



Medicare Secondary Payer Commercial Repayment Center

Non-Group Health Plan (NGHP) New Workload to the Commercial Repayment Center (CRC)

Presentation Date:

September 17, 2015

Note: This presentation has been modified since
originally presented on August 25, 2015

- Affected Workload-
Impact on Applicable Plans
- Upcoming Changes
- High-Level Recovery Process
- Conditional Payment
Information
- Statement of Reimbursement
- Disputing the Conditional
Payment Amount
- Demand Letters
- Appeals
- Timing of Recovery Efforts
- Medicare Secondary Payer
Recovery Portal
- Correspondence Address
Information
- Authorizations
- Customer Service
- CRC Contact Information
- Summary
- Questions and Answers

Affected Workload - Impact on Applicable Plans

- The specific workload to be transitioned only involves recovery cases where CMS is pursuing recovery from an applicable plan as the identified debtor.
 - “Applicable plan” means:
 - Liability insurance (including self-insurance),
 - No-fault insurance, or a
 - Workers’ compensation law or plan.
 - See 42 USC 1395y(b)(8) and 42 CFR 405.902.
- CMS pursues recovery directly from an applicable plan as the identified debtor when an applicable plan reports that it has ongoing responsibility for medicals or otherwise notifies CMS of its primary payment responsibility (when this responsibility is not in dispute).

Upcoming Changes

- Starting October 5, 2015, the Commercial Repayment Center (CRC) will identify and recover Medicare's conditional payments for all new recovery cases where CMS pursues recovery directly from an applicable plan as the identified debtor.
- The underlying process will remain the same.
- The Benefits Coordination and Recovery Center (BCRC) will continue to pursue all cases where it has initiated recovery activities prior to October 5, 2015
- The BCRC will continue to recover Medicare's conditional payment for all cases where the beneficiary is the identified debtor, before and after October 5, 2015.
- All other current BCRC activities, such as MMSEA Section 111 Mandatory Insurer Reporting, will remain unchanged.

- **Reporting**
 - An applicable plan reports that it has primary payment responsibility to the BCRC, including reporting Ongoing Responsibility for Medicals (ORM) through MMSEA Section 111 reporting, or a beneficiary/ beneficiary's representative reports that an applicable plan may have primary payment responsibility.
- **Conditional Payment**
 - The CRC identifies conditional payments made by Medicare. A Conditional Payment Notice (CPN) is issued to the applicable plan (unless the only information source is the beneficiary self-report, in which case a Conditional Payment Letter (CPL) is issued).
- **Dispute**
 - Applicable plans have one opportunity to dispute medical claims identified on the CPN before a formal request for repayment, or demand, is issued.
- **Demand**
 - If one or more conditional payments remain following the dispute response period, a demand letter, or initial determination, is issued. This is the CRC's first request for payment.

- **Appeal**
 - Applicable plans may appeal the amount or existence of the debt, in part or in full. Applicable plans have one opportunity to initiate the formal appeal process.
- **Failure to Respond**
 - Interest accrues from the date of the demand letter and is assessed if the debt is not resolved within 60 days. If the debt continues to be unresolved, the CRC will issue an Intent to Refer (ITR) letter informing the applicable plan of next steps should the debt remain unpaid.
- **Referral to Treasury**
 - If any portion of the debt remains delinquent 180 days from the date of the demand letter, the CRC will initiate the process to refer the debt to the Department of the Treasury for additional collection activities.

Conditional Payment Information

- The CRC will issue a Conditional Payment **Notice** (CPN) or a Conditional Payment **Letter** (CPL) when Medicare is notified that an applicable plan has or may have primary payment responsibility for an illness, incident, or injury and Medicare has made conditional payments.
 - The CPL will be issued instead of the CPN when a beneficiary reports a pending case where an applicable plan may have primary payment responsibility for an illness, incident, or injury **and** the MSP occurrence was not otherwise reported by the applicable plan (through MMSEA Section 111 reporting or by other means). Otherwise, a CPN will be issued.
- The CPN or CPL will be issued to the applicable plan, with a courtesy copy mailed to the beneficiary and any authorized representatives.

Conditional Payment Notice (CPN) vs. Conditional Payment Letter (CPL)

- The Conditional Payment **Notice** (CPN):
 - Includes conditional payment information on a Statement of Reimbursement noting items or services Medicare has paid conditionally.
 - Explains how to dispute any items and/or services included on the Statement of Reimbursement.
 - Should the applicable plan wish to dispute any of the payments before the demand letter is issued, the dispute must be received by the response due date.
 - Is automatically followed by the demand letter if no dispute is received by the response due date provided on the CPN.
- The Conditional Payment **Letter** (CPL):
 - Includes the same information as the CPN
 - Does not have a specific response due date and is not automatically followed by the demand letter

