

Medicare Conditional Payment Reconciliation Request

If the claimant/plaintiff is currently a Medicare beneficiary or has been a Medicare beneficiary in the past my office provides full Medicare Parts A & B Secondary Payer compliance. My office provides three distinct levels of Medicare Parts A & B conditional payment reconciliation services which are described below.

Please note this service *does not include* reconciliation of Medicare Part C Advantage Plans or Medicare Prescription Part D plans. These plans are issued by private insurance carriers. You should handle these reconciliation processes the same way you would resolve a group health recovery claim.

The Process - Overview

While it is permissible to have the attorney for the claimant/plaintiff engage in the Medicare Part A & B conditional payment reconciliation process it is preferable to have the workers' compensation carrier, liability carrier or no-fault insurer conduct and conclude the reconciliation process. This is because these insurance carriers are "primary payers" under the Medicare Secondary Payer Act and have statutory requirements of repayment, as well as, access to the ICD medical coding and other relevant information needed to successfully complete the reconciliation process. My office does, upon request, provide claimant/plaintiff's counsel with status updates and full transparency throughout the reconciliation process.

The obtaining of and reconciliation of Medicare Parts A & B conditional payments starts with proper reporting of the claim by the workers' compensation, liability or no-fault carrier's Responsible Reporting Entity (RRE). From there a number of steps must be followed in order to obtain a Final Demand Amount from either of the two Medicare recovery contract carriers, the Benefits Coordination & Recovery Center (BCRC) or Commercial Repayment Center (CRC). Until this Final Demand Amount is obtained any listing of conditional payments by Medicare is an interim amount and subject to change.

Once the case has been properly reported to the BCRC access to the Medicare Secondary Payer Recovery Portal (MSPRP) is obtained and my office will file the requisite authorization(s), obtain and advise the preliminary conditional payment amount and any itemized individual payment entries that make up the conditional payment amount; submit the itemized individual payment entries to you so that you or your claims administrator can reconcile those entries that are related to the claim and those that are not. Once the claim administrator has completed the disputed claim listing process it is sent to my office for filing with the BCRC or CRC. Upon BCRC/CRC issuing its acceptance or denial of the disputed entries my office will advise you of their decision. This process can go on for a period of time since new payment entries are being inputted into Medicare's system on a daily basis. At some point the claim administrator is satisfied that what the BCRC/CRC is claiming is accurate. At that point my office can seek from either the BCRC/CRC a Final Demand Amount which is payable within 60 days of issuance of the Final Demand Letter and if paid closes Medicare's claim for recovery.

Scope of Service

There are three levels of service with subsequent levels inclusive of prior levels. You may select a lower level of service and subsequently request an additional level of service. For example, you may select Level 1 service only and pay the \$475.00 fee. Subsequently you may select Level 2 service which would then be provided for an additional fee of \$125.00 (\$600 - \$475). The timing of the reconciliation process is best served when a case is within 120 days of settlement. Commencing the process earlier than that should be limited to a Level 1 or 2 service request.

<u>Scope of Service:</u>	<u>Fee</u>
<input type="checkbox"/> Level 1: Report the case to the BCRC, if not already done by the RRE, and monitor the MSPRP for web portal access; file necessary authorizations; obtain initial conditional payment listing and amounts for forwarding to claim administrator for review and dispute determination	\$475.00
<input type="checkbox"/> Level 2: Same Level 1 services included; receive from claim administrator and file disputed claims appeal with BCRC/CRC with necessary supporting documentation. This is an ongoing process as new Medicare claim listings are posted on the MSPRP on a daily basis. The process concludes when the claim administrator believes all claims shown on the listings are proper	\$600.00
<input type="checkbox"/> Level 3: Same Level 2 services included; Submission of Final Settlement Detail Document to BCRC/CRC and securing the Final Demand Amount. Selection of this service assumes the claim administrator has completed the disputed claims appeal process and agrees with the resultant conditional payment as identified by the BCRC/CRC. My office will then obtain and advise the Final Demand Amount to be paid to CMS and obtain CMS' closed file letter indicating resolution of CMS' recovery rights. Payment is issued by the claim administrator to BCRC or CRC pursuant to instructions sent from my office.	\$750.00

I am requesting the above service be provided:

Authorized Representative Signature

Date: _____

Information to be Provided

The following information needs to be completed and returned along with the applicable fee to Angelo Paul Sevarino, Esq., 26 Barber Hill Road, Broad Brook, CT 06016. Information can be sent by email to wclawyer@aol.com. with fee sent under separate cover.

