

Benefits Coordination & Recovery Center (BCRC)
Non-Group Health Plan (NGHP)
Beneficiary Recovery Process Webinar



December 9, 2020

Presentation Overview

- Medicare Secondary Payer Recovery Portal Functions (MSPRP)
 - Self-Reporting
 - Authorizations
 - Final Conditional Payment
 - Demand Calculation Options
 - Electronic Payments
 - View/Print Letters
- Resources
- Questions & Answers

MSPRP Overview

The MSPRP provides a quick and easy way to access case information.

Using the MSPRP you can:

- Self-report a Medicare Secondary Payer (MSP) incident and request a conditional payment letter
- Submit authorizations
- Dispute claims
- Submit settlement information
- Initiate the Final Conditional Payment process
- Initiate the demand letter
- Submit a wavier, compromise, or redetermination request
- Make an electronic payment
- View and print letters

Access to the MSPRP is done in one of two ways.

- Beneficiaries access the MSPRP through the MyMedicare website at <https://mymedicare.gov>
- Attorneys and other beneficiary representatives must register and be associated to a registered account.

MSPRP Overview 2

CMS Medicare Secondary Payer Recovery Portal

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Welcome to the MSPRP

The Medicare Secondary Payer Recovery Portal provides a quick and efficient way to request case information and provide information to assist in resolving Medicare's recovery claim. With the use of this portal, you may submit a valid authorization, request an update to the conditional payment amount, submit settlement information and dispute claims.

For information about the availability of auxiliary aids and services, please visit:
<http://www.medicare.gov/about-us/nondiscrimination/nondiscrimination-notice.html>

MSPRP Message

Quarterly updates have been made to the MSPRP. An updated MSPRP User Guide is now available via the Reference Materials link above. Please refer to Chapter 1 for a summary of updates.

Getting Started

If you are a Medicare Beneficiary and would like to use the MSPRP to request case information, please login to your MyMedicare account by visiting the MyMedicare.gov website at <https://mymedicare.gov/>.

For more information, refer to How To Get Started under the How To menu option. To begin the registration process, click the 'New Registration' button.

STEP 1 **New Registration** STEP 2 **Account Setup**
(Account ID and PIN required)

Sign in to your account

User Name:

[Forgot User Name](#)

Password:

[Forgot Password](#)

[Login](#) [Clear](#)

Self-Reporting

- “Self-reporting” is when an MSP incident is reported by a beneficiary or their representative, or when an insurer or insurer representative is trying to report in a situation that is otherwise inappropriate to report via their Section 111 reporting.
- Beneficiaries or their representatives can use the Self-Reporting option via the MSPRP, rather than calling the BCRC or sending in written correspondence, to notify Medicare when a claim is made against liability insurance.
- A self-report submitted via the MSPRP will always result in the creation of a beneficiary debtor case.

