Group Health Plan (GHP) Recovery: Best Practices Webinar

September 30, 2026

Presentation Overview

1. **GHP Recovery Refresher**
   How a demand is generated, the three ways to respond, and where the underlying data comes from.

2. **Payment and Submission Tools**
   The Commercial Repayment Center Portal (CRCP) and setting up Direct Automated Clearing House (ACH) payments.

3. **Defense Submission Reminders**
   Key reminders about defense packet requirements, authorizations, and the delinquency timeline.

4. **Defense Deep Dive**
   A review of the five most commonly denied defense types and their documentation requirements.

5. **Defense Types in Practice**
   Three real case scenarios and how the Commercial Repayment Center (CRC) would resolve each case.

6. **Best Practices**
   Key takeaways and recommendations from today's session.

7. **Resources and Contacts**
   Guides, portals, phone numbers, and where to send correspondence.

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GHP Recovery Refresher

How a demand is generated, the three ways to respond, and where the underlying data comes from.

GHP Defense Reference Guide v1.4 July 2026

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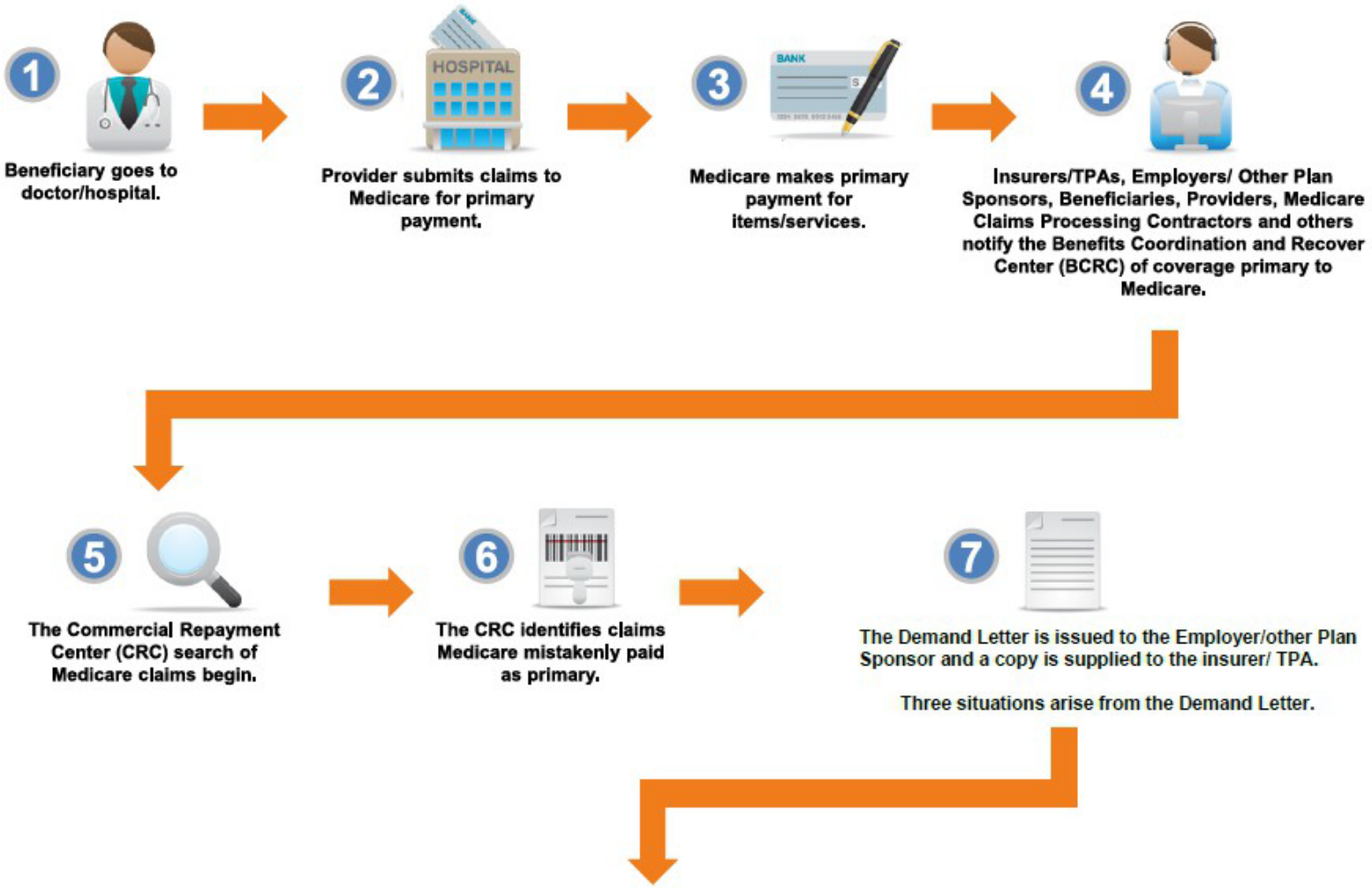
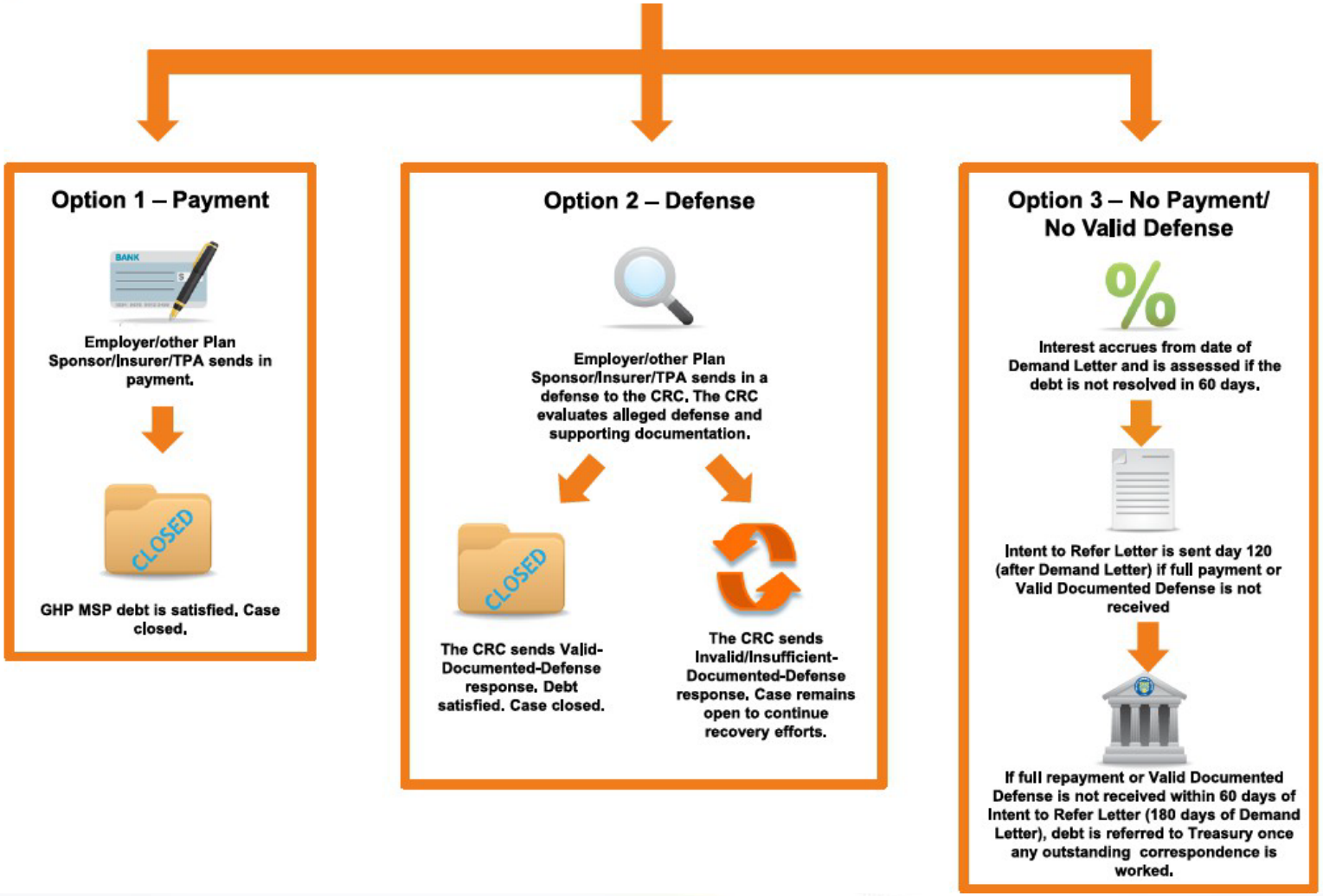
Overview of the GHP Recovery Process



Overview of the GHP Recovery Process Cont.



