



# Medicare Secondary Payer Commercial Repayment Center

Group Health Plan (GHP)  
Recovery Process

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## Introduction of the Commercial Repayment Center (CRC)



- CMS has restructured its Coordination of Benefits (COB) and Medicare Secondary Payer (MSP) recovery activities. This action provides:
  - Improved customer service for stakeholders
  - Consolidated and streamlined data collection and recovery operations
  - Value-added efficiencies and enhanced resource utilization
- CMS has transitioned all Group Health Plan (GHP) recovery activity to a Commercial Repayment Center (CRC) effective May 13, 2013.
- The Medicare Secondary Payer Recovery Contractor will continue to perform liability insurance (including self-insurance), no-fault insurance, and workers' compensation (Non-Group Health Plan) recovery case work. At a later date, CMS will transition all COB and Non-Group Health Plan recovery activities to a Business Process Operations Center.



# CGI Federal



- CGI Federal, Inc. (CGI), a wholly owned subsidiary of CGI Group, has 7,000 diversely skilled IT and business process personnel across the United States.
- CGI is a committed partner to CMS, working with the agency for more than 13 years.
- We support many CMS systems and services, including Medicare FFS Payment Recovery Program, and Medicare.gov.
- We are the Medicare FFS Part A and B Recovery Auditor for CMS RAC Region B and provide recovery audit services to four state Medicaid programs.

# Responsibilities

- The CRC has begun to identify and recover Medicare payments where another entity had primary payment responsibility under a GHP arrangement. The CRC's responsibilities include:
  - Identifying and validating mistaken primary payments
  - Issuing recovery demand letters
  - Receiving payments and resolving outstanding debts
  - Referring delinquent debt to the Department of Treasury for further collection actions

# Transition Plan

- Effective May 13, 2013 the MSPRC ceased all GHP recovery operations and the CRC is now responsible for all recovery cases (past, present, and future).
- All case information has been transitioned to the CRC and the CRC has complete case histories, including copies of all communications, correspondence, and contact information.
- The existing PO Box has been re-routed to a new PO Box.

- The CRC and MSPRC have worked together to coordinate and confirm transference of the following:
  - Unworked correspondence
  - Outstanding follow-up activities
  - Unresolved debts that have been referred to Treasury
- The public will not experience undue delays in response, as the CRC is operating within the same established timeframes.

