

Coordination of Benefits & Recovery Overview What's New Archive 2018

August 21, 2018 – Medicare Secondary Payer (MSRP) Overview Webinar Now Available

The August 16, 2018 MSRP Overview Webinar presentation is now available in the Downloads section below. As a reminder, you may still submit questions to us concerning the current functionality of the MSRP, or recommendations for future MSRP enhancements. Submissions may be made to COBR-NGHP-Comments@cms.hhs.gov until August 24th.

July 31, 2018 – New Medicare Secondary Payer Portal (MSRP) Features

CMS has made improvements to the MSRP to include the following features:

- **Ability to view incoming/outgoing correspondence status**

Users may now view the status of their incoming and outgoing correspondence on the new Letter Activity tab of the Case Information page.

- **Ability to request Electronic Conditional Payment Letters (e-CPL) is now available to insurers and their representatives**

Insurer and authorized representatives who login using Multi-Factor Authentication (MFA) are now able to request an e-CPL.

For additional information on these new features please see the MSRP User Guide and refer to Chapter 1 for a summary of changes.

July 30, 2018 – Medicare Secondary Payer Portal (MSRP) Overview Webinar Scheduled for August 16, 2018

CMS will be hosting a webinar to present the benefits of using the MSRP, this will include newly available features. The webinar will be held August 16, 2018. The notice for the webinar is available in the Downloads section below and includes all webinar information.

March 19, 2018 – Workers' Compensation Review Contractor (WCRC) Transition Webinar Presentation Now Available

The presentation from the Workers' Compensation Review Contractor (WCRC) Transition Webinar held on March 7th are now available in the Downloads section below.

Please note the correct fax number for the WCRC is 585-869-3342, effective Monday March 19th.

March 13, 2018 – Reminder Regarding the New Medicare Card Project

The Medicare Access and CHIP (Children's Health Insurance Program) Reauthorization Act (MACRA) of 2015 requires CMS to remove Social Security Numbers (SSNs) from all Medicare cards by April 2019. A new Medicare Beneficiary Identifier (MBI) will replace the SSN-based Health Insurance Claim Number (HICN) as the identifier on all Medicare cards.

CMS will begin sending new Medicare cards with the MBI to beneficiaries in April 2018.

As a reminder, the following User Guides were updated to reflect the change from HICN to the new MBI. Please refer to chapter 1 of the guides for a summary of the changes:

- [Employer Voluntary Data Sharing Agreement User Guide](#)
- [Non-Group Health Plan User Guide](#)
- [Group Health Plan User Guide](#)

March 8, 2018 – New Report Titled *The Medicare Secondary Payer Commercial Repayment Center in Fiscal Year 2017*

A new report titled *Report to Congress, Computation of Annual Liability Insurance (Including Self-Insurance), No-Fault Insurance, and Workers' Compensation Settlement Recovery Threshold* is now available in the Download section of the [Reports](#) page.

March 8, 2018 – New Report Titled *The Medicare Secondary Payer Commercial Repayment Center in Fiscal Year 2017*

A new report titled *The Medicare Secondary Payer Commercial Repayment Center in Fiscal Year 2017* is now available in the Download section of the [Reports](#) page.

March 1, 2018 – Workers' Compensation Review Contractor (WCRC) Transition Webinar Scheduled for March 7, 2018

CMS will be presenting a webinar to introduce the new Workers' Compensation review contractor. The webinar will be held March 7, 2018. The notice for the webinar is available in the Downloads section below and includes all webinar information.

February 2, 2018 – Commercial Repayment Center (CRC) Contractor Transition Information

To accommodate the transition to a new CRC contractor, CMS, will temporarily halt recovery activities on both Group Health Plan and Non-Group Health Plan cases at the close of business on Wednesday, February 7, 2018.

The CRC call center will still be available on February 7 and 8, 2018, to answer questions. Customer Service Representatives will only have access to case information processed as of the close of business Wednesday, February 7, 2018. Additionally, the Medicare Secondary Payment Recovery Portal (MSPRP) will remain available for CRC cases, but will be limited to inquiry functions and reflect case information processed as of close of business Wednesday, February 7, 2018. The Commercial Repayment Center Portal (CRCP) will not be available during this timeframe.

