



Group Health Plan (GHP) Webinar



September 14, 2023

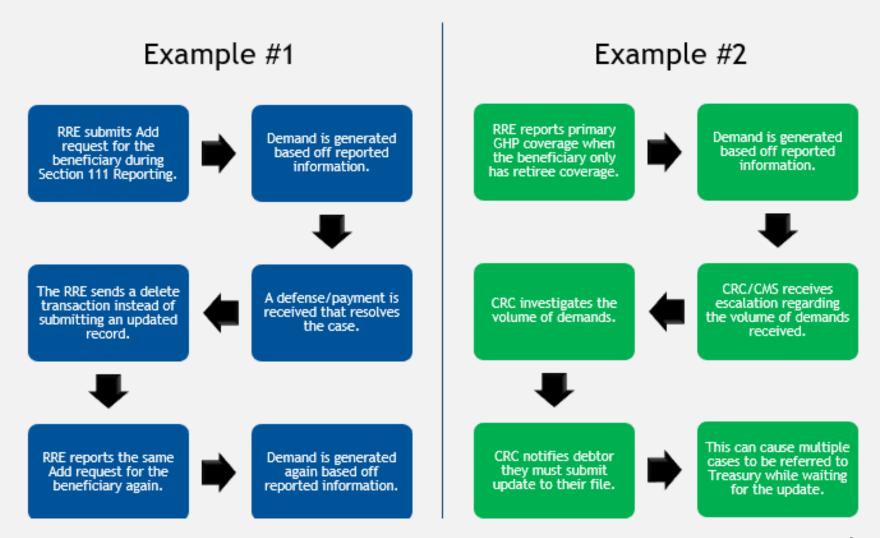
Presentation Overview



The Reporting & Recovery Connection



Reporting & Recovery Connection Examples



Processing Tips



Send one check per case when possible



Label payment correspondence clearly by including the case # on the check



Documentation should be listed chronologically to match the claim summary

Processing Tips Continued



Provider name should be included on Explanation of Payment (EOP) if claim is being defended on.



Submitted Explanation of Benefits (EOBs) should be clear and legible.



We cannot process virtual credit cards at this time.

Duplicate Primary Payment Defenses

Plan Logo/Letterhe	ad [
Beneficiary Name:	John Doe												
HICN/MBI	11111111A												
Case ID:	2023XXX-XX-XXXXXX												
				Disallowed							Check# (Optional if paid to	Defense	Medicare Req Amt
Date of Service	Provider of Service	Billed Amount	Allowed Amount	(CARC 45)	Deductible	Copay	Coinsurance	Paid Amount	Paid Date	Paid To	CRC/CMS)	Type	(Optional)
1/30-1/31/2021	ABC Hospital	\$1,000.00	\$500.00	\$500.00	\$0.00	\$0.00	\$0.00	\$500.00	3/1/2021	ABC Hospital	1111111	DPP	
1/24/2021	ABC Provider	\$389.00	\$240.31	\$148.69	\$0.00	\$0.00	\$48.06	\$192.25	4/1/2021	ABC Provider	1111112	DPP	
1/24/2021	ABC Provider	\$148.00	\$35.00	\$113.00	\$35.00	\$0.00	\$0.00	\$0.00	4/5/2021	ABC Provider		DCC	
1/25/2021	ABC Provider	\$27.00	\$27.09	\$7.82	\$7.82	\$0.00	\$0.00	\$0.00	4/5/2021	ABC Provider		DCC	
1/24/2021	ABC Provider	\$389.00	\$240.31	\$148.69	\$0.00	\$0.00	\$48.06	\$192.25	2/4/2021	ABC Provider	1111115	DPP	
1/24/2021	ABC Provider	\$20.00	\$18.86	\$1.14	\$0.00	\$0.00	\$0.00	\$18.86	5/3/2021	ABC Provider	1111114	DPP	
1/25/2021	ABC Provider	\$20.00	\$4.72	\$15.28	\$0.00	\$0.00	\$4.72	\$0.00	5/3/2021	ABC Provider	1111114	DCC	
1/24/2021	ABC Provider	\$262.00	\$198.40	\$63.60	\$0.00	\$0.00	\$0.00	\$198.40	3/2/2021	ABC Provider	1111113	DPP	
1/25/2021	ABC Provider	\$139.00	\$49.60	89.40	\$0.00	\$0.00	\$49.60	\$0.00	3/2/2021	ABC Provider	1111113	DCC	

Offset by the Medicare Administrative Contractor (MAC)



MAC

- Solely responsible for the offset.
- Will communicate directly with the provider.



