

Commercial Repayment Center (CRC) Non-Group Health Plan (NGHP) Recovery Town Hall

January 14, 2020

Presentation Overview

- Conditional Payment Notice (CPN)/Conditional Payment Letter (CPL)
- New Pre-CPN Worksheet
- Disputes
- Demand Letter
- Interest
- Appeal Timeframe
- NGHP Open Debt Report
- Contacts
- References
- Questions and Answers

NGHP CPN/CPL

- 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 Medicare Secondary Payer (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.

NGHP CPN/CPL, Cont.

- The CPN:
- Includes conditional payment information noting items or services Medicare has paid conditionally.
 - Explains how to dispute any items and/or services included.
 - 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 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.

Pre-CPN Worksheet

- The CRC is introducing a new Pre-CPN Worksheet to assist Responsible Reporting Entity (RRE) Account Managers (AM) in managing their CPN workload.
- The data on the Pre-CPN Worksheet will contain cases that have been reported. In some instances due to the timing of when a report is made, a case or case(s) may not be available on a current quarterly Pre-CPN Worksheet, but available on the next.
- The purpose for the Pre-CPN process is to allow RRE AMs to indicate potential CPNs the RRE AM does not wish to dispute based on the reported data and possible debts owed to the Medicare program.

Pre-CPN Worksheet, Cont.

- Requests for the Pre-CPN Worksheet can be sent to crccprequests@performantcorp.com once a quarter. The RRE AM must provide the TIN and RRE ID(s) at the time of the request.
- Completed Pre-CPN Worksheets can be returned to crccprequests@performantcorp.com via the secure email platform the Pre-CPN Worksheet was received in.
- Once the CRC receives the completed Pre-CPN Worksheet, the CPN(s) will be mailed within the next 90 days. Annotated CPNs will be mailed first, but please note that cases that are not annotated will still receive a CPN.
- The Pre-CPN Worksheet is not a platform to dispute CPNs.
- Requesting and responding to the Pre-CPN Worksheet is purely optional.

Disputes

- Applicable plans:
 - May dispute the CPL or CPN.
 - 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, if appropriate.
- 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.

Documenting Disputes

- 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 Letter

- 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.

Interest

- Interest on the debt accrues from the date of the demand letter and if not resolved within 60 days, it is assessed for each 30-day period the debt remains unresolved.
- Payments made are applied to the interest first and then the principal balance.
- Interest continues to accrue on the outstanding principal amount until the amount is paid in full.
- If an applicable plan requests an appeal, the debt will not be referred to the Department of Treasury while the appeal is being processed, but interest will continue to accrue.
- The applicable plan may choose to pay the demand amount while appealing the overpayment in order to avoid the accrual and assessment of interest.

Appeal Timeframe

- When CMS issues a demand letter directly to the applicable plan, the applicable plan has formal administrative appeal rights.
- The applicable plan has 120 days from the date the applicable plan receives the demand letter to file an appeal. Interest will still accrue during this time.
- If the appeal is not filed within the 120 days, and “good cause” for untimely filing is not provided, the appeal will be dismissed.
- Requests to vacate dismissals can be submitted to the CRC or the QIC. Failure to resolve the debt will result in referral to treasury at 180 days.
- Please review the [Applicable Plan Appeals Presentation](#) available on CMS.gov for more information.

Contacts: CRC vs BCRC

- The CRC handles recovery when the applicable plan is the identified debtor. This includes cases of Ongoing Responsibility for Medicals (ORM).
- You should always contact the contractor from whom you received the correspondence.
- At anytime during the ORM and settlement process the debtor can contact our call center to determine if their debt is with the CRC or the BCRC.

NGHP Open Debt Report

- A report is now available in the MSPRP of all cases where an NGHP insurer is the debtor and where there is a balance due to CMS.
- Account Manager users in MSPRP have access to create and view the Open Debt Report directly in the application.
- The Open Debt Report is only available to the identified debtor (that is, the RRE).
- Account Managers will have the option to export the Open Debt Report to an Excel file.

NGHP Open Debt Report (2)

- Access the Welcome! Page and click the link for “Open Debt Report.”
- Remember, only Account Managers have access to this report.

CMS Medicare Secondary Payer Recovery Portal

Home About This Site CMS Links How To... Reference Materials Contact Us Sign off

Welcome!

Account: 30401 ABC Corporation

The Medicare Secondary Payer Recovery Portal provides a quick and efficient way to request case information and provide information to assist in resolving Medicare's recovery claim.