All recovery activities will resume on Monday, February 12, 2018 with the incoming CRC contractor, Performant Recovery.

January 25, 2018 – Commercial Repayment Center (CRC) Contractor Transition Webinars Presentations Now Available

The presentations from the Commercial Repayment Center (CRC) Contractor Transition Webinars held on January 17th and 18th are now available in the Downloads section below.

January 5, 2018 – Commercial Repayment Center (CRC) Contractor Transition Webinars Scheduled for January 17th & 18th, 2018

CMS will be presenting webinars to introduce the new CRC Contractor. Two webinars will be conducted, the GHP webinar will be held Wednesday, January 17th and the NGHP webinar on Thursday, January 18th. Notices for the webinars are available in the Downloads section below and include all webinar information.

November 13, 2017

An Alert titled 2018 Recovery Thresholds for Certain Liability Insurance, No-Fault Insurance, and Workers' Compensation Settlements, Judgments, Awards or Other Payments has been posted to the downloads section of the Non-Group Health Plan Recovery page.

October 10, 2017 – Transition of Commercial Repayment Center Contract

The Centers for Medicare & Medicaid Services (CMS) has awarded the new Commercial Repayment Center (CRC) contract to Performant Recovery, Inc. for recovery activities for both Group Health and Non-Group Health Plans (that is, liability insurance (including self-insurance), no-fault insurance, and workers' compensation laws or plans) with Ongoing Responsibility for Medicals (ORM). These activities

will be transitioned in a manner that preserves continuity and presents minimal disruption to the recovery process. CMS anticipates completion of the transition process by early January, 2018. Please monitor this website for a notification of an upcoming Town hall meeting to introduce the new CRC contractor.

August 30, 2017 – New Report Titled The Medicare Secondary Payer Commercial Repayment Center in Fiscal Year 2016 - Report to Congress as Required by Section 1893(h) of the Social Security Act for FY 2016 is now available

A new report titled The Medicare Secondary Payer Commercial Repayment Center in Fiscal Year 2016 is now available in the Download section of the Reports page.

May 25, 2017 – Computation of Annual Liability Insurance (Including Self-Insurance), No-Fault Insurance, and Workers' Compensation Settlement Recovery Threshold for 2017 is now available

The Computation of Annual Liability Insurance (Including Self-Insurance), No-Fault Insurance, and Workers' Compensation Settlement Recovery Threshold for 2017 is now available in the Download section of the Reports page.

March 6, 2017 – Social Security Number Removal Initiative (SSNRI) Special Open-Door Forum Presentations Now Available

The presentations from the Special Open-Door Forum held on January 17, 2017 regarding the upcoming Social Security Removal Initiative (SSNRI) are now available in the Downloads section below.

January 17, 2017

A written transcript of the November 17, 2016 NGHP Town Hall Teleconference has been posted to the Downloads section below.

January 2, 2017

The notice for the Special Open Door Forum, regarding Social Security Number Removal Initiative (SSNRI) impacts upon Medicare Secondary Payer (MSP) stakeholders, is available in the Downloads section below.

November 15, 2016

An Alert titled 2017 Recovery Thresholds for Certain Liability Insurance, No-Fault Insurance, and Workers' Compensation Settlements, Judgments, Awards or Other Payments has been posted to the downloads section of the Non-Group Health Plan Recovery page.

October 26, 2016 – Town Hall Teleconference Scheduled for November 17, 2016

The notice for the Town Hall Teleconference scheduled for November 17, 2016 is available in the Downloads section below.

October 17, 2016 – New Report Titled October 2016 – Computation of Annual Liability Insurance (Including Self-Insurance), No-Fault Insurance, and Workers' Compensation Settlement Recovery Threshold is now available

A new report titled October 2016 - Computation of Annual Liability Insurance (Including Self-Insurance), No- Fault Insurance, and Workers' Compensation Settlement Recovery Threshold is now available in the Download section of the Reports page.