Provider

- Should contact the MAC directly.
- The CRC can not assist in these cases.

CRC Escalation Process



DON'T

- Email a Point of Contact (POC) directly.
 - They may be out of the office or unavailable to assist you, which can cause delays.



- Contact the CRC Call Center first.
 - Use the CRC Outreach Team email (crcoutreachteam@perfo rmantcorp.com).
 - Cc the Outreach Team email on existing issues not previously sent to them.
 - Send a separate email for each individual case.

Cases Referred to the Department of Treasury (DOT)

- Urgent requests involving offset or potential offset must be sent directly to the Outreach Team mailbox (crcoutreachteam@performantcorp.com).
- Submit a Treasury Dispute direct to the DOT for cases that have been referred to DOT based upon:
 - timing
 - no response
 - naturally going through the recovery process due to aging and where there is a balance on the case greater than \$0.00

The Commercial Repayment Center Portal (CRCP)

https://www.cob.cms.hhs.gov/CRCP/



for a full summary of updates.

Commercial Repayment Center Portal



About This Site ▼ CMS Links ▼ How To... ▼ Reference Materials -Contact Us Welcome to the CRCP The Commercial Repayment Center Portal (CRCP) is a secure web-based system that provides Employers/Other Plan Sponsors and Insurers/Third Party Administrators with a way to manage their Group Health Plan (GHP) recovery activities more efficiently. With the use of this portal, users may view demand information on line and submit defense documentation electronically. For information about the availability of auxiliary aids and services, please visit: http://www.medicare.gov/about-us/nondiscrimination/nondiscrimination-notice.html **CRCP Messages** Attention Users: Please note that the CRCP will undergo a scheduled maintenance outage each Saturday in August and also Friday through mid-day Monday of the Labor Day Holiday weekend in September. Details are shown below. During these times, the CRCP will be unavailable. We apologize for the inconvenience. The CRCP will be unavailable during these times: Saturday, August 5, 9 AM EST to 9 PM EST Saturday, August 12, 9 AM EST to 5 PM EST Saturday, August 19, 9 AM EST to 5 PM EST Saturday, August 26, 9 AM EST to 5 PM EST Friday, September 1, 12:01 AM EST through Monday, September 4, 12:00 PM EST. 7/3/2023 Important Note: An updated CRCP User Guide is now available at the Reference Material link above. Updates in this version include the ability for CRCP users to now submit correspondence on the CRCP for any

case that has not been referred to Treasury. A Submit Documentation button has b∰n added to the Case Information page, along with subsequent pages used to upload and submit documents. Please refer to Chapter 1

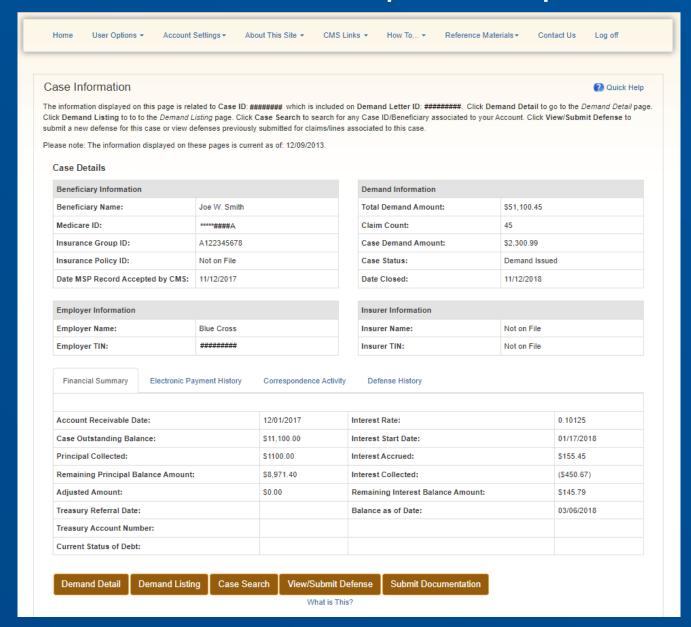
Sign in to your account:	
Login ID:	
Forgot Login ID	
Password:	
Forgot Password	
Login	

