

Thank you for joining the Optum CE webinar: Resolving Medicare Conditional Payment Federal Debts with the U.S. Treasury

- The webinar will begin at 2:00 p.m. ET
- All attendees are in listen-only mode
- Audio is only available through your computer audio. No dial-in number is available
- If others in your office want to join the webinar, have them register at <http://www.workcompauto.optum.com/resources/continuing-education> (Do not share your link with others. It is unique to you.)
- CE credits are only available for those who qualify during the LIVE version of this webinar held from 2:00-3:00 p.m. ET on 04/15/2020

On24 System Requirements:

- Windows 7+ (Microsoft Edge, Latest Internet Explorer, Firefox, or Chrome)
- Apple Mac OS 10.10+ (*Latest Firefox, Safari, or Chrome)
- Android 6.x (Chrome Browser Only)
- Apple iOs (*Latest version, Safari Browser Only)

* Official support for the "latest" version of a newly released browser, among those noted above, will be added within 8 weeks of public release. Until then, the previous version will continue to be supported instead.

If you are using an unsupported version of a Windows, Mac, or Linux operating system, you may experience difficulty in viewing and/or listening to the event.



Resolving Medicare Conditional Payment Federal Debts with the U.S. Treasury

April 15, 2020

CE credits are only available for those who qualify during the LIVE version of this webinar held from 2:00-3:00 p.m. ET on 04/08/2020

Questions about continuing education credits

If you have any questions regarding your continuing education credits received from Optum webinars, please contact rosters@ceuinstitute.net.

This course has been approved for 1-hour of CE for the following license types: Pre-approved Adjuster (AL, CA, DE, FL, GA, ID, IN, LA, MS, NC, NH, NM, NV, OK, OR, TX, UT, WY); National Certified Case Manager (CCM); National Nurse; Certified Disability Management Specialists (CDMS); Certified Rehabilitation Counselor (CRC); Certified Medicare Secondary Payer; (CMSP) for CE accreditation. For states that do not require prior approval, the adjuster is responsible for submitting their attendance certificate to the appropriate state agency to determine if continuing education credits can be applied.

Adjuster credits for KY are currently pending.

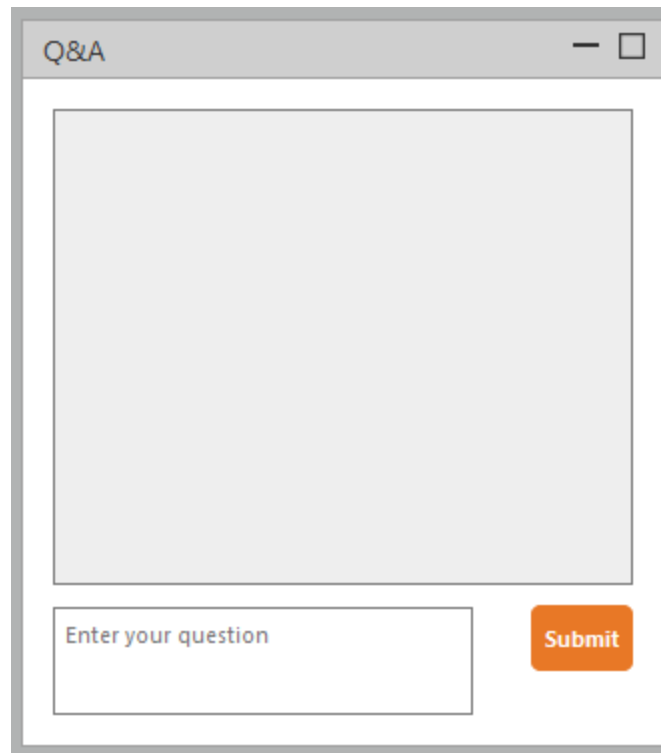
To receive continuing education credit

1. Remain logged on for the entire webinar.
2. Answer **all three** poll questions.
To submit your answers, use the Submit button on your screen or put your answer in the Q&A panel.
3. You will receive an email from the CEU Institute on our behalf approximately **24 hours after the webinar**. This email will contain a link that you will use to submit for your CE credits. **You will need to complete this task within 72 hours.**

If you will be out of the office and will miss the 72-hour window, send an email to ceprogram@optum.com to let us know. We will inform the CEU Institute that they may need to enter your CE submission manually upon your return.

Ask a question

Questions will be answered at the end of the presentation as time allows.



The image shows a window titled "Q&A" with a standard window control bar (minimize, maximize, close). The main area is a large, empty light gray rectangle. At the bottom, there is a text input field with the placeholder text "Enter your question" and an orange "Submit" button to its right.

Technical issues?

- Let us know if you experience an issue that causes you to:
- Miss a poll question
- Have audio problems
- Log out
- Any other technical issue

Send a message using the webinar controls question panel or email ceprogram@optum.com

The sooner we know about an issue, the faster we can take the steps needed to make sure you get the continuing education credits you require.