GHP Defense Reference Guide v1.4 July 2026 — Appendix D: GHP Recovery Process

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Payment and Submission Tools

The CRCP and setting up Direct ACH payment.

Commercial Repayment Center Portal (CRCP)

The CRCP is the fastest and most reliable way to work a demand. By offering a secure, centralized platform for submitting documentation and monitoring case activity, the portal improves transparency, enhances efficiency, and gives users greater visibility into the demand process.

CRCP Features & Benefits

- Search for open demand letters and upload defense documentation directly, with no mail transit time.
- Track financial status, defense status, and correspondence history in real time instead of calling for an update.
- Make a payment online and have it applied to the correct case.
- Submit correspondence on any case not referred to Treasury.
- The option to “Go Paperless”. Receive correspondence electronically and remove mail delays in both directions.

Registration is required to access the CRCP. To register, please visit the Commercial Repayment Center Portal page on the CMS website.

Commercial Repayment Center Portal | CMS

Direct Automated Clearing House (ACH) Payment

ACH is a secure electronic payment option that provides an alternative to paper checks and the electronic payment options available through the CRCP. ACH offers flexibility, convenience, and efficiency by allowing payers to use their existing software and accounts payable processes to submit payments directly to the CRC.

ACH Features & Benefits

- Provides payers with an additional option for submitting payments.
- Payments are typically processed and posted more quickly than payments submitted by paper check.
- Helps reduce the costs associated with printing, mailing, and reconciling paper checks.

Coordinate with the CRC before sending an ACH payment. Send ACH payments only after ACH enrollment is complete and you have coordinated the payment with the CRC Outreach Team. Without prior coordination, the CRC may not be able to identify the payment, which can significantly delay posting and cause interest to accrue on the case.

To enroll in ACH or to coordinate a payment, contact CRC Customer Service at 1-855-798-2627

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Defense Submission Reminders

Key reminders about defense packet requirements, authorizations, and the delinquency timeline

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General Reminders for Defense Submission

Here are a few general reminders for submitting a defense for CRC review.

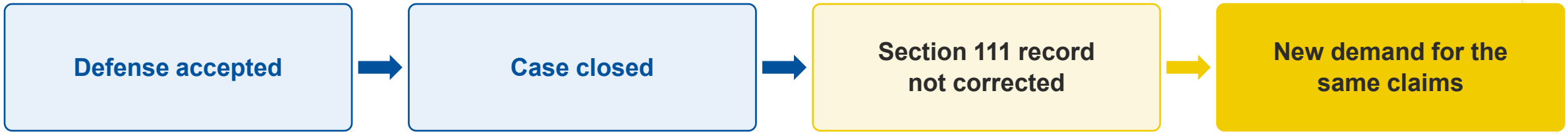
- When submitting a defense, the CRC requires a cover letter or signed attestation that clearly identifies the party asserting the defense and includes the information necessary to associate the defense submission with the appropriate case for processing. Generally, the Employer, Insurer, or TPA should provide the following:
  - Name of Beneficiary
  - Beneficiary's Medicare number (Health Insurance Claim Number (HICN) or Medicare Beneficiary Identifier (MBI))
  - Case number
  - Name, title, and contact information of the person issuing the defense
  - A summary of the basis of the defense(s) being asserted in the submitted correspondence for CRC review

- A demand becomes delinquent on the 61st day following the date of the demand letter. At that time, interest is assessed on the debt and continues to accrue in 30-day increments. To avoid interest accrual, debtors are encouraged to submit a defense and/or payment before the delinquency date.

Defense Submission Reminders: Section 111

- Almost all MSP data reaches CMS through Section 111 Mandatory Insurer Reporting. If a defense disputes what you reported, update the MSP record in your own reporting files; otherwise, the next quarterly submission will recreate the record.

If the Section 111 record is not corrected



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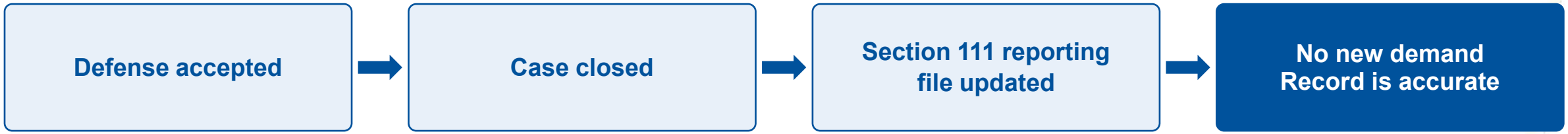

Defense Submission Reminders: Authorizations

- As recovery activities progress, parties other than the reporting entity may become involved in a case. To prevent delays, establish authorizations as soon as the demand arrives.

A TPA, outside counsel, or other non-reporting party requests information, submits documentation, or asks a question about a case.

→ **Valid authorization on file?**

→ **Yes, the CRC can share case information, accept documentation, and answer questions.**

→ **No, the CRC cannot discuss the case with that party, even to confirm status.**

The most common cause of delay is an authorization established after a defense has already been submitted. The CRC cannot discuss the submission with that party until the authorization is on file.

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Defense Deep Dive

A review of the five most commonly denied defense types and their documentation requirements.

The documentation examples provided are not exhaustive. Refer to the GHP Recovery Defense Guide for a complete list of documentation requirements and supporting evidence needed for each defense type.

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Defense Deep Dive: Eligibility Status

This defense applies when a Medicare beneficiary did not have GHP coverage for all or some of the claims identified on Medicare's demand. *(Examples: retirement, COBRA, termination of employment, never enrolled)*

Documentation Needed:

- Certification from the employer demonstrating that the beneficiary or subscriber did not have coverage under the employer's GHP on the date(s) of service. This includes situations where the beneficiary or subscriber is unknown to the GHP.
- Effective and termination dates of coverage.
- Provide the employee's last day of active employment and, if applicable, a separate retirement date
- Name, title, and contact information (address and telephone number) of the person issuing the correspondence from the employer, if not clear from letterhead or GHP Correspondence Cover Sheet.

Common Defense Issues:

- The certification is not issued and signed by the employer.

Reminders: Ensure Section 111 information is correct in future submissions.

Defense Deep Dive: Employer Size

This defense applies when Medicare is primary to a beneficiary's GHP coverage because the employer sponsoring or contributing to the plan does not meet the applicable employer size requirements for Working Aged or entitlement due to disability.

Working Aged Requirements
Fewer than 20 full- and/or part-time employees for at least 20 weeks during the **current and preceding calendar year**.

Entitled due to disability
Fewer than 100 full- and/or part-time employees for 50% or more of the business days **during the preceding calendar year**.

Multi-employer plans: This defense may also be asserted where the GHP is a multi-employer plan. The attestation must confirm that every participating employer that sponsors or contributes to the plan falls below the applicable employer size threshold.

Documentation Needed:

- Employer certification covering the year of service and the preceding year (age), or the preceding year only (disability).
- For the Small Employer Exception (SEE), provide the approved Benefits Coordination & Recovery Center's (BCRC) determination letter for the specific beneficiary.

Reminders: Ensure the certification clearly identifies the party asserting the defense and includes the certifying individual's signature and contact information.

Defense Deep Dive: Not a Group Health Plan

This defense applies when the information reported through the Section 111 process was incorrect because the coverage type did not meet Medicare's definition of GHP coverage.

Documentation Needed:

- Evidence that the coverage was not GHP coverage as defined by Medicare on the date(s) of service, such as individual health insurance, college student health coverage, short-term or gap coverage purchased by the beneficiary, or life insurance-related benefits.
- Coverage effective and termination dates.
- Name, title, and contact information of the individual providing the certification or correspondence.

Common Defense Issues:

- Contact information for the individual providing the certification is missing.
- The demand is returned without a formal defense and supporting documentation.

Reminders: Ensure Section 111 information is correct in future submissions.

Defense Deep Dive: Coverage

This defense type applies when one or more claims contained in Medicare's demand are not for covered items or services according to the terms of the policy, or when the amount payable under the coverage was less than Medicare's primary payment amount.

Documentation Needed:

- Explanation of Benefits (EOB), a spreadsheet, system screenshots that include:
  - Beneficiary Information
  - Claim and Service Details
  - Billing and Payment Details
  - Adjustments
  - Proof of the denial of reimbursement for services not covered, including the specific reason for the denial.
- Copy of plan documents or policy, specific to the year services were rendered in, clearly marked to indicate the reason why the service was not covered.

