October 19, 2015 – Recovery Agent Authorization Model Language now available

A new document titled Recovery Agent Authorization Model Language has been loaded to the Downloads section of the Insurer NGHP Recovery page.

An authorization is required any time that an applicable plan is represented by an agent that will work with CMS’ contractors to address CMS’ Medicare Secondary Payer (MSP) recovery claim on behalf of that applicable plan. It must be submitted for each individual recovery case. It may be submitted at any time prior to the demand, but must be submitted no later than when the recovery agent submits an appeal or other response to the demand letter and must include each of the elements referenced in the Recovery Agent Authorization Model Language. Any appeal received from any party other than the applicable plan without either an accompanying authorization or one already on file will be dismissed.


The presentation from the May 5th webinar regarding establishing appeal rights for Applicable Plans is now available in the Downloads section below.


The notice for the rescheduled Webinar is available in the Downloads section below and includes all webinar information including date, time and log in information.


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Due to circumstances beyond our control, CMS offices are closing early today so we will have to cancel today’s...

On February 27, 2015, the Centers for Medicare & Medicaid Services (CMS) issued a final rule implementing certain provisions of the Strengthening Medicare and Repaying Taxpayers Act of 2012 (the SMART ACT). This final rule establishes a formal appeals process for applicable plans (liability insurance (including self-insurance), no-fault insurance, and workers’ compensation laws or plans) in situations where the Secretary seeks Medicare Secondary Payer (MSP) recovery directly from an applicable plan. The rule is effective April 28, 2015, and applies to demand letters issued on or after April 28, 2015.

A new document titled Appeal Rights for Applicable Plans is available in the downloads section below. The full regulation can also be viewed using the link in the Related Links section below. Additionally, a new document titled Appeals Process for Insurers and Workers’ Compensation Entities and Required Notice to Medicare Beneficiaries has been loaded to the downloads section at the bottom of the page.

CMS will be presenting a webinar on “Applicable Plan” Appeals.

The term “applicable plan” means liability insurance (including self-insurance), no-fault insurance and workers’ compensation laws or plans. Effective for recovery demand letters issued directly to applicable plans as the identified debtor on or after April 28, 2015, applicable plans have formal appeal rights. CMS is holding a webinar on April 28, 2015 to address applicable plan appeals. The presentation will include: an introduction to the appeals process (as the process is new to applicable plans), information on the appeals process specific to applicable plans, and tips/suggestions to applicable plans regarding the recovery process, including appeals.

The notice for the Webinar is available in the Downloads section below and includes all webinar information including date, time and log in information.

February 5, 2014 - Implementation of the Benefits Coordination & Recovery Center

The Centers for Medicare & Medicaid Services (CMS) has completed the restructuring of the Coordination of Benefits (COB) and Medicare Secondary Payer (MSP) recovery activities.

COB activities for both Group Health Plans and Non-Group Health Plans (that is, liability insurance (including self-insurance), no-fault insurance, and workers’ compensation laws or plans) and Recovery activities for Non-Group Health Plans have been fully transitioned from the COB contractor and the Medicare Secondary Payer Recovery Contractor to the new Benefits Coordination & Recovery Center (BCRC). Contact information for the BCRC is on the Contacts page of the COB&R Overview section.