



Conditional Payment Checklist

- Set your claims handling rules to identify those with potential Medicare beneficiaries that are over 120 days from the date of loss. (Conditional payments may have been made.)
- Determine Benefit Eligibility
- Begin by obtaining claimant eligibility information for Medicare Part A and B to include HICN, home address filed with Medicare, date of birth, Social Security Number.
- Obtain Medicare Advantage Plan (MAP) information to include Part D prescription drug plan that includes member ID, Administrator Plan Name/address/phone number.
- Obtain Medicaid entitlement information and Medicaid office address and member ID.
 - Obtain Signed/ Executed
 - HIPAA authorization
 - Proof of Representation (POR)
 - Letter of Authority
 - Social Security Administration – Consent for Release of Information
 - Obtain copies of the Medicare card, MAP card and/ or Medicaid card.
- Verify Compensable ICD.10 Diagnosis Codes Reported to CMS
- Notify the Benefits Coordination and Recovery Center (BCRC) that a primary payer exists and provide the following:
 - date of injury or illness,
 - primary payer information
 - claimant and plaintiff/ applicant attorney contact information
- Establish Conditional Payment Timeframes/ Deadlines in a Diary System that are 120 days or less from date of settlement.
- Rights and Responsibilities Letter (RAR) Received?
 - The Medicare beneficiary and representing attorney and the primary payer, (and possibly the authorized agent for the primary payer) are sent a Rights and Responsibilities Letter (RAR) after Medicare has been notified that a primary payer exists.

- ❑ Conditional Payment Letter Received?
 - Within 65 days after the RAR letter is received, a Conditional Payment Letter (CPL) is sent along with a Payment Summary Form (PSF) listing all conditional payments made which are associated with the reported diagnoses.
- ❑ Review the Payment Summary Form for Accuracy
 - Upon receipt of the CPL, review the PSF for accuracy. If there is a discrepancy, the primary payer or its authorized agent/vendor should provide a letter of negotiation with evidence to support what the primary payer believes to be the accurate conditional payment amount.
- ❑ Negotiate Conditional Payment Amount
 - Conditional Payment Negotiation letter must be sent to the Commercial Repayment Center (CRC) within 30 days of the date of Conditional Payment Letter.
 - It is difficult to eliminate the conditional payment responsibility based on an argument of hardship, or lack of available funds to pay due to hardship circumstances, but the option is available.
- ❑ Conditional Payment Appeal: If there is a dispute between the primary payer and the CRC regarding the conditional payment amount, there are only 120 days from the conditional payment notice, to file an appeal.
- ❑ There are six levels of Appeal. You will require an attorney to assist with any level following a Reconsideration.
 - Initial determination
 - Redetermination by the contractor issuing the demand letter
 - Reconsideration by a CMS QIC (Qualified Independent Contractor)
 - Hearing by an Administrative Law Judge (ALJ)
 - Review by Departmental Appeals Board's Medicare Appeals Council (DAB MAC)
 - Judicial review
- ❑ Obtain Final Demand Letter –

Once Final Demand Letter is received and conditional payments are accepted by the primary payer, make payment per direction of the FDL. Submit Final Detail Settlement Sheet with settlement date and/or final settlement document to CRC. The FDL is sent via hard copy to all parties and can also be downloaded from the MSPRC Portal. The carrier has 30 days to pay the conditional payment owed.

Non-Group Health Plan (NGHP) Inquiries and Checks:

*NGHP,
P.O. Box 138832
Oklahoma City, OK 73113*

Special Projects: (e.g. all Product Liability Case Inquiries and Special Project Checks)

*Special Projects
P.O. Box 138868
Oklahoma City, OK 73113*

Self-Calculated Conditional Payment Amount Option and fixed Percentage Option:

*Self-Calculated Conditional Payment Amount/Fixed Percentage Option
P.O. Box 138880
Oklahoma City, OK 73113*

Effective April 2019 a full or partial conditional payment may be made electronically within the MSPRP Portal. For more information visit: <https://www.cms.gov/Medicare/Coordination-of-Benefits-and-Recovery/Coordination-of-Benefits-and-Recovery-Overview/MSPRP/Medicare-Secondary-Payer-Recovery-Portal.html>

- Request for Waiver: A beneficiary has the right to request that Medicare waive conditional recovery demand owned in full or in part. The Medicare program may waive recovery if not at fault for Medicare's payment or if recovery would cause a financial hardship. Send a letter to the BCRC detailing the reasons and CMS will provide the SSA-632 Form, Request for Waiver of Overpayment Recovery

Risk of Non-Compliance with Conditional Payment Resolution

- Accrued Interest
 - Debtors are allowed a 60-day grace period to repay Medicare from the date of the recovery demand letter
 - Intent to Refer (to the Department of Treasury) is sent on day 90, if full payment or Valid Documented Defense is not received
- Department of Treasury, Collections
 - If full repayment or Valid Documented Defense is not received within 60 days of Intent to Refer Letter (150 days of demand letter), debt is referred to the Department of Treasury
- CMS may also refer debts to the Department of Justice for legal action

For More Information Contact:

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