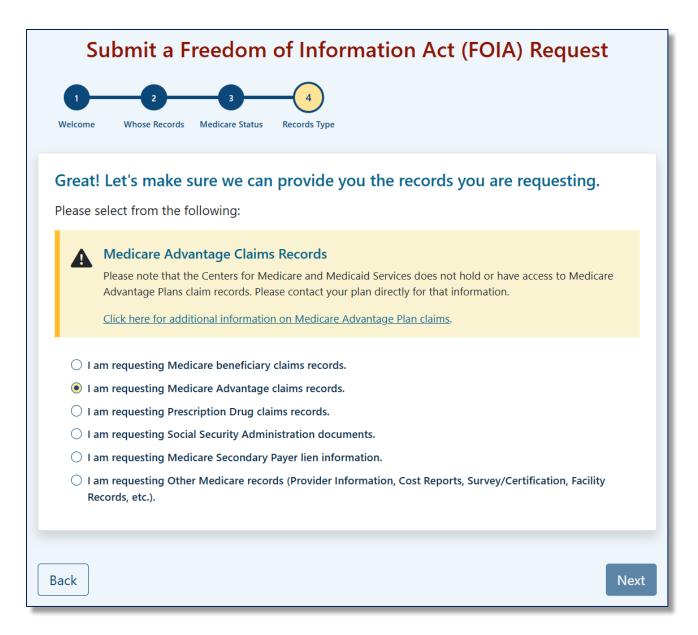


Figure 7: Records Type page with "Medicare Advantage claims records" selected

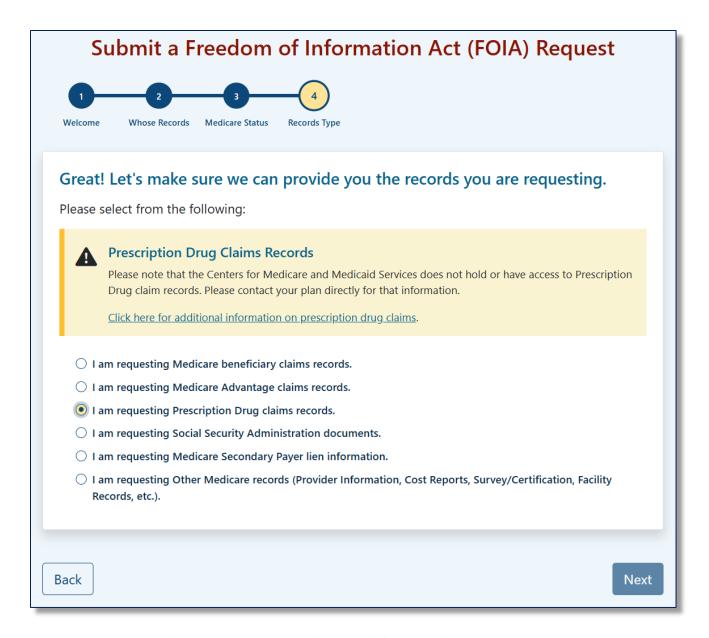


Figure 8: Records Type page with "Prescription Drug claims records" selected

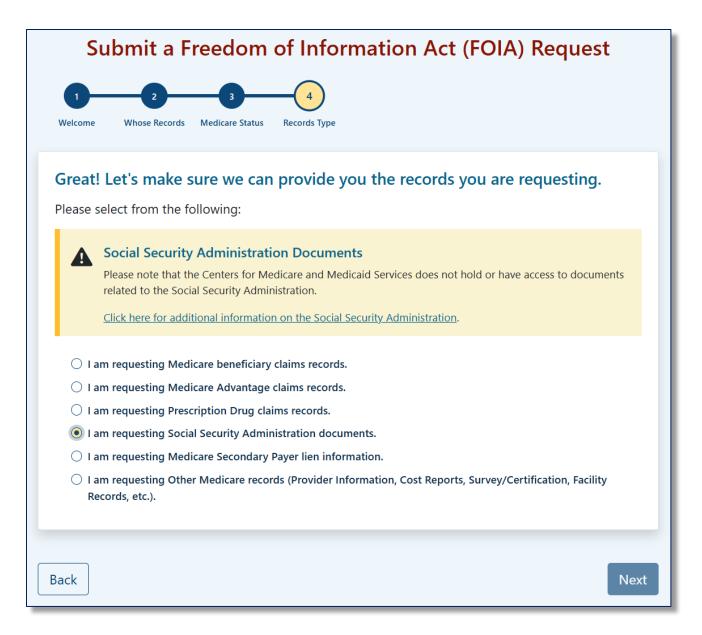


Figure 9: Records Type page with "Social Security Administration documents" selected