Common Defense Issues:

- The plan documents submitted with the defense packet do not identify the applicable plan year or reference the incorrect plan year.
- The supporting documentation included in the defense packet does not clearly support the claim denial.

Defense Deep Dive: Duplicate Primary Payment

This defense type applies when Medicare and an insurer both make primary payment for the same item or service (from the same provider, on the same date) listed on Medicare's demand. The identified debtor may provide proof of its primary payment as a defense. Payment made under capitation arrangements also meets this definition.

Documentation Needed:

- EOB, spreadsheet, or screenshot(s) complete with the insurer logo identifying claim(s) that were previously processed to the provider prior to Medicare's demand date. This evidence must include the following information:
  - Beneficiary Information
  - Claim and Service Details
  - Billing and Payment Details
  - Adjustments
  - Provider/Capitation Information
- Any additional explanatory notes or documentation to assist in the review of the defense, such as evidence of a capitation arrangement.

Common Defense Issues:

- A primary payment was made to the provider after the demand letter was issued.
- The supporting documentation, such as an EOB or spreadsheet, reflects claims as bundled services or date spans rather than individual claim lines.

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Defense Types in Practice

Three real case scenarios and how the CRC would resolve each.

Examples of Defense Types in Practice

Duplicate Primary Payment	An insurer receives the demand and pays the provider primary after the demand date. The insurer then submits proof of that payment as a duplicate primary payment defense.	**Defense denied:** Payments made on or after the demand date are denied.
Not a GHP	A demand is issued for a beneficiary whose Section 111 record reflects GHP coverage. The insurer submits a complete defense packet, including a cover letter, policy documentation, and effective and termination dates, demonstrating that the coverage was an individual policy purchased by the beneficiary rather than a GHP.	**Defense accepted:** The policy documentation, coverage dates, and a signed certification establish that the coverage was not a GHP, so the debt is resolved and the case is closed. Closing the case does not fix the source. The Section 111 record must also be corrected, or the next quarterly submission will re-create the record and trigger a new demand.
Eligibility	The beneficiary retired before the dates of service. The insurer certifies the retirement date on its own letterhead and submits an eligibility defense.	**Defense denied:** The insurer can easily correct this so the defense can be accepted. The facts support an eligibility defense; the documentation does not. An authorized employer representative must sign eligibility attestations.

Best Practices

The following best practices serve as the key takeaways from today's webinar and should be considered when preparing and submitting defenses. Following these recommendations can help support timely processing, reduce delays, and improve overall defense outcomes.

- Establish authorizations early to avoid delays in communication and case resolution.
- Always include the Case ID and Medicare ID on all payments, correspondence, and supporting documentation.
- Provide contact information for the individual submitting correspondence whenever it is not clearly identified on the letterhead or cover sheet.
- Utilize the Commercial Repayment Center Portal (CRCP) to take advantage of faster submissions, electronic payments, quicker resolutions, and immediate access to correspondence and case history.
- Correct inaccurate MSP records when a defense demonstrates that a Section 111 record is incorrect by updating internal reporting records and contacting the BCRC to help prevent future demand letters.
- Use the GHP Defense Reference Guide to identify the appropriate defense type and ensure all required supporting documentation is included with the submission.

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Question and Answer Session

Q&A

We will now take your questions.

Questions that require case-specific research can be directed to the contacts on the following slide.

Resources and Contacts

Resource	Where to Find It
GHP Defense Reference Guide (v1.4, July 2026)	cms.gov — GHP Defense Reference Guide v1.4 July 2026
GHP Correspondence Cover Sheet	Group Health Plan Recovery page on cms.gov, under Downloads GHP Correspondence Cover Sheet CRC March 2023
Commercial Repayment Center Portal (CRCP)	Commercial Repayment Center Portal (CRCP)
CRCP Overview and User Guide	Coordination of Benefits & Recovery pages on cms.gov CRCP User Guide v4.4 October 2025
Section 111 GHP User Guide	Mandatory Insurer Reporting for Group Health Plans on cms.gov GHP User Guide v7.9 July 2026
Small Employer Exception information	Employer Services pages on cms.gov Small Employer Exception
CRC Customer Service	1-855-798-2627 (TTY/TDD: 1-855-797-2627)
BCRC EDI Department — portal and Section 111 support	1-646-458-6740
CRC — mail and fax	PO Box 680, Lathrop, CA 95330 | Fax: 1-844-315-4313