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National Alliance of Medicare Set-Aside Professionals

Mechanics of the ~~Lien~~ **Conditional Payment Recovery Process**

October 4, 2018

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AGENDA

- Taking it Back to Basics
- Disputing and Resolving Medicare Conditional Payments
- Overall Best Practice Tips

WHAT IS A CONDITIONAL PAYMENT?

- Medicare defines a conditional payment as a payment made by Medicare for services where another payer may be responsible for payment.
- How does a conditional payment come about?

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MEDICARE SECONDARY PAYER (MSP) STATUTE

42 U.S.C. 1395y(b)(2):

Medicare "may not" pay if medical expenses can be reasonably expected to be paid under WC, Auto, Liability or No Fault Insurance (including self-insurance).

<u>However:</u>

Medicare may make payments and later seek reimbursement making all of their payments "conditional" upon locating a primary payer.

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Should We Refer To These As Liens?

Lien- A legal right or interest that a creditor has in another's property, lasting usually until a debt or duty that it secures is satisfied.

BUT,

Medicare has a **statutory right** to recovery.

WHY ARE CONDITIONAL PAYMENTS SUCH A HOT TOPIC?

- $560.06 million in mistaken and conditional payments identified (both GHP and NGHP), and posted net collections of $160.78 million
- After agency administrative costs (including the CRC's contingency fee amount), $131.78 million was returned to Medicare.

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Which Contractor does CMS use?

- CMS will continue to use the BCRC when pursues recovery from the beneficiary.

- CRC now handles recovery claims when it is pursuing recovery directly from the applicable plan.
- Exception: BCRC continues pursuit of all cases initiated prior to 10/5/15.

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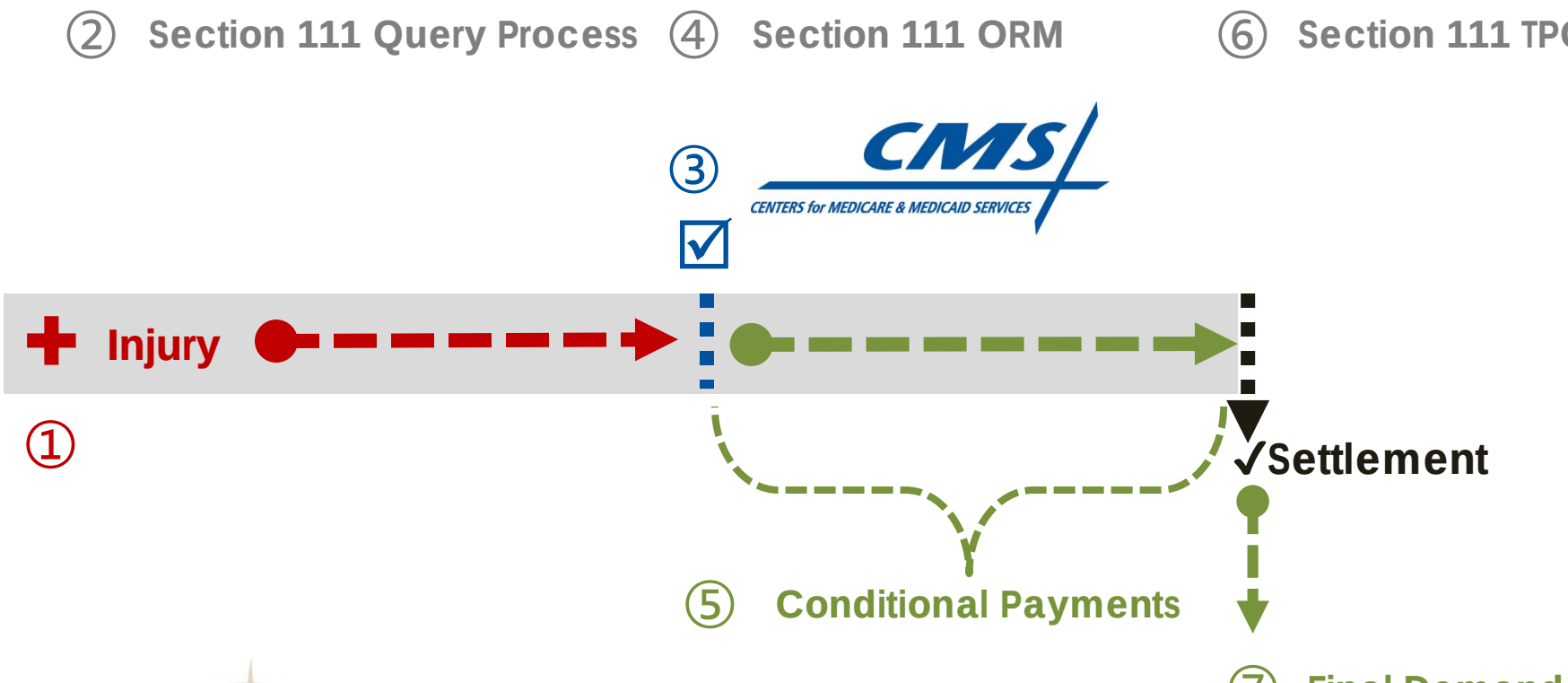
Previous Process



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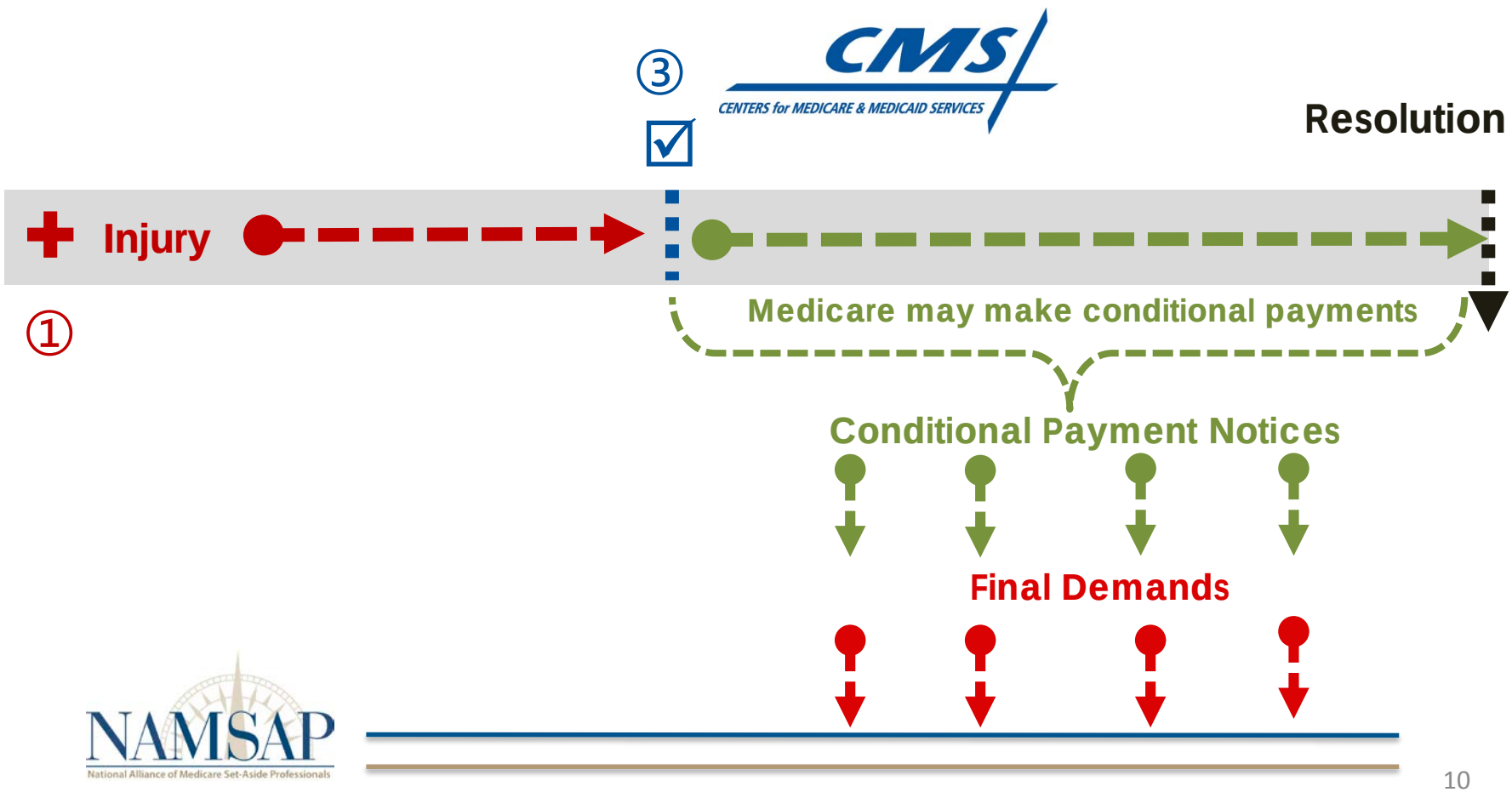
Current Process

② Section 111 Query Process ④ Section 111 ORM ⑥ Section 111 TPOC



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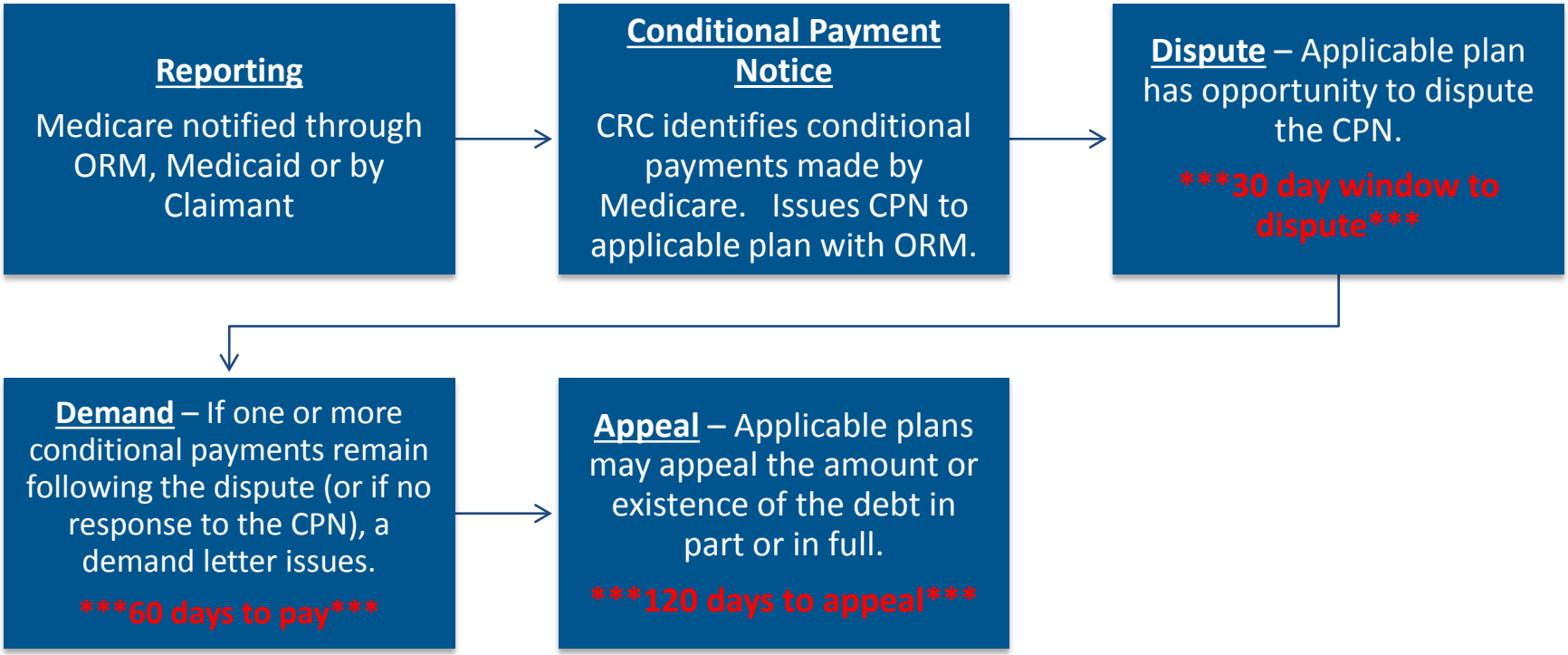
MEDICARE CONDITIONAL PAYMENT INSURER NGHP RECOVERY OVERVIEW



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Sample Conditional Payment Notice

CMS — COB&R Coordination of Benefits and Recovery

March 5, 2018

1058 1 MB 0.424
***MIXED AADC 720 R:1058 T:4 P:5 PC:3 F:841901
[redacted]

COPY
For Information Only

March 5, 2018

1058 1 MB 0.424
***MIXED AADC 720 R:1058 T:4 P:5 PC:3 F:841901
[redacted]

Beneficiary Name: [redacted]
Medicare ID:
Date of Incident:
CRC Recovery ID Number:

Response Due Date: April 04, 2018

Subject: Conditional Payment Notice

THIS IS NOT A BILL. DO NOT SEND PAYMENT AT THIS TIME.

Dear [redacted]

The Commercial Repayment Center (CRC) is writing to advise you that Medicare has identified a claim or number of claims for which you have the primary payment responsibility and Medicare has made primary payment. This notice is being issued to you to ensure Medicare has the most accurate information as the recovery amount due to Medicare is established.

Commercial Repayment Center - NGHP • P.O. BOX 269003 • Oklahoma City, OK 73126 SGLOCNORM

CMS — COB&R Coordination of Benefits and Recovery

The statutory Medicare Secondary Payer (MSP) provisions found in (42 U.S.C. 1395y(b)(2)) precludes Medicare from paying for a beneficiary's medical expenses when "payment has been made or can reasonably be expected to be made", under a Workers' Compensation law or plan of the United States, under an automobile insurance policy or plan, including a self-insured plan or under no-fault insurance. Medicare must recover these payments from the entity responsible for primary payment.

As of the date of this letter, the CRC has determined that Medicare has paid *at least* $267.62 in conditional payments related to the above-referenced matter. The Payment Summary Form listing the claims that comprise this total is enclosed. Please be advised that the conditional payment amount listed above may increase if Medicare pays for additional items and/or services related to the above-referenced matter subsequent to the date of this letter.

Dispute
If your organization believes the enclosed Payment Summary Form to be incomplete, inaccurate, or that your organization is not responsible for repaying Medicare for these payments, for reasons other than the benefits were exhausted, please provide written documentation to support your dispute by the above-referenced response due date.

Please include a description of the illness/injury with your response.

