

OPTION TO
SELF-CALCULATE
YOUR FINAL
CONDITIONAL
PAYMENT AMOUNT
PRIOR TO
SETTLEMENT

Liability Insurance (Including Self-Insurance) Settlements, Judgments, Awards, or Other Payments Only.

Eligibility Criteria

- The liability insurance (including self-insurance) settlement, judgment, award, or other payment must be for a **physical trauma based injury**.
 - The settlement does not relate to ingestion, exposure, or medical implant.
- The total liability settlement, judgment, award, or other payment is expected to be and ultimately is \$25,000 or less.
- The Date of Incident occurred at least **six months ago**.
 - It must be six months from the date of incident to the date the beneficiary or his/her representative submits the self-calculated final conditional payment amount to Medicare for review.
- The beneficiary demonstrates that treatment has been completed and no further treatment is expected.
 - **This must be demonstrated through either:**
 - A written physician attestation, **OR**
 - A written certification provided by the beneficiary that:
 - No medical treatment related to his/her case has occurred for at least **90 days** prior to submitting the self-calculated final conditional payment amount to Medicare, **AND**
 - He/she expects no further care related to his/her case.
- The beneficiary will be asked to give up the right to appeal the amount or existence of this debt. However, he/she will keep the right to pursue waiver of recovery.

How to self-calculate your final conditional payment amount

Make sure you have already reported your liability insurance (including self insurance) situation to our Benefits Coordination & Recovery Center (BCRC). If you have not reported your case, [click here](http://go.cms.gov/cobro) for reporting instructions (<http://go.cms.gov/cobro>).

1. **Verify** that you meet the eligibility criteria.
2. Go through your Payment Summary Form that came with your Conditional Payment Letter . **Mark each claim** that is related to your case with a "Y" (yes, it is related) or a "N" (no, it is not related).
 - ▣ On the Self-Calculated Conditional Payment Amount Model Language document, you will be asked to provide an explanation for why you believe the claims you marked with "N's" are unrelated to your case.
3. **Add additional claims** for related care you received after we issued your Conditional Payment Letter. Include as much detail as possible, such as:
 - ▣ The dates you received the care and the provider's name,
 - ▣ The Medicare Approved Amount or Allowed Amount, if available. (You can access this information using the "Blue Button" at MyMedicare.gov.)
4. **Fill in the information required** in the Self-Calculated Conditional Payment Amount model language document found [here](#). Be sure to fill it out completely.
5. **Send us** your Self-Calculated Conditional Payment Amount model language document, your Payment Summary Form with your marks and TOTAL on it, and your physician attestation (if applicable).

Please send these items to us at the following address:

Self-Calculated Conditional Payment PO
Box 138880
Oklahoma City, OK 73113

Medicare's Review

Within 60 days, the BCRC will:

- Let you know whether we agree or disagree with your self-calculated amount.
 - If we agree with your Self-Calculated Conditional Payment Amount, we will send you a letter telling you that the amount is considered final, as long as you settle within 60 days of the date of our letter and your settlement is \$25,000 or less.
 - If we disagree with your Self-Calculated Conditional Payment Amount, but you are otherwise eligible for the process, we will send you a Medicare Amended Final Conditional Payment Amount. This letter will tell you that the amount we calculated will be considered final, as long as you settle within 60 days and your settlement is \$25,000 or less.

Once you settle, please send us:

- The first and last page of the settlement agreement showing the total amount of the settlement, and the date it was signed, AND
- The actual amount of the attorney's fees and other costs you had to pay to obtain your settlement, AND
- The BCRC's letter accepting your Self-Calculated Conditional Payment Amount or the letter offering you Medicare's Amended Conditional Payment Amount.

This information should be sent to the following address:

Self-Calculated Conditional Payment
PO Box 138880
Oklahoma City, OK 73113

When we receive your settlement information, we will calculate the amount of Medicare's demand, reducing the self-calculated or Medicare Amended Conditional Payment Amount for attorney fees and costs, as appropriate. We will then issue a request for payment or formal demand within 20 days.

Tips

□ **Reporting Your Case**

- If you plan to self-calculate your conditional payment amount, you may choose to wait until you are closer to settlement, approximately 5 months, to report your liability insurance case to the BCRC.
 - You will have a better idea of what your expected settlement will be.
 - The Payment Summary Form you receive will contain more up-to-date information.
 - It will be easier for you to demonstrate that you have completed care and do not expect to require more care.
 - [Click here](http://go.cms.gov/cobro) for reporting instructions.
(<http://go.cms.gov/cobro>)

□ **Check out www.MyMedicare.gov.**

- Even if you do not participate in this process, MyMedicare.gov provides a lot of information that you may find valuable.