CRCP Enhancement

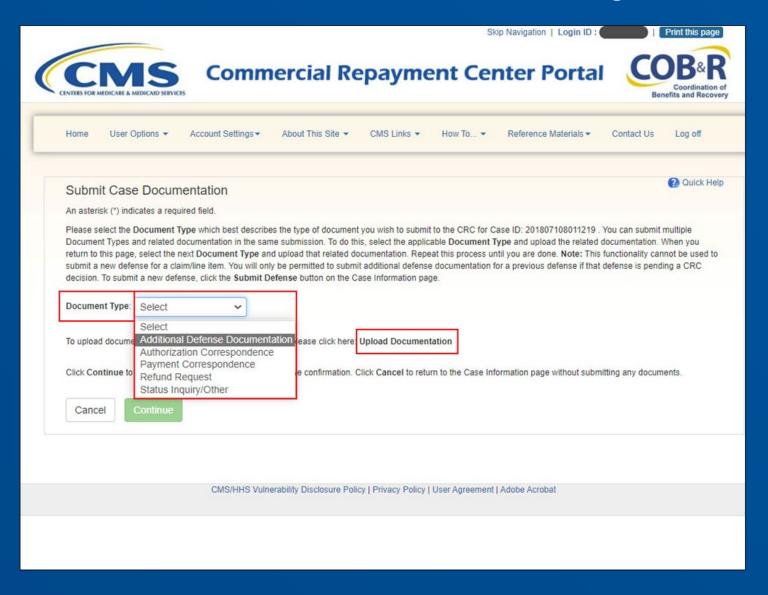
The GHP community has expressed an interest in the ability to communicate with the CRC regarding inquiries related to a case using the portal rather than having to mail or fax documentation.

As a result of this feedback, the CRCP has been updated to allow users to submit correspondence for any case (open or closed) if the case has not been referred to Treasury.