June 8, 2016 – Consideration for Expansion of Medicare Set-Aside Arrangements (MSA)

The Centers for Medicare and Medicaid Services (CMS) is considering expanding its voluntary Medicare Set- Aside Arrangements (MSA) amount review process to include the review of proposed liability insurance (including self-insurance) and no-fault insurance MSA amounts. CMS plans to work closely with the stakeholder community to identify how best to implement this potential expansion. CMS will provide future announcements of the proposal and expects to schedule town hall meetings later this year. Please continue to monitor this website for additional updates.

June 7, 2016 – Reminder Regarding the Discontinuation of the Initial Enrollment Questionnaire (IEQ)

This announcement serves as a reminder that the Initial Enrollment Questionnaire (IEQ), which has been used to collect other health insurance information from newly eligible Medicare beneficiaries, is being discontinued. Individuals who received an IEQ request prior to January 1, 2016, may still complete their questionnaire via MyMedicare.gov until June 30, 2016. Medicare beneficiaries may continue to report other health insurance information by contacting the Benefits Coordination and Recovery Center (BCRC) directly at 1-855-798-2627 (TTY/TDD: 1-855-797-2627 for the hearing and speech impaired).

May 23, 2016 – New Report Titled The Medicare Secondary Payer Commercial Repayment Center in Fiscal Year 2015 is now available

A new report titled The Medicare Secondary Payer Commercial Repayment Center in Fiscal Year 2015 is now available in the Download section of the Reports page.

February 9, 2016 – Commercial Repayment Center Transition of a portion of the Non-Group Health Plan Recovery Workload Status

In October 2015, the Centers for Medicare & Medicaid Services' (CMS) Commercial Repayment Center (CRC) assumed responsibility for the recovery of conditional payments where CMS is pursuing recovery directly from a liability insurer (including a self-insured entity), no-fault insurer or workers' compensation (WC) entity as the identified debtor. The CRC has issued more than 33,000 Conditional

Payment Letters (CPLs) and Conditional Payment Notices (CPNs) since the transition. CMS is aware that many insurers and WC entities are awaiting CPLs, CPNs, or demand letters. CMS is actively engaged with the CRC to improve responsiveness to requests for conditional payment information and the handling of correspondence.

December 28, 2015 – Discontinuation of Initial Enrollment Questionnaire (IEQ)

The Initial Enrollment Questionnaire (IEQ), which is used to collect other health insurance information from newly eligible Medicare beneficiaries, is being discontinued. As of January 1, 2016, requests for completion of an IEQ will no longer be included in Medicare's initial enrollment package. Individuals who received an IEQ request prior to January 1, 2016, should still complete their questionnaire via MyMedicare.gov.

December 24, 2015 – Changes to Medicare Claim Payments Where Ongoing Responsibility for Medicals (ORM) is Reported

A new document titled Changes to Medicare Claim Payments Where Ongoing Responsibility for Medicals (ORM) is Report is available for review in the Downloads section below.

December 21, 2015 – Modification of the Medicare Secondary Payer Recovery Portal (MSPRP) for Inclusion of Final Conditional Payment (CP) Process Functionality

As part of the Strengthening Medicare and Repaying Taxpayers Act of 2012 (the SMART Act), the MSPRP has been modified to include Final CP process functionality. This new functionality provides authorized MSPRP users with the option to notify CMS that a recovery case is 120 days (or less) from an anticipated settlement, ensure that relatedness disputes are addressed within 11 business days of receipt of dispute documentation, request a Final Conditional Payment Amount, and obtain a time and date stamped final conditional payment summary document before reaching settlement. Once the Final Conditional Payment has been calculated, this amount will not change as long as:

1. The case is settled within 3 business days of requesting the Final Conditional Payment Amount, and
2. Settlement information is submitted through the MSPRP within 30 calendar days of requesting the Final Conditional Payment Amount.

