

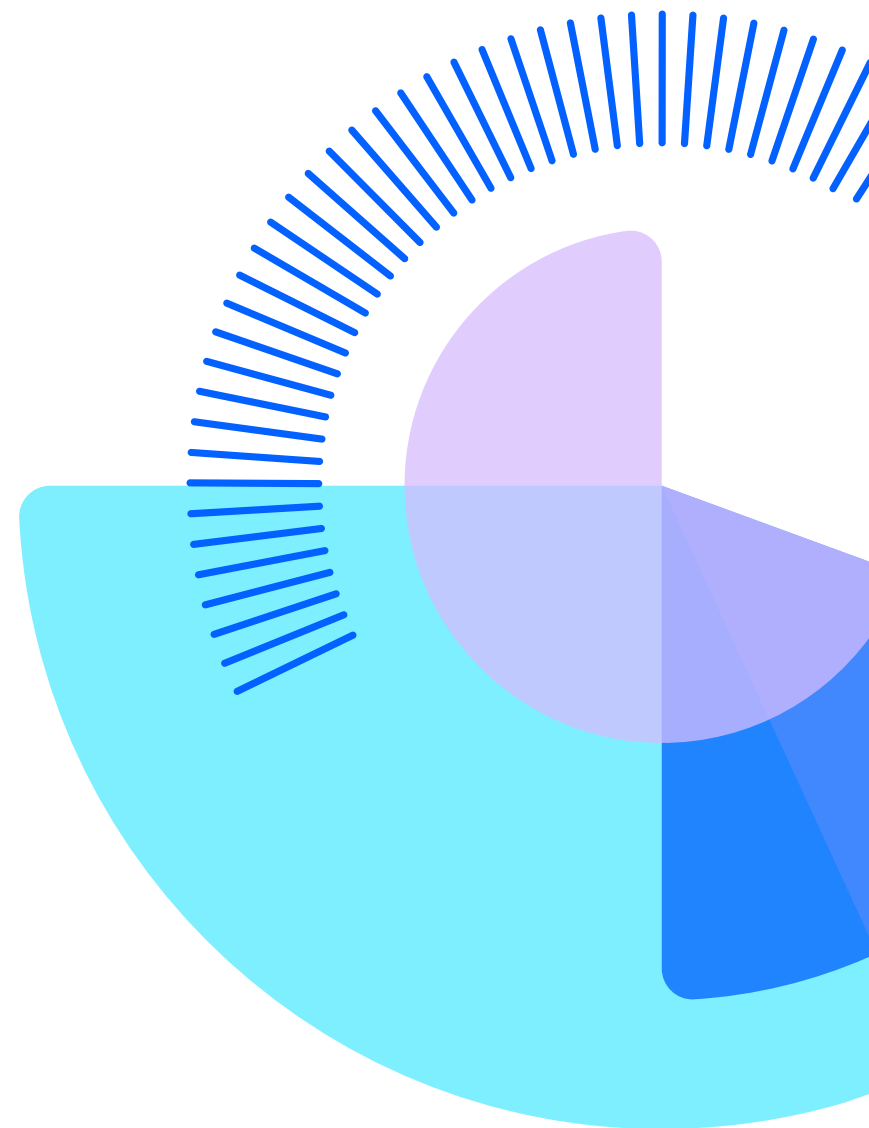


Keep Year-End Settlements on Track: Resolve Medicare Recovery Claims Faster

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verisk.com



Keep Year-End Settlements on Track:

Resolve Medicare Recovery
Claims Faster



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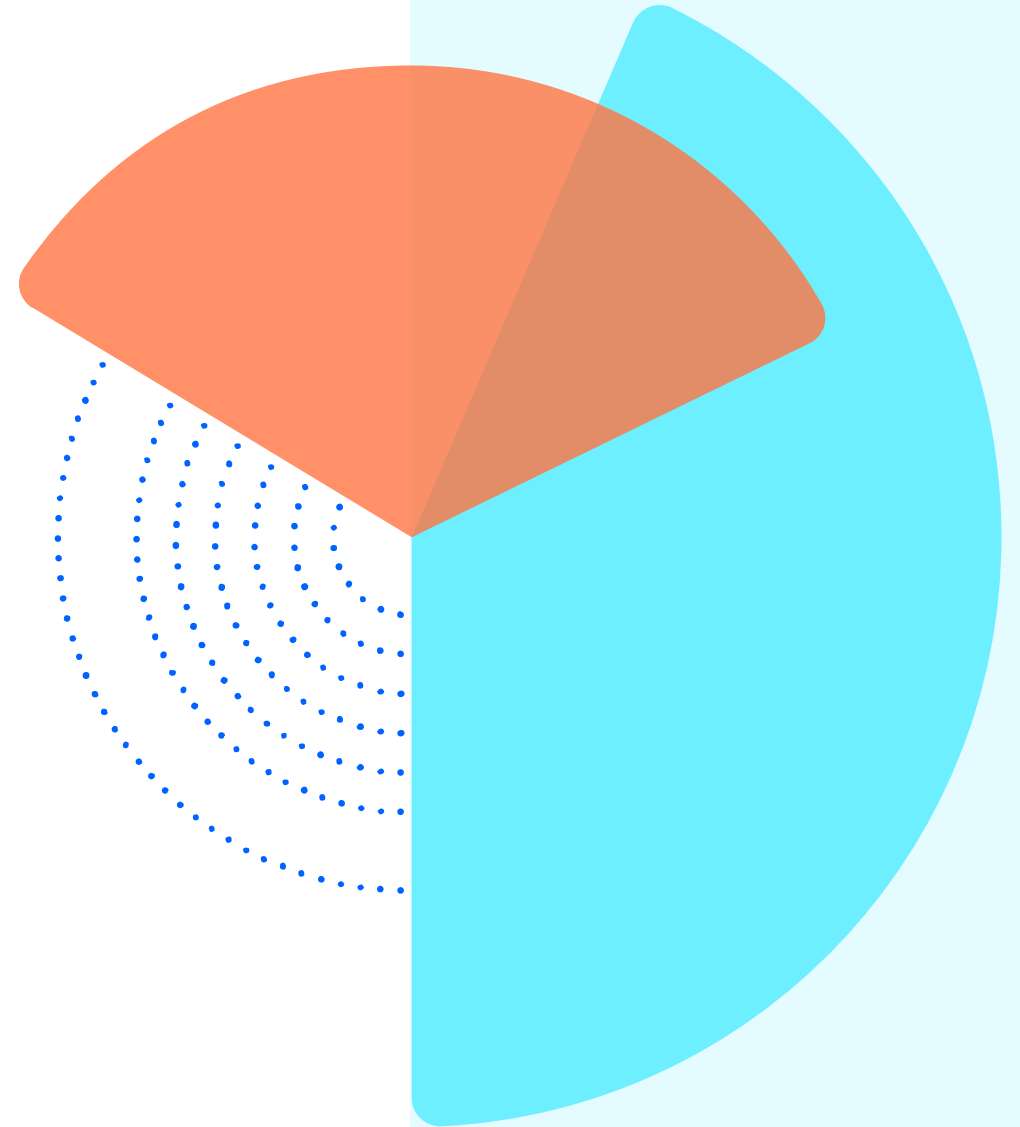