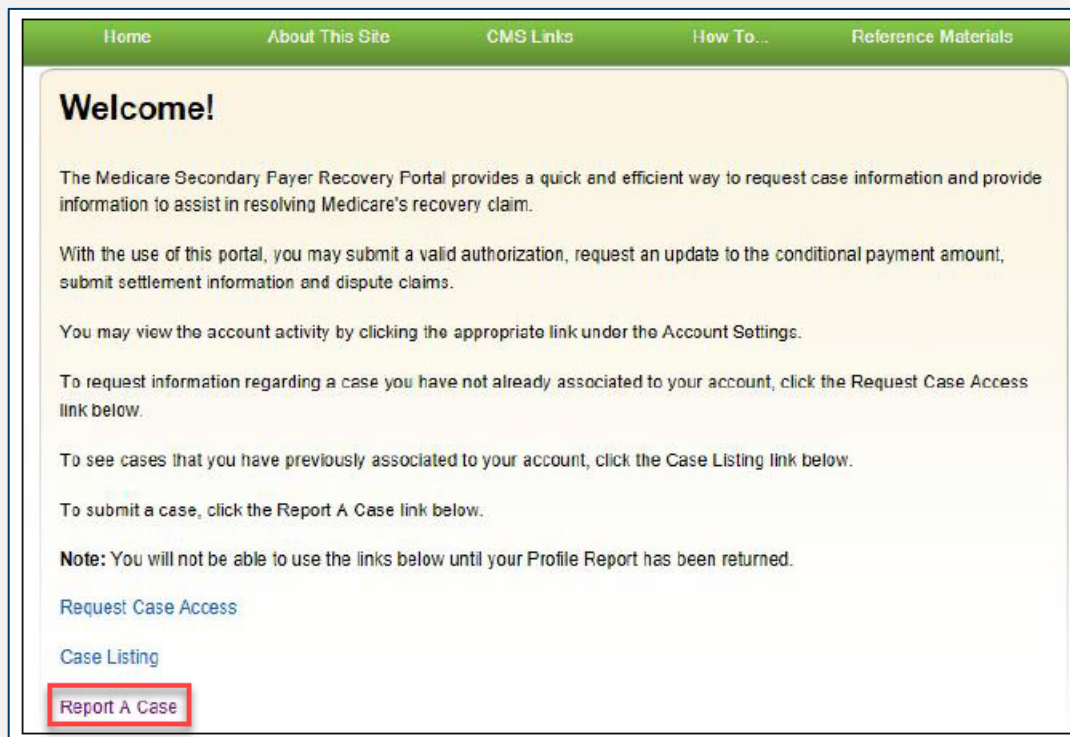
Self-Reporting 2

When reporting an incident pertaining to a liability, no-fault, or workers' compensation claim, be prepared to provide all the following information:

- **Beneficiary Information:** full name, Medicare ID, gender, date of birth, and complete 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, no-fault, or workers' compensation insurance); and the insurer/workers' compensation entity name and address
- **Representative Information:** attorney or other representative name, law firm name if representative is an attorney, and complete address and phone number

Self-Reporting 3

- Attorneys should not report no-fault cases via the self-reporting option unless settlement is being negotiated under the no-fault funds.
- If a self-report is submitted via the MSPRP, it should not also be reported to the BCRC via the Call Center, and vice versa.



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Welcome!

The Medicare Secondary Payer Recovery Portal provides a quick and efficient way to request case information and provide information to assist in resolving Medicare's recovery claim.

With the use of this portal, you may submit a valid authorization, request an update to the conditional payment amount, submit settlement information and dispute claims.

You may view the account activity by clicking the appropriate link under the Account Settings.

To request information regarding a case you have not already associated to your account, click the Request Case Access link below.

To see cases that you have previously associated to your account, click the Case Listing link below.

To submit a case, click the Report A Case link below.

Note: You will not be able to use the links below until your Profile Report has been returned.

[Request Case Access](#)

[Case Listing](#)

[Report A Case](#)

MSPRP: Submission of Authorizations

The MSPRP prevents access to a Medicare beneficiary's personal information until the Medicare beneficiary has provided authorization to CMS in writing.

The two types of authorizations are:

- Proof of Representation (POR)
- Consent to Release (CTR)

It is important to understand the difference between these two types of authorizations.

MSPRP: Submission of Authorizations 2

Proof of Representation (POR)

- The POR is submitted to inform CMS that the Medicare beneficiary has given another individual or entity (such as an attorney) the authority to represent them and act on their behalf with respect to their case.
- An individual or entity with a verified POR will be able to submit information/requests, receive copies of all mail related to the case (e.g., the Rights and Responsibilities letter, the Conditional Payment Letter, the Demand letter, etc.) as well as receive identifiable health information, resolve any potential recovery claim that Medicare may have if there is a settlement, judgment, award, or other payment and make an electronic payment.

MSPRP: Submission of Authorizations 3

Consent to Release (CTR)

- A CTR is the authorization that informs CMS a Medicare beneficiary has given another individual or entity the authority to receive claim(s) and other information related to the injury and/or illness.
- This authorization **DOES NOT** give this individual or entity the authority to represent the Medicare beneficiary or act on their behalf.
- The individual or entity with verified Consent to Release will receive copies of all mail sent related to the case (e.g., the Rights and Responsibilities letter, the Conditional Payment letter, the Demand letter, etc.). You will not be able to receive correspondence until your authorization is in a Verified status.

MSPRP: Submission of Authorization 4

- It is recommended that you upload and submit the proper authorization on the MSPRP as soon as CMS is made aware of the case.

Please select an action from the following list, if the option is disabled (grayed out) it may not be available for the case at this time:

- View / Request Authorizations
- Request an update to the conditional payment amount [What is this?](#)
- Request an electronic conditional payment letter with Current Conditional Payment Amount [What is this?](#)
- Request a mailed copy of the conditional payment letter [What is this?](#)
- Begin Final Conditional Payment Process and Provide 120 Days' Notice of Anticipated Settlement [What is this?](#)
- Calculate Final Conditional Payment Amount [What is this?](#)
- Request an electronic Dispute Denial for Final Conditional Payment Case Letter with Current Conditional Payment Amount [What is this?](#)
- View / Dispute Claims Listing [What is this?](#)
- View/Provide the Notice of Settlement Information [What is this?](#)
- Initiate Demand Letter [What is this?](#)
- View / Submit Redetermination (First Level Appeal) [What is this?](#)
- Submit Waiver Request [What is this?](#)
- Submit Compromise Request [What is this?](#)

[Previous](#) [Continue](#) [Cancel](#)

MSPRP: Submission of Authorization 5

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Case Information

Case ID: 201117409000150	Medicare ID: 987654321A
Case Type: Liability Insurance	Beneficiary DOB: 02/08/1940
Case Status: Demand What is this?	Beneficiary Last Name: Smith
Current Status of Debt: Intent to Refer Letter Sent	Treasury Referral Date: 01/01/2016
Date of Incident: 09/15/2009	Authorization Level: Proof of Representation
Industry Date of Incident: 09/15/2009 What is this?	Authorization Status: Verified What is this?
ORM: Yes	ORM Termination Date: 01/01/2016

Payment Information	Electronic Payment History	Refund Information	Letter Activity	Waiver/Redetermination/Compromise	Final Conditional Payment Process
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***Current Conditional Payment Amount:** \$2,800.00
**Note: Claims are retrieved daily. This amount is current as of: 07/23/2018. Please be advised that the claims associated to this case are currently being evaluated for relevance. This typically takes 3-5 business days. The conditional payment amount will be automatically updated once this process is complete. Please contact the BCRC or CRC at (855) 798-2627 if immediate assistance with this amount is required.*

Rights and Responsibilities Letter Mail Date: 06/10/2010

Conditional Payment Letter Amount: \$496.06	Conditional Payment Notice Amount: \$500.00
Conditional Payment Letter Mail Date: 06/01/2011	Conditional Payment Notice Mail Date: 06/18/2011
Conditional Payment Amount Update Requested: 06/01/2011	Conditional Payment Notice Response Due Date: 07/31/2011
Demand Letter Mail Date: 06/01/2011	Balance Amount: \$1,234.56
Demand Amount: \$3,754.00	Balance as of Date: 06/30/2011
Interest Rate: 10%	Remaining Principal Balance Amount: \$1,234.56
Last Interest Accrual Date: 06/08/2018	Remaining Interest Balance Amount: \$1,234.56

Note: Remaining balance amounts may not reflect recent payments.

[Make a Payment](#) [What is this?](#)

MSPRP: Submission of Authorizations 6

- Do not mark authorizations “to present”. This indicates that at the time an authorization is received, the authorization is terminated that same day as "present".
- If a beneficiary passes away before resolution of a Medicare secondary payer recovery claim associated with a liability insurance (including self-insurance), no-fault insurance or workers' compensation settlement, judgment, award, or other payment, a new proof of representation on behalf of the beneficiary's estate must be submitted.
- If you are submitting documentation via the MSPRP, do not mail or fax duplicate copies to the BCRC as that will only slow down the review process.

MSPRP: Final Conditional Payment

The Final Conditional Payment (Final CP) process permits authorized users to obtain time- and date-stamped final conditional payment summary documents before reaching settlement and ensures that related disputes submitted through the MSPRP are addressed within 11 business days of receipt of dispute documentation.

Please select an action from the following list, if the option is disabled (grayed out) it may not be available for the case at this time:

- View / Request Authorizations
- Request an update to the conditional payment amount [What is this?](#)
- Request an electronic conditional payment letter with Current Conditional Payment Amount [What is this?](#)
- Request a mailed copy of the conditional payment letter [What is this?](#)
- Begin Final Conditional Payment Process and Provide 120 Days' Notice of Anticipated Settlement [What is this?](#)**
- Calculate Final Conditional Payment Amount [What is this?](#)
- Request an electronic Dispute Denial for Final Conditional Payment Case Letter with Current Conditional Payment Amount [What is this?](#)
- View / Dispute Claims Listing [What is this?](#)
- View/Provide the Notice of Settlement Information [What is this?](#)
- Initiate Demand Letter [What is this?](#)
- View / Submit Redetermination (First Level Appeal) [What is this?](#)
- Submit Waiver Request [What is this?](#)
- Submit Compromise Request [What is this?](#)

MSPRP: Final Conditional Payment 2

- All Final CP actions must be completed on the MSPRP. The Final CP process is only available for liability cases and workers' compensation cases. This process can be initiated by the identified debtor or by their authorized representative.
- The Final CP process can only be initiated once per case and it limits disputes to one per claim/line item (that is, claims/line items can only be disputed one time).

