Commercial Repayment Center (CRC) Group Health Plan (GHP) Recovery Town Hall

January 14, 2020

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GHP Recovery Overview

- Sometimes, after a Medicare claim is paid, CMS receives new information that indicates Medicare made a primary payment by mistake.

- Based on this new information, CMS via the Commercial Repayment Center (CRC) takes action to recover the mistaken Medicare payment.

- The CRC issues a demand letter for repayment to any or all the parties obligated to repay Medicare (the employer, insurer, third party administrator, plan, or other plan sponsor.)

- If the CRC does not receive repayment or a valid documented defense in response, it will refer the debt to the Department of the Treasury

Valid Defenses

- There are various types of defenses, these include:
  - Coverage Based on Employment Status
  - Non-Covered Services
  - Duplicate Primary Payment
  - Capitation
  - Timely Filing
  - Employer Size (Working Aged)
  - Employer Size (Disabled)
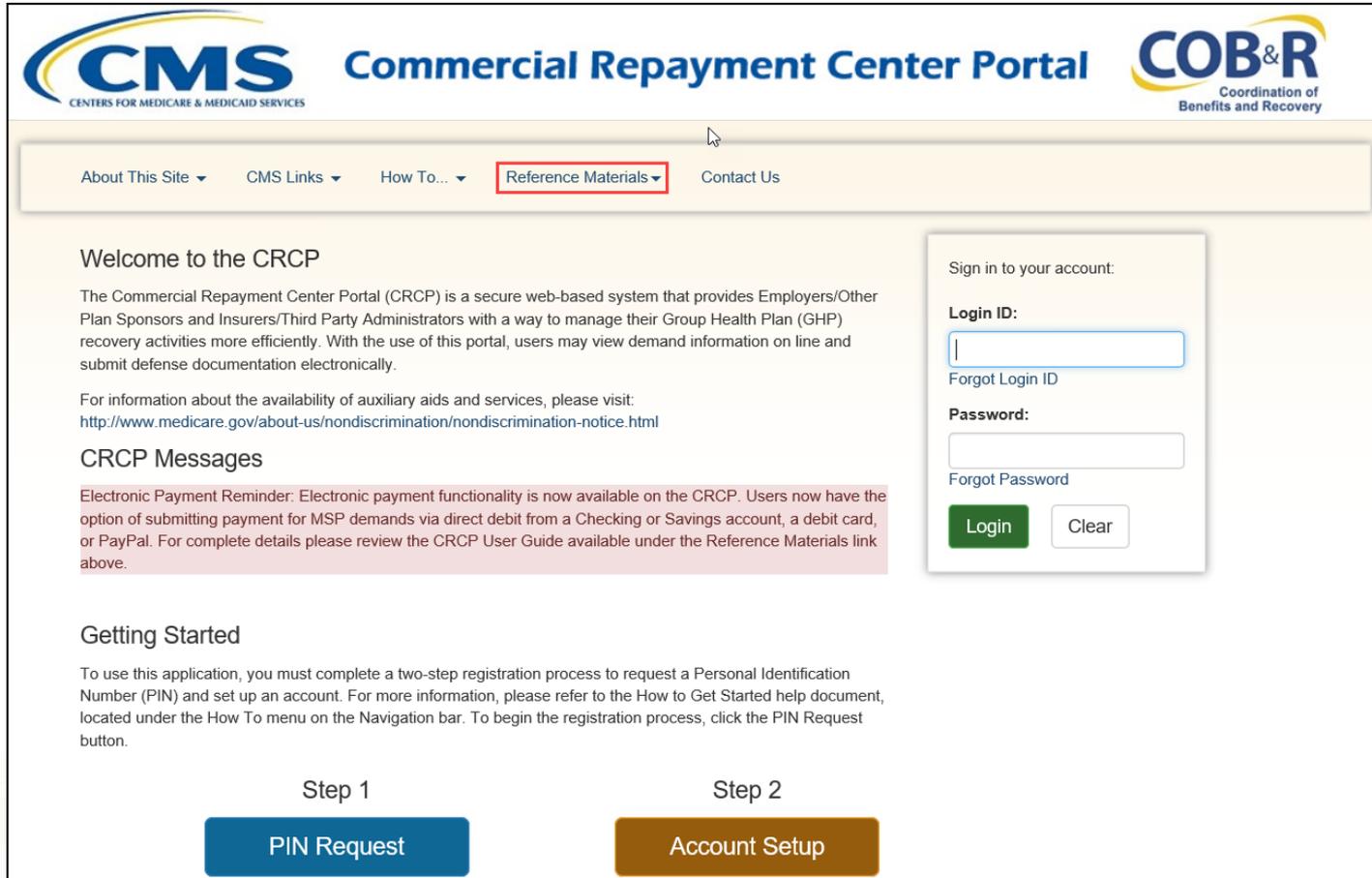 - Long Term Disability