If you are having technical difficulties with audio or the visuals:

- Refresh your screen
- Make sure your speakers are turned up and, if used, headphones are placed properly
(There is no dial in number for this webinar. Audio is through your computer only.)
- Switch web browsers (Chrome tends to work well)
- Log off and log back in

Disclosure

No planner, presenter or content expert has a conflicting interest affecting the delivery of this continuing education activity. Optum does not receive any commercial advantage nor financial remittance through the provided continuing education activities.

Medical disclaimer

Medicine is an ever-changing science. As new research and clinical experience broaden our knowledge, new treatment options and approaches are developed. The authors have checked with sources believed to be reliable in their efforts to provide information that is complete and generally in accord with the standards accepted at time of publication.

However, in view of the possibility of human error or changes in medical sciences, neither Optum nor any other party involved in the preparation or publication of this work warrants the information contained herein is in every respect accurate or complete, and are not responsible for errors or omissions or for the results obtained from the use of such information. Readers are encouraged to confirm the information contained herein with other sources.

This educational activity may contain discussion of published and/or investigational uses of agents that are not approved by the Food and Drug Administration (FDA). We do not promote the use of any agent outside of approved labeling. Statements made in this presentation have not been evaluated by the FDA.

Disclaimer

The display or graphic representation of any product or description of any product or service within this presentation shall not be construed as an endorsement of that product by the presenter or any accrediting body. Rather, from time to time, it may facilitate the learning process to include/use such products or services as a teaching example.

Accreditation of this continuing education activity refers to recognition of the educational activity only and does not imply endorsement or approval of those products and/or services by any accrediting body.

CE credits for this course are administered by the CEU Institute. If you have any issues or questions regarding your credits, please contact rosters@ceuinstitute.net.

Presenter



**Lavonya Chapman, Esq,
RN, CMSP**
Associate General Counsel

Lavonya Chapman is Optum Settlement Solutions' Medicare Secondary Payer (MSP) Compliance Counsel and a member of the management team responsible for strategic planning and product development with legal, regulatory, and compliance oversight of all services provided to include MSP settlement language, Mandatory Insurer Reporting, ICD injury code reporting, Conditional Payment Resolution, Medicare Set-Aside Allocations (MSA), CMS approval, and professional administration of MSAs.

Lavonya joined Optum Settlement Solutions in 2014 as a member of the MSP clinical mitigation team with more than 25 years experience as an attorney, claim director, and registered nurse. Her casualty insurance experience began as a medical case manager at USF&G insurance. Prior to joining Optum, Lavonya served as director of MSP compliance for Arthur J. Gallagher & Company where she started and developed their MSP compliance program from the beginning. She was also the claim director for a new liability captive in which nearly all the claimants/plaintiffs were Medicare beneficiaries or dual eligible.

Additionally, Lavonya has experience in private law practice, litigating medical malpractice, premises, and auto liability claims, as well as workers' compensation cases. As a registered nurse and pharmacology instructor at the University of Alabama at Birmingham, Lavonya is an expert in utilization review and emergency medical services.

Lavonya received a Bachelor of Science degree in nursing from the Samford University and a Doctorate of Jurisprudence from Birmingham School of Law.

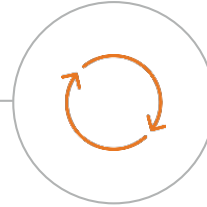
Objectives



Provide basic introduction to the U.S. Treasury conditional payment resolution process



Discuss U.S. Treasury authorization to recoup Medicare conditional payments

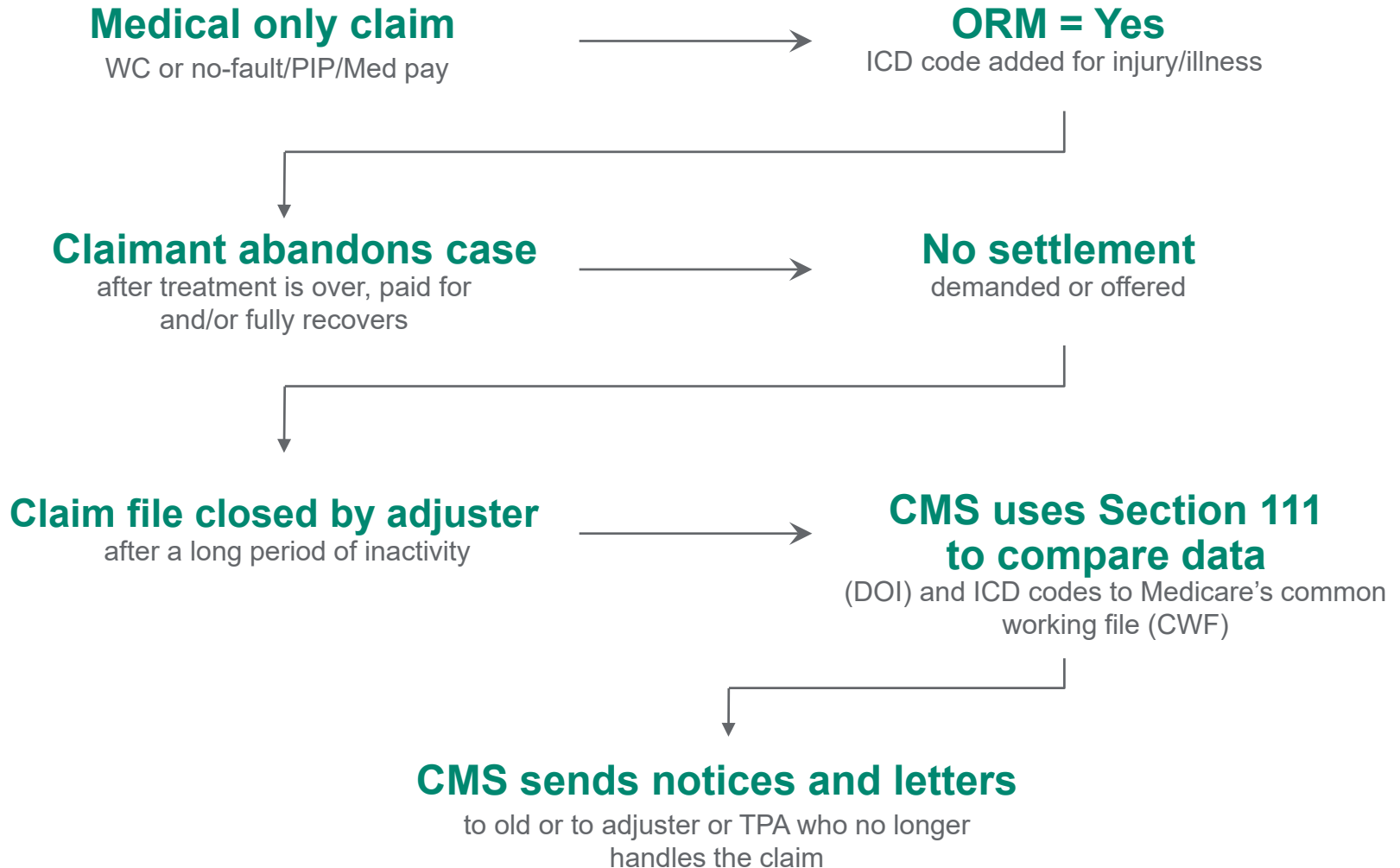


Walk through how a debt goes from the CRC to Treasury and how an offset takes place



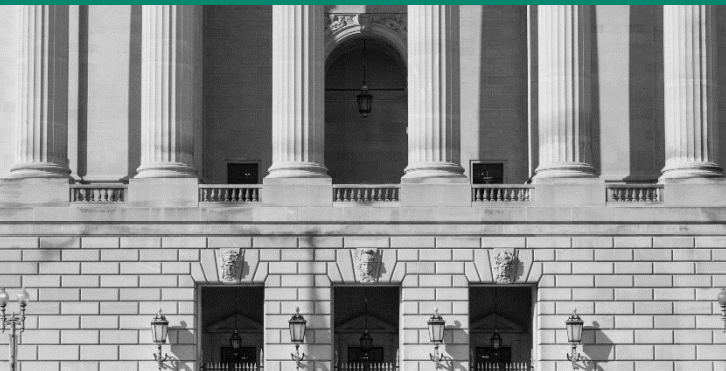
Demonstrate how a debtor can dispute Treasury's offset and obtain reimbursement

A typical scenario





HOW DID WE GET HERE?



Responsible Reporting Entity (RRE) reported Ongoing Responsibility for Medical (ORM) through mandatory reporting process



Center for Medicare & Medicaid Services (CMS) has therefore identified the RRE/primary payer as the debtor



As of October 2015, Commercial Repayment Center (CRC) specifically dedicated to recovery of conditional payments in situations where the RRE has reported ORM



WHAT HAPPENED IN MY CASE?