MSPRP: Final Conditional Payment 3

You will be required to complete the following actions for the Final CP process on the MSPRP:

1. Notify the BCRC that you are within 120 days of settlement (i.e., initiating the Final CP process).

2. Resolve disputes during this 120-day period.

Note: Once you request a calculation of the Final CP amount, you will not be permitted to submit any additional disputes.

3. Request your Final CP Amount within three (3) business days of settling your case.

4. Submit your settlement information within 30 calendar days of requesting the Final CP Amount.

- Self-Calculated Conditional Payment Amount
- Fixed Percentage Option



Demand Calculation Options

The Self-Calculated Conditional Payment Option enables you to self-calculate the demand amount before settlement in certain situations. The following conditions must be met for Medicare to provide the demand amount before settlement is reached:

- The claim and settlement must be for an injury caused by physical trauma.
- Medical treatment for the injury must be completed with no further treatment expected. Treatment must have been completed at least 90 days before you submit the proposed conditional payment amount to Medicare.
- The total settlement, judgment, award, or other payment cannot exceed \$25,000.
- The date of the incident must have occurred at least six months before submitting the self-calculated final conditional payment amount to Medicare.

Demand Calculation Options 2

The Fixed Percentage Option offers a simple, straightforward process to obtain the amount due to Medicare. You may elect the Fixed Percentage Option if the following eligibility criteria are met:

- Your liability insurance (including self-insurance) settlement, judgment, award, or other payment is related to an alleged physical-trauma-based incident and
- The total settlement is for \$5,000 or less.
- You elect the option within the required timeframe and Medicare has not issued a demand letter or other request for reimbursement related to the incident.
- You have not received and do not expect to receive any other settlements, judgments, awards, or other payments related to the incident.

Demand Calculation Options 3

MSPRP: Electronic Payments (E-Pay)

Authorized users of the MSPRP can make payments electronically on Non-Group Health Plan debts owed to Medicare. The benefits of using E-Pay on the MSPRP include:

- Easy and fast
- Receive payment confirmation quickly
- Accepts a variety of payment methods
- No additional fees for paying electronically
- Security assured by the U.S. Department of Treasury
- Go green!

MSPRP: E-Pay 2

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Case Information

Case ID: 201117409000150	Medicare ID: 987654321A
Case Type: Liability Insurance	Beneficiary DOB: 02/08/1940
Case Status: Demand What is this?	Beneficiary Last Name: Smith
Current Status of Debt: Intent to Refer Letter Sent	Treasury Referral Date: 01/01/2016
Date of Incident: 09/15/2009	Authorization Level: Proof of Representation
Industry Date of Incident: 09/15/2009 What is this?	Authorization Status: Verified What is this?
ORM: Yes	ORM Termination Date: 01/01/2016

Payment Information Electronic Payment History Refund Information Letter Activity Waiver/Redetermination/Compromise Final Conditional Payment Process

***Current Conditional Payment Amount:** \$2,800.00
**Note: Claims are retrieved daily. This amount is current as of: 07/23/2018. Please be advised that the claims associated to this case are currently being evaluated for relevance. This typically takes 3-5 business days. The conditional payment amount will be automatically updated once this process is complete. Please contact the BCRC or CRC at (855) 798-2627 if immediate assistance with this amount is required.*

Rights and Responsibilities Letter Mail Date: 06/10/2010

Conditional Payment Letter Amount: \$496.06	Conditional Payment Notice Amount: \$500.00
Conditional Payment Letter Mail Date: 06/01/2011	Conditional Payment Notice Mail Date: 06/18/2011
Conditional Payment Amount Update Requested: 06/01/2011	Conditional Payment Notice Response Due Date: 07/31/2011

Demand Letter Mail Date: 06/01/2011	Balance Amount: \$1,234.56
Demand Amount: \$3,754.00	Balance as of Date: 06/30/2011
Interest Rate: 10%	Remaining Principal Balance Amount: \$1,234.56
Last Interest Accrual Date: 06/08/2018	Remaining Interest Balance Amount: \$1,234.56

Note: Remaining balance amounts may not reflect recent payments.