Incomplete Defenses

- Common Issues:
  - Incorrect plan year documents
  - Incomplete spreadsheets
  - Explanation Of Benefits (EOB) showing Medicare as a provider
  - Follow up defense sent in without the requested information
  - Payments missing case number and/or Medicare ID
- Valid Defense Instructions are included in the Demand packet and are available on CMS.gov.

CRCP Overview

- The CRCP is a web-based tool designed to provide Employers, Insurers, and Third-Party Administrators with a way to manage their GHP recovery activities electronically.

- The CRCP can be accessed using the following CRCP Application link: https://www.cob.cms.hhs.gov/CRCP/

CRCP Overview (2)

Registration is required before you can access the CRCP.

CRCP Overview (3)

- The CRCP allows users to:
    - Streamline the recovery process with self service tools
    - View demand related case information
    - Submit documented defense information
    - View and track case information (including financial data, defense status, and correspondence history)
    - Initiate electronic payments through Pay.gov
- There is a full CRCP training curriculum is available on CMS.gov.

CRCP Focus Group

- CMS will be creating a focus group for CRCP users.

- The purpose of this group is to review the current functionality of the CRCP and identify potential enhancements for the CRCP.

- If you are interested in participating in the focus group, please send an email to the CMS GHP Resource Mailbox with the subject "CRCP Focus Group" and your contact information to: COBR-GHP-Comments@cms.hhs.gov

Contacts

Topic	Who to Contact	Contact Information
Case specific recovery	CRC Contact Center	1-855-798-2627 (TTY/TDD: 1-855-797-2627 for the hearing and speech impaired). After selecting your language preference, select "4" to reach the CRC queue.
CRCP account set-up/ maintenance	BCRC EDI Dept	1-646-458-6740
Section 111 Reporting	BCRC EDI Dept	1-646-458-6740

Resources

- CRCP User Guide
- CRCP Training Curriculum
- crcoutreachteam@performantcorp.com

Questions & Answers

Slide 1: Commercial Repayment Center (CRC) Group Health Plan (GHP) Recovery Town Hall

Welcome to the Group Health Plan Commercial Repayment Center Recovery Town Hall.

Slide 2: Presentation Overview

Before we get to our question and answer session, we would like to touch on a few topics including an overview of GHP Recovery, defenses, incomplete defenses, an overview of the CRCP and some contacts and resources.

Slide 3: GHP Recover Overview

We use Section 111 reporting to identify the case of mistaken payments, so the accuracy of your Section 111 reporting is critical to recovery efforts. And while the intention of this presentation is to discuss GHP recovery topics we do want to mention that if you have any questions regarding Section 111 reporting you can reference the GHP User Guide on CMS.gov or contact your EDI representative.

While many of you are familiar with the GHP recovery process we just wanted to give an overview to start.

Sometimes, after a Medicare claim is paid, CMS receives new information that indicates Medicare made a primary payment by mistake.

Based on this new information, CMS takes action via the Commercial Repayment Center (CRC) to recover the mistaken Medicare payment.

The CRC issues a demand letter for repayment to any or all the parties obligated to repay Medicare (the employer, insurer, third party administrator, plan, or other plan sponsor).

If the CRC does not receive repayment or a valid documented defense in response, it will refer the debt to the Department of the Treasury for the Treasury.

Slide 4: Valid Defenses

We would like to take a moment to talk about valid defenses. Once mistaken payments have been identified the CRC will send a demand package. Should you receive your demand package and disagree with it you can file a defense. There are several valid defense reasons. Each defense reason has required documentation that must also be submitted with the defense.

We would like to just go through the valid defense reasons and the required documentation for each.