With the use of this portal, you may submit a valid authorization, request an update conditional payment amount, submit settlement information and dispute claims.

You may view the account activity by clicking the appropriate link under the Account Settings.

To request information regarding a case you have not already associated to your account, click the Request Case Access link below.

To see cases that you have previously associated to your account, click the Case Listing link below.

To submit a case, click the Report A Case link below.

To request an Open Debt Report, click the Open Debt Report link below.

Note: You will not be able to use the links below until your Profile Report has been returned.

[Request Case Access](#)

[Case Listing](#)

[Report A Case](#)

[Open Debt Report](#)

Quick Help

[Help About This Page](#)

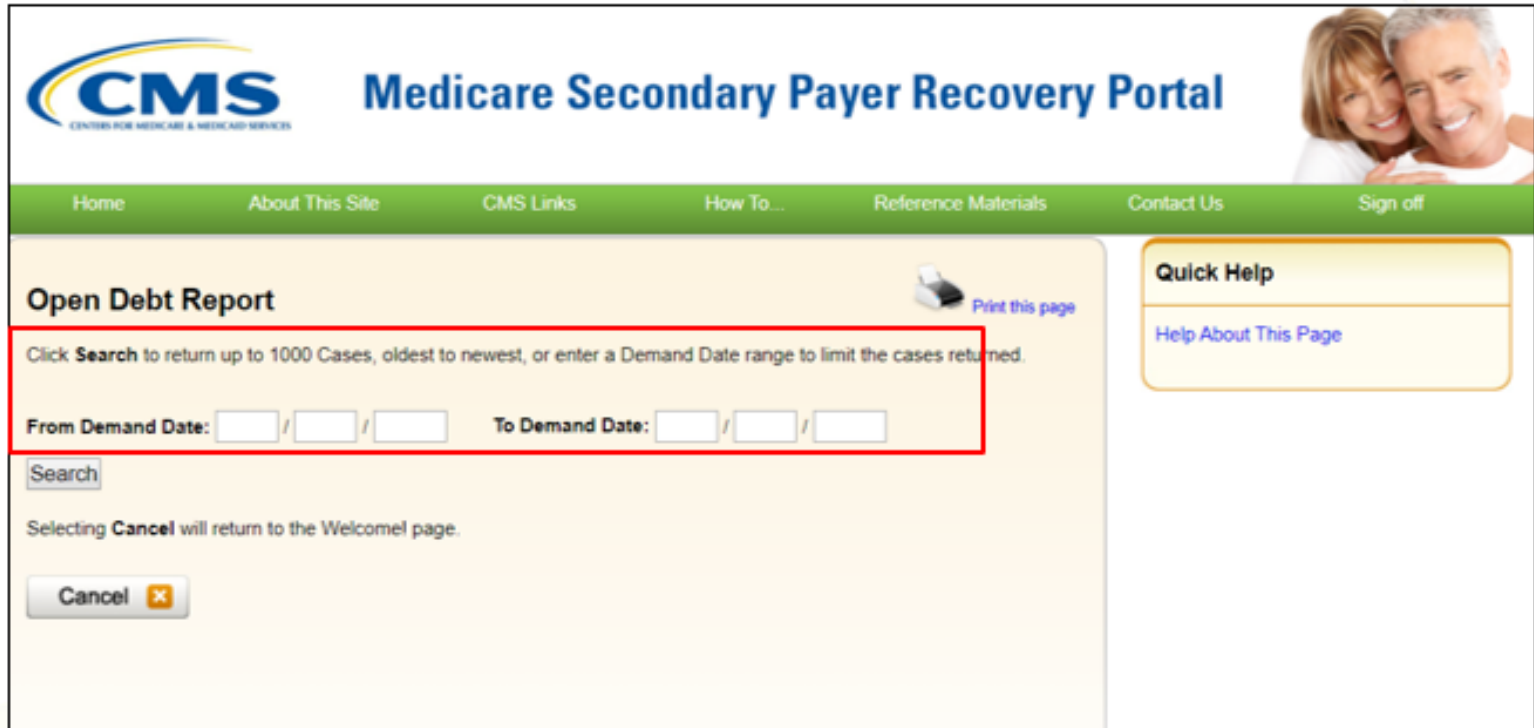
Account Settings

[Update Account Information](#)

[Designee Maintenance](#)

[View Account Activity](#)

NGHP Open Debt Report (3)



The screenshot displays the Medicare Secondary Payer Recovery Portal. At the top left is the CMS logo (Centers for Medicare & Medicaid Services). To the right of the logo is the title "Medicare Secondary Payer Recovery Portal" and a photograph of a smiling couple. Below the title is a green navigation bar with links: Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, and Sign off.