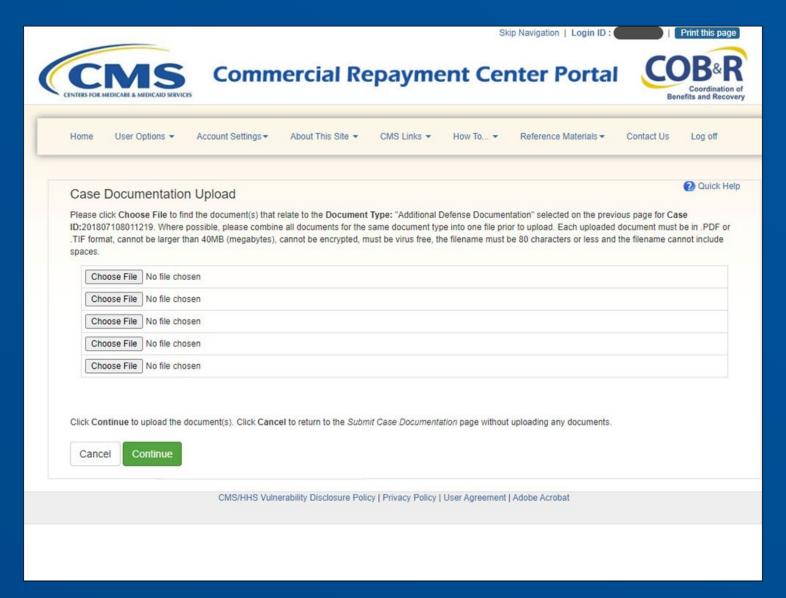
Documentation Upload Steps



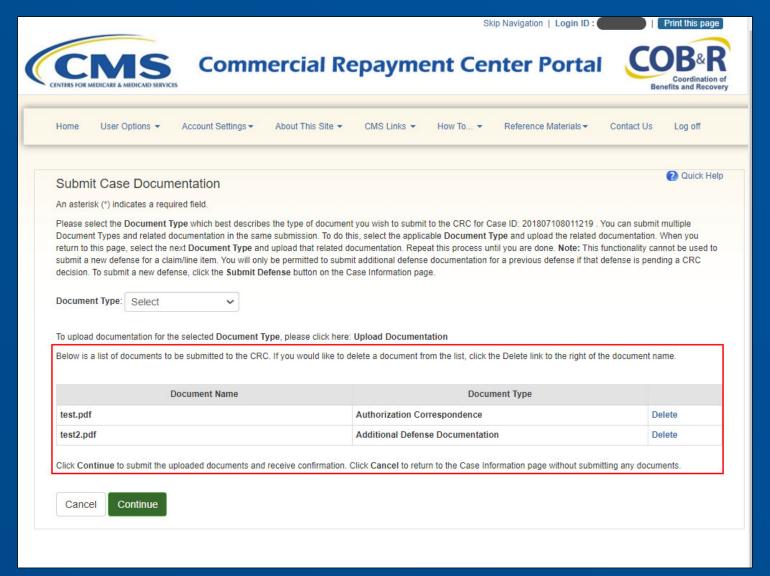
Submit Case Documentation Page



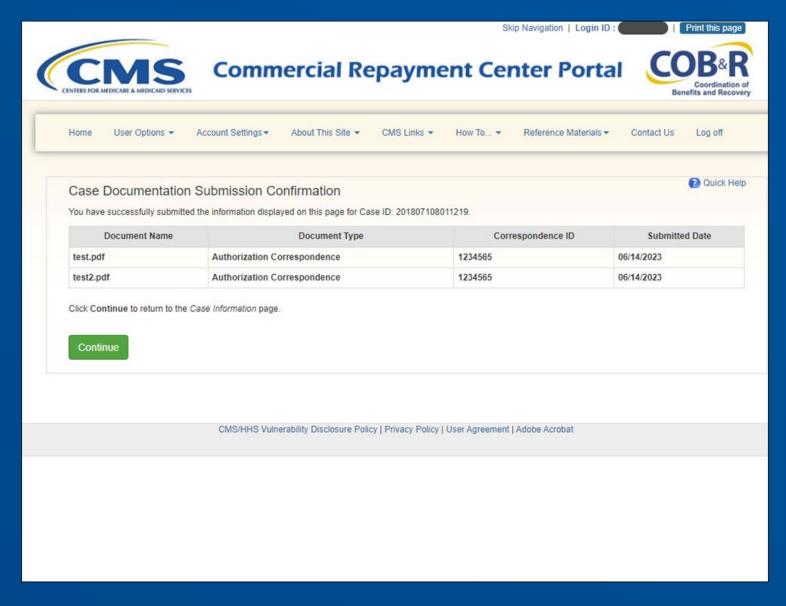
Case Documentation Upload Page



Submit Case Documentation Page With Attachments



Case Documentation Submission Confirmation Page



Additional Resources

CRC Customer Service:

1-855-798-2627

(TTY/TDD: 1-855-797-2627 for the

hearing and speech impaired)

EDI Representatives: 1-646-458-6740

For additional information, please also see the following resources:

- GHP Defense Reference Guide
- GHP User Guide
- CRCP Training Materials
- CRCP User Guide

Questions & Answers



Slide 0: Group Health Plan (GHP) Recovery Webinar

Slide 1: Presentation Overview

Today we will be covering topics related to GHP Recovery including the connection between Section 111 Reporting and Recovery, GHP Recovery hot topics, and the recent Commercial Repayment Center Portal (CRCP) documentation submission enhancement. As always, we will also have a list of additional resources and will close out the webinar with a question-and-answer session.

Slide 2: The Reporting and Recovery Connection

While the focus today will be on GHP recovery topics we want to start by taking a minute to remind everyone about the connection between recovery and Section 111 reporting.

