Reporting a Case to the Benefits Coordination & Recovery Center (BCRC)

In Liability Insurance, No-Fault Insurance & Workers' Compensation Cases

Overview

This Document Includes the Following:

- Roles & Responsibilities of the Benefits Coordination & Recovery Center (BCRC)

- Instructions for Reporting a Case to the BCRC

- Methods of Contacting the BCRC

- Rights and Responsibilities Letter

- Conditional Payment Letter

BCRC Roles & Responsibilities

In Liability Insurance (Including Self-Insurance), No-Fault Insurance & Workers' Compensation Cases:

- The BCRC collects information from multiple sources to research Medicare Secondary Payer (MSP) situations, as appropriate. (e.g., They collect the information from claims processors, MMSEA Section 111 Mandatory Insurer Reporting submissions, workers' compensation entities)

- The BCRC is responsible for updates to MSP situations, including insurance updates, address changes, changes in coverage effective dates, etc.

Reporting a Case to the BCRC

- Always contact the BCRC first whenever you have a pending liability, no-fault, or workers' compensation claim. Be prepared to provide the following information:
  - Beneficiary Information
    - Full Name
    - Medicare Number
    - Gender and Date of Birth
    - 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

Reporting a Case to the BCRC cont.

- Case Information (continued)
  - Type of Claim (liability insurance, no-fault insurance, workers' compensation)
  - Insurer/workers' compensation entity name and address
- Representative Information
  - Attorney or other representative name
  - Law firm name if representative is an attorney
  - Complete address and phone number

Contacting the BCRC

By Telephone

BCRC Call Center:

1-855-798-2627

1-855-797-2627 (TTY/TDD)

Hours of Operation: Monday – Friday, 8 a.m. – 8 p.m. (ET)

By Mail – General Inquiries

MEDICARE – MSP General Correspondence

P.O. Box 138897

Oklahoma City, OK 73113-8897

Rights and Responsibilities Letter

- Once the case is established with the BCRC, you will receive a "Rights and Responsibilities" Letter (RAR).

  Note: If Medicare is pursuing recovery directly from the insurer/workers' compensation entity, the beneficiary and beneficiary's attorney or other representative will receive a copy of recovery correspondence that is sent to the insurer/workers' compensation entity.

- The RAR letter is mailed to all parties associated with the case and is accompanied by:
  - A correspondence coversheet,
  - An educational brochure, and
  - A Privacy Act enclosure

Conditional Payment Letter

- A "Conditional Payment Letter" or "CPL" provides information on items or services the BCRC has identified as being related to the pending Non-Group Health Plan (NGHP) claim. The conditional payment amount is an interim amount. Medicare may continue to make conditional payments while a matter is pending.

- An initial CPL does NOT need to be requested. A CPL will be generated automatically within 65 days of the issuance of the "Rights and Responsibilities" Letter.

Conditional Payment Letter *(continued)*

- Review the CPL thoroughly to make sure that only case related claims are included.

- Beneficiaries can obtain up–to-date conditional payment amounts by accessing the [My Medicare.Gov](#) website. After logging in, select the MSP tab and then click the Case ID or Go to MSPRP button.

Conditional Payment Letter *(continued)*

- Attorneys can obtain conditional payment information from the Medicare Secondary Payer Recovery Portal (MSPRP) using this link: https://www.cob.cms.hhs.gov/MSPRP.

  - Registration must occur before access to the MSPRP is permitted.

  - Authorized MSPRP users may request access to view unmasked claims data that was previously only accessible to the beneficiary. Individuals requesting this access must complete the Identity Proofing and Multi-Factor Authentication process on the MSPRP.