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Today's agenda

- 1 Medicare conditional payment claims
(a/k/a Medicare recovery claims, Medicare "liens")
- 2 Understanding compliance obligations and insurer liability
- 3 Navigating how it works and impacts settlements
- 4 Poll Questions
- 5 How Verisk can help!
- 6 Q/A



Seeing the big picture



CMS Query Process – Determining Medicare Status



Big 5 Data Points

- First Name
- Last Name
- Gender
- Date of Birth
- SSN/MBI/HICN (or last five digits of SSN)



What CMS returns if there is a "hit"

The most recent Part A and Part B entitlement dates; AND

Part C (Medicare Advantage) and Part D (RX Drugs) (if applicable)

- ✓ Contract name and number
- ✓ Plan number, coordination of benefits (COB) address, and
- ✓ Entitlement dates for the last three years (up to 12 instances) of Medicare Advantage and Part D coverage.

Types of Medicare Recovery Claims

Parts A and B
(traditional
Medicare)

CMS conditional
payment claims

Part C
(Medicare
Advantage)

Medicare
Advantage
Recovery claims

Part D
(Rx Drugs)

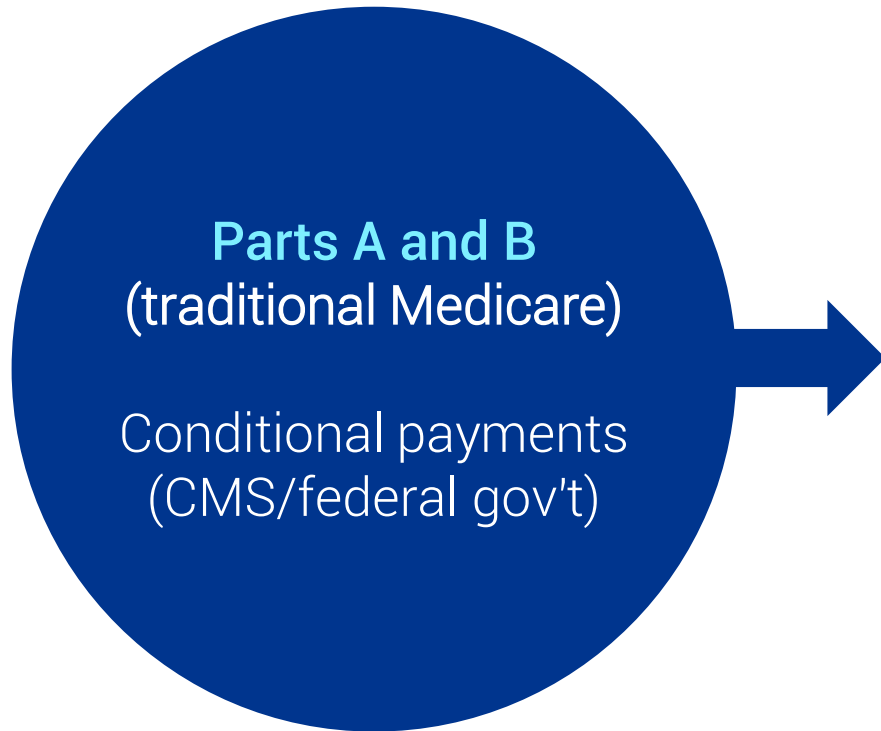
Part D recovery
claims

Knowing which Medicare “part” the claimant is/was enrolled is important – this helps determine what type of Medicare recovery claim(s) you may have!
Let’s break them down...

CMS recovery (Parts A/B)