[Make a Payment](#) [What is this?](#)

View/Print Letters

- Users who are logged in using the multifactor authentication option can view and print letters from the Letter Activity tab on the Case Information page.
- You will be able to chose which correspondence you would like to see including All correspondence received and sent, just correspondence received and just letters sent.

View/Print Letters 2

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Case Information


[Print this page](#)[Quick Help : Help About This Page](#)**Case ID:** 2011#####**Case Type:** Liability Insurance**Case Status:** Demand Issued [What is this?](#)**Current Status of Debt:** Intent to Refer Letter Sent**Date of Incident:** 09/15/2009**Industry Date of Incident:** 09/15/2009 [What is this?](#)**ORM:** Yes**Medicare ID:** 987#####A**Beneficiary DOB:** 02/08/1940**Beneficiary Last Name:** Last Name**Treasury Referral Date:** 01/01/2016**Authorization Level:** Proof of Representation**Authorization Status:** Verified**ORM Termination Date:** 01/01/2016[Payment Information](#)[Electronic Payment History](#)[Refund Information](#)[Letter Activity](#)[Waiver/Redetermination/Compromise](#)[Final Conditional Payment Process](#)**Select the correspondence option you wish to view:** All Correspondence Received and All Letters sent Correspondence Received Letters Sent

Correspondence Type	Date Received	Date Sent	Status	Status Date
Redetermination testing with long descriptions to see if it will wrap or not.	03/01/2015		Open	03/01/2015
Notice of Settlement Information	03/01/2001		Closed	03/01/2001
1st Level Appeal Request		03/01/2019	Open	03/01/2017
Special Project Case Correspondence		03/01/2010	Open	03/01/2017

View/Print Letters 3

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Images for Correspondence Type

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All images associated to the selected Correspondence Type are displayed on this page. Click the Associated Image link to view/print the correspondence. Click Continue to return to the Case Information page.

Case ID: 20111 ##### ##### Medicare ID: #####

Correspondence Type	Date Sent	Associated Images
Special Project Case Correspondence	03/01/2019	Image1.pdf
Special Project Case Correspondence	03/01/2010	Image2.pdf

[Continue](#) 

Resources

- The BCRC Call Center can be reached at: (855) 798-2627 (TTY/TDD: (855) 797-2627 for the hearing and speech impaired).
- The BCRC EDI Department is available for assistance at (646) 458-6740.
- [MSPRP Application](#)
- [MSPRP Training Curriculum](#)
- [MSPRP User Guide](#)
- [Attorney Services Section](#)
- [Beneficiary Services Section](#)
- [POR Model Language](#)
- [CTR Model Language](#)

Questions & Answers



Slide 0: Benefits Coordination & Recovery Center (BCRC) Non-Group Health Plan (NGHP) Beneficiary Recovery Process Webinar

Slide 1: Presentation Overview

Welcome to the BCRC NGHP Beneficiary Recovery Process webinar. This webinar is intended for attorneys and other beneficiary representatives. Today we will be discussing several beneficiary recovery topics that we often get questions about. We will look at a few key functions of the Medicare Secondary Payer Recovery Portal (MSPRP), Demand Calculation Options, and some other recovery items that we feel are good reminders. After the presentation you will have the opportunity to participate in a question-and-answer session with CMS and the BCRC.

Slide 2: MSPRP Overview

We will start today by talking about the MSPRP with a reminder about what the benefits of the MSPRP are. While many of you may already be using the MSPRP there will be some of you who may be interested in setting up an account after this overview.

The MSPRP provides a quick and efficient way to request and access case information and provide information to assist in resolving Medicare's recovery claim.

With the use of the portal, you can self-report a Medicare Secondary Payer (MSP) incident and: request a conditional payment letter; submit authorizations; dispute claims; submit settlement information; initiate the Final Conditional Payment process; initiate the demand letter; submit a waiver, compromise, or redetermination request; make an electronic payment; and view and print letters.

Slide 3: MSPRP Overview 2

There are two ways to access the MSPRP.

Beneficiaries who wish to access the MSPRP will do so through the MyMedicare website at <https://mymedicare.gov> using their existing login ID and password for that application.