CRC sent a Conditional Payment Notice (CPN) identifying payments made, providing 30 days to dispute responsibility



CRC sent a Notice of Intent to Refer to Treasury (NIRT) providing 30 days to pay or 60 days to appeal



CRC sent a demand providing 60 days to pay debt or appeal within 120 days



Treasury sent a Notice of Debt providing 30 days to pay or matter to collections/offset

Notice on Intent to Refer

Created by the CRC

- Provides 30 days to pay in full to CRC
- Allows 60 days to challenge the debt
- If neither, referred to Treasury for collection or for cross-servicing to offset

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

COB&R
Coordination of
Benefits and Recovery

January 23, 2018

Re: Letter ID: [REDACTED] CRC Recovery ID #: [REDACTED]
Date of Incident: [REDACTED] Medicare Number: [REDACTED]
Insurer Claim #: [REDACTED]
Insurer Policy #: [REDACTED]
Beneficiary Name: [REDACTED]

Taxpayer Identification Number: [REDACTED]
Date Debt Became Past-Due: [REDACTED]
Past Due Debt Owed to CMS: [REDACTED]
Date Demand Letter Sent: [REDACTED]
Response Due Date: [REDACTED]

**NOTICE OF INTENT TO REFER DEBT TO THE DEPARTMENT OF TREASURY OR
A DEPARTMENT OF TREASURY DESIGNATED DEBT COLLECTION CENTER
FOR CROSS-SERVICING AND OFFSET OF PAYMENTS.**

Dear [REDACTED]:

The Centers for Medicare & Medicaid Services (CMS) has determined that your organization owes the Medicare program the amount shown above and this amount is delinquent (past due). This debt arose under the Medicare Secondary Payer (MSP) provisions of the Social Security Act.

- The amount shown includes principal and interest. This amount may be collected through offset of any payments (subtraction from any payments) due to your organization.
- The Debt Collection Improvement Act (DCIA) of 1996 requires Federal agencies to refer delinquent debts to the Department of Treasury and/or a designated Debt Collection Center (DCC). Collection actions may include Treasury's Offset Program (TOP) which collects delinquent Federal debts through offset from other Federal agency payments your organization may be entitled. Including the offset of an income tax refund your organization may be entitled through the referral of this debt to the Internal Revenue Service (IRS) and any Federal benefit payments.
- Treasury or a designated DCC, also uses various other collection actions including offset, demand letters, phone calls, referral to a private collection agency and/or referral to the Department of Justice or agency counsel for litigation.

Intent to Refer Letter 1 of 3 ITR.051


Notice of Treasury Debt

Debt referred to Treasury by CRC on behalf of CMS

- Oftentimes, no claimant name, SS#, DOB
- If no payment, may withhold money from tax refunds, from fed/state payments, garnish wages/benefits, or refer case to collector

U.S. DEPARTMENT OF THE TREASURY
BUREAU OF THE FISCAL SERVICE
P. O. BOX 830794
BIRMINGHAM, AL 35283-0794

May 13, 2019

09854 

RECEIVED
JUN 04 2019
FZA
SEMT Shared Services

Our records indicate that you owe the U.S. Government [REDACTED]

The Medicare Overpayments [REDACTED] Centers for Medicare & Medicaid Services, referred your unpaid debt to the U.S. Department of the Treasury, Bureau of the Fiscal Service, for immediate collection. You must immediately pay your debt to stop collection action and prevent the addition of more interest, penalties and administrative costs.

Treasury Case Number: [REDACTED]
Agency Debt Number: [REDACTED]

How Do I Pay My Debt?
Pay Online: Visit www.pay.gov/paygov/paymydebt and follow the instructions to pay online.

Pay By Phone: Call (888) 826-3127 and provide our agent your debit card information. You may also discuss payment options with representatives at this number if you are unable to satisfy the debt immediately. Hearing impaired persons may use the Federal Relay Service by dialing (800) 877-8339 to reach a Communications Assistant, who will dial the toll free number.

Pay By Mail: Mail your payment and completed payment coupon to the address below. If you pay by check, include the Treasury Case Number [REDACTED] in the memo section of your check. When you provide a check as payment, you authorize us to use the information from your check to make a one-time electronic funds transfer from your account or to process your payment as a check transaction.

What If I Do Not Pay My Debt?
As allowed by federal law, we may withhold some or all monies from your tax refunds and other federal and state payments. We may garnish your wages, refer your unpaid debt to a collection agency and report your debt to the credit bureaus, which could hurt your credit score. You will find further information online at www.fiscal.treasury.gov/debt. If you wish to send us written correspondence, other than payments, please address it to: U.S. Department of the Treasury, P.O. Box 830794, Birmingham, AL 35283-0794. DO NOT send payments to this address.

U. S. Department of the Treasury, Bureau of the Fiscal Service

----- DETACH HERE -----

PAYMENT COUPON
*Includes applicable interest, administrative costs and penalties.