Conditional Payment Notice Excerpts

Re: Letter ID: [XXXXXXXXXX] CRC Recovery ID #: [XXXXXXXXXXXXXXXXXXXXXX]
Insurer Claim #: [XXXXXXXXXXXX] Insurer Policy #: [XXXXXXXXXXXX]
Medicare Number: [XXXXXXXXXXXX] Date of Incident: [XX/XX/XXXX]
Beneficiary Name: [LAST NAME, FIRST NAME]

Response Due Date: [XX/XX/XXXX] Current Conditional Payment Amount: \$[X.XX]

Conditional Payment Notice – This is NOT a Bill

Commercial Repayment Center - NGHP
PO Box 93965
Cleveland, OH 44101

Sincerely,

Commercial Repayment Center

CRC: [#####]

cc: <Beneficiary><insert if applicable>
<Beneficiary Authorized Representative><insert if applicable>
<Recovery Agent/Agent/Other Authorized Representative><insert if applicable>

Enclosure: CRC Statement of Reimbursement

Conditional Payment Letter Excerpts

| | | | |
|-------------------|-------------------------|--------------------|--------------------------|
| Re: Letter ID: | [XXXXXXXXXX] | CRC Recovery ID #: | [XXXXXXXXXXXXXXXXXXXXXX] |
| Insurer Claim #: | [XXXXXXXXXXXXXX] | Insurer Policy #: | [XXXXXXXXXXXXXX] |
| Medicare Number: | [XXXXXXXXXXXXXX] | Date of Incident: | [XX/XX/XXXX] |
| Beneficiary Name: | [LAST NAME, FIRST NAME] | | |

Commercial Repayment Center - NGHP
PO Box 93965
Cleveland, OH 44101

Sincerely,

Commercial Repayment Center

CRC: [#####]

cc: Beneficiary<insert if applicable>
Beneficiary Authorized Representative<insert if applicable>
Recovery Agent/Agent/Other Authorized Representative<insert if applicable>

Enclosure: CRC Statement of Reimbursement

Statement of Reimbursement

- Contains similar information as the BCRC Payment Summary Form
- Will be provided as an enclosure with the CPL, CPN, and demand letter.
- Provides the recipient with:
 - A listing of Part A and Part B medical claims conditionally paid by Medicare and identified in the current recovery case.
 - Additional information on medical claim conditional payment amount(s), diagnostic information, and the total conditional payment amount.



Statement of



Reimbursement Example

Commercial Repayment Center (CRC) Statement of Reimbursement

[INSURANCE COMPANY/ENTITY NAME]

Date: [Month Day, Year]

Letter ID: [XXXXXXXXXX]

CRC Recovery ID #: [XXXXXXXXXXXXXXXXXXXX]

Medicare Number: [XXXXXXXXXXXXXX]

MSP Case Type: [Liability, No Fault or Workers' Compensation]

Beneficiary Name: [LAST NAME, FIRST NAME]

Date of Incident: [XX/XX/XXXX]

Total Amount Due Medicare: \$12,650.00

| TOS/Line # ICN | From Date To Date | Provider NPI # | Diagnosis Code(s) | Total Charges | Reimbursed Amount | Conditional Payment |
|---------------------------------------------|--------------------------|-----------------------------------|-----------------------|-----------------------------|-----------------------------|-----------------------------|
| 71/0 12345678901234567 | 11/22/2014 11/23/2014 | University Hospital 1234567890 | V706.2, 456.32, 999.2 | \$45,900.00 | \$11,500.00 | \$11,500.00 |
| 70/1 98765432101234567 | 11/22/2014 11/22/2014 | UH Physicians Group 1234567890 | 456.2 | \$9,100.00 | \$150.00 | \$150.00 |
| 70/2 12378945601234567 | 11/22/2014 11/23/2014 | UH Physicians Group 9876543210 | 789.25, 987.02 | \$30,500.00 | \$900.00 | \$900.00 |
| *70/1 98765432101234567 | 11/25/2014 11/25/2014 | UH Physicians Group 1234567890 | 398.72 | \$500.00 | \$100.00 | \$100.00 |
| *Review complete; dispute not successful | | | | <u>Total</u> \$86,000.00 | <u>Total</u> \$12,650.00 | <u>Total</u> \$12,650.00 |

Disputing the Conditional Payment Amount

- Applicable plans may dispute the CPL or CPN.
- Applicable plans will have one opportunity to dispute a CPN before a demand letter is issued. The dispute must be submitted by the response due date to allow review before the demand letter is issued.
- The CRC will review and evaluate the dispute (if received by the due date), removing payments from the Statement of Reimbursement, if appropriate. Any conditional payments that remain part of the recovery case will be included in the demand letter figures, as well as any additional conditional payment information that has been received and added to the recovery case.
- A pre-demand dispute does not affect or eliminate formal administrative appeal rights.