The option to submit a dispute before the CRC issues the CRC Medicare Demand letter will ***NOT*** affect your appeal rights which will be explained in the CRC Medicare Demand letter once it is issued.

Please refer to the **Submitting Documentation to the CRC** section below regarding where to submit your information.

Benefits Exhausted
If payments have been previously made by your organization or benefits under your policy have been previously exhausted, please complete the**CRC Benefits Exhausted Detail Document** in its entirety and forward it with your organization's payment ledger. Your payment ledger must include the following information for each claim/claim line:

- Date of service
- Billed amount
- Amount paid
- Date processed or date payment was made

Sample Conditional Payment Notice

- Payee name

If payment was made to the Centers for Medicare and Medicaid Services (CMS), a Medicare Administrative Contractor (MAC) or the Department of Treasury, please provide the CRC with a photocopy of the front and back of the cancelled check.

Please provide the above-requested benefits exhausted documentation to the CRC by the above-referenced response due date.

Please refer to the **Submitting Documentation to the CRC** section below regarding where to submit your information.

Submitting Documentation to the CRC
If your organization believes the enclosed Payment Summary Form to be incomplete, inaccurate or that your organization is not responsible for repaying Medicare or the benefits have been exhausted, please mail all applicable documentation and/or correspondence to the CRC at the address below by the above-referenced response due date.

Commercial Repayment Center - NGHP
P.O. BOX 269003
Oklahoma City, OK 73126

Please provide the Beneficiary Name, Medicare ID, and the CRC Recovery ID number when corresponding or submitting documentation to the CRC.

Upon receipt of your organizations documentation, the CRC will review the information submitted and notify your organization of the determination, in writing, within 30 days from the date your documentation was received.

If the requested documentation is not received by the above-referenced response due date, a formal CRC Medicare Demand letter will be issued.

If your organization believes the Payment Summary Form is accurate and the benefits have not been exhausted or payments were not previously paid to another entity, you do not need to do anything at this time. A formal CRC Medicare Demand letter will be issued.

CRC Medicare Demand Letter
A formal CRC Medicare Demand letter will be issued and include the amount of the debt, how it arose, Medicare's priority right of recovery, how Medicare is to be repaid, the due date for repayment, your appeal rights, when interest will begin accruing, and the potential for referring any unresolved debt to Treasury, if applicable.

The CRC has copied your organization's MSP Recovery Agent or other representative if one has been designated. If you have an MSP Recovery Agent, but their name is not shown as a "cc" at the end of this letter, please update your information as soon as possible to ensure that your organization's MSP Recovery Agent receives correspondence in the future.

If you have any questions concerning this matter, please contact the CRC Call Center at 1-855-798-2627 (TTY/TDD: 1-855-797-2627 for the hearing and speech impaired), in writing at the address below, or by fax to 844-315-7627. When sending correspondence, please include the Beneficiary Name along with the Medicare ID and the CRC Recovery ID Number (shown above).

Sincerely,

CRC Case Analyst

CC: MEDVAL LLC
CC: [redacted]

Enclosure: Payment Summary Form

Sample Conditional Payment Notice

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

COB&R Coordination of Benefits and Recovery

Payment Summary Form

Report Number: RMCAN - 5-5

Contractor: Commercial Repayment Center - NGHP

Date:: 03/05/2018

Time: 06:30:22

Beneficiary Name: [redacted]

Beneficiary Medicare ID:

Case ID: [redacted]

Case Type: E – Workers Compensation

Date of Incident: [redacted]

Reported Diagnosis Codes: E9278, 7262

TOS	ICN	Line #	Processing Contractor	Provider Name/NPI#	ICD Ind	Diagnosis Codes	HCPCS / DRG	From Date	To Date	Total Charges	Reimbursed Amount	Conditional Payment
40	[redacted]	0	01011	[redacted]	ICD-10	R002, E119, E7800, G8929, M25512, R079		10/13/2016	10/13/2016	$5,478.69	$115.37	$115.37
71		001	01182		ICD-10	M25512, G8929, R002	99285	10/13/2016	10/13/2016	$765.00	$145.05	$145.05
71		002	01182		ICD-10	M25512, G8929, R002	93010	10/13/2016	10/13/2016	$125.00	$7.20	$7.20

Sum of Total Charges	$6,368.69
Total Reimbursed Amount	$267.62
Total Conditional Payments	$267.62

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CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

COB&R
Coordination of Benefits and Recovery

August 17, 2018

[redacted]

COPY
For Information Only

August 17, 2018

[redacted]

Beneficiary Name:
Medicare ID:
Date of Incident:
CRC Recovery ID Number:
Insurer Policy Number:
[redacted]

Subject: Medicare's Conditional Payment Amount

Dear [redacted]:

Medicare has identified a claim or number of claims for which you have the primary payment responsibility and Medicare has made primary payment. Medicare must recover these payments from the entity responsible for primary payment or when payment has been made, from the entity/individual who has received payment for these claims (see 42 U.S.C. 1395y(b)(2)).

CMS
COB&R

As of the date of this letter, the CRC has determined that Medicare has paid *at least* $907.91 in conditional payments. The Payment Summary Form listing the Part A and Part B Fee-for-Service claims that comprise this total, is enclosed with this letter.

Please be advised, this case file is still being investigated to obtain any other outstanding Medicare conditional payments; therefore, the enclosed listing of current conditional payments is not final.

If you believe the enclosed itemization of conditional payments is incomplete, inaccurate, or that you are not responsible for repaying Medicare for these payments, please provide documentation along with an explanation to support your dispute. Please include a description of the illness/injury with your response.

If an MSP Recovery Agent has been identified through Medicare, Medicaid, and SCHIP Extension Act (MMSEA) Section 111 Mandatory Insurer Reporting as representing your organization, the CRC is sending them a copy of this letter. If you have a MSP Recovery Agen, but their name is not shown as a "cc" at the end of this letter (indicating that they are receiving a copy), please update your information through your MMSEA Section 111 reporting as soon as possible to ensure your records are updated accordingly.

If you have any questions concerning this matter, please contact the CRC Call Center at 1-855-798-2627 (TTY/TDD: 1-855-797-2627 for the hearing and speech impaired), in writing at the address below, or by fax to 844-315-7627. When sending correspondence, please include the Beneficiary Name along with the Medicare ID and the CRC Recovery ID Number (shown above).

Sincerely,

CRC Case Analyst

CC:
CC: [redacted]

Enclosure: Payment Summary Form

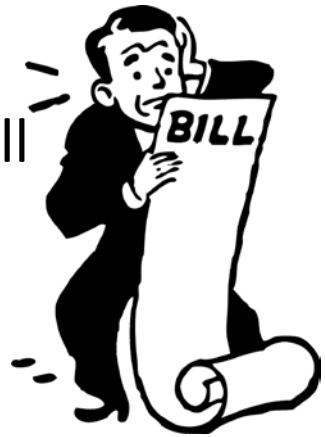
Sample Conditional Payment Letter

SO, WHAT DO YOU DO NOW?

A - Analyze and carefully review the CPN/CPL to identify unrelated payments. Pay attention to dates of service and ICD codes.

C - Challenge and dispute any unrelated charges. Explain the basis for the disputed charges, and attach any available supporting documentation.

T - Timeframes must be adhered to; be mindful of all response due dates.



TIPS FOR DISPUTING UNRELATED CHARGES

- Review each claim
  - Specifically, the following as listed on the Payment Summary Form:
    - Reported diagnosis codes;
    - Dates of service;
    - Provider;
    - Diagnosis codes for each service/treatment; and
    - HCPS/DRG (data is actually CPT and/or MS-DRG codes).