Name Of Debtor: [REDACTED] *Amount Due: [REDACTED]
Treasury Case Number: [REDACTED]

Send your payment to:
U.S. Department of the Treasury
P.O. Box 979101
WASH DC 20541-9101

METHOD OF PAYMENT
Pay online at www.pay.gov/pay.gov/paymydebt or select one below:
 Check Money Order Amount Enclosed \$ _____

COLLECTION AGENCIES

Treasury uses six collection agencies



NIAGARA FALLS, NY



GENESE0, NY



ARCADE, NY



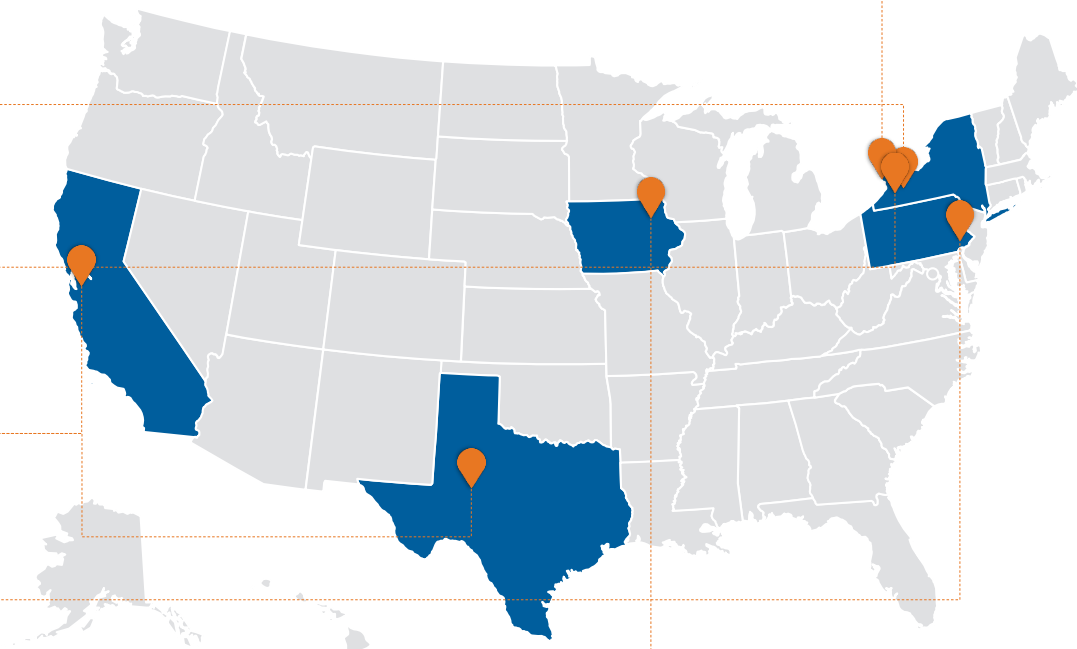
SAN ANGELO, TX
PLEASANTON, CA



FT. WASHINGTON, PA



CEDAR FALLS, IA



Notice from collector: The CBE Group, Inc.



PO Box 2040
Waterloo, IA 50704



1-866-910-3140



www.pay.gov/paygov/paymydebt.com



PO Box 979110
St. Louis, MO 63197

CALL: (866)910-3140

CBE group
The CBE Group, Inc.
Corporate Address: 1309 Technology Pkwy,
Cedar Falls, IA 50613
Hours of Operation: 9:00 a.m. - 5:00 p.m. CT Monday-Friday

ORIGINAL CREDITOR:
DEPARTMENT OF HEALTH AND HUMAN SERVICES

Debt Identification Number:	[REDACTED]
Principal Balance:	[REDACTED]
Interest:	[REDACTED]
Parity:	[REDACTED]
Fees:	[REDACTED]
Current Debt Balance:	[REDACTED]

02/27/19

Dear [REDACTED]

This letter is regarding your account with the above-referenced original creditor, which was referred to The CBE Group, Inc. by the U.S. Department of the Treasury to collect the balance due in full.

This is in reference to your recent correspondence. The CBE Group, Inc. has submitted your inquiry to the U.S. Department of the Treasury. Please find enclosed their response regarding your account.

To pay your account and ensure proper credit, please note your debt identification number, name and address on your check and mail it with the bottom portion of this letter in the enclosed envelope. To submit a payment online visit: www.pay.gov/paygov/paymydebt

As of the date of this letter, you owe [REDACTED]. Because of interest and other charges assessed by your creditor that may vary from day to day, the amount due on the day you pay may be greater. Thus, if you pay the total amount due shown above, an adjustment may be necessary after the U.S. Department of the Treasury receives your check, in which event we will inform you.

If you have any questions, please call (866)910-3140.

This is an attempt to collect a debt; any information obtained will be used for that purpose.
This communication is from a debt collector.

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION.
Please call our office with any change in your name, address or phone number.

TEL: (866)910-3140

PLEASE DETACH AND RETURN IN THE ENCLOSED ENVELOPE

<p>PO Box 2040 Waterloo, IA 50704-2040 CHANGE SERVICE REQUESTED</p>	<p>CD Number: 21 585204 Call (866) 102-140 02/27/19</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>ACCOUNT NUMBER L21289303</td> <td>CURRENT DEBT BALANCE [REDACTED]</td> </tr> <tr> <td>DEBIT CARD NUMBER [REDACTED]</td> <td>EXP. DATE [REDACTED]</td> </tr> </table> <p style="text-align: right;">SIGNATURE [REDACTED]</p> <p style="text-align: right;">U.S. BANK - DMS CGI P.O. BOX 979110 ST. LOUIS, MO 63197-9000</p>	ACCOUNT NUMBER L21289303	CURRENT DEBT BALANCE [REDACTED]	DEBIT CARD NUMBER [REDACTED]	EXP. DATE [REDACTED]
ACCOUNT NUMBER L21289303	CURRENT DEBT BALANCE [REDACTED]				
DEBIT CARD NUMBER [REDACTED]	EXP. DATE [REDACTED]				

Notice from collector: Continental Service Group, Inc. (ConServe)



PO Box 1528
Fairport, NY 14450



1-866-562-3255



www.pay.gov/paygov/paymydebt.com



PO Box 979110
St. Louis, MO 63197

- 30 days to dispute validity
- Will provide verification of debt

PO Box 3023
Niagara Falls, NY 14304-7321

09-17-2018

Continental Service Group, Inc.
ConServe
A Debt Collection Agency
200 CrossKeys Office Park
Fairport, NY 14450
866-562-3255

Client: U.S. Department of the Treasury, Fiscal Service
Creditor Agency: Department of Health and Human Services
Agency ID: [REDACTED]
Debt ID: [REDACTED]
Fiscal Service Itemized Accounting: [REDACTED]
Principal: [REDACTED]
Interest: [REDACTED]
Admin Costs: [REDACTED]
Penalties: [REDACTED]
Total Due: [REDACTED]
Medicare Case ID: [REDACTED]
Beneficiary Name: [REDACTED]
Rate of Interest: [REDACTED]
Date of Last Pymt: [REDACTED]

The U.S. Department of the Treasury, Bureau of the Fiscal Service (Fiscal Service) has referred your Department of Health and Human Services account to ConServe for collection.

As of the date of this letter, you owe the balance shown on this letter. Because your Federal debt may require you to pay interest on the outstanding portion of your balance, as well as other assessed charges, which may vary from day to day, the amount required to pay your Federal debt in full may be greater than the amount stated here.

Send Payments with Coupon To:
U.S. Department of the Treasury
DMS CON
PO Box 979111
Saint Louis MO 631979000
Pay online* at: www.pay.gov/paygov/paymydebt
*ConServe is not responsible for, nor does it have any control over the content of this website.

Send Only Correspondence (No Payments) To:
CONSERVE
P.O. BOX 1528
FAIRPORT, NY 14450
Toll Free Telephone Number: 866-562-3255

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days from receiving this notice that you dispute the validity of this debt or any portion thereof, this office will obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request this office in writing, within 30 days after receiving this notice, this office will provide you with the name and address of the original creditor. If different from the current creditor, Federal Law prohibits unfair collection practices.

**THIS COMMUNICATION IS FROM A DEBT COLLECTOR AND IS AN ATTEMPT TO COLLECT A DEBT.
ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.**

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION
PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT

Continental Service Group, Inc.
ConServe
A Debt Collection Agency
200 CrossKeys Office Park
Fairport, NY 14450
866-562-3255

Client: U.S. Department of the Treasury, Fiscal Service
Creditor Agency: Department of Health and Human Services
Agency ID: [REDACTED]
Debt ID: [REDACTED]
Total Due: [REDACTED]
Amount Enclosed: \$ [REDACTED]
NOTE: Credit Card Payments Not Accepted

ConServe Reference Number: [REDACTED]

Mail Payment To:
U.S. DEPARTMENT OF THE TREASURY
DMS CON
PO BOX 979111
SAINT LOUIS MO 63197-9000

When you provide a check as payment, you authorize Fiscal Service either to use information from your check to make a one-time electronic funds transfer from your account or to process the payment as a check transaction.

979111 1235504630 829201 7

Notice from collector: Pioneer Credit Recovery, Inc.