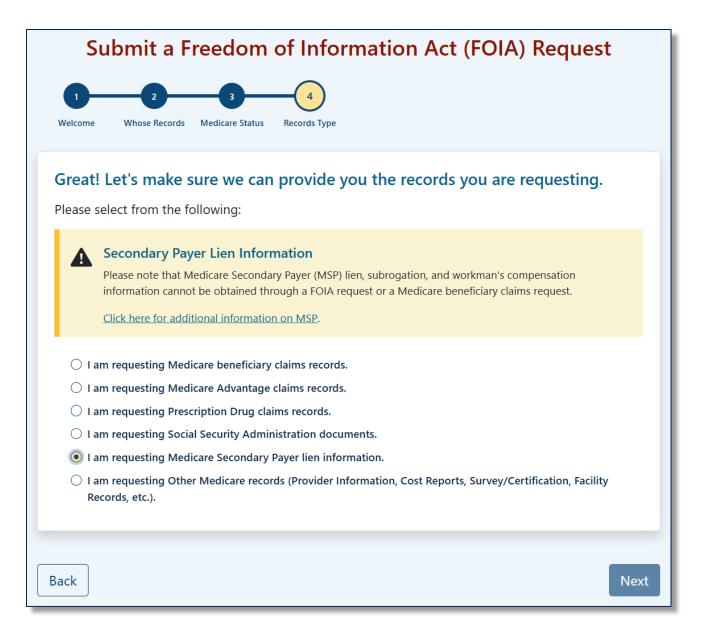


Figure 10: Records Type page with "Medicare Secondary Payer lien information" selected

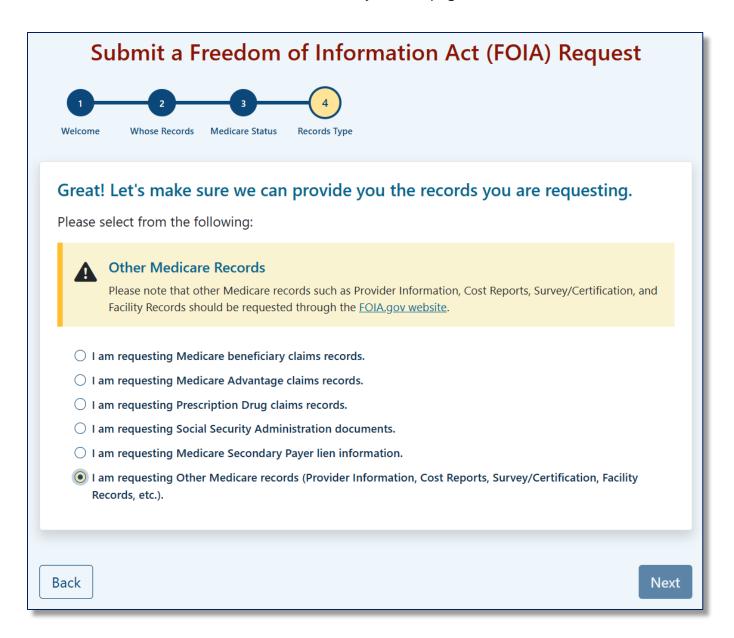


Figure 11: Records Type page with "Other Medicare records" selected

## Submit a Freedom of Information Act (FOIA) Request Welcome Whose Records **Medicare Status Records Type** Great! Let's make sure we can provide you the records you are requesting. Please select from the following: I am requesting Medicare beneficiary claims records. I am requesting Medicare Advantage claims records. O I am requesting Prescription Drug claims records. ○ I am requesting Social Security Administration documents. O I am requesting Medicare Secondary Payer lien information. Back Next