Payment Summary Form

Report Number: [redacted]

Contractor: Commercial Repayment Center - NGHP

Date:: 06/14/2018

Time: 06:30:29

Beneficiary Name: [redacted]

Beneficiary Medicare ID:

Case ID: [redacted]

Case Type: E – Workers Compensation

Date of Incident: [redacted]

Reported Diagnosis Codes: G894, M5012, Y9364

TOS	ICN	Line #	Processing Contractor	Provider Name/NPI#	ICD Ind	Diagnosis Codes	HCPCS / DRG	From Date	To Date	Total Charges	Reimbursed Amount	Conditional Payment
40	[redacted]	0	01011	[redacted]	ICD-10	S90111A, I10		05/08/2017	05/08/2017	$326.00	$134.97	$134.97

Sum of Total Charges	$326.00
Total Reimbursed Amount	$134.97
Total Conditional Payments	$134.97

TIPS FOR DISPUTING UNRELATED CHARGES

- Look to billing records, if possibly available:
  - Billing records from medical providers will typically include diagnosis codes
    - For example, Health Insurance Claim Forms may be helpful.
      - Compare these to the payment summary form to determine if codes identified are valid and related.

TIPS FOR DISPUTING UNRELATED CHARGES

- What if there are no billing records?
  - Type of provider and CPT/MS-DRG should be analyzed.
    - Ex. A charge for a podiatrist visit for a shoulder injury.
  - Diagnosis codes need to be determined from the available information you do have
    - What's available?
      - First Report of Injury
      - Medical treatment records
      - Legal documents (Complaints, Depositions, Settlement documents)

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TIPS FOR DISPUTING UNRELATED CHARGES

- ✓ If not disputing through the portal, send a letter disputing those charges to the CRC at the address noted in the letter, before the due date.
- ✓ Include a copy of the payment summary form with charges being disputed marked in some fashion.
- ✓ Provide your argument as to why you feel the charges are not related and then include medical records.

WHAT ARE THE MOST COMMON ARGUMENTS FOR DISPUTING A CPN OR CPL?

- Applicable plan has already paid for the treatment;
- Treatment is unrelated to the injury;
- Treatment is unrelated, or determined to be not reasonable or necessary based upon a judicial decision;
- Treatment is not reasonable or necessary based upon a statutory process;
- The injury has been completely denied.

Final Tips: CPNs & CPLs

- Treat documents the same
- Identify any unrelated treatment and compare to medical records
- Look for pre-existing conditions, or exacerbations of pre-existing conditions to bolster unrelated treatment arguments
- Dispute **immediately** – if you can through the MSPRP and follow up to confirm receipt

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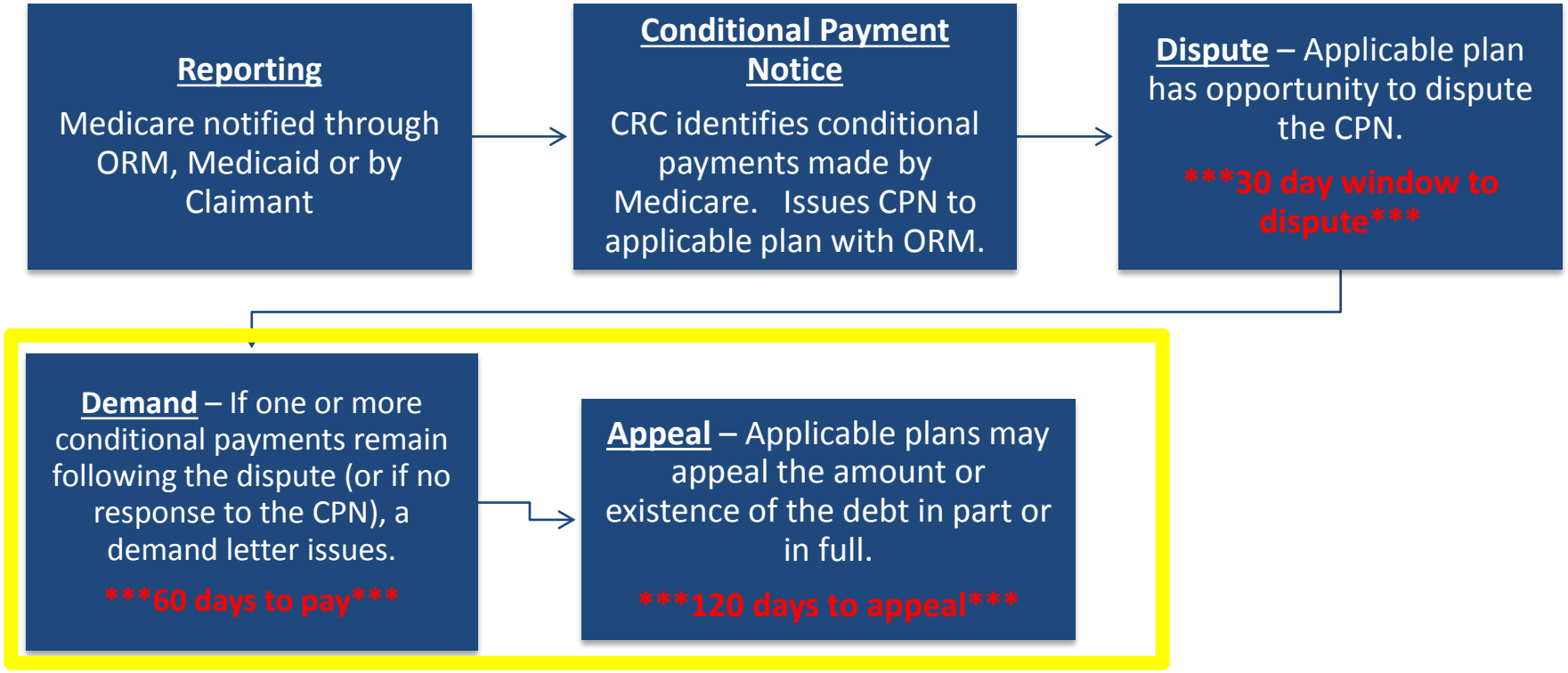
WHAT HAPPENS AFTER THE DISPUTE?



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Sample Demand Letter

May 3, 2018

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For Information Only

May 3, 2018

Beneficiary Name:
Medicare ID:
Date of Incident:
CRC Recovery ID Number:
Insurer Policy Number:
Demand Amount: $4,510.59

Response Due Date for Payment: July 01, 2018

Response Due Date for an Appeal Request: September 05, 2018

Subject: Medicare's Demand Amount

Dear

Medicare's records indicate that your organization is the responsible primary payer for services Medicare paid conditionally as a result of an illness/injury which occurred October 03, 2011.

Pursuant to the Medicare Secondary Payer (MSP) provisions of the Social Security Act, liability insurance (including self-insurance), no-fault insurance, and workers' compensation coverage are primary to Medicare (Section 1862(b)(2) of the Act, 42 U.S.C. 1395y(b)(2)). We have researched our records and identified the items and services related to the beneficiary's insurance/workers' compensation case, for which Medicare has made payment. Medicare made conditional payments in the amount of $4,510.59. The Payment Summary Form is enclosed for your reference.