PO Box 189
Arcade, NY 14009



1-888-261-7783

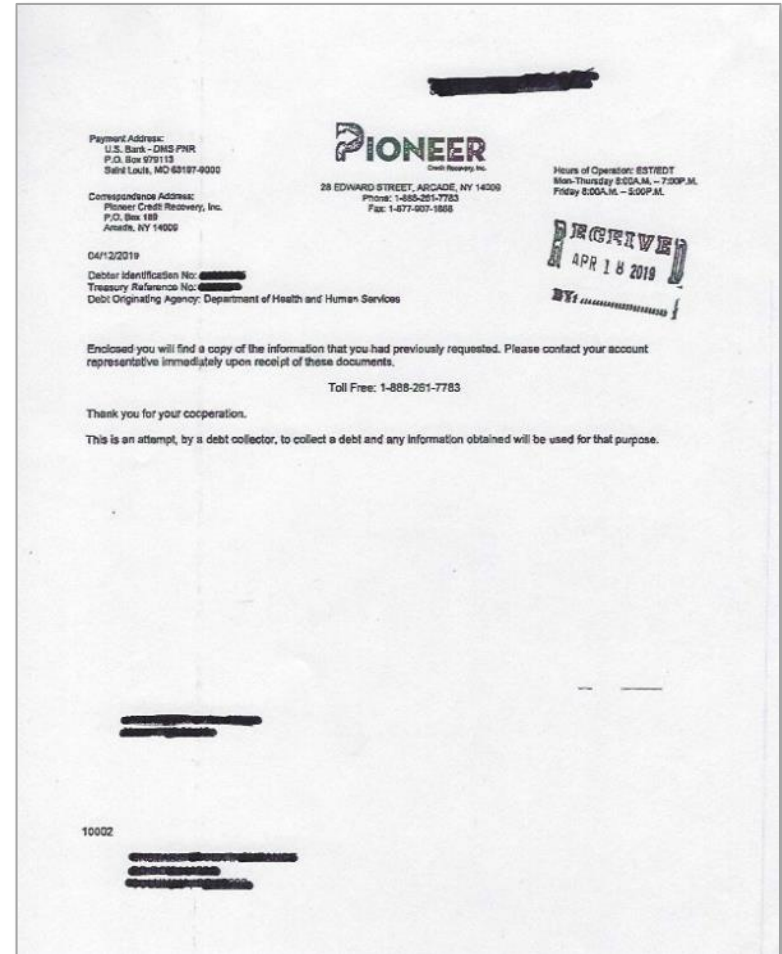


www.pay.gov/paygov/paymydebt.com



PO Box 979110
St. Louis, MO 63197

- Will provide verification of debt



Notice from collector: Coast Professional, Inc.



PO Box 246
Geneseo, NY 14454



1-800-963-4714



www.pay.gov/paygov/paymydebt.com



PO Box 979110
St. Louis, MO 63197



bfs@coastprofessional.com

- 30 days to dispute validity
- Will provide verification of debt



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Coast Professional, Inc.
PO Box 246
Geneseo, NY 14454
1-800-963-4714

COAST
PROFESSIONAL, INC.

Account Number	Principal Balance	Interest	Interest Rate
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Penalties & Costs	Fees	Current Balance	Amount Paid
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Payment Instructions for Mailing in Payments:
Return this coupon with your payment. Credit Cards are not an acceptable form of payment. Include Account Number on your check. Make checks payable to: U.S. Department of the Treasury

SEND PAYMENT TO:
U.S. Department of the Treasury- Coast
P.O. Box 979128
Saint Louis, MO 63197-9000

Dear [REDACTED]: 05/07/2019

This notice is from Coast Professional, Inc. (Coast), a private collection agency, on behalf of the U.S. Department of the Treasury, Bureau of the Fiscal Service (Fiscal Service). Fiscal Service, the current servicer of your outstanding delinquent federal obligation on behalf of Department of Health and Human Services, has placed your account with this agency for collection. The current balance listed above as due and owed may be accruing daily interest and penalties; the actual amount owed may be different than what is stated.

This letter is to notify you that Fiscal Service has referred your account to Coast for the collection of the outstanding debt. As of the date of this letter, you owe the balance indicated above. Because of interest and/or other fees that may vary from day to day, the amount due on the day you pay may be greater. Coast is committed to providing assistance to you in determining the best resolution to your obligation. Our staff is trained to discuss all available options for repayment of your debt. Please telephone one of our representatives for assistance at the toll free number below.

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days from receiving this notice that you dispute the validity of this debt or any portion thereof, this office will obtain verification of the debt or obtain a copy of a judgement and mail you a copy of such judgement or verification. If you provide Coast with a written request, within 30 days after receiving this notice, our office will provide you with the name and address of the original creditor, if different from the current creditor.

Medicare Case ID: [REDACTED] Beneficiary Name: [REDACTED]

Correspondence address: Coast Professional, Inc. PO Box 246 Geneseo, NY 14454	Phone: 1-800-963-4714 Fax: 1-800-579-8795	Payment address: U.S. Department of the Treasury- Coast P.O. Box 979128 Saint Louis, MO 63197-9000
Office Hours: 8am to 9pm EST Mon – Thurs 8am to 4:30pm EST Friday	Email address: BFS@coastprofessional.com	Payment Web Address: www.pay.gov/paygov/paymydebt

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic funds transfer from your account or to process the payment as a check transaction.
If you have any concerns about the way Coast is collecting this debt, you may contact Coast in writing at the above address, or call Coast toll-free at 1-888-321-5420, or via fax at 1-866-215-8049

*****IMPORTANT INFORMATION CAN BE FOUND ON THE NEXT PAGE*****

THIS COMMUNICATION IS FROM A DEBT COLLECTOR. THIS IS AN ATTEMPT TO COLLECT A DEBT; ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE. 101FAX

Notice from collector: Transworld Systems Inc.