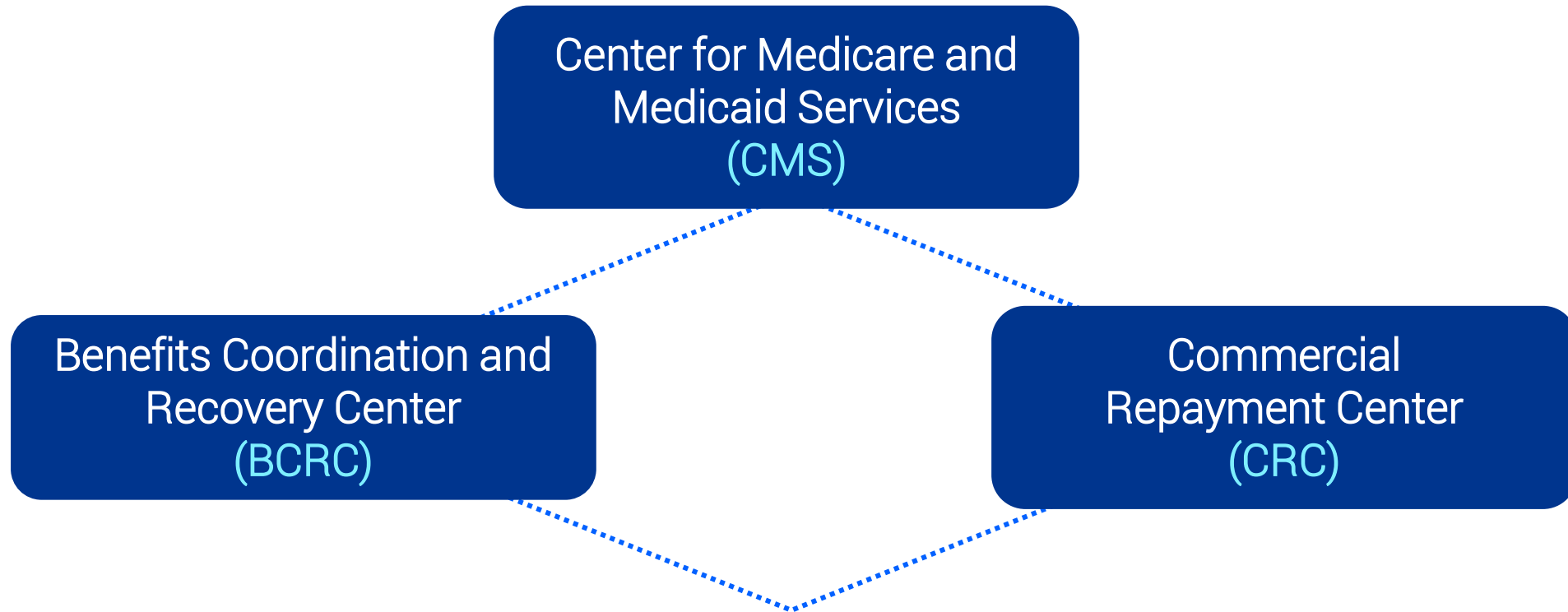


Medicare Parts A and B – CMS Conditional Payment Recovery



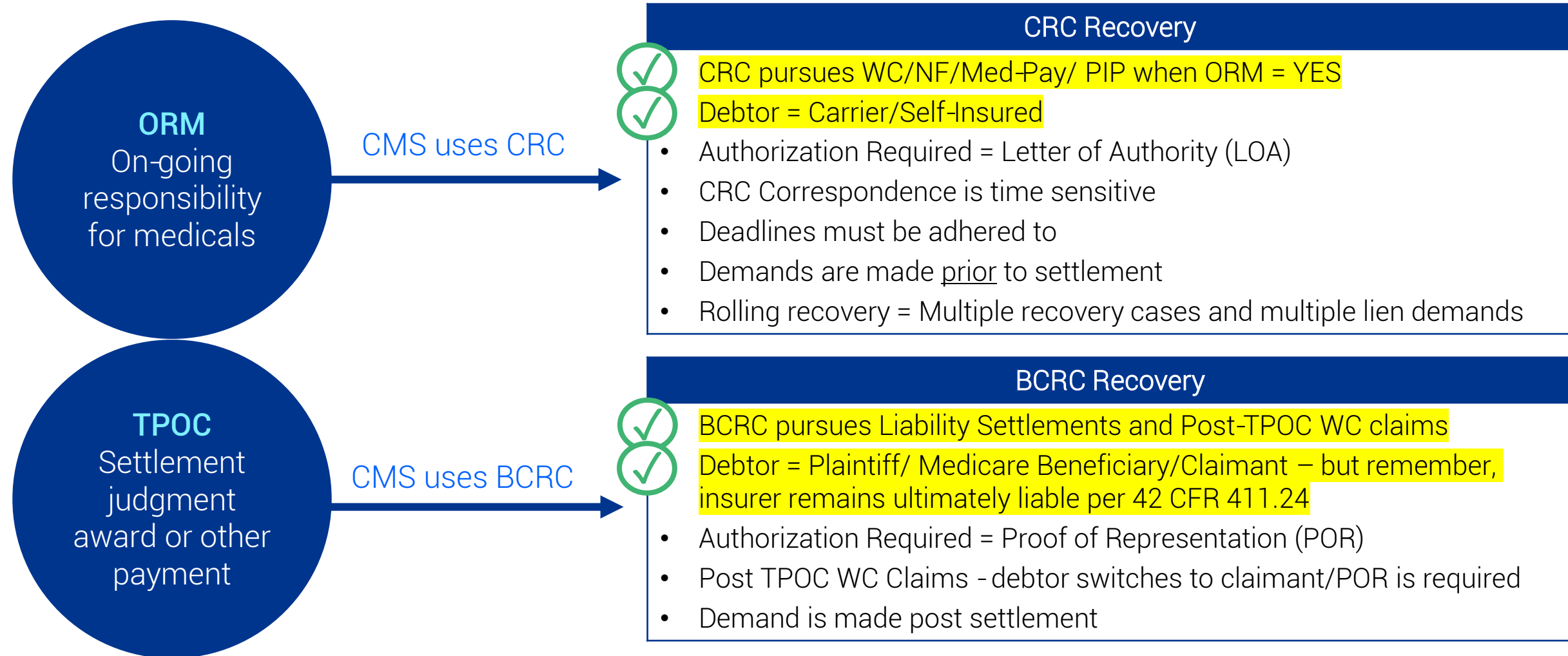
CMS – Highlights
CMS (federal gov't) has strong rights ✓ Can pursue insurer, claimant, and/or claimant attorney ✓ Interest accrual ✓ Treasury claims (including offset) ✓ Double Damages ✓ Department of Justice
CMS uses two contractors: ✓ BCRC – Benefits Coordination and Recovery Center ✓ CRC – Commercial Repayment Center
Challenging/Disputing Conditional Payment claims (5 levels appeal process)

Medicare Parts A & B: Who's Who?



These are the contractors that help CMS with its conditional payment recovery activities.

Parts A & B: Which Contractor Does CMS Use and When?



Challenging Conditional Payment Claims

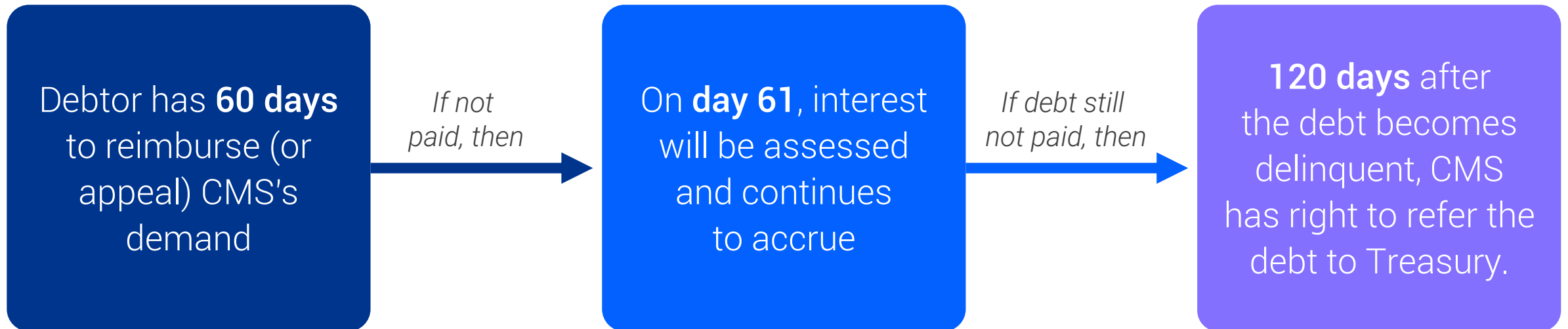
Challenging/Appealing CMS Claims
1. Redetermination
2. Reconsideration (Qualified Independent Contractor (QIC))
3. Administrative Law Judge (ALJ)
4. Medicare Appeals Council (MAC)
5. Federal Court



NOTE: Courts are strict about adhering to the filing timelines and exhausting administrative remedies before the court has jurisdiction

Treasury Claims: Demand to Collection

- If CMSs demand is not reimbursed timely, then they will refer the debt to the Treasury Department.
- Here is how a claim gets to the Treasury:

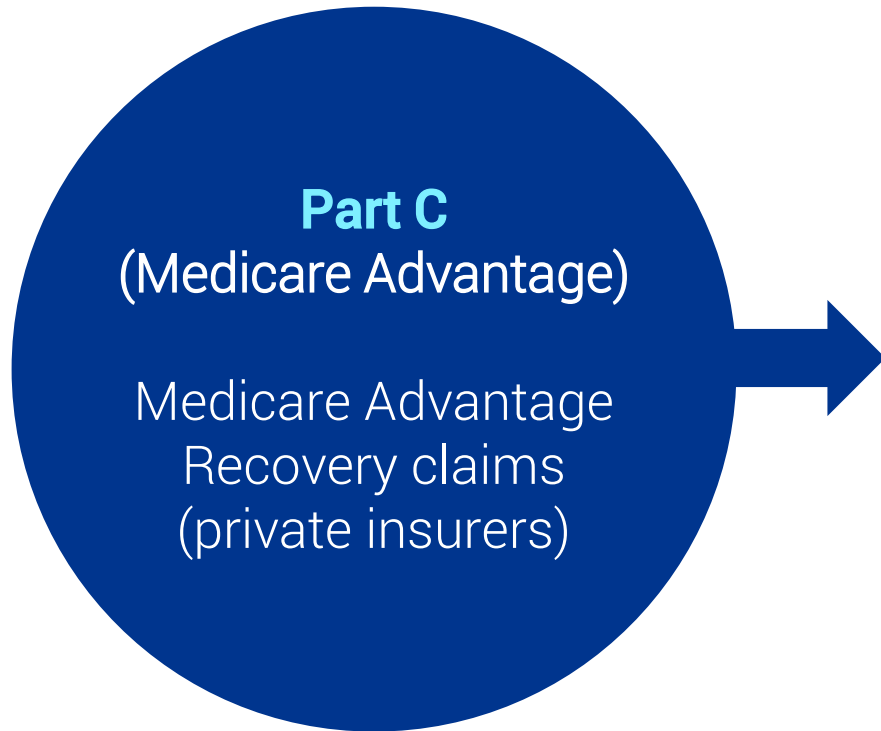


Treasury uses the Treasury Offset Program and a panel of Private Collection Agencies to collect debts

Medicare Advantage (Part C)

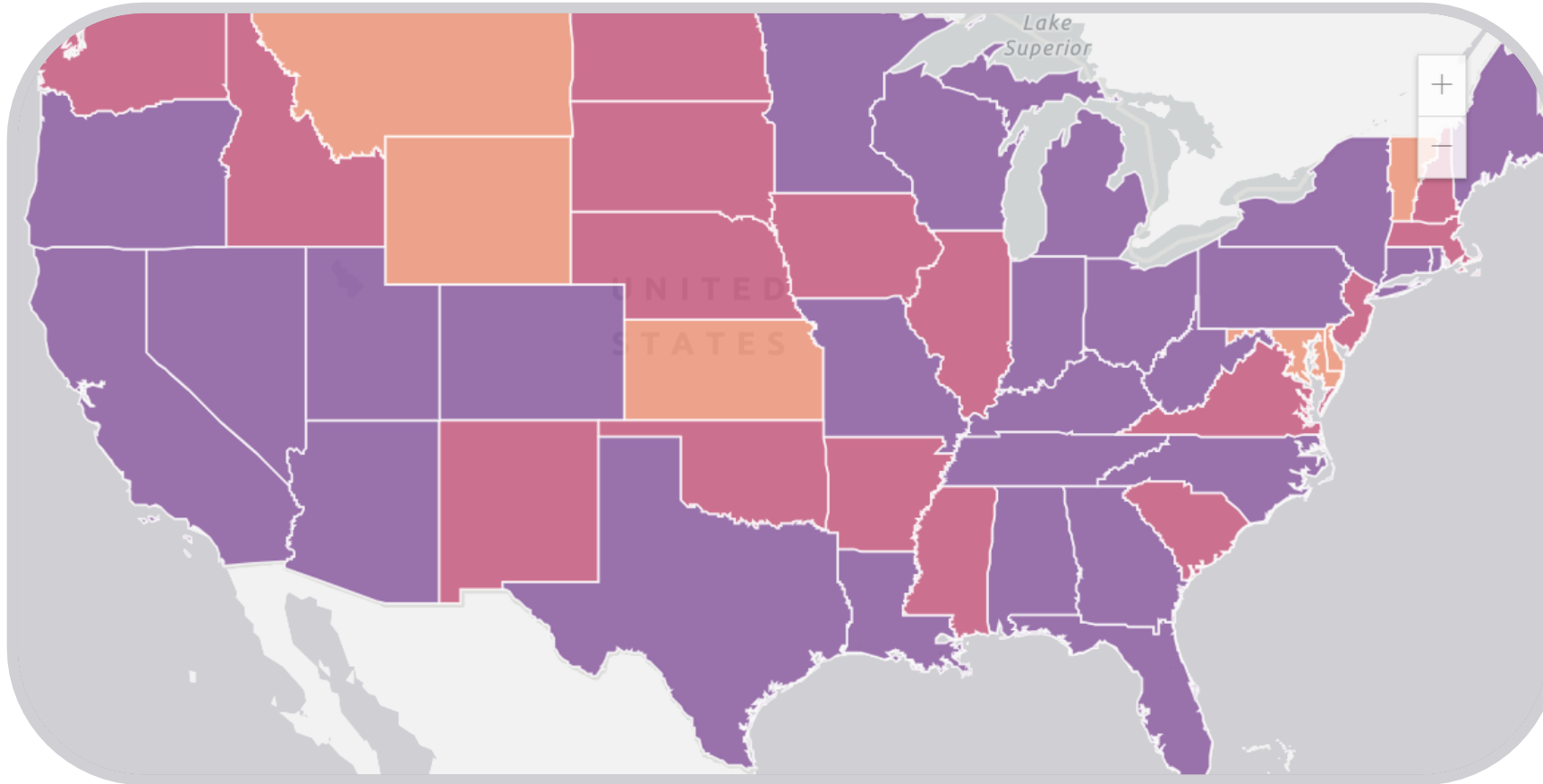


Medicare Advantage (Part C) Recovery Claims – Nutshell



Medicare Advantage Plans (MAPs) – Highlights
Medicare plans provided by private insurers (not CMS)
Approx. 33 million people are enrolled in a MAP – 51% of all Medicare beneficiaries – close to 3,500 plans nationally
Top three MAP providers = United Healthcare (29%), Humana (17%), and BC/BS (11%)
MAPs have recovery rights ✓ Medicare Advantage statutes and regulations ✓ Alert: the courts in some jurisdictions have also allowed MAPs to sue for “double damages” ✓ CMS, BCRC, and CRC are <u>NOT</u> involved in the recovery process – you must deal directly with the MAP (or its recovery company)

Medicare Advantage: Enrollment Rates (CMS Data)



Penetration Rate

MA %

1% - 17%

17% - 34%

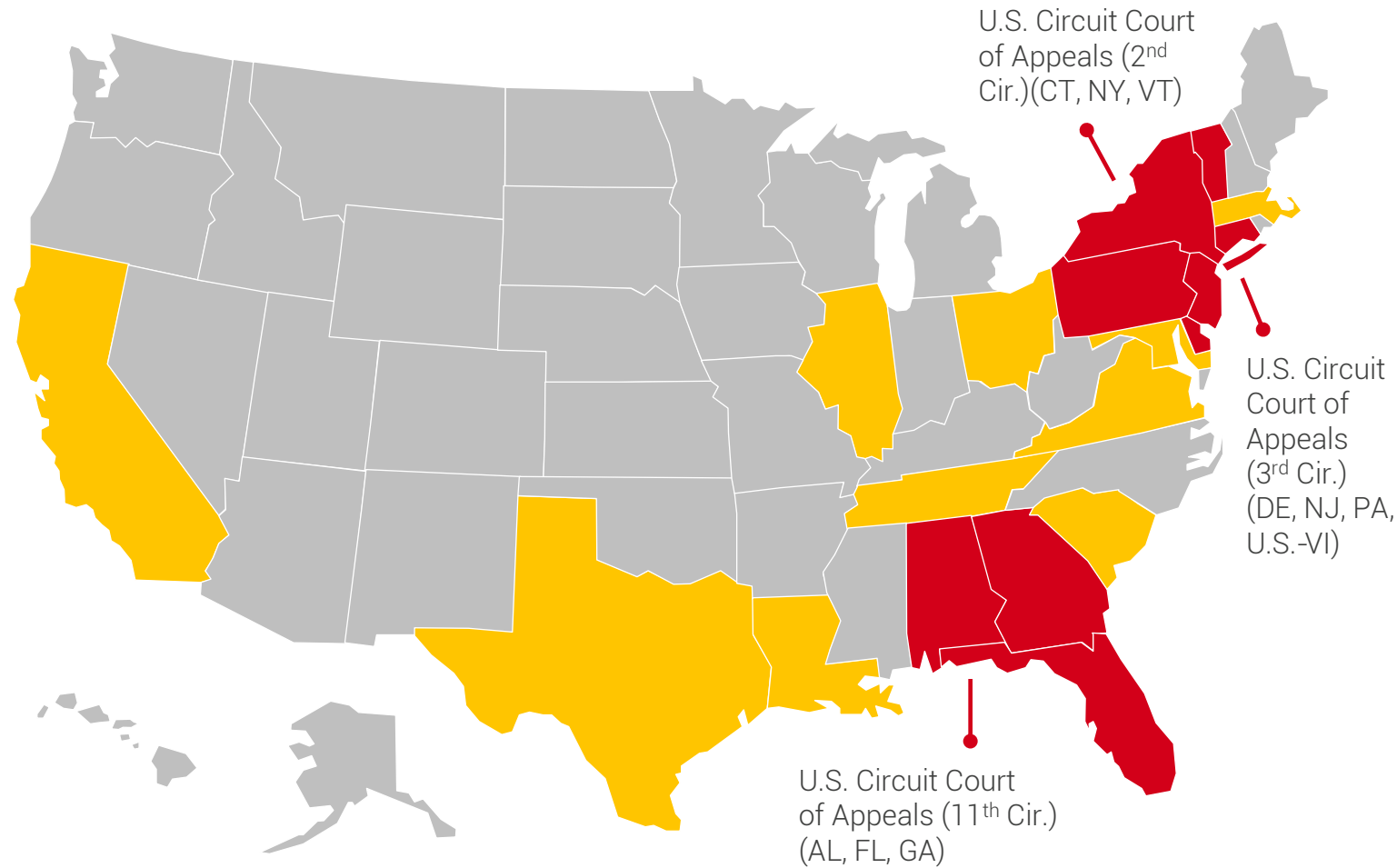
34% - 51%

51% - 67%

67% - 86%

Source: CMS, Data.CMS.gov, [Medicare Enrollment Dashboard | CMS Data](#) (September 2025); retrieved 1/14/26

Medicare Advantage Plans: “Double Damages” Issue

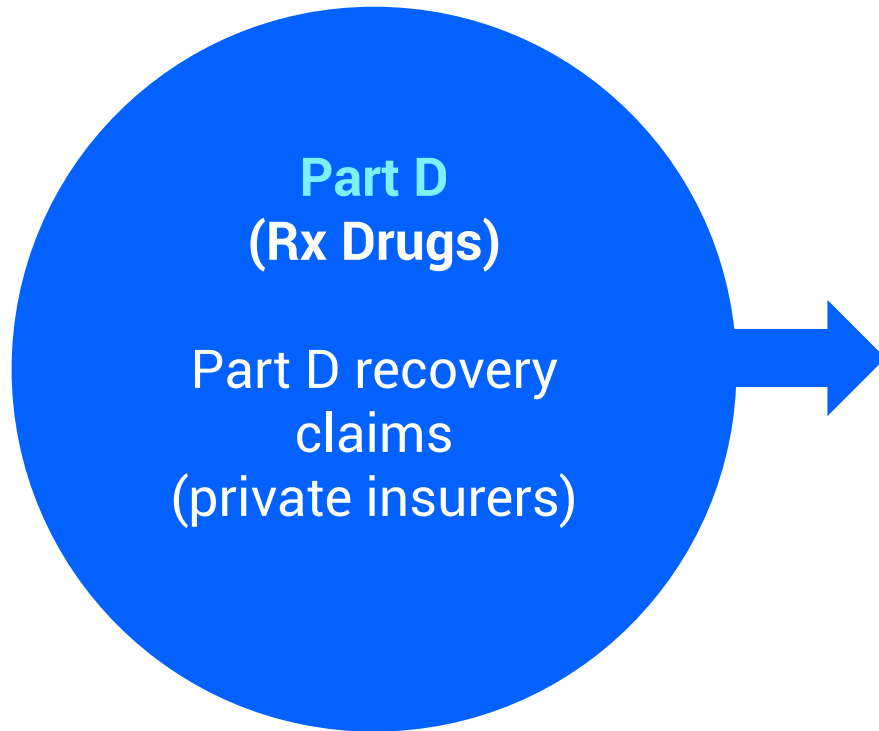


Can Medicare Advantage Plans sue for double damages?

- U.S. Circuit Courts of Appeals = Yes
- U.S. District Court(s) = Yes
- Not yet addressed

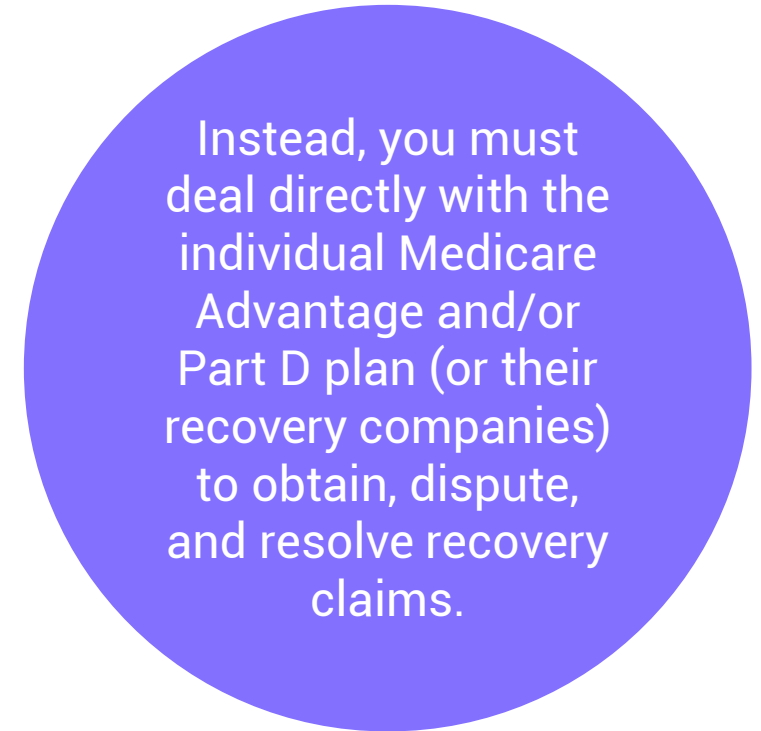
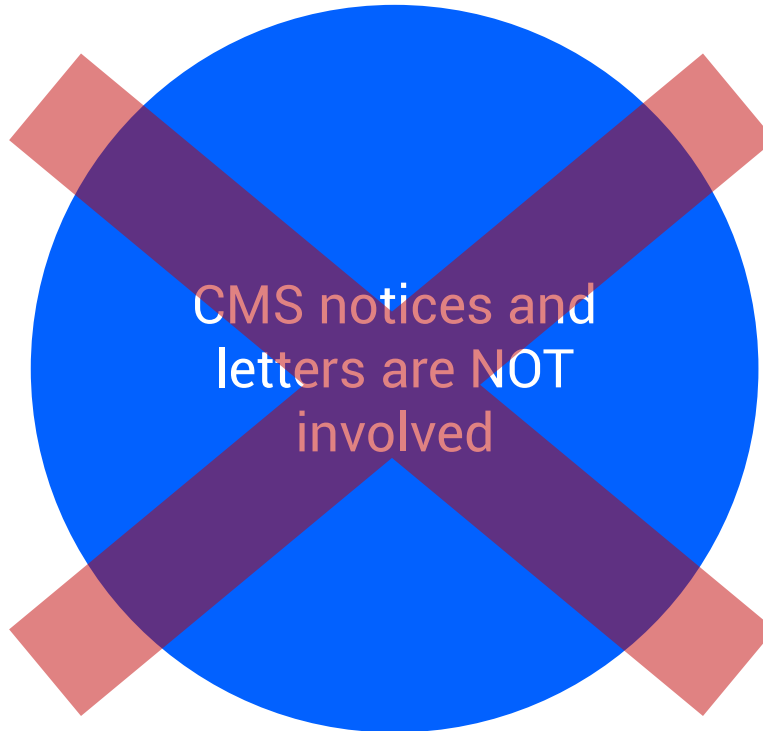
Question: How about D Plans?

Medicare Part D (RX Drugs) Recovery Claims – Nutshell



Part D – Highlights
Outpatient prescription drug plans provided by private insurers
Stand-alone prescription drug plans PDPs (Parts/AB) Medicare Advantage prescription drug plans MA-PDs
56 million Medicare beneficiaries are enrolled in Part D (approx. 80% of all Medicare enrollees) Main Part D providers: UnitedHealth, Humana, CVS Health, Centene, CIGNA (cover 75% of all Part D enrollees).
Part D plans have recovery rights ✓ Federal stats/regs – Part D plans have the same recovery rights as MAPs ✓ Double Damages too? ✓ CMS, BCRC, and CRC are <u>NOT</u> involved in the recovery process – you must deal directly with the Part D plan (or its recovery company)

MAP and Part D Recovery Process (it is different from CMS's process)



Avoid common settlement pitfalls



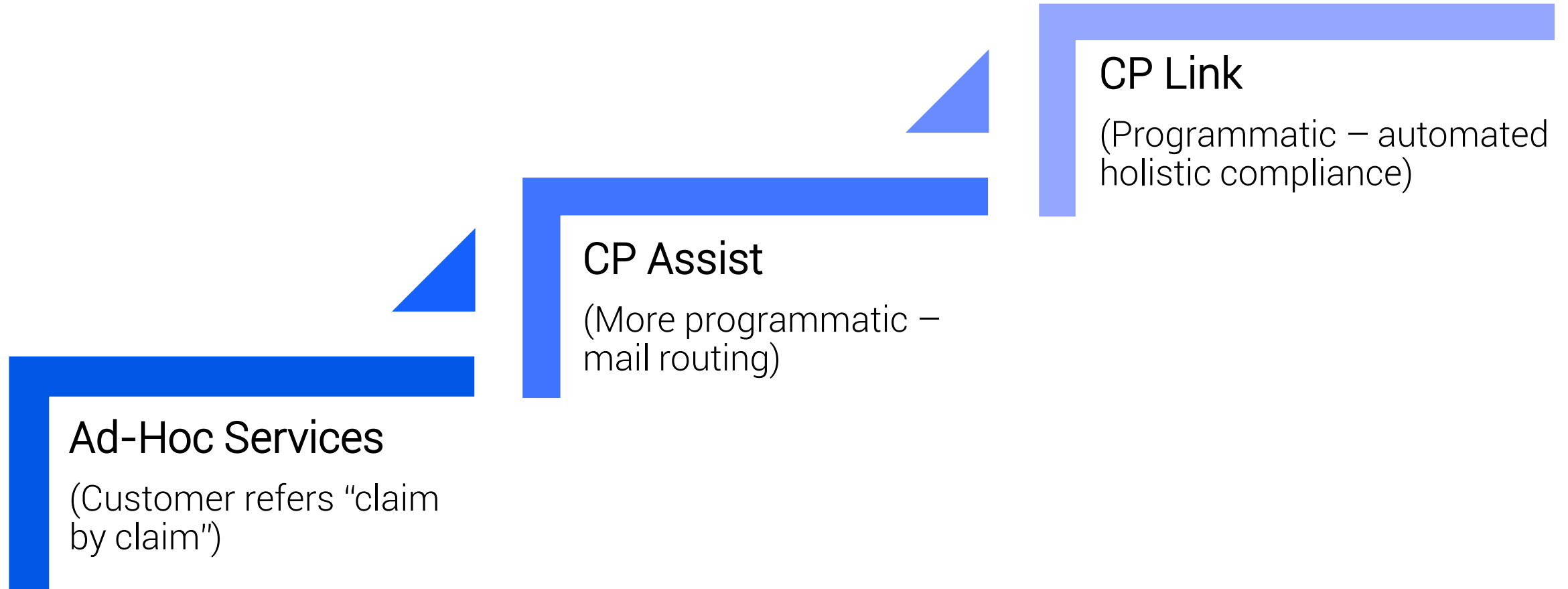
Avoid common settlement pitfalls!