The main content area is titled "Open Debt Report" and includes a "Print this page" icon. A red rectangular box highlights the search instructions and date input fields. The instructions state: "Click **Search** to return up to 1000 Cases, oldest to newest, or enter a Demand Date range to limit the cases returned." Below this, there are two date input fields: "From Demand Date:" followed by three empty boxes separated by slashes, and "To Demand Date:" followed by three empty boxes separated by slashes.

Below the date fields is a "Search" button. A note below the button states: "Selecting **Cancel** will return to the Welcome page." At the bottom left of the form is a "Cancel" button with a small orange 'x' icon.


On the right side of the form, there is a "Quick Help" section with a "Help About This Page" link.

NGHP Open Debt Report (4)

- The following fields are included in the report. Use the scroll bar at the bottom of the screen to view additional columns and at the side to view additional Cases.
 - Case ID
 - Insurer Name
 - Insurer TIN
 - RRE ID
 - Recovery Agent/TPA Name
 - Bene First Name, Beneficiary Last Name
 - Demand Letter ID, Demand Letter Date
 - Insurance Claim Number
 - Original Demand Amount
 - Current HIGLAS Balance
 - Current Status of Debt


NGHP Open Debt Report (5)

- Rows display in ascending Case ID order.
- Click Export to Excel to export your report to an Excel Spreadsheet.
- Click Cancel to return to the Welcome! page.

Open Debt Report  [Print this page](#)

Click **Search** to return up to 1000 Cases, oldest to newest, or enter a Demand Date range to limit the cases returned.

From Demand Date: / / To Demand Date: / /



Selecting **Cancel** will return to the Welcome! page.

The following are the cases with open debts as of 08/07/2019 associated to Account ID: **30401**.

Open Debt Cases

Case ID	Insurer Name	Insurer TIN	RRE ID	Recovery Agent/TPA Name	Bene First Name	Bene
201117409000150	Mrs. Jane	1234576	RRE12319191	Mary	John	Doe
201117409000150	Mrs. Jane	1234576	RRE12319191	Mary	John	Doe
201117409000150	Mrs. Jane	1234576	RRE12319191	Mary	John	Doe
201117409000150	Mrs. Jane	1234576	RRE12319191	Mary	John	Doe
201117409000150	Mrs. Jane	1234576	RRE12319191	Mary	John	Doe
201117409000150	Mrs. Jane	1234576	RRE12319191	Mary	John	Doe
201117409000150	Mrs. Jane	1234576	RRE12319191	Mary	John	Doe
201117409000150	Mrs. Jane	1234576	RRE12319191	Mary	John	Doe
201117409000150	Mrs. Jane	1234576	RRE12319191	Mary	John	Doe
201117409000150	Mrs. Jane	1234576	RRE12319191	Mary	John	Doe
201117409000150	Mrs. Jane	1234576	RRE12319191	Mary	John	Doe
201117409000150	Mrs. Jane	1234576	RRE12319191	Mary	John	Doe
201117409000150	Mrs. Jane	1234576	RRE12319191	Mary	John	Doe
201117409000150	Mrs. Jane	1234576	RRE12319191	Mary	John	Doe
201117409000150	Mrs. Jane	1234576	RRE12319191	Mary	John	Doe
201117409000150	Mrs. Jane	1234576	RRE12319191	Mary	John	Doe

< >

Contacts

Topic	Who to Contact	Contact Information
Case specific recovery	CRC Contact Center	<p>1-855-798-2627 (TTY/TDD: 1-855-797-2627 for the hearing and speech impaired).</p> <p>After selecting your language preference, select “4” to reach the CRC queue.</p>
MSRP account set-up/maintenance	BCRC EDI Dept	1-646-458-6740
Section 111 Reporting	BCRC EDI Dept	1-646-458-6740

Resources

- [MSPRP User Guide](#)
- [MSPRP Training Material](#)
- crcoutreachteam@performantcorp.com