Coverage Based on Employment Status: If a Beneficiary did not have GHP due to coverage ending, retirement, termination, etc., during the time frame of the date of service(s) listed on the Demand, an Employer should provide documentation confirming the Beneficiary's end of coverage.

Required documentation for this defense includes Name of Beneficiary and identification of the individual through whom the Beneficiary had coverage. Certification of the date of retirement or termination of that individual or their coverage. Name, title, and contact information of the person issuing the correspondence on the Employer's behalf. Letter identification number, case number, or lead number and a copy of Medicare's original Demand Letter.

Non-Covered Services: When services are listed in the Demand, a GHP can provide certain documentation as proof that these services are not covered by the plan.

Required documentation will include, date(s) of service, total amount of claim(s), allowed amount, co-pays, deductibles, copy of the Explanation of Benefits (EOB) including the denial code and reason, copy of plan documents or policy, specific to the year services were rendered in, indicating the reason why the service was not covered, name, title, and contact information of person supplying the Defense documentation and a copy of Medicare's original Demand Letter.

Duplicate Primary Payment: This is when Medicare and a GHP both make primary payment for the same date of service(s) listed on a Demand.

For this defense you must submit: beneficiary name, Medicare ID, and an explanation of the defense. You must also include submission of an EOB concerning a paid claim, or a spreadsheet or screen prints of any EOBs concerning paid claims as a Defense for claims previously paid by the Insurer/TPA, as a primary payer, to a Provider or to the Beneficiary, and a copy of Medicare's original demand letter.

Capitation: This is when a Group Health Plan's full primary payment responsibility was resolved by payment to a Provider, physician, or supplier of a contractually set amount for each enrolled person, per period of time, whether or not an enrollee seeks care.

This defense requires the following documentation: name of beneficiary and/or the name of the subscriber, if applicable, information to identify the claim(s) to which the Defense applies, name, title, and contact information of the person supplying the Defense documentation, explanation of benefits, spreadsheet, or computer print-out that identifies the payment made was a capitated amount, and a copy of Medicare's original Demand Letter.

Timely Filing: This is when a date of service is greater than three (3) years from the date of Medicare's Demand.

To submit a possible Timely Filing Defense, there must first be certification that there is no knowledge of the claim. "No knowledge" means that records do exist for the Beneficiary and that no claim for services was ever presented, whether for primary, secondary, or tertiary payment. All of the following must be clarified in the defense:

- Records for the Beneficiary exist;
- All records for the Beneficiary were searched;
- No record of the services being provided were located;
- Medicare's Demand was treated as a request for an appeal of Timely Filing and the appeal was denied; OR
- Medicare's Demand was treated as a request for waiver of Timely Filing and the waiver was denied; OR
- Appeal and/or waiver rights do not exist within the plan.

You must include: plan documents for the year the services were rendered that establish the Timely Filing period, name, title, and contact information of person supplying the Defense documentation, and a copy of Medicare's original Demand Letter.

Employer Size (Working Aged): This is when a Beneficiary with GHP coverage is entitled to Medicare due to age (65 years old or older), Medicare is primary to that GHP if the Employer that

sponsors or contributes to that GHP has fewer than 20 full- and/or part-time employees for 20 non-consecutive weeks for the preceding year. If the GHP is a Multi-Employer Plan, all participating Employers that sponsor or contribute to that GHP must have fewer than 20 full- and/or part-time employees for 20 non-consecutive weeks for the preceding year.

Documentation for this defense includes the following: that you employed fewer than 20 employees for 20 non-consecutive weeks for each year and the preceding year that the Beneficiary received services, and that you did not participate in a multiple-employer GHP, name, title, and contact information of person supplying the Defense documentation.

If the Employer participated in a multiple-Employer GHP, CRC requires a statement from the GHP that:

Each participating Employer employed fewer than 20 employees for 20 non-consecutive weeks for each year and the preceding year that the Beneficiary received services and a copy of Medicare's original Demand Letter.

Employer Size (Disabled): This is when a Beneficiary with GHP coverage is entitled to Medicare due to disability, Medicare is primary to that GHP if the Employer that sponsors or contributes to that GHP has fewer than 100 full- and/or part-time employees for 50 percent or more of its business days for the preceding year.

