



Model Language for Letter of Authority
For Liability Insurers (including Self-Insured Entities), No-Fault Insurers,
or Workers' Compensation Entities

General Information

When a demand letter has been issued to a Liability insurer (including self-insured entities), No-Fault insurer, or Workers' Compensation entity, a Letter of Authority or similar authorization is required when that identified debtor wishes to be represented by another party. As soon as the Benefits Coordination & Recovery Center (BCRC) receives the documentation, it can act upon requests made by the representative. **If the identified debtor does not wish to designate a representative, a Letter of Authority is not needed.**

When to Submit a Letter of Authority

A Letter of Authority must be submitted for each individual recovery case id. It may be submitted at any time prior to the demand, but must be submitted no later than when the representative submits an appeal or other response to the demand letter. Any appeal received from any party other than the identified debtor **without** either an accompanying Letter of Authority or one already on file will be denied.

Letter of Authority versus Section 111 Recovery Agent

A Letter of Authority designating a representative differs from a recovery agent identified through Section 111 reporting in that the BCRC **may not** communicate with the recovery agent once a demand letter has been issued. Even if the identified debtor wishes to have the recovery agent represent the debtor, Federal law requires that a written, dually signed, and dated authorization is on file before the BCRC may do so.

Suggested Model Language

Please see the attached suggested language. Use of this language is not required, but any documentation submitted by the identified debtor as a Letter of Authority must include the information this model language requests. If the identified debtor prefers their representative to submit the Letter of Authority on their behalf, the letter must still originate from the identified debtor (it should be written on corporate letterhead, signed, and dated).

Where to Submit a Letter of Authority:

NGHP
PO Box 138832
Oklahoma City, OK 73113
Fax: (405) 869-3309

SUGGESTED MODEL LANGUAGE [Written on Corporate Letterhead of Identified Debtor]

[Date]

To: Benefits Coordination and Recovery Center (BCRC)
The Centers for Medicare & Medicaid Services
Address

Re: Authority of {Representative Name}
Case ID Number: {Case ID Number}

This Letter of Authority is to notify the Centers for Medicare and Medicaid Services (CMS), that I {NGHP Insurer Name/WC Entity Name} have officially designated and authorized {Representative Name} to act on my behalf in the matter of the Medicare Secondary Payer (MSP) recovery case {Case ID Number} as of the date of this letter. {Representative Name} is hereby granted the authority to take any actions or make any decisions it determines necessary to resolve Medicare's recovery claim, including but not limited to requesting a redetermination of the debt. CMS and its agents and/ or contractors are hereby authorized to share any information regarding this matter with them.

Included with this letter is {a copy of a contract, chain of authorization, or similar demonstration of authority}. Please provide {Representative Name} with copies of all future correspondence. Correspondence may be sent to {Representative address}. Please contact {Point of Contact from NGHP Insurer Name/WC Entity} at {phone number} if there are any questions or any additional information is needed.

{Signature Line, Title for the Point of Contact from the NGHP Insurer Name/WC Entity}

Attestation/Signature:

I, {Representative} accept this appointment/designation as the representative for {NGHP Insurer Name/WC Entity} for above referenced Case ID.

{Signature Line for Representative and Date}

cc: {Representative}