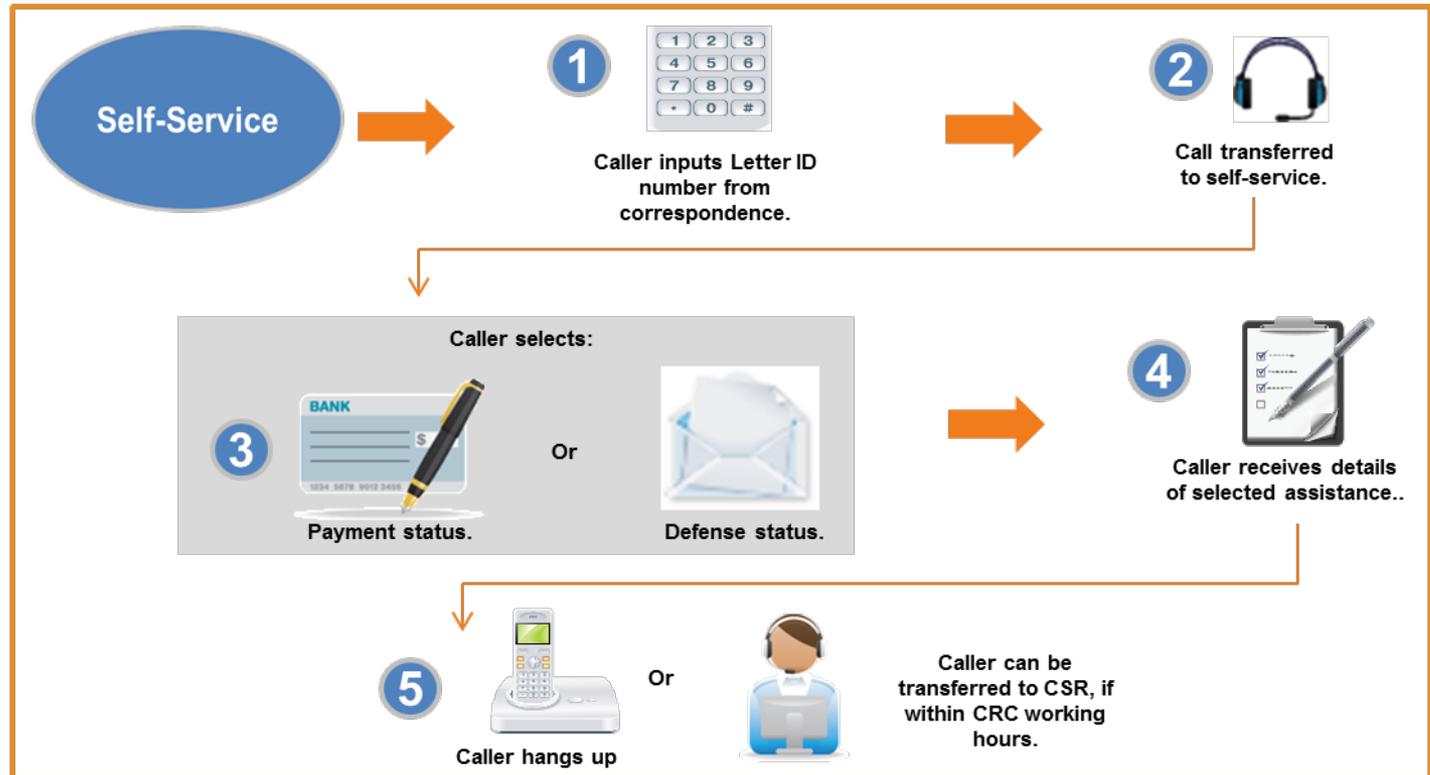


# Customer Service

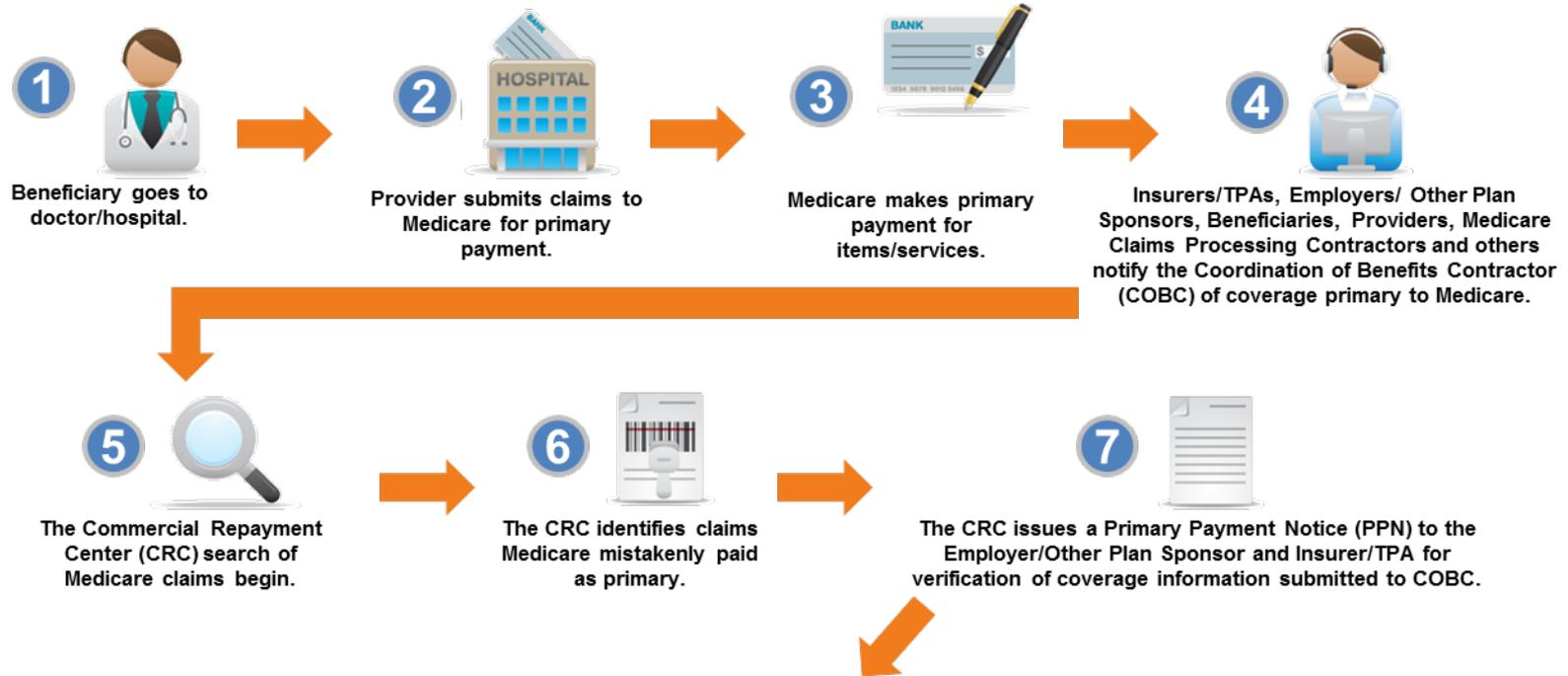


- Over 90 Customer Service staff, each with extensive MSP and GHP recovery training
- National Call Center
  - Self service hours 24 hrs / 7 days per week
  - CSR availability Monday through Friday, 8AM to 8PM (EST)
- Upgraded IVR technology
  - General recovery process information
  - Automated self service status updates
  - Transfers to CSR includes case information for immediate action
- Written Correspondence
  - Unique Letter ID on all outgoing correspondence
  - Unique bar code identifier designed to facilitate faster document processing

# Overview of Automated IVR Case Status



# 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.

# Overview of GHP Recovery Process (cont.)



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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 and is assessed if the debt is not resolved in 60 days.