Dispute Response - If your organization submitted a dispute in response to the Conditional Payment Notice (CPN) or Conditional Payment Letter (CPL), the enclosed Payment Summary Form will identify the claims that were disputed and the outcome for each claim/claim line.

Payment - Please provide a check or money order made payable to **Medicare** in the amount of $4,510.59. If the amount payable under your coverage as primary payer is less than the demand amount, please provide documentation that explains the lesser payment along with the check or money order. The amount requested in this letter may not include payments received prior to the date of this demand letter. Please deduct any previous payments made to Medicare for this debt.

Submit payment and your organization's payment ledger or similar document on your organization's letterhead, identifying the claims the payment represents by the above-referenced due date for payment to the CRC address listed below.

Right to Appeal - If your organization believes the amount or existence of the debt is in error, an appeal may be filed. To file an appeal, send a letter explaining why the amount or existence of the debt is incorrect, including supporting documentation, if applicable. Medicare will continue collection efforts unless and until an appeal is requested. Medicare will suspend any recovery action while an appeal is pending; however, interest will continue to accrue on any outstanding balance from the date of this letter.

Your organization has 120 days from receipt of this letter to file an appeal. We must assume that your organization received this letter within 5 days of the date of the letter unless your organization provides proof to the contrary. This means the appeal must be filed no later than the above-referenced response due date for an appeal request.

If we issue a decision that is not favorable to your organization and your organization would like to appeal our decision, our letter will provide information on the next steps to request an appeal at the next level.

Sample Demand Letter

If you are the agent acting on behalf of the above-referenced entity, you must provide a Letter of Authority in order to file an appeal. If you have already provided this documentation, you are not required to submit it again. Please note, that appeals filed without a proper Letter of Authority will be dismissed.

Interest - Interest will accrue on any unpaid portion of this debt from the date of this letter. Interest will begin to be assessed if this debt is not fully resolved within 60 days of the date of this letter at an annual rate of 10.250% and is payable for each full 30 day period the debt remains unresolved. By law, all payments are applied to interest first, principal second. For provisions specific to interest on MSP debts, see 42 C.F.R. 411.24(m).

Referral to Treasury - The provisions of the Debt Collection Improvement Act of 1996 (DCIA) applies to all Medicare debts. The failure to respond as requested, within 60 days of the date of this letter, may result in the initiation of additional recovery procedures without further notice. The DCIS requires Federal Agencies to refer debts to the Department of Treasury or its designated debt collection center for recovery actions, which can include, collection by offset against tax refunds owed to your organization or other entities. DCIA also allows Medicare to refer delinquent debtors to the Department of Justice for legal action.

The CRC has copied your organization's MSP Recovery Agent or other representative if one has been designated. If you have an MSP Recovery Agent, but their name is not shown as a "cc" at the end of this letter, please update your information as soon as possible to ensure that your organization's MSP Recovery Agent receives correspondence in the future.

If you have any questions concerning this matter, please contact the CRC Call Center at 1-855-798-2627 (TTY/TDD: 1-855-797-2627 for the hearing and speech impaired), in writing at the address below, or by fax to 844-315-7627. When sending correspondence, please include the Beneficiary Name along with the Medicare ID and the CRC Recovery ID Number (shown above).

Sincerely,

CRC Case Analyst

Enclosure: Payment Summary Form

WHAT HAPPENS WHEN THE DEMAND IS NOT PAID

- Interest on the Debt – Interest accrues from the date of the demand letter if the debt is not resolved in 60 days.
- If no resolution, an “Intent to Refer” (ITR) letter is issued (sample letter on next slide).

Sample Notice of Intent to Refer

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

COB&R Coordination of Benefits and Recovery

June 4, 2018

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[redacted]

COPY
For Information Only

June 4, 2018

1063 1 MB 0.424
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[redacted]

Past-Due Debt Owed CMS as of May 29, 2018:	$60,128.26
Date Debt Became Past-Due:	February 03, 2018
Date of Demand Letter Previously Sent:	December 05, 2017
Beneficiary Name:	[redacted]
Medicare ID:	
Date of Incident:	
CRC Recovery ID Number:	
Insurer Policy Number:	NOT AVAILABLE

NOTICE OF INTENT TO REFER DEBT TO THE DEPARTMENT OF TREASURY OR A DEPARTMENT OF TREASURY DESIGNATED DEBT COLLECTION CENTER FOR CROSS-SERVICING AND OFFSET OF PAYMENTS.

Dear [redacted]:

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

COB&R Coordination of Benefits and Recovery

The Centers for Medicare & Medicaid Services (CMS) has determined that your organization owes the Medicare program the amount shown above and this amount is delinquent (past due). This debt arose under the Medicare Secondary Payer (MSP) provisions of the Social Security Act.

- The amount shown includes principal and interest. This amount may be collected through offset of any payments (subtraction of any payments) due to your organization.
- The Debt Collection Improvement Act (DCIA) of 1996 requires Federal agencies to refer delinquent debts to the Department of Treasury and/or a designated Debt Collection Center (DCC). Collection actions may include Treasury's Offset Program (TOP) which collects delinquent Federal debts through offset from other Federal agency payments your organization may be entitled. Including the offset of an income tax refund your organization may be entitled through the referral of this debt to the Internal Revenue Service (IRS) and any Federal benefit payments.
- Treasury or a designated DCC, also uses various other collection actions including offset, demand letters, phone calls, referral to a private collection agency and/or referral to the Department of Justice or agency counsel for litigation.

The purpose of this notice is to inform you of our (CMS) intention to refer your debt to Treasury and/or a designated DCC, under the provisions of the DCIA, Title 31 United States Code, Section 3711, to collect this debt.