Attorneys and other beneficiary representatives must register and be associated to a registered account in the MSPRP.

Before a new user can register, the corporate or representative entity must complete the initial registration process.

While today we will only be focusing on a few of its functions, full information on the registration process and all the MSPRP functions can be found in the MSPRP Training Curriculum on CMS.gov as well as in the MSPRP User Guide. We will link to these resources at the end of this presentation.

Slide 4: Self-Reporting

The first MSPRP function that we want to look at in more detail is the self-reporting function. "Self-reporting" is when an MSP incident is reported by a beneficiary or their representative, or when an insurer or insurer representative is trying to report in a situation that is otherwise inappropriate to report via their Section 111 reporting.

Beneficiaries or their representatives can use the self-reporting option via the MSPRP, rather than calling a BCRC representative or sending in written correspondence, to notify Medicare when a claim is made against liability insurance (including self-insurance), no-fault insurance, or Workers' Compensation (collectively referred to as Non-Group Health Plans, or NGHPs).

Note that a self-report submitted via the MSPRP will always result in the creation of a beneficiary debtor case.

Slide 5: Self-Reporting 2

When reporting an incident pertaining to a liability, no-fault, or workers' compensation claim, regardless of whether you submit via the MSPRP or the BCRC Call Center, you should be prepared to provide all the following information:

Beneficiary Information including full name, Medicare ID, gender, date of birth, and complete address and phone number.

You will also be asked for: the date of injury/accident; date of first exposure, ingestion, or implant; description of alleged injury or illness or harm; type of claim (liability, no-fault, or workers' compensation insurance); and the insurer/workers' compensation entity name and address.

And finally, the attorney or other representative name, law firm name if the representative is an attorney, and the complete address and phone number.

If you need additional assistance with submitting a self-report or are unsure of what information you need, we recommend that you report by contacting the BCRC and not using the MSPRP.

Slide 6: Self-Reporting 3

We want to also offer some reminders about self-reporting. Attorneys should not report no-fault cases via the self-reporting option unless settlement is being negotiated under the no-fault funds.

From the MSPRP *Welcome!* page, MSPRP users with the ability to self-report a new lead will select the new self-report **Case Submission** link to start the process.

It should also be kept in mind that if you self-report via the MSPRP, you should not also report to the BCRC via the Call Center, and vice versa.

Slide 7: MSPRP: Submission of Authorizations

The next function we will look at today is the submission of authorizations. The difference between the various types of authorizations is something we often get questions on, so we want to break it down for you.

The MSPRP prevents an individual or entity from having access to a Medicare beneficiary's personal information until the Medicare beneficiary has provided authorization to CMS in writing.

The two types of authorizations are Proof of Representation (POR) and Consent to Release (CTR). It is important to understand the difference between these two types of authorizations so that the correct form can be submitted for your needs. Let's look at these authorization types in more detail.

Slide 8: MSPRP: Submission of Authorizations 2

The Proof of Representation Authorization (POR) is submitted to inform CMS that the Medicare beneficiary has given another individual or entity (such as an attorney) the authority to represent them and act on their behalf with respect to their case.

An individual or entity with a verified POR will be able to submit information/requests and receive copies of all mail related to the case (e.g., the Rights and Responsibilities letter, the Conditional Payment Letter, the Demand letter, etc.), as well as receive identifiable health information, resolve any potential recovery claim that Medicare may have if there is a settlement, judgment, award, or other payment, and make an electronic payment. You will not be able to receive correspondence until your authorization is in a Verified status.

Slide 9: MSPRP: Submission of Authorizations 3

A Consent to Release (CTR), is the authorization that informs CMS a Medicare beneficiary has given another individual or entity the authority to receive claim(s) and other information related to the injury and/or illness.

This authorization does not give this individual or entity the authority to represent the Medicare beneficiary or act on their behalf.

The individual or entity with a verified Consent to Release will receive copies of all mail sent related to the case (e.g., the Rights and Responsibilities letter, the Conditional Payment letter, the Demand letter, etc.). You will not be able to receive correspondence until your authorization is in a Verified status.

Additional information on POR vs CTR including model language can be found on CMS.gov. We will have a link to the POR vs CTR document at the end of this presentation.

Slide 10: MSPRP: Submission of Authorizations 4

It is recommended that you upload and submit the proper authorization on the MSPRP as soon as CMS is made aware of the case.