The screenshot shows the top portion of the CMS.gov website. At the top left is a 'Home' button and the 'CMS.gov' logo. To the right is a descriptive paragraph: 'A federal government website managed and paid for by the U.S. Centers for Medicare & Medicaid Services. 7500 Security Boulevard, Baltimore, MD 21244'. On the far right is the official seal of the U.S. Centers for Medicare & Medicaid Services. Below the header is a navigation menu with three columns: 'CMS & HHS Websites', 'Tools', and 'Helpful Links'. The 'CMS & HHS Websites' column lists Medicare.gov, MyMedicare.gov, Medicaid.gov, InsureKidsNow.gov, HealthCare.gov, and HHS.gov/Open. The 'Tools' column lists Acronyms, Archive, Contacts, and Glossary. The 'Helpful Links' column lists Web Policies & Important Links, For Developers, Plain Language, Privacy Settings, Freedom of Information Act, No Fear Act, and Nondiscrimination/Accessibility. On the right side of the navigation menu is a 'Receive Email Updates' section with an envelope icon, a text input field containing 'type your email here', and a 'Submit' button.

Home **CMS.gov** A federal government website managed and paid for by the U.S. Centers for Medicare & Medicaid Services. 7500 Security Boulevard, Baltimore, MD 21244

CMS & HHS Websites

- Medicare.gov
- MyMedicare.gov
- Medicaid.gov
- InsureKidsNow.gov
- HealthCare.gov
- HHS.gov/Open

Tools

- Acronyms
- Archive
- Contacts
- Glossary

Helpful Links

- Web Policies & Important Links
- For Developers
- Plain Language
- Privacy Settings
- Freedom of Information Act
- No Fear Act
- Nondiscrimination/Accessibility

Receive Email Updates

type your email here **Submit**

Questions & Answers

Slide 1: Commercial Repayment Center (CRC) Non-Group Health Plan (NGHP) Recovery Town Hall

Welcome to the Non-Group Health Plan Commercial Repayment Center Recovery Town Hall.

Slide 2: Presentation Overview

This presentation is intended to discuss Medicare's recovery process on payments made that should have been the responsibility of liability insurers (including self-insured entities), no-fault insurers or workers' compensation entities. These entities are often collectively referred to as Applicable Plans or Non-Group Health Plans (NGHPs).

In this presentation we will discuss NGHP recovery topics and will walk through the new open debt report functionality on the Medicare Secondary Payer Recovery Portal (MSRP). Lastly, we will open the discussion for questions and answers.

Slide 3: NGHP CPN/CPL

The CRC uses Section 111 reporting to develop recovery cases. We want to mention that while the intention of this presentation is to discuss recovery if you do have questions regarding Section 111 reporting you can reference the NGHP User Guide on CMS.gov or contact your EDI representative.

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.

Slide 4: NGHP CPN/CPL (Cont.)

CPN:

- Includes conditional payment information noting items or services Medicare has paid conditionally.
- Explains how to dispute any items and/or services included.
- 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.

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.

Slide 5: Pre-CPN Worksheet

Now that we have discussed the purpose of the CPN in more detail we would like to introduce a new Pre-CPN process to assist Responsible Reporting Entity (RRE) Account Managers (AM) in managing their CPN workload.

The data on the Pre-CPN Worksheet will contain cases that have been reported. In some instances due to the timing of when a report is made, a case or case(s) may not be available on a current quarterly Pre-CPN Worksheet, but available on the next.

The purpose for the Pre-CPN process is to allow RRE AMs to indicate potential CPNs the RRE AM does not wish to dispute based on the reported data and possible debts owed to the Medicare program.

Slide 6: Pre-CPN Worksheet (Cont.)

Requests for the Pre-CPN Worksheet can be sent to crccprequests@performantcorp.com once a quarter. The RRE AM must provide the TIN and RRE ID(s) at the time of the request.

Completed Pre-CPN Worksheets can be returned to crccprequests@performantcorp.com via the secure email platform the Pre-CPN Worksheet was received in. Once the CRC receives the completed Pre-CPN Worksheet, the CPN(s) will be mailed within the next 90 days.

Cases that the RRE AM does not annotate will still receive a CPN letter.

The Pre-CPN Worksheet is not a platform to Dispute CPNs.

Slide 7: Disputes

An applicable plan has the right to file a dispute. Applicable plan means Liability Insurance (including self-insurance), No-fault insurance or a workers' compensation law or plan.

Applicable plans:

May dispute the CPL or CPN.

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, 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.

Please note that pre-demand dispute does not affect or eliminate formal administrative appeal rights.

Slide 8: Documentating Disputes

Accurate documentation of disputes will help facilitate a timely review. 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

Slide 9: Demand Letter

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.