Figure 12: Records type page with "Medicare beneficiary claims records" selected

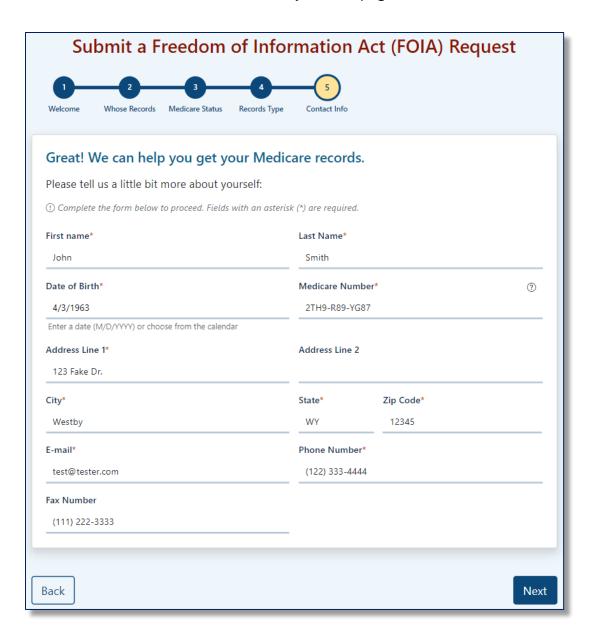


Figure 13: Contact Info page for self

Submit a Freedom of I	nformation	Act (FOIA) Req	uest
0 2 3	4 5		
Welcome Whose Records Medicare Status Record	ds Type Contact Info		
Great! We can help you get the Mo	edicare records	i.	
Please tell us about the individual with Med	icare:		
① Complete the form below to proceed. Fields with ar	n asterisk (*) are require	d.	
First name*	Last Name*		
John	Smith		
Date of Birth*	Medicare Number*		
4/3/1962	2F98-AG2-GN23		
Enter a date (M/D/YYYY) or choose from the calendar			
Address Line 1*	Address Line 2		
123 Fake Dr.			
City*	State*	Zip Code*	
Front Royal	NE	54321	
If you have a case associated with this benef Reference Number #89754130	ficiary, please enter	the tracking number:	

Figure 14: Contact Info page for request on behalf of someone else (first half)

First name*	Last Name*	Last Name*	
Mary	Jones		
Organization			
Pony Club			
Address Line 1*	Address Line	Address Line 2	
321 Fake St.			
City*	State*	Zip Code*	
Front Royal	DE	12345	
E-mail*	Phone Num	Phone Number*	
test@tester.org	(122) 333-4	(122) 333-4444	
Fax Number			
(433) 222-1111			

Figure 15: Contact Info page for request on behalf of someone else (second half)