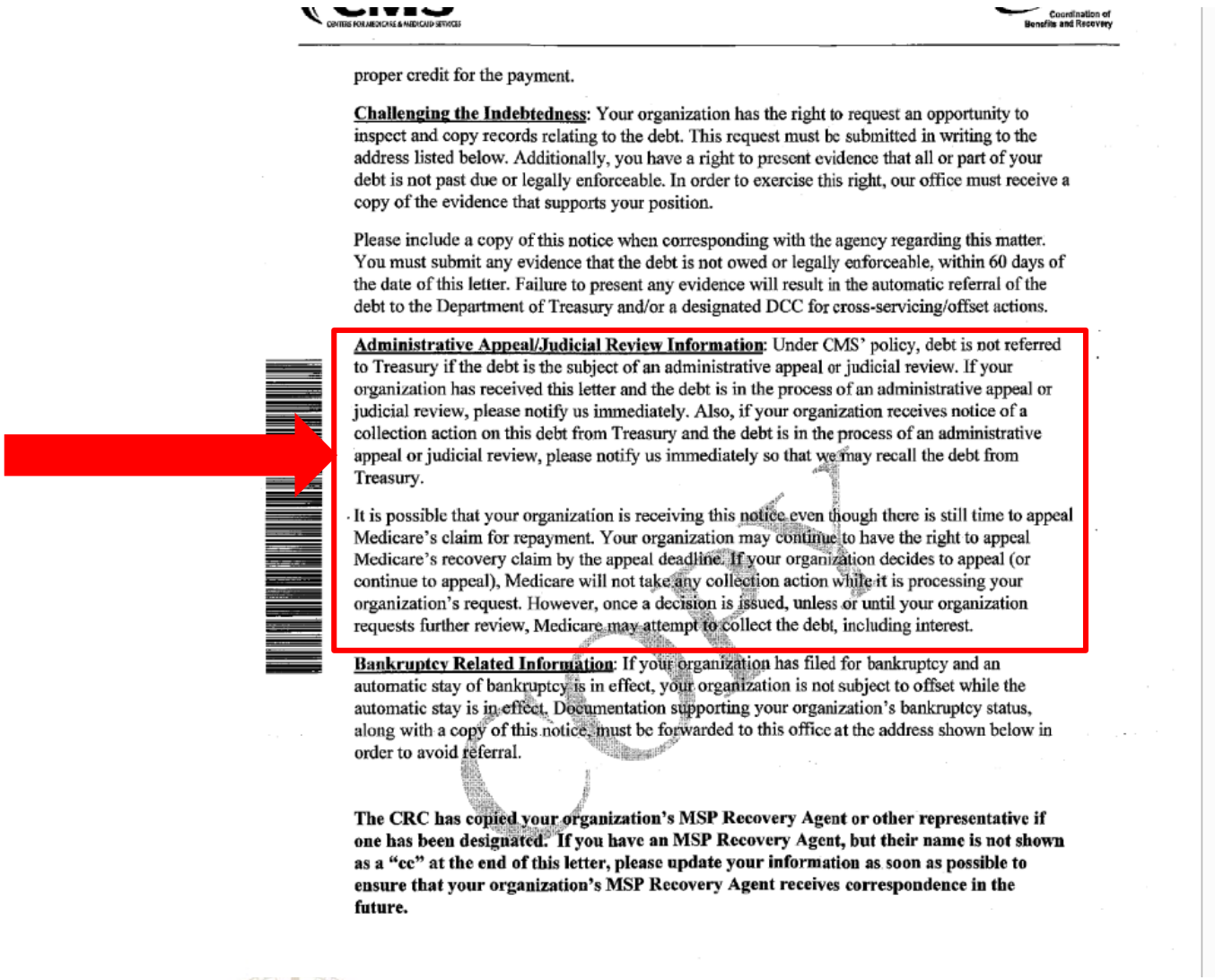
This referral will permit the Department of Treasury and/or a designated DCC to pursue recovery using the processes and tools mentioned above. During this collection process, interest will continue to accrue on the debt and you will remain legally responsible for any amount not satisfied through the collection or offset efforts.

Please read the following information carefully as it explains your organization's rights and options which may assist you in resolving this matter prior to referral.

Payment in Full: Your organization's debt will not be referred to the Department of Treasury if, your organization makes payment in full. The past-due debt owed to CMS as of May 29, 2018 is $60,128.26. By regulation, interest is due and payable for each full 30-day period that the debt is not fully liquidated. Be advised, interest will continue to accrue monthly and will be added to the balance if the debt remains past-due.

Please make your organization's check or money order payable to **Medicare**. Include a copy of your organization's payment ledger or similar document identifying the claims your payment represents and forward both to the address below. Your organization's check should also include the above-referenced, "CRC Recovery ID Number" to ensure that your organization receives

Sample Notice of Intent to Refer



CENTERS FOR MEDICARE & MEDICAID SERVICES

Coordination of Benefits and Recovery

proper credit for the payment.

Challenging the Indebtedness: Your organization has the right to request an opportunity to inspect and copy records relating to the debt. This request must be submitted in writing to the address listed below. Additionally, you have a right to present evidence that all or part of your debt is not past due or legally enforceable. In order to exercise this right, our office must receive a copy of the evidence that supports your position.

Please include a copy of this notice when corresponding with the agency regarding this matter. You must submit any evidence that the debt is not owed or legally enforceable, within 60 days of the date of this letter. Failure to present any evidence will result in the automatic referral of the debt to the Department of Treasury and/or a designated DCC for cross-servicing/offset actions.

Administrative Appeal/Judicial Review Information: Under CMS' policy, debt is not referred to Treasury if the debt is the subject of an administrative appeal or judicial review. If your organization has received this letter and the debt is in the process of an administrative appeal or judicial review, please notify us immediately. Also, if your organization receives notice of a collection action on this debt from Treasury and the debt is in the process of an administrative appeal or judicial review, please notify us immediately so that we may recall the debt from Treasury.

It is possible that your organization is receiving this notice even though there is still time to appeal Medicare's claim for repayment. Your organization may continue to have the right to appeal Medicare's recovery claim by the appeal deadline. If your organization decides to appeal (or continue to appeal), Medicare will not take any collection action while it is processing your organization's request. However, once a decision is issued, unless or until your organization requests further review, Medicare may attempt to collect the debt, including interest.

Bankruptcy Related Information: If your organization has filed for bankruptcy and an automatic stay of bankruptcy is in effect, your organization is not subject to offset while the automatic stay is in effect. Documentation supporting your organization's bankruptcy status, along with a copy of this notice, must be forwarded to this office at the address shown below in order to avoid referral.

The CRC has copied your organization's MSP Recovery Agent or other representative if one has been designated. If you have an MSP Recovery Agent, but their name is not shown as a "cc" at the end of this letter, please update your information as soon as possible to ensure that your organization's MSP Recovery Agent receives correspondence in the future.

WHAT HAPPENS WHEN THE DEMAND IS NOT PAID

- **Referral to Treasury** – If any portion of the debt remains delinquent 180 days from the date of the demand letter, the CRC will initiate collection services with the Department of Treasury.
- Letter will be received directly from the Department of Treasury (sample letter on next slide).

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Department of Treasury Request for Payment

00581

Our records indicate that you owe the U.S. Government $43,116.65.

The Medicare Secondary Payer Debt - Non GHP, Centers for Medicare & Medicaid Services, referred your unpaid debt to the U.S. Department of the Treasury, Bureau of the Fiscal Service, for immediate collection. You must immediately pay your debt to stop collection action and prevent the addition of more interest, penalties and administrative costs.

Treasury Case Number:
Agency Debt Number:
Medicare Case ID:
Beneficiary:

How Do I Pay My Debt?
Pay Online: Visit www.pay.gov/paygov/paymydebt and follow the instructions to pay online.

Pay By Phone: Call (888) 826-3127 and provide our agent your debit card information. You may also discuss payment options with representatives at this number if you are unable to satisfy the debt immediately.

Pay By Mail: Mail your payment and completed payment coupon to the address below. If you pay by check, include the Treasury Case Number in the memo section of your check.

What If I Do Not Pay My Debt?
As allowed by federal law, we may withhold some or all monies from your tax refunds and other federal and state payments. We may garnish your wages, refer your unpaid debt to a collection agency and report your debt to the credit bureaus, which could hurt your credit score. You will find further information online at www.fiscal.treasury.gov/debt

U. S. Department of the Treasury, Bureau of the Fiscal Service

DSBDL__003_ fdv1 DETACH HERE

PAYMENT COUPON
*Includes applicable interest, administrative costs and penalties.