A request for a Final Conditional Payment Amount can only be done once per case. If the case is not settled with 3 days and/or the settlement information is not submitted through the MSPRP within 30 calendar days, the Final CP process will be voided. At that time new claims may be added to the case and the CP amount will be modified accordingly. Also, any subsequent disputes will not be held to the 11 day resolution timeframes. Responsibility for Medicals (ORM) exists. Once the Final CP process has been started on an insurer- debtor case, the following events will occur:

- The insurer-debtor case will be closed and the debt will be transferred to a new case where the beneficiary is the identified debtor.
- The insurer and their authorized representatives will not be able to work the new beneficiary-

debtor case or receive copies of any recovery-related correspondence related to the new beneficiary-debtor case until they obtain and submit an authorization signed by the beneficiary.

November 9, 2015 – Upcoming Updates to the Medicare Secondary Payer Recovery Portal (MSPRP) Modification for Inclusion of Final Conditional Payment (CP) Process Functionality

As part of the Strengthening Medicare and Repaying Taxpayers Act of 2012 (the SMART Act), the MSPRP will be modified to include Final CP process functionality by January 1, 2016. This new functionality will permit authorized MSPRP users to notify CMS that a recovery case is 120 days (or less) from an anticipated settlement and request that the recovery case be a part of the Final CP process.

When the Final CP process is requested, any disputes submitted through the MSPRP will be resolved within 11 business days of receipt of the dispute. Once all disputes have been resolved, and the case is within 3 days of settling, the beneficiary or their authorized representative will be able to request a Final Conditional Payment Amount on the MSPRP. Once calculated, this amount will remain the Final Conditional Payment Amount as long as:

1. The case is settled within 3 calendar days of requesting the Final Conditional Payment Amount, and
2. Settlement information is submitted through the MSPRP within 30 calendar days of requesting the Final Conditional Payment Amount.

Please continue to visit this website for updated information.

October 26, 2015 – New Document Is Now Available

A New Document titled Frequently Asked Questions about the Commercial Repayment Center Non-Group Health Plan Recovery Workload Transition is now available in the Download section below.

October 5, 2015 – Transition of portion of the Non-Group Health Plan Recovery Workload to the Commercial Repayment Center

As part of the continuing efforts to improve the Coordination of Benefits & Recovery (COB&R) program and claims payment accuracy in Medicare Secondary Payer (MSP) situations, the Centers for Medicare & Medicaid Services (CMS) has transitioned a portion of the Non-Group Health Plan (NGHP) recovery workload from the Benefits Coordination & Recovery Center (BCRC) to its Commercial Repayment Center (CRC). The CRC has assumed responsibility for the recovery of conditional payments where CMS is pursuing recovery directly from a liability insurer (including a self-insured entity), no-fault insurer or workers' compensation (WC) entity as the identified debtor.

The following should be noted regarding the workload transition:

- Continue to work with the contractor from which you received correspondence, either the CRC or BCRC.
- CMS.gov, User Guides, and Training materials have been updated to reflect the changes.

October 1, 2015 – Digital Accountability and Transparency Act (DATA Act) Changes Now in Effect

On May 9, 2014, the President signed into law the Digital Accountability and Transparency Act (DATA Act). As previously announced, one outcome of his legislation is the reduction of the timeframe for the referral of delinquent debt to the Department of Treasury (“Treasury”) for both Non-Group Health Plans (liability (including self-insurance), no-fault, and workers’ compensation) and Group Health Plans from 180 to 120 days after the payment is due.

Debtors will continue to be notified of the intent to refer the debt to Treasury’s Offset Program for further collection activities, if the debt is not paid within 60 days.

September 22, 2015 – Commercial Repayment Center (CRC) Non-Group Health Plan (NGHP) Recovery Process Workload Transition Webinar Scheduled for September 17, 2015

The Presentation of the CRC NGHP Recovery Process Workload Transition Webinar is now available in the Download section below.

September 8, 2015 – Remote Identity Proofing (RIDP) – Multi Factor Authentication (MFA) on the Medicare Secondary Payer Recovery Portal (MSPRP) Frequently Asked Questions Document Is Now Available

A new document titled Remote Identity Proofing (RIDP) – Multifactor Authentication (MFA) on the Medicare Secondary Payer Recovery Portal (MSPRP) Frequently Asked Questions is now available in the Downloads section below.

September 1, 2015 – Commercial Repayment Center (CRC) Non-Group Health Plan (NGHP) Recovery Process Workload Transition Webinar Scheduled for September 17, 2015

CMS and the Commercial Repayment Center (CRC) will be presenting a webinar on the upcoming NGHP Recovery process workload transition. The notice for the Webinar is available in the Downloads section below and includes all webinar information including date, time, registration, and log-in information.

Please note, this transition only includes those cases where CMS is pursuing recovery from the liability insurer, no-fault insurer or WC entity directly.

July 21, 2015 – Multi-factor Authentication (MFA) on the Medicare Secondary Payer Recovery Portal (MSPRP) is now available

As part of the Strengthening Medicare and Repaying Taxpayers (SMART) Act, the Centers for Medicare & Medicaid Services (CMS) has implemented optional MFA services which are now available on the MSPRP. MFA is the use of two or more different authentication factors to verify the identity of a user.

Verified users will now have access to view unmasked claims data on the MSPRP.

Non-beneficiaries will still need to have a verified Proof of Representation or Consent to Release authorization to perform actions on cases. Please note that MFA and the associated identity proofing

process is optional for MSPRP users. Users may still use the MSPRP without going through the MFA process, but they will not have the benefit of viewing unmasked data.

User guides and training materials have been updated to reflect the new MFA process.

July 14, 2015 – New Report Titled The Medicare Secondary Payer Commercial Repayment Center in Fiscal Year 2014 is now available

A new report titled The Medicare Secondary Payer Commercial Repayment Center in Fiscal Year 2014 is now available in the Download section of the Reports page.

July 1, 2015 – Upcoming Transition of portion of the Non-Group Health Plan Recovery Workload to the Commercial Repayment Center

As part of the continuing efforts to improve the Coordination of Benefits & Recovery (COB&R) program and claims payment accuracy in Medicare Secondary Payer (MSP) situations, the Centers for Medicare & Medicaid Services (CMS) will be transitioning a portion of the Non-Group Health Plan (NGHP) recovery workload from the Benefits Coordination & Recovery Center (BCRC) to its Commercial Repayment Center (CRC). CMS will also be working closely with its claim processing contractors to make sure that Medicare pays correctly in the MSP situations described below.

Effective October 2015, the CRC will assume responsibility for the recovery of conditional payments where CMS is pursuing recovery directly from a liability insurer (including a self-insured entity), no-fault insurer or workers' compensation (WC) entity as the identified debtor.

The following should be noted regarding the planned workload transition:

- Webinars and town halls will be scheduled in the coming months to provide additional information.

Effective January 1, 2016, CMS will add an additional limitation to Medicare claims payments where insurers or workers' compensation entities have reported to CMS that they have Ongoing Responsibility for Medicals (ORM).

In situations where an insurer or workers' compensation entity has reported to CMS that it has ongoing responsibility for medicals (ORM) for specific care, CMS' claims processing contractors will use the information provided by the insurer or workers' compensation entity to determine whether Medicare is able to make payment for those claims.

Insurers and workers' compensation entities that notify Medicare that they have ORM are strongly encouraged to report accurate ICD-9 or ICD-10 codes. Medicare's claims processing contractors will use this information to pay accordingly.

Please continue to visit this website regularly for updated information related to these activities.

June 1, 2015 – Coming Soon: Multi-factor Authentication (MFA) on the Medicare Secondary Payer Recovery Portal (MSPRP)

As part of the Strengthening Medicare and Repaying Taxpayers (SMART) Act, the Centers for Medicare & Medicaid Services (CMS) will be implementing optional MFA services on the MSPRP. MFA is the use of two or more different authentication factors to verify the identity of a user. Verified users will have access to view unmasked claims data on the MSPRP.

Non-beneficiaries will still need to have a verified Proof of Representation or Consent to Release authorization to perform actions on cases. Please note that MFA and the associated identity proofing process will be optional for MSPRP users. If users wish to use the MSPRP without going through the MFA process, they will not have the benefit of viewing unmasked data.

MFA is scheduled to be available beginning on July 13, 2015. Updated user guides and training materials will be available on this website and within the MSPRP upon implementation.

October 29, 2014 – The Commercial Repayment Center Portal (CRCP) is Now Live

The new Commercial Repayment Center Portal has gone Live. The Centers of Medicare and Medicaid Services (CMS) designed this new secure web-based tool to provide Employers, Insurers, and Third-Party Administrators with a way to electronically manage their Group Health Plan (GHP) recovery activities.

The CRCP User Manual is also available under the 'Reference Material' menu option of the CRCP application.

September 16, 2014 – Coming Soon: The Commercial Repayment Center

The Centers for Medicare & Medicaid Services (CMS) will introduce a new, secure web-based tool designed to provide Employers, Insurers, and Third-Party Administrators with a way to electronically manage their Group Health Plan (GHP) recovery activities.

The CRCP is scheduled to go live October 29, 2014. Additional information regarding the CRCP including a new CRCP web page and Computer Based Trainings (CBTs) will be available on this website in the coming weeks. Please continue to check this site for updates.

June 3, 2014

An Alert titled Medicare Secondary Payer (MSP) Working Aged Policy for Group Health Plans (GHP) – Definition of "Spouse"; Same-Sex Marriages has been posted to the Downloads section of the Beneficiary Services page.

February 28, 2014

A revised Alert titled Change in Recovery Threshold for Certain Liability Insurance (including Self-Insurance) Settlements, Judgments Awards, or Other Payments, has been posted to the Downloads section of the Non- Group Health Plan Recovery page. The methodology used to determine this new

threshold, titled Computation of Annual Liability Insurance (including Self-Insurance) Settlement Recovery Threshold, can also be found on the Non-Group Health Plan Recovery page.

February 5, 2014 – Implementation of the Benefits Coordination & Recovery Center

The Centers for Medicare & Medicaid Services (CMS) has completed the restructuring of the Coordination of Benefits (COB) and Medicare Secondary Payer (MSP) recovery activities.

COB activities for both Group Health and Non-Group Health Plans (that is, liability insurance (including self- insurance), no-fault insurance, and workers' compensation laws or plans) and Recovery activities for Non-Group Health Plans have been fully transitioned from the COB contractor and the Medicare Secondary Payer Recovery Contractor to the new Benefits Coordination & Recovery Center (BCRC).

Contact information for the BCRC is available by clicking on the Contacts page link on the left of this page.

January 9, 2014 – Request for Waiver of Overpayment Recovery or Change In Repayment Rate (SSA-632 Form)

The Request for Waiver of Overpayment Recovery or Change In Repayment Rate (SSA-632 Form) as well as the corresponding instruction and FAQ document has been moved to the Downloads section of the Reimbursing Medicare page.

December 23, 2013

The Request for Waiver of Overpayment Recovery or Change in Repayment Rate (SSA-632 Form) as well as the corresponding instruction and FAQ document has been moved to the Downloads section of the Reimbursing Medicare page.

December 23, 2013 – Coordination of Benefits and Non-Group Health Plan Recovery Transition

The Centers for Medicare & Medicaid Services (CMS) is completing its restructuring of the Coordination of Benefits (COB) and Medicare Secondary Payer (MSP) recovery activities.

COB activities for both Group Health Plans and Non-Group Health Plans (that is, liability insurance (including self-insurance), no-fault insurance, and workers' compensation laws or plans) and Recovery activities for Non- Group Health Plans will be transitioned from the COB contractor and the Medicare Secondary Payer Recovery Contractor effective February 1, 2014. The new Benefits Coordination & Recovery Center (BCRC) will assume these activities. As previously announced, this action will provide:

Please continue to visit this website regularly for updated information related to the transition activities.