If the GHP is a Multi-Employer Plan, all participating Employers that sponsor or contribute to that GHP must have fewer than 100 full- and/or part-time employees for 50 percent or more of its business days for the preceding year.

The following information must be submitted: You employed fewer than 100 employees for 50 percent of the year for each year and the preceding year that the Beneficiary received services, and that you did not participate in a multiple-Employer GHP. Name, title, and contact information of person supplying the Defense documentation.

If you did participate in a multiple-Employer GHP, CRC requires a statement from the GHP that: Each participating group employed fewer than 100 employees for 50 percent of the year for each year and the preceding year, and that the Beneficiary received services and a copy of Medicare's original Demand Letter.

Long Term Disability: This is when the Employer asserts that Medicare is primary because the Beneficiary is on Long Term Disability and is no longer considered an active employee.

The following information must be submitted: Beginning and end date, if applicable, of the Long-Term Disability, evidence that the employee is not actively working and has been receiving disability benefits for more than six (6) months, and the name, title, and contact information of the person supplying the Defense documentation and a copy of Medicare's original Demand letter.

Slide 5: Incomplete Defenses

We often see issues with defenses being submitted with incomplete or missing information. Some of the most common mistakes we see are:

Incorrect plan year document: Example: Claim is from 2018 and plan year documents submitted are from 2019.

Incomplete spreadsheets: Example: required information such as the beneficiary name, Medicare ID, dates of incident, dates of service, amount paid etc. is missing from the spreadsheet submitted with the defense.

EOBs showing Medicare as a provider

Follow up defense sent in without requested information: Example: CRC response was sent that advised that additional/specific information was required and that wasn't provided.

Payments missing case number and/or Medicare ID

It is important to ensure that all required information is complete and included for the CRC to efficiently process a defense request. Please reference the Valid Defense Instructions which came with your Demand packet and that is available on CMS.gov to ensure you are including all required information.

Slide 6: CRCP Overview

We would like to take a few moments to just remind people about the CRCP. The CRCP is a web-based tool designed to provide Employers, Insurers, and Third-Party Administrators with a way to manage their Group Health Plan (GHP) recovery activities electronically.

The CRCP can be accessed using the following CRCP Application link https://www.cob.cms.hhs.gov/CRCP/.

Slide 7: CRCP Overview (2)

Please note that registration is required before you can access the CRCP. Registration instructions are available in the CRCP User Guide, the link to which will be included at the end of this presentation and which is available under the Reference Materials link on the CRCP login page.

Slide 8: CRCP Overview (3)

Because the CRCP helps streamline the GHP recovery process, CMS highly encourages the use of the CRCP for those who aren't already utilizing it. A full CRCP training curriculum is available on CMS.gov and the link will be provided at the end of this presentation.

Some of the benefits of the CRCP include the ability for users to: View demand related case information, submit documented defense information, view and track case information (including financial data, defense status, and correspondence history), and initiate electronic payments through Pay.gov.

Slide 9: CRCP Focus Group

CMS will be creating a focus group of Group Health Plans.

The intention of this group is to look at the current functionality of the CRCP and investigate ways that the CRCP could be enhanced in order to make it more user friendly and to encourage more GHPs to register as users.

If you are interested in participating in the focus group, please send an email to the CMS GHP Resource Mailbox COBR-GHP-Comments@cms.hhs.gov.

Slide 10: Contacts

We often get questions about who to contact for different topics, so we wanted to provide some basic contacts for you.

Also remember that additional contact information including phone numbers, mailing addresses, and fax numbers are available on the *Contacts* page on CMS.gov.

Slide 11: Resources

Lastly, we want to remind everyone of the various resources that are available to you.

You can always reference the CRCP user guide which is available on the portal, as well as training materials which are available on CMS.gov. And if you have not already done so, you can also sign up to receive notifications on CMS.gov from the Coordination of Benefits and Recovery Overview pages. You can do this using the "Sign Up" box at the bottom of any CMS.gov page and selecting which pages you want to receive updates on. That will allow you to receive notices when materials are updated, or when new information is posted.

You can also submit questions to the CRC Outreach Team.

Slide 12: Questions and Answers

That concludes the presentation portion of this call. We will now move into questions and answers.

Acronyms

EDI	Electronic Data Interchange
EOB	Explanation of Benefits
TPA	Third Party Administrator