The purpose of Section 111 reporting is to allow CMS to pay appropriately for Medicare-covered items and services furnished to Medicare beneficiaries. Section 111 GHP reporting of applicable coverage information helps CMS determine when other insurance coverage is primary to Medicare, meaning that it should pay for the items and services first, before Medicare considers its payment responsibilities.

This essentially means that the more accurate your S111 reporting is, the more accurate any needed recovery actions will be. This also means it is incredibly important for regular communication about this process to occur within your organization. Your reporting area needs to communicate with those responsible for recovery to avoid conflicting information being provided.

Many of the common recovery issues we see tie directly back to inaccurate reporting.

Slide 3: Reporting and Recovery Connection Examples

Let's look at a few examples of how reporting errors can impact recovery.

Example 1 is looking at duplicate demands. It demonstrates what happens when an RRE deletes and re-adds a record rather than updating the record.

The RRE submits an Add request for the beneficiary during Section 111 Reporting. A Demand is generated based off the reported information. A defense/payment is received that resolves the case. The RRE sends a delete transaction instead of submitting an updated record. RRE now reports the same Add request for the beneficiary again via S111. A Demand is generated again based off reported information. You can see that this causes continuous generation of duplicate demands.

Please remember that a delete/add should only be done when a Key Field needs to be updated. For more details on how to submit an update or about updates vs delete/re-add, please reference the GHP User Guide or contact your EDI Representative.

In example 2 we look at retirees being reported in error.

The RRE reports primary GHP coverage when the beneficiary only has retiree coverage. A Demand is generated based off reported information. The Commercial Repayment Center (CRC)/Centers for Medicare & Medicaid (CMS) receives escalation regarding the volume of demands received. The CRC investigates the volume of demands and identifies it was caused by incorrect reporting. The CRC notifies the debtor they must submit an updated file to correct the error. This can cause multiple cases to be referred to Treasury while waiting for the update.

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Again, full information on S111 submissions can be found in the GHP User Guide available on CMS.gov or you can always contact your EDI Representative for assistance.

Slide 4: Processing Tips

As we get into our hot topics, we wanted to start with some recovery processing tips and reminders for everyone.

When possible, please send one check per case.

Always make sure that the payment correspondence is clearly labeled for which case the payment belongs to by including the case number on the check. This is especially important if a beneficiary has more than one open case.

When submitting documentation to the CRC please be sure that it be listed in chronological order (e.g., the same dates of service order that is listed on the claim summary sheet provided within the demand). This allows the CRC to streamline the review process and help mitigate searching of correspondence which could lead to a delay and possibly miscommunication.

Slide 5: Processing Tips Continued

When submitting Explanation of Payment (EOP) to explain how a payment is to be distributed, and if a defense is being submitted under this payment correspondence, the provider's name should still be included for the claim that is not being paid but being defended on.

Please be sure that you are submitting clear/legible Explanations of Benefits (EOBs). We suggest that you use the spreadsheet example located in the GHP Defense Reference Guide.

Also, as a reminder we cannot currently process payments using virtual credit cards.

Slide 6: Duplicate Primary Payment Defenses

We have recently noticed some issues with submissions of the Duplicate Primary Payment (DPP) defense type. Duplicate Primary Payment means that Medicare and an insurer both make primary payment for the same item or service (from the same provider, on the same date).

When this occurs the DPP defense type applies. The identified debtor may provide proof of its primary payment as a defense. Making sure that your defenses are submitted correctly helps avoid delays in processing.

In the event a duplicate primary payment defense is validated, the claim(s) will be referred to the applicable Medicare Administrative Contractor (MAC) for review and re-adjudication to the provider, where appropriate.

To effectively process DPPs the MACs require a breakdown of patient responsibility.

When submitting a DPP defense please be sure that you are separating the line items and making sure any patient responsibilities are labeled clearly for what that responsibility is (i.e., deductible/copayment/coinsurance). Line items cannot be bundled for a DPP defense.