Intent to Refer Letter is sent day 61 if full payment or Valid Documented Defense is not received.



If full repayment or Valid Documented Defense is not received within 120 days of Intent to Refer Letter (180 days of demand), debt is referred to Treasury once any outstanding correspondence is worked.

# Primary Payment Notice

- Process remains the same
- The Primary Payment Notice (PPN) will be issued prior to a demand and includes:
  - Coverage dates for identified beneficiary(s)
  - Dates employee(s)/subscriber(s) is/are employed
  - Beneficiary information
- Components of PPN
  - Cover letter
  - Response worksheet
  - Certification
- Forty-five (45) days to respond



# Demand Letter

- The purpose of a Demand remains a request for recovery payment with the amount due and expected payment date
- Demands will be issued to the employer, with an individually assigned Demand Letter ID for each applicable beneficiary for the following benefit:
  - ✓ Easy access to status updates via automated self-service telephone option
  - ✓ Beneficiary specific identifier reduces risk of processing error
  - ✓ Faster processing of case documentation
- Courtesy copies of Demands will also be sent to the insurer, and will include copies of Inpatient and Outpatient claim forms to facilitate claims adjudication and payment
- Demands may be issued upon receipt of the completed PPN worksheet, or after the PPN response period has lapsed.



# Demand Example



June 1, 2013

XYZ Company  
ATTN: HUMAN RESOURCES DEPARTMENT  
111 USA Street  
Suite 2B  
Any City, TC 11223

Re: Letter ID: 12345 ←  
Case ID: ABCDE0123456789  
PPN ID: 23456  
Coverage ID: 98765  
Total Debt Due: \$1,500.00  
Response Due Date: July 2, 2013: \$1,500.00

Dear XYZ Company,

We are writing to advise you that your organization has either sole or shared liability for a debt to the Medicare program. We have determined that you are required to repay the Medicare program for mistakenly made primary payments for services furnished to the identified Medicare beneficiary(is) below for which the actual primary payment responsibility lies with a group health plan (GHP). The total amount due is \$1,500.00. The Summary Data Sheet with this letter lists the total amount due for each beneficiary. Please note that individual beneficiary claim facsimiles are routinely included only with the courtesy copy sent to the insurer/Third Party Administrator (TPA). You may request a copy of the individual beneficiary claim facsimiles.

# Referral To Treasury

- MSP policy is unchanged regarding referral to Treasury for collection.
- Cases currently with Treasury will continue be pursued for payment by the Treasury Department.
- The CRC Letter ID will not be recognized by the Treasury. Any communication with the Treasury will require the Case ID number.



# Case ID Example



June 1, 2013

XYZ Company  
ATTN: HUMAN RESOURCES DEPARTMENT  
111 USA Street  
Suite 2B  
Any City, TC 11223

Re: Letter ID: 12345

Case ID: ABCDE0123456789



PPN ID: 23456  
Coverage ID: 98765  
Total Debt Due: \$1,500.00  
Response Due Date: July 2, 2013: \$1,500.00

Dear XYZ Company,

We are writing to advise you that your organization has either sole or shared liability for a debt to the Medicare program. We have determined that you are required to repay the Medicare program for mistakenly made primary payments for services furnished to the identified Medicare beneficiary(is) below for which the actual primary payment responsibility lies with a group health plan (GHP). The total amount due is \$1,500.00. The Summary Data Sheet with this letter lists the total amount due for each beneficiary. Please note that individual beneficiary claim facsimiles are routinely included only with the courtesy copy sent to the insurer/Third Party Administrator (TPA). You may request a copy of the individual beneficiary claim facsimiles.

# Helpful Information

- Medicare's Tax ID # for CMS is 52-0883104
- Checks should continue to be made payable to Medicare, and upon remittance include:
  - *a. Recent CRC correspondence, and b. Letter ID on check*
- Payment remittance date is postmark date
- The CRC can accept temporary address changes
  - To permanently update Medicare's records, address information should be updated through existing MMSEA Section 111 Mandatory Insurer Reporting processes
  - If you are not a reporting entity, you should contact your insurer or claims processing third party administrator

# Future Developments

- Self-Service Web Portal
  - ✓ Real time case status update with easy to navigate user screens
  - ✓ Ability to provide access to upload information, such as defenses and beneficiary updates
- Electronic validation replacing or reducing the volume of paper PPNs



# Contact Information

## As of May 13, 2013



### **Mailing Address:**

Medicare Commercial Repayment  
Center  
PO BOX 93945  
2400 Orange Avenue  
Cleveland, OH 44101-9003

### **Telephone Numbers:**

855-798-2627 (Toll Free)  
855-797-2627 (TTY)  
1-216-781-5516 (Fax)

Self service option is available  
24hrs / 7 days a week

Customer service representatives  
available Monday through Friday,  
8AM – 8PM EST



Thank you for viewing this presentation.