You can upload your authorization by selecting View/Request Authorization at the bottom of the Case Information screen, clicking Continue, and following the prompts.

Slide 11: MSPRP: Submission of Authorizations 5

Once an authorization is submitted via the MSPRP, its status can be viewed on the top of the Case Information page for the case.

If an authorization has already been submitted for the case, the Authorization Level and Authorization Status will display on the top half of the page.

The Authorization Level field indicates the type of authorization submitted. The Authorization Status field indicates the current status of the submitted authorization. Again, CMS cannot communicate with the beneficiary's representative until the status of the submitted authorization has been changed to Verified.

Slide 12: MSPRP: Submission of Authorizations 6

There are a few other items related to authorizations that we wanted to offer reminders about.

The first is not to mark authorizations “to present”. This would indicate that at the time we receive the authorization, the authorization is terminated that same day "present". If the intent is to keep an authorization open ended, please instead note that you wish it to be ongoing or use a future date like 12/31/2099.

The second reminder is regarding deceased beneficiaries. If a beneficiary passes away before resolution of a Medicare secondary payer recovery claim associated with a liability insurance (including self-insurance), no-fault insurance, or workers’ compensation settlement, judgment, award, or other payment, new proof of representation on behalf of the beneficiary’s estate must be submitted.

Please note that if there is no will or formal estate, the documents must be signed by an individual who is entitled under state law to pursue the applicable claim.

Where state law requires court documentation to establish such status, provide that documentation. Where no such state requirement exists, and a will is available, provide the initial page of the will, the page(s) showing the executor, and the notarized signature page(s).

Lastly please note that if you are submitting documentation via the MSPRP, you should not mail or fax duplicate copies to the BCRC, as that will only slow down the review process.

Again, complete details on submitting authorizations can be found in the MSPRP User Guide.

Slide 13: MSPRP: Final Conditional Payment

The next MSPRP function that we would like to cover is the Final Conditional Payment process.

The Final CP process permits authorized users to obtain time- and date-stamped final conditional payment summary documents before reaching settlement, and ensures that related disputes submitted through the MSPRP are addressed within 11 business days of receipt of dispute documentation.

The Final CP process is initiated in the MSPRP by selecting “Begin Final Conditional Payment Process and Provide 120 Days’ Notice of Anticipated Settlement” on the Case Information page and clicking Continue.

Please note: If you are approaching settlement on a case that is not yet available on the MSPRP and you wish to initiate the Final CP process, contact the BCRC at: (855) 798-2627.

Slide 14: MSPRP: Final Conditional Payment 2

All Final CP actions must be completed on the MSPRP. The Final CP process is only available for liability cases and workers’ compensation cases. This process can be initiated by the identified debtor or their authorized representative. Note: When an insurer debtor initiates the Final CP process, this action closes the insurer case and transitions the debt to the beneficiary.

The Final CP process can only be initiated once per case and it limits disputes to one per claim/line item (that is, claims/line items can only be disputed one time). Final CP timeline constraints are the key reasons disputes are limited to once per claim/per line.

Slide 15: MSPRP: Final Conditional Payment 3

You will be required to complete the following actions for the Final CP process on the MSPRP. Failure to complete any of these actions in time will void the Final CP process and you will not be permitted to start the process again.

Also note that calendar days include the final day (e.g., “30 calendar days” includes the 30th day).

1. Notify the BCRC that you are within 120 days of settlement (i.e., initiating the Final CP process).
2. Resolve disputes during this 120-day period. Note: Once you request a calculation of the Final CP amount, you will not be permitted to submit any additional disputes.
3. Request your Final CP Amount within three (3) business days of settling your case.
4. Submit your settlement information within 30 calendar days of requesting the Final CP Amount.

Slide 16: Demand Calculation Options

We talked about the Final Conditional Payment process, and so we also want to talk about additional Demand Calculation Options. As we mentioned previously, if you are settling a liability case or a workers' compensation case, you may be able to request that your case be put into the Final Conditional Payment process.

Optionally, if you are settling a liability case, you may be eligible to calculate the amount of money owed to the Medicare program prior to settlement, or you may be eligible to pay Medicare a flat percentage of the total settlement. We will look at these two options in more detail on the next slides.

