



Date  
Insert name  
Insert address 1  
Insert address 2  
Insert city, state, zip code

SUBJECT: Medicare Secondary Payer Rights and Responsibilities

Beneficiary Name:  
Medicare ID:  
Case Identification Number:  
Insurer Claim Number:  
Insurer Policy Number:  
Date of Incident:

Dear [Addressee Name]

You are receiving this letter because we were notified that you filed a liability insurance (including self-insurance), no-fault insurance, or workers' compensation claim. This is confirmation that a Medicare Secondary Payer (MSP) recovery case has been established in our system. The enclosed brochure will provide information pertinent to the Medicare recovery process. Please retain this brochure for your future reference.

You can also keep track of your Recovery case by visiting the Medicare Secondary Payer Recovery Portal (MSPRP). To access your Recovery case, please log into your account on <http://www.MyMedicare.gov> or visit <http://go.cms.gov/msprp> to learn more about the MSPRP.

**If we know that you have a lawyer or other person representing you, we have sent him or her a courtesy copy of this letter and you will see him or her listed as a "cc" at the end of this letter.**

**What Happens When You Have Medicare and You file a Liability Insurance (including Self- Insurance), No-Fault Insurance, or Workers' Compensation Claim**

Applicable Medicare law says that liability insurance (including self-insurance), no-fault insurance, and workers' compensation must pay for medical items and services before Medicare pays. This law can be found at 42 U.S.C. Section 1395y(b)(2)(A) and (B). However, Medicare makes "conditional payments" (payments made to make sure you get the medical services you need while your insurance or workers' compensation claim is being processed).

Later, if you get a(n) insurance or workers' compensation settlement, judgment, award, or other payment, Medicare is entitled to be repaid for the items and services for which it made these conditional payments. If Medicare determines it must be reimbursed for conditional payment, you will get a demand letter. The demand letter explains how Medicare calculated the amount it



needs to be repaid and it also explains your appeal and waiver rights. If you decide to appeal or request a waiver of recovery. Medicare will **not** take any collection action while your appeal or waiver of recovery request is being processed at any level of review. Please note, however, that interest will continue to accrue on any unpaid balance.

**The enclosed brochure explains Medicare's recovery process in more detail and what information we need to work with your attorney or other representative, if you have one. There are also two special, streamlined recovery processes outlined below.**

1. **Fixed Percentage Option for Repayment:** If you experienced a physical trauma-based injury and you get a liability insurance settlement, judgement, award, or other payment of \$10,000 or less, Medicare offers the option to pay 25.000% of your gross settlement, judgement, award, or other payment, instead of the amount that Medicare would otherwise calculate.

**If you wish to choose this option, you must formally, elect it at the same time that you send us information on your settlement, judgement, award, or other payment.**

Please visit the Beneficiary (<http://go.cms.gov/beneficiary>) or Attorney (<http://go.cms.gov/attorney>) sections of the BCRC website for all of the additional details. You will find model language that can be used to elect this option, as well as a special mailing address to ensure efficient processing.

2. **Self-Calculation Option for Medicare's Final Conditional Payment Amount:** if you experienced a physical trauma-based injury, can demonstrate that treatment has been completed, and you expect to get a settlement of \$25,000 or less, you may calculate Medicare's Conditional Payment Amount to help us expedite resolution of your case. Please visit the Beneficiary (<http://go.cms.gov/beneficiary>) or Attorney (<http://go.cms.gov/attorney>) sections of the BCRC website for all of the additional details.

If you have any questions concerning this matter, please contact the Benefits Coordination & Recovery Center (BCRC) by phone at 1-855-798-2627 (TTY/TDD: 1-855-797-2627 for the hearing and speech impaired), in writing at the address below, or by fax to 405-869-3309.

Sincerely,  
BCRC

Enclosure: Correspondence Cover Sheet  
Benefits Coordination & Recovery Center Brochure

CC: