Glossary of MSP Acronyms

BCRC: Benefits Coordination and Recovery Center - Consolidates the activities that support the collection, management, and reporting of other insurance coverage for Medicare beneficiaries. Also tasked with the responsibility for the recovery of conditional payments where CMS is pursuing recovery through the reporting of Total Payment Obligation to the Claimant.

CMPs: Civil Money Penalties - This term is commonly used in connection with "Section 111 penalties." Under applicable regulations, Section 111 penalties are technically "Section 111 civil money penalties" to denote that the penalty is a civil (versus criminal) sanction. As part of Section 111 CMPs, CMS may penalize non-group health Responsible Reporting Entities "up to $1,428 per day, per claim" for untimely TPOC and ORM reporting, as defined under applicable regulations. The monetary penalty amount is subject to an annual inflation adjustment.

CP: Conditional Payment - The method by which Medicare asserts its Federal direct right of recovery against a primary payer when Medicare deems itself a secondary payer.

CPL: Conditional Payment Letter - Identifies Medicare's interim conditional payment amount.

CTR: Consent to Release - An authorization form signed by the injured party. Authorizes the carrier or other entity to receive information from the MSPRC for a limited period of time; however, does not authorize the carrier or other entity to act on behalf of the beneficiary.

CMS: Centers for Medicare and Medicaid Services – US federal agency which administers Medicare, Medicaid, and the State Children's Health Insurance Program (SCHIP).

COBC: Coordination of Benefits Center – The Coordination of Benefits Contractor consolidates the activities that support the collection, management, and reporting of other insurance coverage for Medicare beneficiaries. The purpose of the COB program is to identify the health benefits available to a Medicare beneficiary and to coordinate the payment process to prevent mistaken payment of Medicare benefits. The COB Contractor does not process claims, nor does it handle any mistaken payment recoveries or claim specific inquiries.

CRC: Commercial Repayment Center – Contractor responsible for the recovery of conditional payments where CMS is pursuing recovery through the reporting of Ongoing Responsibility for Medicals (ORM), and directly from a liability insurer (including a self-insured entity), no-fault insurer or workers' compensation (WC) entity as the identified debtor.

HICN: Medicare Health Insurance Claim Number - The number on a beneficiary's Medicare card.

LOA: Letter of Authority – An authorization form used for Workers' Compensation and No-Fault Auto claims. This release is signed by the insurance Carrier or Self-Insured entity authorizing a third party to act on their behalf to identify, negotiate and/or appeal Medicare conditional payment reimbursement demands.

MAP: Medicare Advantage Plan - Refers to Part C of the Medicare program through which a beneficiary receives his/her Medicare benefits through private insurance carriers as opposed to the federal government.

MB: Medicare Beneficiary - An individual is entitled to Medicare when:

- S/he is 65 years of age or older;
- S/he is receiving Social Security Disability Insurance Benefits (SSDI) for 24 or more months;
- S/he has end stage renal disease (kidney failure); or
- S/he has Lou Gehrig's Disease

MMSEA: Medicare, Medicaid, and SCHIP Extension Act of 2007 (P.L. 110-173 Section 111) (a/k/a Section 111 reporting or Mandatory Insurer Reporting (MIR)) – An Act passed by Congress and signed into law on December 29, 2007, that reinforces and supports the Medicare Secondary Payer statue (MSP) of 1980 (42 U.S.C. 1395y). Failure to comply with the reporting requirements of MMSEA may result in penalties of up to $1,428 per day for non-group health plans (there is discretionary aspect regarding the penalties application for group health plans). The monetary amount is adjusted yearly for inflation. Generally, as part of Section 111 reporting, group health plans (GHP) and non-group health plans (NGHP) (liability insurance (including self-insurance), no-fault insurance, or workers" compensation) must report certain claims and settlements to CMS electronically if they meet two reporting Section 111 reporting triggers. The two reporting triggers, as defined below, are ORM (on-going responsibility for medicals) and TPOC (Total payment obligation to the claimant).

MSA: Medicare Set-Aside - An allocation of funds from a settlement that closes medicals, set aside in a separate interest-bearing bank account for the purposes of paying for future claim related medical care. A Medicare Set-Aside is the recommended vehicle to protect Medicare's interests where they should be the secondary payer.

MSP: Medicare Secondary Payer Statue (42 U.S.C. 1395y) – A statue passed by Congress in December 1980 that requires Medicare to be secondary to any other Health Care Plan or insurance contract, No-Fault policy, Workers' Compensation plan or Liability settlement. The statue requires all parties to these arrangements to protect Medicare's interests. Failure to do so may result in double damage penalties being assessed.

MSPRP: Medicare Secondary Payer Recovery Portal Per CMS's website, The Medicare Secondary Payer Recovery Portal (MSPRP) is a web-based tool designed to assist in the resolution of liability insurance, no-fault insurance, and workers' compensation Medicare recovery cases. The MSPRP gives you the ability to access and update certain case specific information online.

ORM: On-going Responsibility for Medicals – Involves the reporting of claims when a Responsible Reporting Entity (RRE) "accepts ongoing responsibility for medicals" (as defined by CMS) for the injured party's/Medicare beneficiary's medicals associated with the claim as part of the Section 111 reporting process.

PAID Act: Provide Accurate Information Directly (PAID) Act: The PAID Act was signed into law on December 11, 2020. Under the PAID Act, CMS is required to provide RREs with certain information regarding a claimant's Medicare Part C (Medicare Advantage) and Part D enrollment status through the Section 111 Query Process. Per the PAID Act, CMS provides the following information to RREs: **(1)** contract number, contract name, plan number, coordination of benefits (COB) address, and entitlement dates for the past three years (up to 12 instances) of Part C (Medicare Advantage) and Part D coverage; and **(2)** the most recent Part A and Part B entitlement dates.

POR: Proof of Representation - Required for Liability Claims only, this release is signed by a Medicare beneficiary authorizing a carrier or individual to act on his behalf to identify, negotiate and/or appeal Medicare conditional payment reimbursement demands.

Query Process – Monthly procedure, through Section 111 reporting to determine whether an injured party is a Medicare beneficiary. CMS requires an individual's SSN, DOB, First Name, Last Name, and Gender to complete a query match.

RRE: Responsible Reporting Entity – Those entities responsible for complying with the Section 111 reporting requirements. They are typically insurers, self-insurers, and other risk bearing entities. RREs are never claimants or their attorneys.

SSA: Social Security Administration: This is the federal agency that helps process the social security program, including social security retirement and social security disability benefits.

SSDI: Social Security Disability Insurance This is a federal insurance program that provides benefits for certain individuals who are determined to be "disabled" under federal regulations and other provisions. This program provides income benefits, as well as medical benefits which are provided through the Medicare program.

SSV: Social Security Verification This refers to the practice of submitting an inquiry to the SSA to determine an individual's social security status.

TPOC: Total Payment Obligation to Claimant – Involves the reporting of certain settlements, judgments, awards, and other payments as part of the Section 111 reporting process.