Slide 17: Demand Calculation Options 2

The Self-Calculated Conditional Payment Option enables you to self-calculate the demand amount before settlement in certain situations. The following conditions must be met for Medicare to provide the demand amount before settlement is reached:

The claim and settlement must be for an injury caused by physical trauma. The settlement cannot involve or relate to injuries caused by exposure, ingestion, or medical implant.

Medical treatment for the injury must be completed with no further treatment expected. Treatment must have been completed at least 90 days before the proposed conditional payment amount is submitted to Medicare. These requirements are proven to Medicare by providing either: A physician's written confirmation or Medicare beneficiary certification that he or she has not had care related to the case within the last 90 days and expects no further care.

The total settlement, judgment, award, or other payment cannot exceed \$25,000.

The date of the incident must have occurred at least six months before submitting the self-calculated final conditional payment amount to Medicare.

It is important to note that the beneficiary will be asked to give up the right to appeal the amount or existence of the debt. However, they will keep the right to pursue waiver of recovery.

Slide 18: Demand Calculation Options 3

If a settled case meets certain eligibility criteria, an attorney or other beneficiary representative may request that Medicare's demand amount be calculated using the Fixed Percentage Option.

The Fixed Percentage Option offers a simple, straightforward process to obtain the amount due to Medicare. It eliminates time and resources typically associated with the MSP recovery process since the beneficiary will not have to wait for Medicare to determine the conditional payment amount prior to settlement. The Fixed Percentage Option can be elected if the following eligibility criteria are met:

Liability insurance (including self-insurance) settlement, judgment, award, or other payment is related to an alleged physical-trauma-based incident and

The total settlement is for \$5,000 or less.

The beneficiary elects the option within the required timeframe and Medicare has not issued a demand letter or other request for reimbursement related to the incident.

The beneficiary has not received and does not expect to receive any other settlements, judgments, awards, or other payments related to the incident.

Additional information on Demand Calculation Options including model language is available on CMS.gov, and we will link to that information at the end of this presentation.

Slide 19: MSPRP: Electronic Payments (E-Pay)

The next MSPRP function that we would like to remind everyone about is electronic payments (E-Pay)

Authorized users of the MSPRP can make payments electronically on Non-Group Health Plan debts owed to Medicare. The benefits of E-Pay on the MSPRP include:

It's easy and fast, you don't need any additional level of authorization to use it.

You will receive your payment confirmation quickly.

E-Pay accepts a variety of payment methods including checking and savings accounts, debit cards, and PayPal accounts that are linked to a bank account.

There are no additional fees for paying electronically.

The security is assured by the U.S. Department of Treasury.

It's also a green option with no need for paper checks and stamps.

If you haven't already tried the E-Pay function on the MSPRP we encourage you to do so.

Slide 20: MSPRP: E-Pay 2

You can make an electronic payment from the Payment Information tab on the Case Information page. Simply click on the Make a Payment button and follow the prompts.

Slide 21: View/Print Letters

The last MSPRP function we will look at today is the ability to view and print letters.

Users who are logged in using the multifactor authentication option can view and print letters from the Letter Activity tab on the Case Information page. You will be able to choose which correspondence you

would like to see including All correspondence received and sent, just correspondence received, and just letters sent.

Slide 22: View/Print Letters 2

Here you can see the Letter Activity tab on the Case Information page as well as the option to select which letters you would like to access.

Slide 23: View/Print Letters 3

If you click the hyperlinked correspondence type on the Letter Activity tab, it will open the Images for Correspondence Type page. You can then use this page to view details of an outgoing letter and open PDFs of all available images of the letter and its attachments.

Slide 24: Resources

We wanted to wrap up today's presentation by providing some resources for you. The BCRC Call Center can be reached at: (855) 798-2627 or at (855) 797-2627 for the hearing and speech impaired. If you have issues with your account in the MSPRP or need assistance setting up your account, you can reach the BCRC EDI department at (646) 458-6740.

We also have many other resources on CMS.gov, the links to which are listed above and will be available in this presentation when it is posted to CMS.gov in 7-10 business days.

We hope you found this information helpful and we will now open it up for questions and answers.

Slide 25: Questions and Answers

[no slide notes]

Acronyms

BCRC	Benefits Coordination and Recovery Center
CTR	Consent to Release
MSP	Medicare Secondary Payer
MSPRP	Medicare Secondary Payer Recovery Portal
NGHP	Non-Group Health Plans
POR	Proof of Representation