The slide shows an example of an appropriate spreadsheet with the line items separated and not bundled. The following should be included:

• Date of service

- Provider name
- Billed amount
- Allowed amount
- Disallowed amount
- Deductible
- Copay
- Co-insurance
- Paid amount
- Date paid
- Paid to
- Check # (if applicable)

As a reminder, you can always review the GHP Defense Reference Guide on CMS.gov to review all the submission requirements and get tips for the various defense types.

Slide 7: Offset by the Medicare Administrative Contractor MAC

We also want to take a minute to offer some reminders about payment offset by a MAC. These offsets are handled directly by the MAC. In these instances, providers should be reaching out directly to the MAC for assistance.

Please remember that an offset is not a defense type, and the CRC will not issue a refund to the insurer.

Slide 8: CRC Escalation Process

The next topic we would like to cover is the CRC escalation process.

As a reminder, your first line of inquiry should be the CRC Call Center at 1-855-798-2627.

The CRC call center will:

- Handle all requests for rework, re-reviews, and case status inquiries, etc.
- Capture the request and the email address of the caller requesting the re-review and assign that item back to the case worker to review and provide a response.

Callers must provide an email address. A caseworker will respond via email if there is no change in the case decision and will advise what is still needed or they will issue a status update letter.

For situations where the Call Center is unable to adequately service a call, please forward the name of the analyst, date/time of call, case number, along with a description of what occurred to the GHP Operations Department via the CRC Outreach Team email address.

The CRC asks that if you have a point of contact, please do not send inquiries directly to them or other members of the CRC when escalating a case. Instead, please send it directly to the CRC Outreach Team at crcoutreachteam@performantcorp.com.

For any existing issues that you have been in discussion with a POC about and have not previously sent to the CRC Outreach Team, please copy <u>crcoutreachteam@performantcorp.com</u> when sending any further responses to your Point of Contact (POC).

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The CRC is requesting that you use this process because emailing a POC directly risks delaying the process time. The POC may be out of office and unavailable to handle email escalations.

Any emails sent to the POC directly by stakeholder will be responded to with the request to resend the inquiry to the CRC Outreach Team email address.

The CRC Outreach Team will process the inquiry and then distribute emails to the next available POC.

Slide 9: Cases Referred to the Department of Treasury (DOT)

We also wanted to offer some reminders about cases referred to the Department of Treasury (DOT).

For urgent requests involving offset or potential offset, send an email directly to the Outreach Team mailbox at creachteam@performantcorp.com.

For cases that have been referred to Treasury based upon timing, no response, or naturally going thru the recovery process due to aging, where there is a balance on the case greater than \$0.00, a Treasury Dispute should be submitted directly to Treasury.

For defenses sent directly to the CRC after a debt has been referred to Treasury, a contact Treasury letter would be issued by the CRC.

If you receive any questions regarding this process, please reference the GHP Defense Reference Guide available on CMS.gov.

Slide 10: The Commercial Repayment Center Portal (CRCP)

Since we are talking about GHP recovery today we want to remind everyone about the benefits of the CRCP and talk to you about a new enhancement.

As most of you know, the CRCP is a web-based tool designed to provide Employers, Insurers, and Third-Party Administrators (TPAs) with a way to manage their GHP recovery activities electronically.

The CRCP allows you to:

- Search for open Demand Letters and view beneficiaries/cases associated to a particular demand
- Upload and submit defense documentation
- Make an Electronic Payment via Pay.gov
- Track case information, including financial status, defense status and correspondence history
- Sign in using Multi-Factor Authentication (MFA) to view unmasked data
- View letters
- And choose to utilize the Go Paperless option

Slide 11: CRCP Enhancement

So now that we have reminded everyone about the benefits, let's take a look at the newest enhancement to the CRCP.

The GHP community has, in the past, expressed an interest in the ability to communicate with the CRC regarding inquiries related to a case using the portal rather than having to mail or fax documentation.

As a result of this feedback the CRCP now allows users to submit correspondence for any case (open or closed) as long as the case has not been referred to Treasury.

Slide 12: Documentation Upload Steps

Once you have logged into the CRCP to begin uploading documentation to a case you will need to start from the *Case Information* page. This page includes information about an individual case.