- 1 Medicare exposure not identified/addressed.
- 2 Not identifying all the potential players (CMS, Part C, Part D, etc.).
- 3 Addressing potential contingencies (e.g., inability to get CMS's "final" lien figure prior to settlement)
- 4 Limitations of settlement language (e.g., insurer may still be liable despite settlement language)
- 5 Determining who is responsible for reimbursing Medicare – and making sure Medicare gets repaid!

How Verisk Can Help!



Verisk Services – High-Level Overview



Ad-Hoc Conditional Payment Services



Ad-Hoc Conditional Payment Services

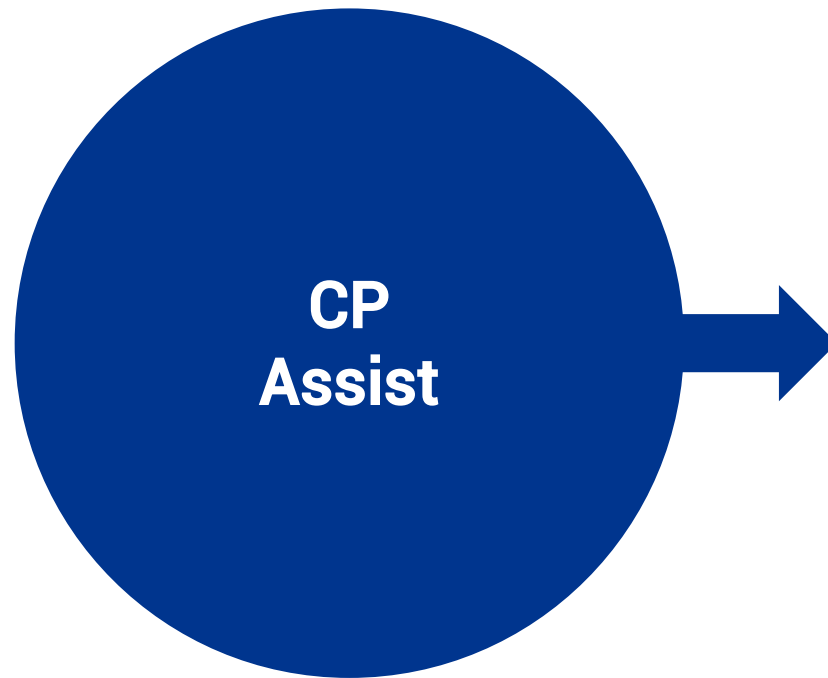
Key Features

- Referral "case by case"
- All claims –
 - ✓ CMS (Part A/B)
 - ✓ Medicare Advantage (Part C)
 - ✓ Part D
 - ✓ Treasury
- Identify lien claims
- Dispute lien claims (if applicable)
- Settlement language
- Protocol development

Savings

- Over \$116 million saved in conditional payment disputes in 2025.
- 86% reduction in Medicare liens via disputes in 2025.

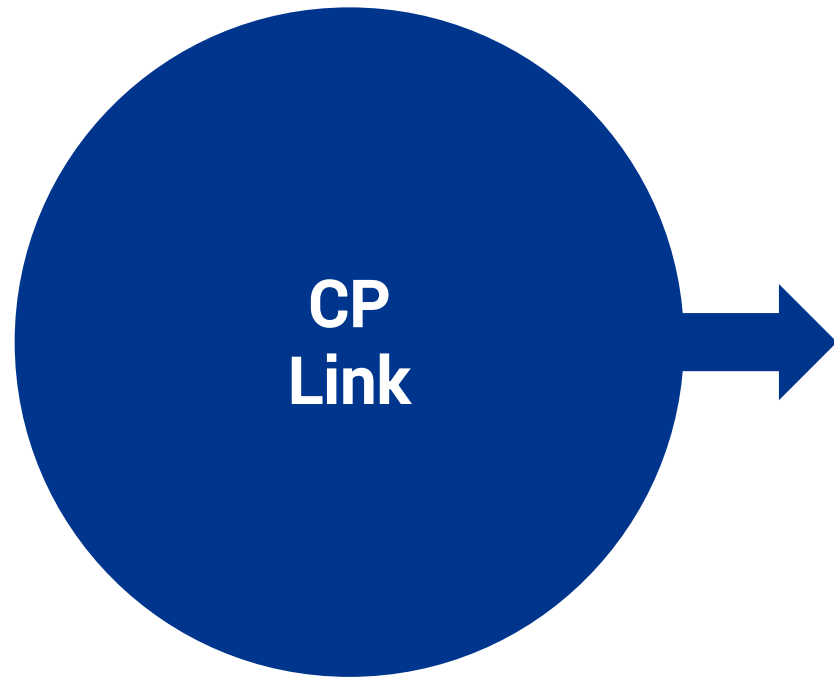
CP Assist: Streamlining the Recovery Process



CP Assist includes:

- Applies only for CMS (Part A/B) claims.
- Recovery agent with optional mail routing service
- Treasury monitoring
- Open Debt Report review and resolution
- Direct adjuster referral
- Audit to ensure compliance at Total Payment Obligation to Claimants (TPOC) and Ongoing Responsibility for Medicals (ORM) termination

CP Link: Gain program efficiency and consistency with an integrated and holistic process:



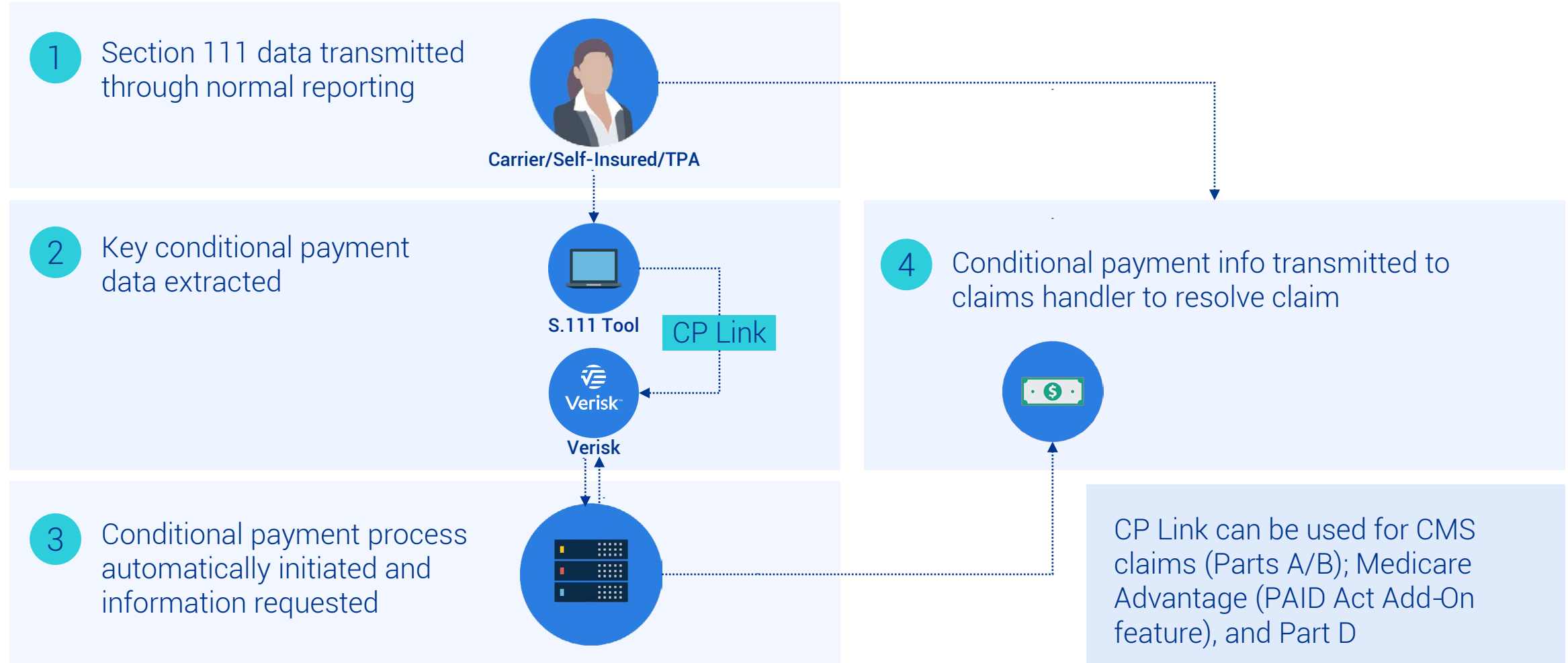
Key Features

- Uses Section 111 data to drive holistic compliance and cost savings!
- Automated/proactive recovery – you take control!
- Expedites the recovery process – resolve claims faster!
- Eliminates compliance gaps and time delays
- Frees up adjuster time and resources
- CMS Parts A/B claims; can also include Medicare Advantage (Part C) (PAID Act add-on feature) and Part D

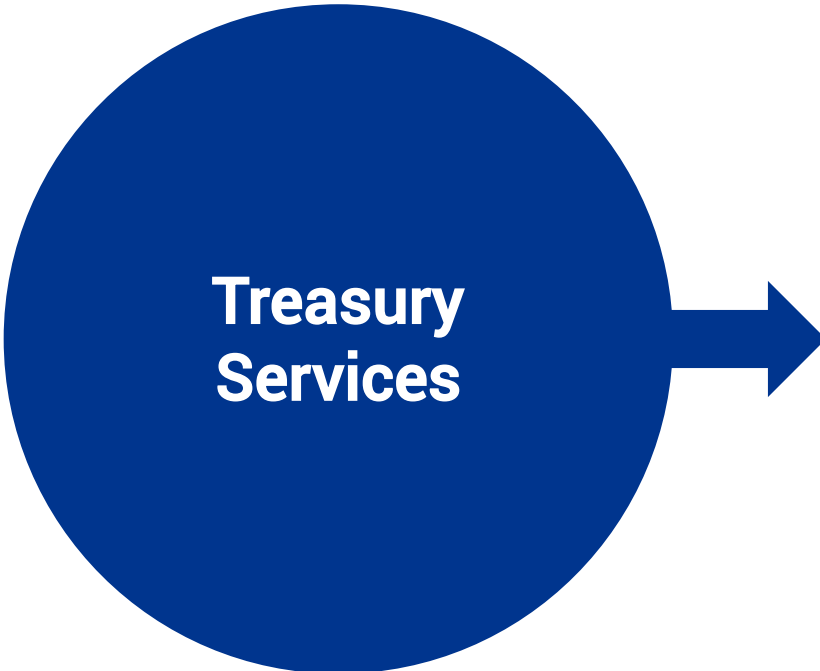
Get Real Results

- **35–65 days** (approx.) reduction in claim cycle timing
- **>81K adjuster** hours saved on referrals
- **>\$28M** saved in conditional payment disputes in 2025
- **86% reduction** (approx.) in Medicare liens via disputes

CP Link – How it Works



Treasury Services



Treasury Services

Our Treasury Service includes:

- Analyze Treasury's claim to determine the applicable course of action
- Facilitate communication between you and Treasury/PCAs
- Develop a programmatic approach to address pending Treasury exposure
- Enroll eligible candidates into the G2G – provides automatic Treasury alerts
- Protocol development to help you mitigate Treasury claims

Savings

- **\$1.1 million** saved through Treasury Department disputes in 2025.

Making it Work Better – Resolving Claims Faster



Making it work better – Resolving claims faster

1

Start early!
Avoid 11th hour scrambling!

2

Remember – CMS's Section 111 Query provides important information

3

Understand the different types of Medicare recovery

4

Determine potential lien claim(s) – remember, there could be different claims!

5

Obtain lien amount – dispute if applicable (do not forget about Part C and D!)

6

Address how claim will be handled as part of settlement

7

Consider automation to simplify workflows, close compliance gaps, and reduce costs!

Resources



Conditional Payment and Lien Resolution Solutions

Pay what you owe — and nothing more

- CP Link — including comparison chart (CP Link v. Ad-hoc services and other provider programs)
- CP Assist
- Treasury
- Medicare Advantage Plans
- Medicaid

[Read the brochure!](#)



Join us December 8th for our annual and popular Medicare Year in Review webinar!

Topics will include:

- Key Section 111 reporting updates
- Civil Money Penalties and compliance considerations
- TPOC/WCMSA reporting challenges
- WCMSA trends and developments
- CMS conditional payment recovery updates
- Keeping Medicare Advantage “double-damages” on your radar
- Key compliance issues to watch in 2027

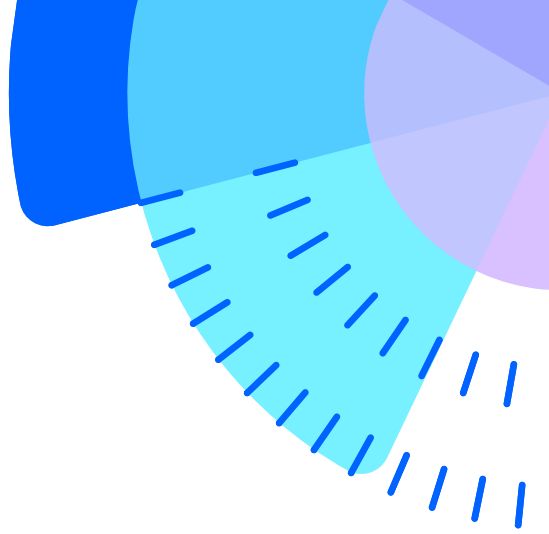
Presenters:

Mark Popolizio, J.D., VP, MSP Compliance

Kate Riordan, J.D., VP, Policy & Product Innovation



[Register here!](#)



Questions?



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