



Financial Services Group

April 23, 2015

**APPEALS PROCESS FOR INSURERS AND WORKERS' COMPENSATION ENTITIES
& NOTICE REQUIRED TO BE ISSUED TO MEDICARE BENEFICIARIES.**

For Medicare Secondary Payer (MSP) recovery demand letters issued on or after April 28, 2015 to liability insurance (including self-insurance), no-fault insurance, or a workers' compensation entity as the debtor, these entities will have formal appeal rights. By law, Medicare is required to notify the beneficiary who received the items or services at issue if the insurer or workers' compensation entity requests an appeal regarding the demand letter.

An example of the notice that will be issued in this situation is attached.

- The notice will be informational only.
- Medicare does not require any action on the part of the beneficiary who receives the notice.
- The beneficiary will not be a party to the appeal.



November 12, 2015

John Doe
123 Example Street
Baltimore, MD 21224

Medicare Recovery Demand issued to: Example Company
Demand Letter dated: May 15, 2015
Beneficiary Name: John Doe
Medicare Number: 123-45-6789A
Date of Incident: February 3, 2015
Case Identification Number: 20015079-07-000183

**Subject: NOTICE OF INSURER OR WORKERS' COMPENSATION ENTITY'S
REQUEST FOR APPEAL**

INFORMATIONAL ONLY, NO ACTION IS REQUIRED

Dear Mr. Doe:

You are receiving this letter because we are required to inform you that the Example Company is appealing the above-referenced demand letter dated May 15, 2015 and copied to you. You are not required to take any action as a result of this letter, and you are not a party to Example Company's appeal.

Where a Medicare beneficiary has a liability insurance (including self-insurance), no-fault insurance, or workers' compensation claim related to a particular incident or illness, Medicare may pay conditionally for items or services related to the claim. Once there is a settlement, judgment, award or other payment, Medicare is entitled to recover its payments.

If you receive a settlement, judgment, award, or other payment related to the above-referenced date of incident/illness, you are required to inform the Benefits Coordination & Recovery Center (BCRC) at 1-855-798-2627 (TTY/TDD: 1-855-797-2627 for the hearing and speech impaired). Medicare may have a recovery claim against the settlement, judgment award or other payment if we have not recovered from Example Company or Medicare paid for other items or services related to your claim.

If we are aware that you have an attorney or other representative, he or she is shown as a cc on this letter. If your attorney or other representative is not shown as a cc, please provide him/her with a copy of this letter.

Sincerely,
BCRC Case Analyst