You can access the *Case Information* page by:

- Searching by Case ID,
- Clicking a hyperlinked case ID that you wish to access on the *Demand Detail* page, or by
- Clicking a hyperlinked case ID that you wish to access on the *Submitted Defense Documents* page.

Information on the case will be displayed and the new **Submit Documentation** button appears at the bottom of the page. Note that the button will be disabled if a case has already been referred to Treasury.

Confirm the case details to ensure this is the case you wish to submit additional case documentation on. Then click the **Submit Documentation** button.

Slide 13: Submit Case Documentation Page

The *Submit Case Documentation* page will appear. Select the Document Type from the drop-down menu that best describes the type of document you wish to submit to the CRC for the selected Case ID.

You can select from:

- Additional Defense Documentation Should be used to support a defense already submitted and pending a CRC decision. Note that this document type cannot be utilized as an initial defense submission. A regular portal defense must be submitted if using the CRCP to defend a demand.
- **Authorization Correspondence** Should be used to authorize a TPA or other party not listed on the demand.
- Payment Correspondence Used to provide supporting payment details. For example: Supporting payment allocation details (EOB/EOP/Spreadsheet etc.) are uploaded for CRC to use to apply a check that was mailed. Note that using this correspondence type will allow the CRC to disposition paid claim lines and portal users should not identify claims they intend to pay when submitting a defense.
- **Refund Request** Should be used for a general refund request. However, if a valid defense has not been submitted for claim(s) seeking refund, a Defense with appropriate supporting documentation will need to be submitted in lieu of a refund request.
- Status Inquiry/Other Should be used when requesting other assistance not outlined in the other correspondence type options. For example: Request a copy of a letter, request a copy of a W-9, general status of a case, etc.

To upload your documentation, click the Upload Documentation link.

Please remember that it is very important that you select the most appropriate drop down for the correspondence you are uploading. This will ensure the correspondence is routed and processed appropriately.

Slide 14: Case Documentation Upload Page

The Case Documentation Upload page will appear. Click the Choose File button to search for the related document.

Where possible, please combine all documents for the same document type into one file prior to upload. You can upload up to five files for the selected document type.

Each uploaded document must be in .PDF or .TIF format and cannot be larger than 40MG. Files cannot be encrypted and must be virus free.

The filename must be 80 characters or less and cannot include spaces.

Once you have selected your document(s), click **Continue**. Or you can click **Cancel** to return to the *Submit Case Documentation* page without uploading any documents.

Slide 15: Submit Case Documentation Page with Attachments

Once you click **Continue** on the *Case Documentation Upload* page, the *Submit Case Documentation* page will redisplay with a list of documents you have selected to be submitted to the CRC. Review the documents in the lists before continuing.

If you would like to delete a document from the list, click the **Delete** link to the right of the document name.

If all documents appear to be correct, click **Continue** to submit the uploaded documents and receive confirmation.

Slide 16: Case Documentation Submission Confirmation Page

The Case Documentation Submission Confirmation page will appear stating that the documents have been submitted successfully for your case.

Click **Continue** to return to the *Case Information* page. You can start the process again if you need to upload additional documentation types from this page.

Once documentation is uploaded it will follow the normal processing channels as it would if it were mailed or faxed.

As a reminder, there is a full training curriculum that covers all the CRCP functions available on CMS.gov.

Slide 17: Additional Resources

Before we end the presentation and start the Q&A section of the call, we want to remind you of other resources available to you.

As always CRC Customer Service Representatives are available to assist you Monday through Friday, from 8:00 a.m. to 8:00 p.m., Eastern Time, except holidays, at toll-free lines: 1-855-798-2627 (TTY/TDD: 1-855-797-2627 for the hearing and speech impaired).

For problems related to CRCP registration or other CRCP technical issues, please contact the Benefits Coordination & Recovery Center (BCRC) EDI Department at 1-646-458-6740. However, if an insurer has additional questions, they can reach out to the CRC for assistance. This should be the last option.

You can also find assistance in the GHP Defenses Reference guide, GHP User Guide and CRCP training materials located on CMS.gov. The CRCP User Guide is available in the Reference Material section of the CRCP.

Slide 18: Questions and Answers