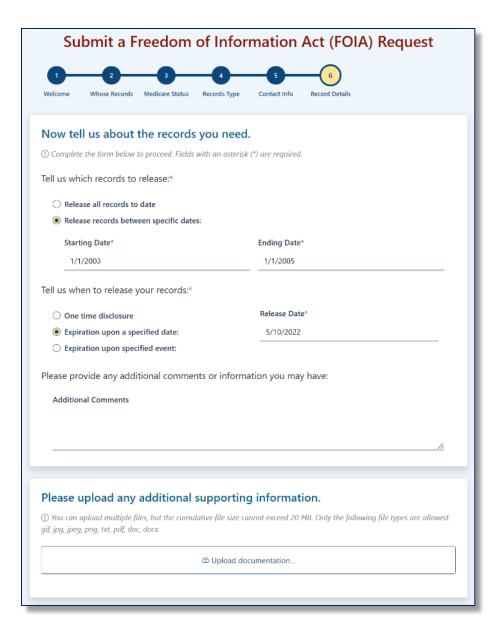


Figure 16: Record Details page for request for self

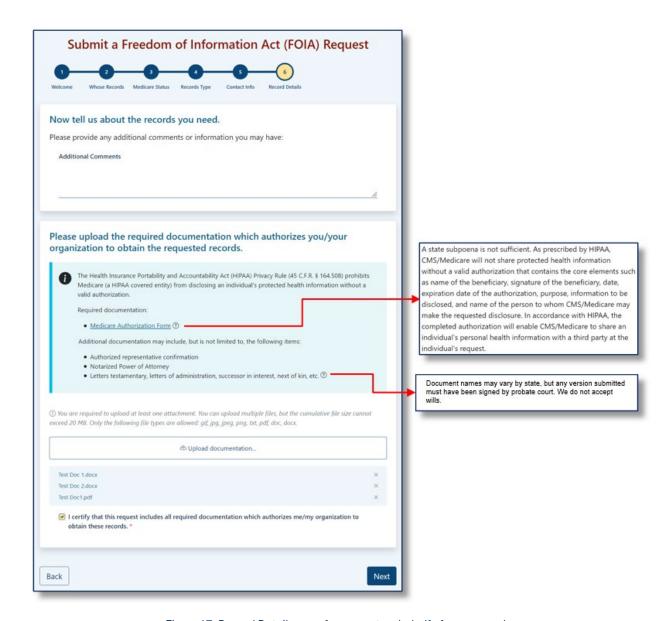


Figure 17: Record Details page for request on behalf of someone else

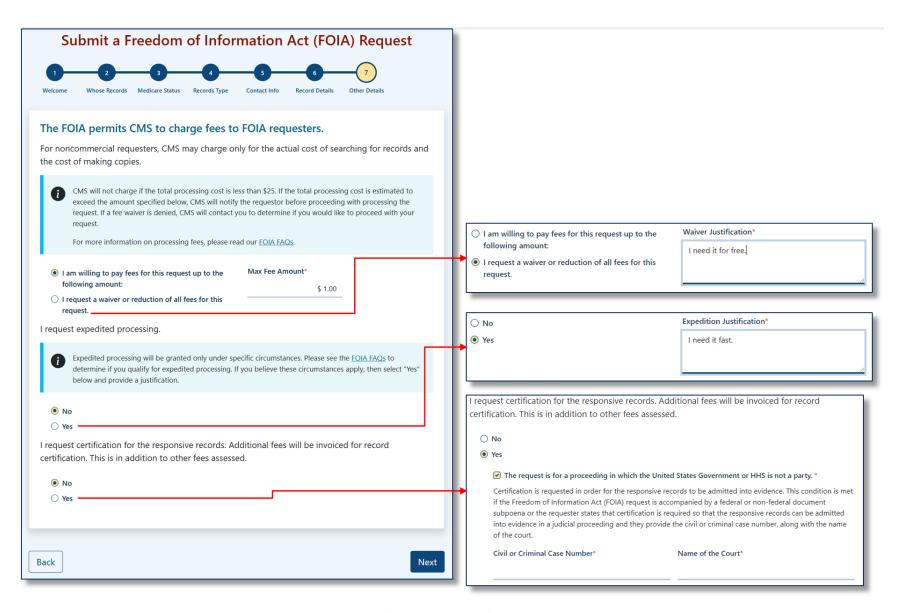


Figure 18: Other Details page

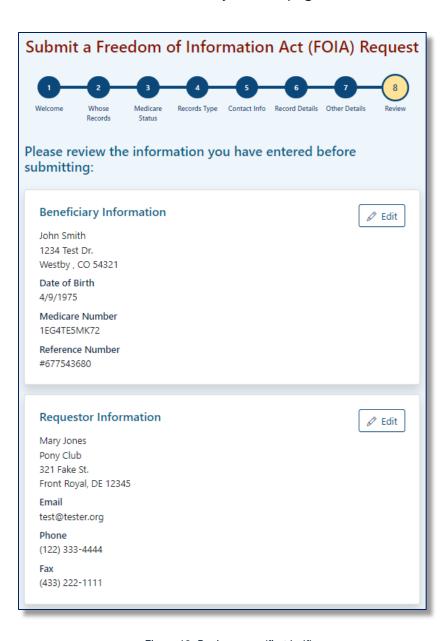


Figure 19: Review page (first half)

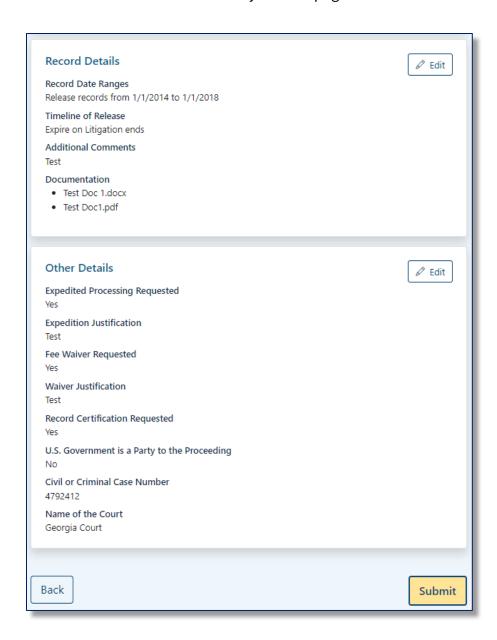


Figure 20: Review page (second half)

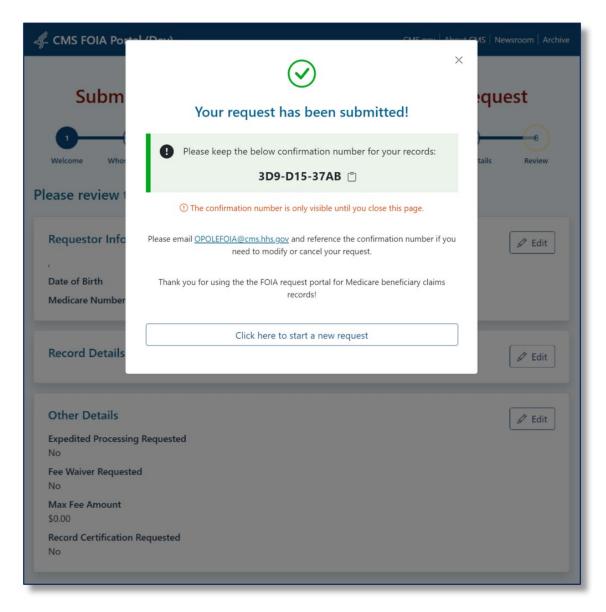


Figure 21: Request submitted page