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In October of 2006, the Centers for Medicare and Medicaid Services (CMS) (the entity that manages the Medicare program) drastically changed the process by which requestors (attorneys or other representatives of Medicare beneficiaries) can obtain information concerning claims that Medicare may have in a liability or workers' compensation (WC) case. CMS calls these claims "conditional payments" because Medicare has paid for the medical service on the condition that Medicare will be reimbursed at the time the underlying WC or liability case settles.

The new process transferred the responsibility of processing these requests from many different entities nationwide to one new company: The Medicare Secondary Payer Recovery Contractor (MSPRC).<sup>1</sup> The MSPRC inherited approximately 450,000 cases that had to be scanned and organized. The MSPRC has struggled with processing all of this information, but recently there have been some marked improvements in the processing time of the conditional payment requests.

The purpose of this article is to provide a step-by-step guide to obtaining a response to a request for conditional payment information. As will be discussed in further detail below, using *only* written correspondence will not prevail, the requestor must make a few phone calls to ensure that the request is properly processed. Too many requestors are sending letter after letter in a vain attempt to obtain the conditional payment information. This simply does not work. Following the process outlined below is the only way this author is aware of to obtain conditional payment information.

### **Step 1. – Initiate the Request Process**

This is the only step where the requestor will not communicate with the MSPRC. Instead, the initial request must be sent to the Coordination of Benefits Contractor (COBC) which is located in New York City.<sup>2</sup> The COBC is responsible for inputting the initial information into CMS' systems. (Many other entities have access to CMS' systems including the MSPRC.)

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<sup>1</sup> [http://www.cms.hhs.gov/MSPRGenInfo/01\\_overview.asp](http://www.cms.hhs.gov/MSPRGenInfo/01_overview.asp)

<sup>2</sup> [http://www.cms.hhs.gov/WorkersCompAgencyServices/03\\_reportingwc.asp#TopOfPage](http://www.cms.hhs.gov/WorkersCompAgencyServices/03_reportingwc.asp#TopOfPage)

There are two ways to initiate the request process. First, the requestor can call the COBC at 800-999-1118.<sup>3</sup> It takes about 15 minutes to provide all of the required information to the COBC representative. The second option is to fax and or mail a letter to the COBC:

CMS<sup>4</sup>  
Medicare—Coordination of Benefits  
P.O. Box 5041  
New York, NY 10274-5041  
Fax: 646-458-6767

In either case, the requestor must provide the COBC with the following information<sup>5</sup>:

- The beneficiaries' name
- Your beneficiaries' Medicare Health Insurance Claim Number (HICN) or SSN
- Date of incident
- Nature of illness/injury
- Name and address of the WC insurance carrier
- Name and address of the legal representatives
- Name of insured
- Policy/claim number

Do not skip this step. The MSPRC cannot process a request if it is not initiated with the COBC first.

## **Step 2. – Provide the MSPRC with a Consent Form**

The MSPRC will not communicate with any one other than the Medicare beneficiary about a conditional payment request unless the MSPRC has the written consent of the beneficiary. Therefore, it is absolutely necessary that the requestor provide a consent form to the MSPRC to obtain the conditional payment information (or any information about the beneficiary). A sample consent form can be obtained at [http://wcmsainfo.com/uploads/MSPRC\\_attorneyrelease.pdf](http://wcmsainfo.com/uploads/MSPRC_attorneyrelease.pdf).

Submit the consent form to the MSPRC **about two weeks after** the request is initiated with the COBC. The consent form can be faxed to the MSPRC<sup>6</sup> at 734-957-0998. Make sure the cover letter includes the beneficiaries' Medicare number, social security number, date of birth and address. Also include the date of accident and the requestor's relationship to the beneficiary.

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<sup>3</sup> Monday through Friday, from 8:00 a.m. to 8:00 p.m., Eastern Time, except holidays.

<sup>4</sup> This mailing address is for reporting a WC occurrence, not for the submission of Workers' Compensation Medicare Set-aside Arrangement (WCMSA) proposals. WC settlements that include a proposed WCMSA for review should be sent to CMS C/O Coordination of Benefits Contractor, P.O. Box 33849, Detroit, MI 48232-5849.

<sup>5</sup> [http://www.cms.hhs.gov/WorkersCompAgencyServices/03\\_reportingwc.asp#TopOfPage](http://www.cms.hhs.gov/WorkersCompAgencyServices/03_reportingwc.asp#TopOfPage)

<sup>6</sup> The full mailing address for the MSPRC WC is: PO BOX 33831, Detroit, Michigan 48232-5831 or MSPRC Auto/Liability PO BOX 33828, Detroit, Michigan 48232-5828.

It will take the MSPRC about two weeks to scan the consent form and cover letter into its system.

### **Step 3 – Call the MSPRC**

This is a key step. The MSPRC is overwhelmed with requests and is rarely (if ever) reading the letters that it receives. A phone call is necessary because during the call an MSPRC representative will electronically mark the file for review.

The MSPRC can be reached at 866-677-7220. When the requestor contacts the MSPRC, which should be about two weeks after submitting the consent form, the following information should be readily available to provide to the MSPRC representative:

Name of Beneficiary	Medicare ID number	Beneficiary Address
Beneficiary Social Security Number	Beneficiary Date of Birth	Injured Body Part
Date of Accident	Date the consent form submitted to MSPRC	

At the conclusion of the conversation, the MSPRC representative will advise the requestor that it will take 30 to 45 days to process the request. It will take about 15 to 30 minutes to complete this call.

### **STEP 4 – Follow-up with MSPRC with another Phone Call**

About 30 days after completing the first call to the MSPRC, it does not hurt to call again to make sure the process is underway. For some reason, the process does not get initiated all the time with one call. The requestor should be prepared to provide all of the above information to the MSPRC representative again.

### **STEP 5 - Scrutinize the Conditional Payment Letter**

When the conditional payment letter from MSPRC eventually arrives, the letter and the supporting documentation should be carefully evaluated. Many times the conditional payment letter will include treatment that is not related to the underlying WC or liability claim. If any discrepancies are found, a letter should be faxed (734-957-0998) to the MSPRC advising it of the discrepancies.

If such a letter is faxed to the MSPRC, follow-up phone calls will still need to be made to the MSPRC to ensure that the letter is being reviewed and processed.

The MSPRC will only generate an *estimated conditional payment* amount before a case settles. It is only after a case settles that the MSPRC will provide a final amount. This final amount is called a final demand. This final demand amount can be *lower or higher* than the

estimated conditional payment amount. The MSPRC will not provide the final demand amount, however, without a duly executed settlement agreement.

#### **STEP 6 – Obtaining the Final Demand Amount**

Assuming that the requestor has already obtained the conditional payment amount before the underlying claim settled, the requestor can obtain the final demand directly from the MSPRC. Since the requestor has already initiated the claim with the COBC, there is no need to contact the COBC again.

Instead the requestor should fax a letter to the MSPRC requesting that the final demand be generated. Attached to this fax should be the duly executed settlement agreement. As a matter of convenience for the MSPRC, the requestor can also include another copy of the consent form as well.

The requestor should allow about two weeks for the information to be scanned into the MSPRC system and then the follow-up phone calls should be initiated. It should take the MSPRC about 30 to 45 days to process a request for a final demand. Once the final demand letter is received, it too should be evaluated for accuracy.

By following these steps, a party to a WC or liability claim should be able to obtain conditional payment information in about 2 to 3 months and the final demand amount about 2 to 3 months after the case settles. This is not an ideal result, but is it better than waiting 16 to 18 months or not receiving the information at all.