

Reporting a Case to the Benefits Coordination & Recovery Center (BCRC)

*In Liability Insurance, No-Fault Insurance &
Worker's Compensation Cases*

This Document Includes the Following:

- The Roles & Responsibilities of the Benefits Coordination & Recovery Center (BCRC)
- Instructions for Reporting a Case to the BCRC
- Methods of Contacting the BCRC
- The Rights and Responsibilities Letter
- Conditional Payment Letter

Benefits Coordination & Recovery Contractor (BCRC) Roles & Responsibilities

In Liability Insurance, No-Fault Insurance & Worker's Compensation Cases

- The BCRC collects information from multiple sources to research MSP situations, as appropriate. *(e.g., They collect the information from claims processors, MMSEA Section 111 Mandatory Insurer Reporting submissions, Initial Enrollment Questionnaire [IEQ], Worker's Compensation carriers)*
- The BCRC is responsible for updates to MSP situations, including Insurance updates, address changes, changes in coverage effective dates, etc.

Reporting a Case to the BCRC

- Always contact the BCRC first whenever you have a pending Liability, No-Fault, or Workers' Compensation claim. Be prepared to provide the BCRC with the following information:
- Beneficiary Information
 - Beneficiary's Name
 - Beneficiary's Health Insurance Claim Number (HICN)
 - Beneficiary's Gender and Date of Birth
 - Beneficiary's Address and Phone number
- Case Information
 - Date of injury/accident, date of first exposure, ingestion or, implant.
 - Description of alleged injury or illness or harm.
 - Type of Claim (Liability insurance, No-Fault insurance, Workers' Compensation).
 - Insurer/Workers' Compensation name and address.
- Representative Information
 - Representative/attorney name
 - Law Firm name if the representative is an attorney
 - Address and phone number

Contacting the BCRC

By Telephone

BCRC Call Center:

1-855-798-2627

1-855-797-2627 (TTY/TDD)

Hours of Operation: Monday - Friday, 8 a.m.-8 p.m.(ET)

By Mail - General Inquiries

MEDICARE - MSP General Correspondence

P.O. Box 138897

Oklahoma City, OK 73113-8897

Rights and Responsibilities Letter

- Once the case is established with the BCRC, you will receive a “Rights and Responsibilities” Letter (RAR).
- The RAR letter is mailed to all parties associated with the case and is accompanied by:
 - A correspondence coversheet,
 - An educational brochure, and
 - A Privacy Act enclosure

Conditional Payment Letter (CPL)

- A “Conditional Payment Letter” or “CPL” provides information on items or services the BCRC has identified as being related to the pending NGHP claim. The conditional payment amount is an interim amount. Medicare may continue to make conditional payments while a matter is pending. Consequently, the BCRC cannot provide a final conditional payment amount until there is a settlement or other resolution.
- An initial CPL does NOT need to be requested. A CPL will now be generated automatically within 65 days of the issuance of the "Rights and Responsibilities Letter."
- Exception -If a pending NGHP claim was reported to the BCRC before 10/1/09, an initial CPL must be requested.
- Updated CPL amounts are generally unavailable until at least 90 days after the initial CPL is issued. CMS’ systems retrieve additional paid claims for each established case once every 90 days. The updated CPL information will appear automatically on the beneficiary’s mymedicare.gov record. However, any settlement, judgment, award, or other payment should be reported as soon as possible so that the BCRC can take steps to expedite a final demand amount.

Thank you for reviewing our presentation entitled:
Reporting a Case to the BCRC