1. Specific Case Information form

2. Authorizations (both must be submitted)

Proof of Representation (provided by the claimant/plaintiff)

Recovery Agent Authorization (provided by the insurance carrier)

3. Final Settlement Detail Document (only if case has settled).

4. Provide a copy of claimant/plaintiff's Medicare card(s).

Specific Case Information

Claimant/Plaintiff:

Name:
Address:
SSN:
HICN (as shown on the Medicare card):
Telephone Number:
Gender:
Date of birth:
Date of Injury: (if multiple dates of injury list earliest first)

Claimant/Plaintiff's Attorney:

Name:
Address:
Telephone Number:

Employer/ Defendant (if multiple employers/defendants list on separate sheet)

Name:
Address:
Telephone Number:

Insurer) (if multiple insurers list on separate sheet; indicate related employer/defendant)

Name:
Address:
Telephone Number:
Claim Number:

Insurer's Attorney (if multiple counsel list on separate sheet, indicate related insurer)

Name:
Address:
Telephone Number:

Medicare Coverage Parts (check all that apply):

Claimant/Plaintiff is NOT on Medicare

Claimant/Plaintiff IS on Medicare

Part A: Effective date of coverage:
Part B: Effective date of coverage:

Body Part(s)/System(s) : (Be specific, if multiple dates of injury associate body part(s) to each date of injury).

Comments/Special Instructions:

PROOF OF REPRESENTATION

Type of Medicare Beneficiary Representative:

Attorney other than an Attorney of record:

Name: Angelo Paul Sevarino, Esq.
Address: 26 Barber Hill Road,
Broad Brook, CT 06016
Telephone: 860-716-0320

Medicare Beneficiary Information and Signature/Date:

Beneficiary's Name (please print exactly as shown on the Medicare card):

(Name as shown on Medicare card)

Beneficiary's Health Insurance Claim Number (number on Medicare card):

□□□-□□-□□□□-□□

Date of Illness/Injury: _____

Beneficiary Signature: _____ **Date signed:** _____

Representative's Signature: _____ **Date signed:** _____
Angelo Paul Sevarino

MUST BE ON INSURED'S LETTERHEAD

Date:

Angelo Paul Sevarino, Esq.
26 Barber Hill Road
Broad Brook, CT 06016

RE: Recovery Agent Authorization

Claimant:
Claimant's D.O.B:
Claimant's SSN/HICN:
Date of Incident:
CMS Case ID (if known, otherwise keep blank):
Insured:

Dear Attorney Sevarino:

This letter confirms the above captioned Insured has retained and appointed Angelo Paul Sevarino, Esq., 26 Barber Hill Road, Broad Brook, CT 06016 (860-716-0320) to work on its behalf to address any Medicare Secondary Payer recovery claim(s) asserted against the Insured. Angelo Paul Sevarino, Esq. may take any action that the Insured would otherwise be entitled to take. Angelo Paul Sevarino, Esq. has this authority for two (s) years from the date of this letter or until the Insured revokes this authority in writing.

Sincerely,

Insured's signature

I accept appointment:

Angelo Paul Sevarino, Esq.
Date:

FINAL SETTLEMENT DETAIL DOCUMENT

42 CFR 411.37(c) stipulates that Medicare will recognize a proportionate share of the necessary procurement costs incurred in obtaining a settlement. In order for Medicare to properly calculate the net Medicare conditional payment refund it is due, please supply the information outlined below. This information will also be used to update the beneficiary's records to show resolution of this matter.

Beneficiary(claimant/plaintiff) Name:

Medicare Number: ----

Date of Incident: ----

Total amount of settlement: \$ _____

Amount of any medical payment or PIP benefits paid in addition to the settlement amount(liability claims only): \$ _____

Attorney fee : \$ _____

Additional procurement expenses:
(submit an itemized listing of these expenses) \$ _____

Date the case was settled: ___ / ___ / ___

Settlement information provided by: _____
Name

Address

Date submitted: ___ / ___ / ___