- To facilitate the CRC's review, disputes should include an explanation and documentation, as appropriate.
- Payment ledgers are a type of documentation that can be used to support an applicable plan's dispute. A payment ledger should include:
 - Date of service
 - Billed amount
 - Amount paid to provider, physician, or other supplier
 - Date processed and/or date payment was made
 - Payee name

Demand Letters

- If no dispute is received following a CPN, or a dispute is received and the recovery case still contains one or more medical claims, the demand letter will be issued to the applicable plan.
- The demand letter will include:
 - Basic information regarding the recovery case.
 - An explanation of how to appeal any items and/or services that the debtor believes should be removed from the recovery case.
- An updated Statement of Reimbursement will be enclosed with the demand letter.

Demand Letter Excerpts

Re: Letter ID: [XXXXXXXXXX] CRC Recovery ID #: [XXXXXXXXXXXXXXXXXXXXX]
Insurer Claim #: [XXXXXXXXXXXXX] Insurer Policy #: [XXXXXXXXXXXXX]
Medicare Number: [XXXXXXXXXXXXX] Date of Incident: [XX/XX/XXXX]
Beneficiary Name: [LAST NAME, FIRST NAME]

Response Due Date for Payment: [XX/XX/XXXX]

Response Due Date for an Appeal Request: [XX/XX/XXXX]

Commercial Repayment Center - NGHP
PO Box 93965
Cleveland, OH 44101

Sincerely,

Commercial Repayment Center

CRC: [#####]

cc: <Beneficiary><insert if applicable>
<Beneficiary Authorized Representative><insert if applicable>
<Recovery Agent/Agent/Other Authorized Representative><insert if applicable>

Enclosure: CRC Statement of Reimbursement

Appeals

- When CMS issues a demand letter dated on or after April 28, 2015 directly to the applicable plan, the applicable plan has formal administrative appeal rights.
- Please review the presentation from the May 5, 2015 “Applicable Plan” Appeals webinar that has been posted to <http://go.cms.gov/insurer> for more information.

- The recovery of conditional payments made while primary payment responsibility was in effect may occur after the primary payment responsibility has terminated.
- If the applicable plan's primary payment responsibility has not terminated and the CRC identifies additional conditional payments, further CPNs and demand letters may be issued for these additional conditional payments.

Medicare Secondary Payer Recovery Portal

- The Medicare Secondary Payer Recover Portal (MSPRP) will allow applicable plans to access recovery case information when CMS is pursuing recovery from the applicable plan as the identified debtor. The MSPRP will also allow plans to:
 - Dispute individual claims prior to the demand
 - Submit authorization documents
- For additional information on the MSPRP and how to gain access, please visit the links below:
 - <https://www.cob.cms.hhs.gov/MSPRP/>
 - <http://go.cms.gov/MSPRP>

Correspondence

Addressee Information

- All recovery correspondence will be mailed to the address provided for the applicable plan.
 - It is the responsibility of the applicable plan to provide accurate recovery address information through MMSEA Section 111 reporting.
- If the applicable plan wishes to have another individual or entity involved with post-demand correspondence (including filing an appeal) to resolve the matter on the plan's behalf, the CRC must have a written authorization on file.

Authorizations

- Formal written authorization is required to allow the CRC to communicate with any entity other than the applicable plan.
- Recovery agents identified through MMSEA Section 111 Mandatory Insurer Reporting will be included on all correspondence up to and including the demand letter.
 - Once the demand is issued, recovery agents will need to submit written authorization to continue working with the CRC.
- An applicable plan must submit a separate authorization for each CRC Recovery ID # to ensure recovery agents are included on correspondence post-demand.

Customer Service

- Customer Service Representatives (CSRs) will be available to respond to caller inquiries.
- CRC Call Center
 - Facilitated service hours are Monday through Friday, 8 AM to 8 PM ET, excluding federal holidays
 - Self- service status updates through Interactive Voice Response (IVR) technology - 24 hours a day/7 days per week
- Please have the following information available when calling:
 - CRC recovery ID number and letter ID number
 - Date of incident
 - Beneficiary's name, Medicare number, and date of birth

Mailing Address:

Commercial Repayment
Center - NGHP
PO Box 93965
Cleveland, OH 44101

CMS Tax Identification

Number (TIN):
52-0883104

- **COB&R Phone Numbers:**
 - 855-798-2627 (Toll Free)
 - 855-797-2627 (TTY)
- **CRC Fax Number:**
 - 216-583-0228 (Fax)
- **Hours of Operation:**
 - Monday through Friday
 - 8 AM – 8 PM ET

Summary

- The underlying recovery process will remain the same.
- The transition of this workload only applies to new recovery cases established on or after October 5, 2015, and only when Medicare is pursuing recovery from the applicable plan as the identified debtor.
- There are no changes to the reporting process or when Medicare pursues recovery from a beneficiary as the identified debtor.
- Carefully review all recovery correspondence; work with the BCRC if you're contacted by the BCRC and work with the CRC if you're contacted by the CRC.
- For more information, please visit <http://go.cms.gov/cobro>
 - Click on '*Subscription Sign-up for COB&R Overview Web Page Update Notification*' link in the related links section to subscribe for updates to this page.

Question & Answer

