

## February 27, 2023, Third Party Liability Recovery

On February 27, 2023, the Department of Human Service's (Department) Division of Third-Party Liability (TPL) issued a Medicare Part A and/or B TPL/Coordination of Benefits (COB) recoupment project through its TPL contractor, Benefit Recovery Specialists, Inc. (BRSi) related to claims originally paid by Medical Assistance (MA). The recovery was sent to provider type 01(inpatient facility), 02(ambulatory surgical center), 08(clinic), 14(podiatrist), 15 (chiropractor), 18(optometrist), 24(pharmacy), 26(transportation), 28(laboratory), 29(x-ray clinic) and 31(physician).

- This TPL/COB Recoupment Project encompasses recipients having Medicare coverage.
- TPL is seeking assistance from medical providers in recouping funds associated with recipients who had both Medicare and MA coverage at the time the service was delivered. The Department was not aware of the coverage at the time-of-service delivery.
- TPL and its contractor, BRSi, are continually identifying resources via eligibility data exchanges with Medicare. These are often identified after a claim is paid. It is a Federal requirement that TPL recoup payments when a third party is identified. MA is to be the payer of last resort.
- The claims in this project cover dates of service associated with Medicare resources from **April 1, 2022, through July 31, 2022**. The letter to providers related to this recoupment project includes the following: two listings of the claims being considered for recoupment; instructions for responding to the TPL/COB Recoupment Project; and BRSi contact information should the provider have questions.
- The letter also explains our expectation that the provider attempt to bill Medicare. After the deadline date (90 days from the date of the letter), TPL will recoup the money electronically. Providers are asked not to submit checks or payments as a result of any payments they receive from Medicare for the claims in this recoupment project, but they should supply documentation as explained in the project instructions to BRSi to confirm receipt of denial from Medicare.
- Claims must be submitted to Medicare for processing within one year of date of service to be considered timely.
- If co-insurance and deductible amounts are due, the providers should submit a new claim for these payments to BRSi according to the instructions included in the project. The new claim forms should be submitted only after the recovery has been completed. Providers will need to supply the ICN associated with the voided/retracted claim (ICN begins with Region Code '54') and the original ICN of the claim. Please send new billing forms only as the old forms will not be accepted.
- It is recommended that providers contact BRSi via the provider portal provided in the instructions.



02/27/2023

Dear Medical Assistance Provider:

The Pennsylvania Department of Human Services Third Party Liability Department (Department) has contracted with Benefit Recovery Specialists, Inc. (BRSi) to perform recovery activities to recover funds paid by Medical Assistance (MA) in error. Benefit Recovery has identified claims paid by MA to you, the provider, when another payer should have been billed as primary. Federal regulations at 42 C.F.R. Section 433.139 require that the Department recover payments when a liable third party is identified. Pursuant to 55 Pa. Code section 1101.64, Third Party Medical Resources, MA is the payer of last resort; therefore, Medicare Part A and/or B is the liable third-party payer.

For claims generally paid by MA between 04/01/2022 and 07/31/2022, Benefit Recovery has identified that Medicare Part A and/or B should have been billed as the primary insurance carrier and has liability to pay the identified claims. Medicare coverage was not necessarily available on the Eligibility Verification System (EVS) when services were provided. These claims largely represent Medicaid recipients whose Medicare eligibility was recently discovered through data matches with various federal sources and represent retroactive Medicare coverage.

The attached data sheet will provide information you need to log onto the Provider Portal to view the claims paid to you in error. In accordance with regulations, the Pennsylvania Department of Human Services Medical Assistance program will automatically recoup the total dollar amount indicated on the Provider Portal unless your facility refutes recoupment within ninety days (90) from the date of this notice. The Medicare Part A and/or Part B timely filing limits for these claims will typically expire one year from the date(s) of service. Therefore, it is in your best interest to bill these claims to Medicare immediately. Instructions to do so are included in this letter. For claims that are already past the one-year timely filing limit, the Provider Portal provides special billing instructions.

BRSi has developed an enhancement to the previous Medicare recoupment process and all activity will be conducted via a Provider Portal. Initial sign in and credentials are provided below. Should you wish to dispute the recoupment of these funds after your review of the impacted claims on the Provider Portal, you must provide proper justification in the Claims section of the portal.

All correspondence, documentation, and inquiries regarding this recoupment notice must be addressed within the provider portal: <https://providerportal.benefitrecovery.com>. Claim resubmissions other than for coinsurance/deductibles will not be accepted if your facility does not follow these instructions and/or meet the required timely filing deadlines. The only course of action will be to appeal to the Bureau of Hearings and Appeals.



## Important Instructions

1. **DO NOT SEND CHECKS, CASH, OR A VOID REQUEST TO THE DEPARTMENT. There will be no process in place to stop the recoupment other than those mentioned in these instructions.** Refund checks cannot be accepted. Recoverable funds will be recouped on a future Remittance Advice.
2. If you receive payment from Medicare equal to or greater than the MA fee you were paid, **DO NOT RESPOND** to this notice. The Department will process the claim adjustment to recover funds for any claim for which a response is not received.
3. Log onto the Provider Portal to view the impacted claims. If you wish to refute the claims, please follow these steps inside the portal:
  - a. Log on
  - b. Identify the claim you refute
  - c. Upload documentation supporting your request for no recoupment. Upload instructions are on the portal
4. Only **AFTER** the claim is processed and the funds are retracted by the Department should a new paper claim and EOB be submitted when MA is responsible for payment of the Medicare deductible or coinsurance.
5. The new paper claim must follow all Department claim submission guidelines. In addition, the original ICN and the Adjustment ICN (begins with Region Code "54") should be placed on the UB-04 paper claim in Box 80-Remarks, or on the CMS-1500 in the space provided at the bottom of the claim. The Department will process these new paper claims after the recoupment has been completed.

We greatly appreciate your cooperation in this effort to ensure appropriate expenditure of MA funds.

Sincerely,

A handwritten signature in black ink that reads "Vince A. Porter". The signature is written in a cursive, slightly slanted style.

Vince A. Porter, TPL Division Director