Treasury Case Number: *Amount Due: $43,116.65

Send your payment to:
U.S. Department of the Treasury
P.O. Box 979101
St. Louis, MO 63197-9000

Send all other mail to:
U.S. Department of the Treasury
P.O. Box 830794
Birmingham, AL 35283-0794

METHOD OF PAYMENT
Pay online at www.pay.gov/pay.gov/paymydebt or select one below:
☐ Check ☐ Money Order Amount Enclosed $ _____
☐ Debit Card Account Number: _____
(We do not accept credit cards)
Expiration Date: _____ Authorized Amount: _____
Authorized Signature: _____

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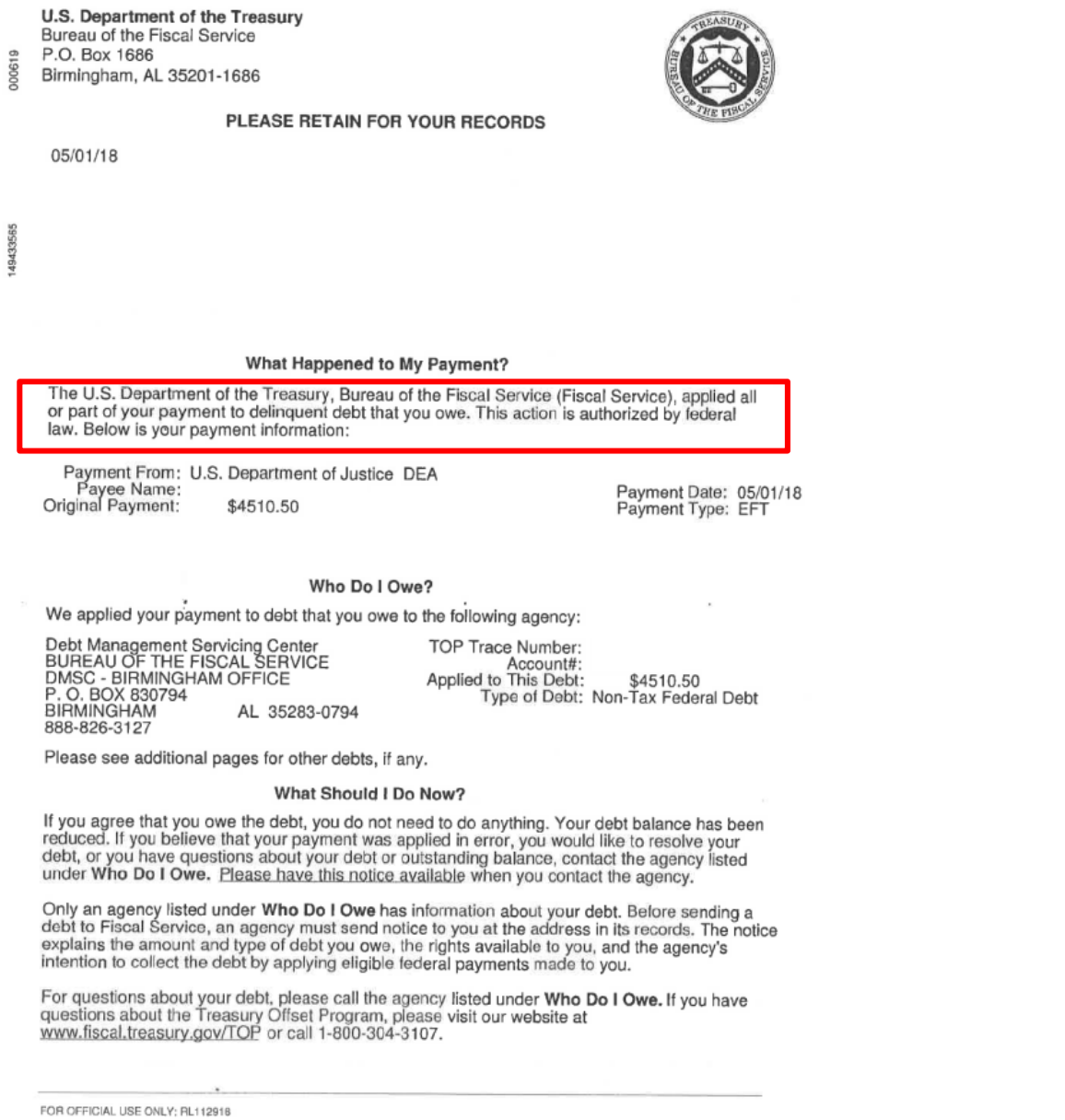
Sample Offset



U.S. Department of the Treasury
Bureau of the Fiscal Service
P.O. Box 1686
Birmingham, AL 35201-1686

000619

PLEASE RETAIN FOR YOUR RECORDS

05/01/18

14943585

What Happened to My Payment?

The U.S. Department of the Treasury, Bureau of the Fiscal Service (Fiscal Service), applied all or part of your payment to delinquent debt that you owe. This action is authorized by federal law. Below is your payment information:

Payment From: U.S. Department of Justice DEA
Payee Name:
Original Payment: $4510.50

Payment Date: 05/01/18
Payment Type: EFT

Who Do I Owe?

We applied your payment to debt that you owe to the following agency:

Debt Management Servicing Center
BUREAU OF THE FISCAL SERVICE
DMSC - BIRMINGHAM OFFICE
P. O. BOX 830794
BIRMINGHAM AL 35283-0794
888-826-3127

TOP Trace Number:
Account#:
Applied to This Debt: $4510.50
Type of Debt: Non-Tax Federal Debt

Please see additional pages for other debts, if any.

What Should I Do Now?

If you agree that you owe the debt, you do not need to do anything. Your debt balance has been reduced. If you believe that your payment was applied in error, you would like to resolve your debt, or you have questions about your debt or outstanding balance, contact the agency listed under **Who Do I Owe.** Please have this notice available when you contact the agency.

Only an agency listed under **Who Do I Owe** has information about your debt. Before sending a debt to Fiscal Service, an agency must send notice to you at the address in its records. The notice explains the amount and type of debt you owe, the rights available to you, and the agency's intention to collect the debt by applying eligible federal payments made to you.

For questions about your debt, please call the agency listed under **Who Do I Owe.** If you have questions about the Treasury Offset Program, please visit our website at www.fiscal.treasury.gov/TOP or call 1-800-304-3107.

