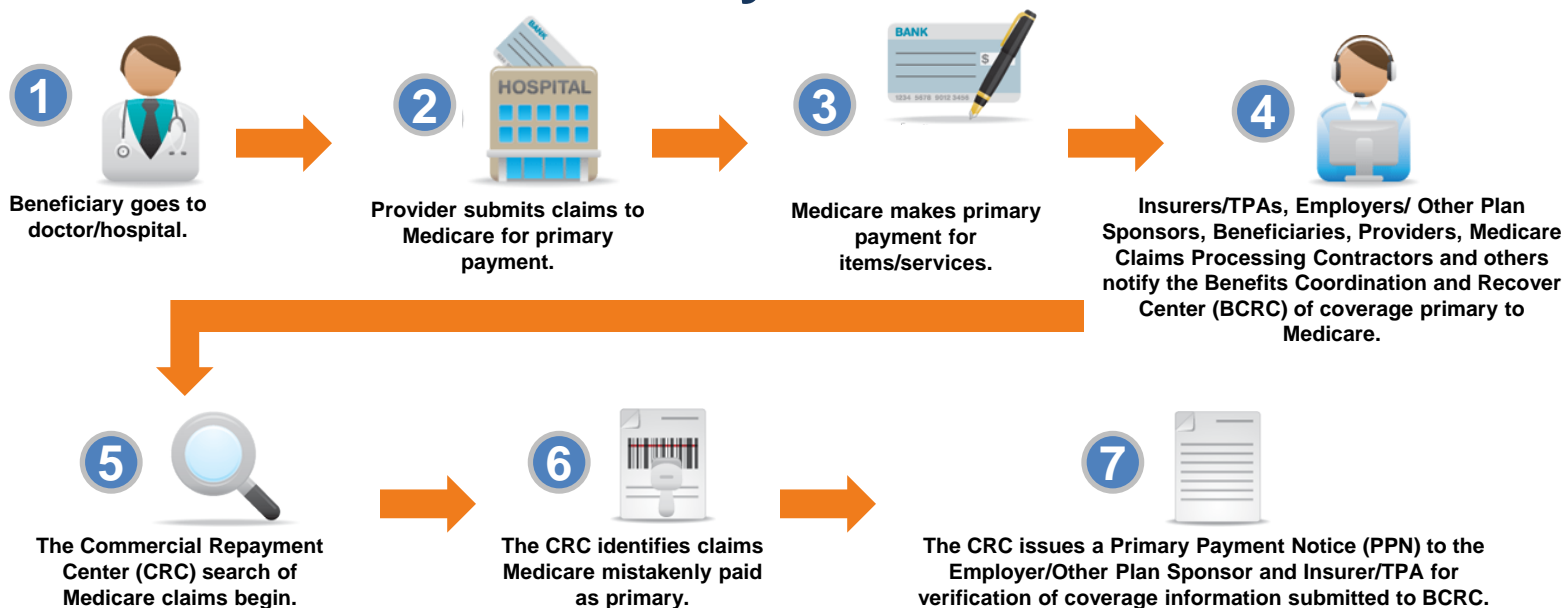


Overview of the Group Health Plan (GHP) Recovery Process



Option 1 – Response



Employer/Other Plan Sponsor/Insurer/TPA provides a response within 45 days from the date of the PPN Letter. Appropriate corrections to the Medicare records are made and the demand is issued.

Option 2 – No Response



No response is received within 45 days from the date of the PPN Letter. A demand is issued for all CRC claims associated with the Beneficiaries listed on the PPN.

8



The Demand Letter is issued to the Employer/other Plan Sponsor and a copy is supplied to the insurer/ TPA.

Three situations arise from the Demand Letter.



Option 1 – Payment



Employer/other Plan Sponsor/Insurer/TPA sends in payment.



GHP MSP debt is satisfied. Case closed.

Option 2 – Defense



Employer/other Plan Sponsor/Insurer/TPA sends in a defense to the CRC. The CRC evaluates alleged defense and supporting documentation.



The CRC sends Valid-Documented-Defense response. Debt satisfied. Case closed.



The CRC sends Invalid/Insufficient-Documented-Defense response. Case remains open to continue recovery efforts.

Option 3 – No Payment/ No Valid Defense



Interest accrues from date of Demand Letter and is assessed if the debt is not resolved in 60 days.



Intent to Refer Letter is sent day 120 (after Demand Letter) if full payment or Valid Documented Defense is not received



If full repayment or Valid Documented Defense is not received within 60 days of Intent to Refer Letter (180 days of Demand Letter), debt is referred to Treasury once any outstanding correspondence is worked.