

Want more information about your Medicare claims?

Go to www.mymedicare.gov

If you do not already have a sign-in ID and password, you will need to register on the **www.mymedicare.gov** website. You will have the ability to:

- Link to the Medicare Secondary Payer Recovery Portal (MSPRP)
- View up-to-date Conditional Payment Summaries on the MyMSP tab of the website
- View claim status
- Order duplicate Medicare Summary notices (MSN) or replacement Medicare cards
- View enrollment information

When contacting the BCRC, please have the following information available:

- BCRC Case Number
 - Found at the top of any BCRC letter Medicare Beneficiary's Name
- Medicare Beneficiary's Date of Birth
- Medicare Beneficiary's Address
- Beneficiary's Medicare Number
- Date of Injury
- Type of Insurance Claim: Liability Insurance, No-Fault Insurance or Workers' Compensation
- Attorney/Representative's Name

Contact the BCRC

Telephone



Monday – Friday
8:00 a.m. – 8:00 p.m., EST
1.855.798.2627 OR
1.855.797.2627 (TTY/TDD)

Mail



Benefits Coordination &
Recovery Center (BCRC)
NGHP
P.O. Box 138832
Oklahoma City, OK 73113

Fax



1.405.869.3309

Please keep your sign-in
ID and password safe!

Sign up for information updates at:
<https://go.cms.gov/beneficiary>



Medicare Secondary Payer Recovery Process

*Your Rights &
Responsibilities*

12/2018



BENEFITS COORDINATION & RECOVERY CENTER (BCRC)

The BCRC is responsible for the recovery of mistaken liability, no-fault, and workers' compensation claims where the beneficiary must repay Medicare.

MANAGING YOUR LIABILITY, NO-FAULT, OR WORKERS COMPENSATION CASE

- Receiving the "Rights and Responsibilities" letter and this brochure means that we have already established your case. The BCRC is compiling all medical claims paid by Medicare related to your illness or injury.
- This process takes approximately 65 days, after which the BCRC will be able to provide you with a Conditional Payment Letter (CPL) with a list of medical claims paid by Medicare.
- Medicare will continue to make conditional payments while your insurance or workers' compensation claim is being processed to make sure you get the medical services you need.
- If your insurance or workers' compensation claim was dismissed, settled, or otherwise closed, please notify the BCRC immediately.

PROOF OF REPRESENTATION (POR)

Do you have an Attorney or other person representing you?

Medicare works to protect your privacy. We are not allowed to communicate with anyone other than you about your recovery case unless you tell us to do so. If you have a representative, BCRC will need a signed Proof of Representation or Authorization.

Authorizations must include:

- The name of the attorney/law firm or other representative
- Your name, printed
- Your signature and the date of your signature
- Your Medicare ID
- Your attorney or other representative's signature and the date of their signature



CONDITIONAL PAYMENT LETTER (CPL)

Once all claims related to your illness or injury have been identified, the BCRC will issue a CPL to everyone you have authorized.

- The CPL is NOT a request for payment. It is a list of conditional payments Medicare believes are related to your illness or injury.
- Once the BCRC has mailed your CPL, you may review conditional payment amounts on the **MyMSP** tab on **www.mymedicare.gov**.

DEMAND LETTER

Once a settlement is reached, you or your representative must provide the following:

- Date of settlement
- Total settlement amount
- Attorney fees and additional costs, if any
- Your representative's signature and the date of their signature

Once this information is received, Medicare calculates the amount that needs to be repaid. Medicare reduces the final demand amount based on attorney fees and costs you have incurred. A Demand Letter is then issued, which explains how the BCRC calculated the amount you owe Medicare, as well as your right to an appeal or waiver.

Medicare Secondary Payer rules say that liability insurance (including self-insurance), no-fault insurance, and workers' compensation must pay for medical items and services before Medicare pays. However, Medicare makes "conditional payments" (payments made to make sure you get the medical services you need while your insurance or workers' compensation claim is being processed). Later, if you get a(n) insurance or workers' compensation settlement, judgment, award, or other payment, Medicare is entitled to be repaid for the items and services for which it made these conditional payments.