FOR OFFICIAL USE ONLY: RL112918

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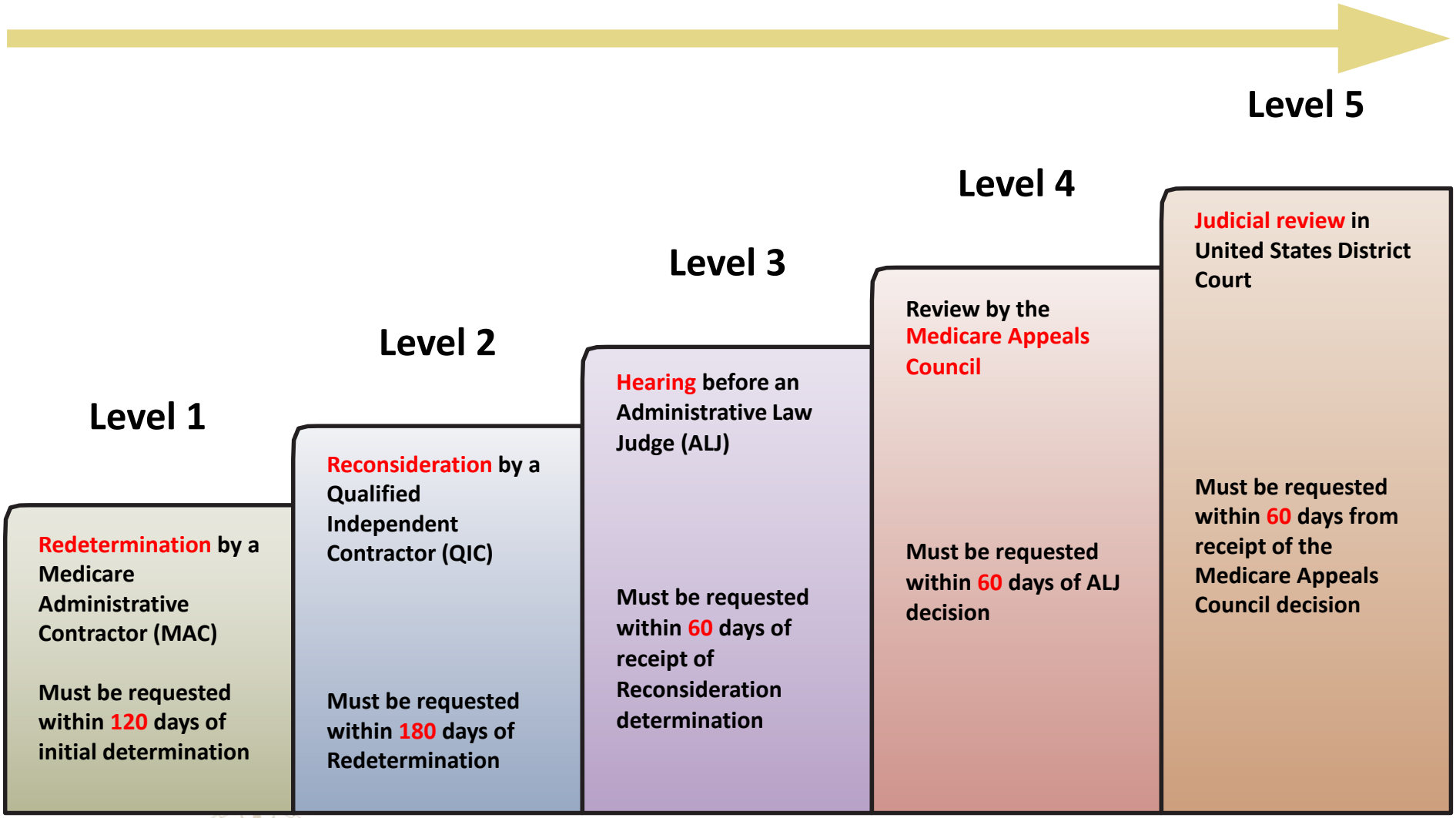
MEDICARE APPEALS PROCESS



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WHAT YOU NEED TO KNOW ABOUT APPEALS:

- What is subject to an appeal:
  - The existence of the debt; and
  - The amount of the debt.
- With respect to the debt itself, CMS has indicated they are not required to establish causation
  - Demonstration of primary payer responsibility is sufficient.
- Statements that the applicable plan has already paid the beneficiary or another party are not valid defenses

TIPS AND SUGGESTIONS FOR APPEALS

- Pay attention to all correspondence
- Have a process in place
- Use appropriate terms with respect to each level of the appeals process
- Be specific about your appeal request
- **Perseverance** and **advocacy** pay off!

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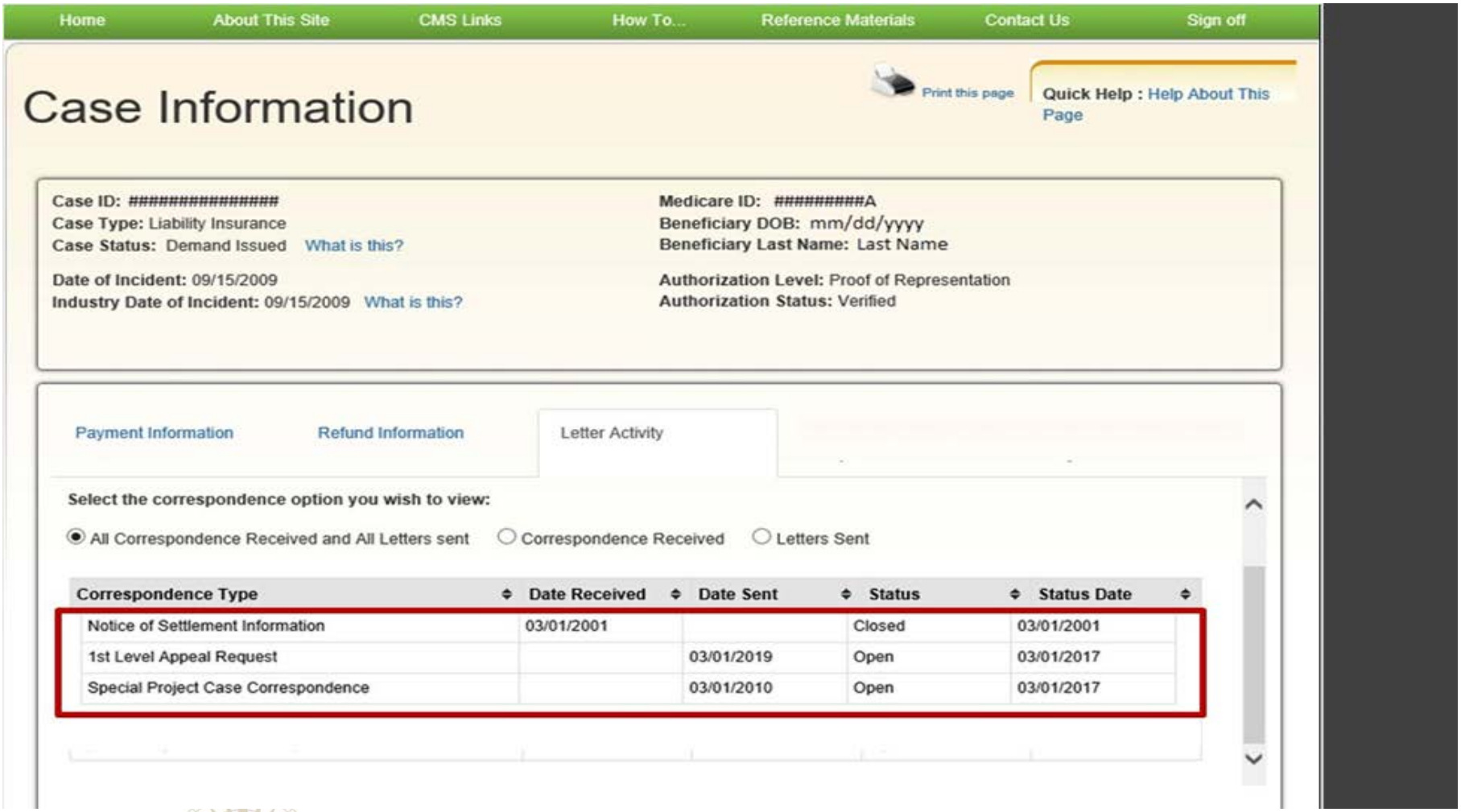
ENHANCED MSPRP FEATURES

- Electronic conditional payment letters (eCPLs) for BCRC and CRC insurer-debtor cases may be obtained (and also on cases that are in bankruptcy proceedings).
- There is a new read-only Letter Activity tab to the Case Information page which displays correspondence that has been sent.
- In cases where Part A, non-inpatient, claims do not have a HCPCS or DRG code associated with them, the Primary Diagnosis Code will appear on the Payment Summary Form (PSF), in bold, under the DX Codes column, along with an explanatory footnote.

View of MSPRP portal- Letter Activity tab



OVERALL BEST PRACTICE TIPS

- Internal Protocols
- Establish a Working Relationship with the Contractors
- Consider Designating a Recovery Agent
- Use the MSPRP **Efficiently**

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THANK YOU!

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