Slide 10: Interest

Interest on the debt accrues from date of the demand letter and, if the debt is not resolved within 60 days, is assessed for each 30-day period the debt remains unresolved.

When payment is received, it is applied to interest first and principal second. Interest continues to accrue on the outstanding principal portion of the debt.

If an applicable plan requests an appeal, the debt will not be referred to the Department of Treasury while the appeal is being processed, but interest will continue to accrue.

The applicable plan may choose to pay the demand amount while appealing the overpayment in order to avoid the accrual and assessment of interest. When this happens, an appropriate refund is made if the appeal is favorable to the applicable plan.

Slide 11: Appeal Timeframe

An applicable plan has 120 days from the date the applicable plan receives the demand letter to file an appeal, but interest will continue to accrue during this time.

Please note that receipt is presumed to be within 5 calendar days absent evidence to the contrary. If the debtor or authorized recovery agent, does not appeal within the 120 days, and "good cause" for untimely filing is not provided, the appeal will be dismissed.

Requests to vacate dismissals can be submitted to the CRC or the Qualified Independent Contractor (QIC). Failure to resolve the debt will result in referral to treasury at 180 days.

Please review the Applicable Plan Appeals webinar available on CMS.gov for more information.

Slide 12: Contacts BCRC vs. CRC

There can be some confusion about who may be handling an NGHP recovery case, so we wanted to clarify about the difference between the CRC and BCRC.

The CRC handles reported recovery when the applicable plan is the identified debtor. This includes cases of Ongoing Responsibility for Medicals (ORM) until settlement or Total Payment Obligation to the Claimant (TPOC) is reported.

Remember that you should always be contacting the contractor (CRC or BCRC) from who you received the correspondence.

At anytime during the ORM and settlement process the debtor can contact our call center to determine if their debt is with the CRC or the BCRC. You can also reference any correspondence you receive to help determine who to contact.

Slide 13: NGHP Open Debt Report

We would like to lastly speak about the new open debt report that is available in the MSPRP. CRC debtors have asked for a way for them to see the current status of the cases where there is a balance due to CMS. Only RRE Account Managers have access to the report. The report includes NGHP cases that have open debt as of the date/time the report is generated. The debts are updated overnight each night.

Slide 14: NGHP Open Debt Report (2)

After logging into the MSPRP and selecting the appropriate Account ID, select the Open Debt Report. Remember, this will only display for Account Managers.

Slide 15: NGHP Open Debt Report (3)

If there are 1000 or fewer cases that have open debt, the report data will automatically display. If there are more than 1000 cases that have open debt, the MSPRP *Open Debt Report* page shall display the following message at the top of the page: "There are more than 1000 cases that meet the report criteria. Please enter a date range for the cases/demands you wish to view."

Enter a date range and click Search.

Slide 16: NGHP Open Debt Report (4)

The listed fields are included in the report and include Case details including the Beneficiary name and demand details such as demand amount and current balance and status of debt.

Slide 17: NGHP Open Debt Report (5)

The Open Debt cases will display with the rows in ascending Case ID order. You can use the Export to Excel button to export your report to an Excel Spreadsheet, or click cancel to return to the Welcome! Page. This slide shows the main page and initial columns. Use the slide bar at the bottom to view additional columns.

Additional information on this functionality is available in the MSPRP User Guide, the link to which is available at the end of this presentation.

Slide 18: Contacts

Here are some quick references for who to contact.

Also remember that additional contact information including phone numbers, mailing addresses and fax numbers are available on the Contacts page of CMS.gov

Slide 19: Resources

Lastly, we want to remind everyone of the various resources that are available to you.

You can always reference the MSPRP user guide which is available on the portal, as well as training materials which are available on CMS.gov. And if you have not already done so, you can also sign up to receive notifications on CMS.gov from the Coordination of Benefits and Recovery Overview pages. You can do this using the “Sign Up” box at the bottom of any CMS.gov page and selecting which pages you want to receive updates on. That will allow you to receive notices when materials are updated, or new information is posted.

You can also submit questions to the CRC Outreach team.

Slide 20: Questions and Answers

That concludes the presentation portion of our call today and we will now move into the question and answer session.

Acronyms

AM	Account Manager
CPL	Conditional Payment Letter
CPN	Conditional Payment Notice
MSPRP	Medicare Secondary Payer Recovery Portal
NGHP	Non-Group Health Plan
ORM	Ongoing Responsibility for Medicals
QIC	Qualified Independent Contractor
RRE	Responsible Reporting Entity