Transworld**Systems**[®]



PO Box 15616
Wilmington, DE 19850



1-866-206-7443



www.pay.gov/paygov/paymydebt.com



PO Box 979110
St. Louis, MO 63197

- 30 days to dispute validity
- Will provide verification of debt

P.O. Box 15616
Wilmington DE 19850-5616
418.662.7443

TRANSWORLD SYSTEMS INC.
506 Virginia Dr Suite 514
St. Louis, PA 19034
866-206-7443

Calls to or from this company may be monitored or recorded.

Date: March 11, 2019
Treasury Account # [REDACTED]
Treasury Case Number [REDACTED]
Our Account # [REDACTED]
Referred From: BUREAU OF THE FISCAL SERVICES
Collection Agency: Dept of Health and Human Svcs, Medicare
Secondary Payer Data [REDACTED]
Principal [REDACTED]
Account Interest Date [REDACTED]
Interest Rate [REDACTED]
Advised Penalty Charge [REDACTED]
Administrative Charge [REDACTED]
Other Fees [REDACTED]
Medical Case ID [REDACTED]
Beneficiary Name [REDACTED]
Release Date [REDACTED]

This notice regarding the above referenced account with the U.S. Department of the Treasury is from TRANSWORLD SYSTEMS INC. The U.S. Department of the Treasury has placed the account with this office under a contract for debt collection services.

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt, or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days after receiving this notice that you dispute this debt, or any portion thereof, this office will obtain verification of the debt or a copy of a judgment and mail you a copy of such verification or judgment. If you require of this office in writing within 30 days after receiving this notice, this office will provide you with the name and address of the original creditor, if different from the current creditor.

When sending a written dispute, mail it to: TRANSWORLD SYSTEMS INC. P.O. Box 15616 Wilmington DE 19850-5616

Due to your failure to pay this obligation, the entire unpaid balance of your debt is due and payable. Your delinquent debt may have been reported to national credit bureaus, which could inhibit your ability to obtain future credit.

Do not send payments to this address, only correspondence. All payments are to be mailed directly to the U.S. Department of the Treasury at the address on the attached coupon. Please be sure to include your Treasury Case Number, name and address on the face of each payment to ensure that your account is credited properly. When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic funds transfer from your account or to process the payment as a check transaction.

Your payment may also be submitted by visiting the U.S. Department of the Treasury's website at www.pay.gov/paygov/paymydebt.com. This is an attempt to collect a debt. Any information obtained will be used for that purpose. This is a communication from a debt collector.

Office hours are Monday & Wednesday 9am-5pm, Tuesday & Thursday 9am-5pm, Friday 9am-4:30pm. All times Eastern.
This account balance will be periodically increased due to the addition of accrued interest, secondarily charges, administrative costs, and other fees, as permitted by applicable law.

Notice: See Reverse Side for Important Information.

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT (MAKE SURE ADDRESS SHOWS THROUGH WINDOW)

TRANSWORLD SYSTEMS INC.
506 Virginia Dr Suite 514
St. Louis, PA 19034
866-206-7443

Name [REDACTED]
Payment Agreement # [REDACTED]
Treasury Case # [REDACTED]
Release Date [REDACTED]

Send Correspondence to:
P.O. Box 15616
Wilmington DE 19850-5616

Method of Payment
Pay online at www.pay.gov/paygov/paymydebt.com or select one below

Check Money Order Amount Enclosed \$ _____
 Debit Card Account Number: _____ (Circle one and attach card)

Expiration Date: _____ Authorized Amount: _____
Authorized Signature: _____
Printed Name of Card holder: _____

Main Payment To:
US DEPARTMENT OF TREASURY
PO BOX 979111
ST. LOUIS, MO 63197-9000

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Notice from collector: Performant Recovery, Inc.

PERFORMANT

ACCELERATE YOUR PATH TO VALUE



PO Box 5501
San Angelo, TX 76902



1-800-258-1498



www.pay.gov/paygov/paymydebt.com



PO Box 979110
St. Louis, MO 63197



treasury@performantcorp.com

- 30 days to dispute validity
- Will provide verification of debt

PERFORMANT
Performant Recovery, Inc.
P.O. Box 2501, San Angelo, TX 76903-5501

Toll Free: 800-258-1498

0000074 1 8P 0860

04/18/2019

Re: Performant Recovery, Inc.
Account No: [REDACTED]
Fiscal Service And No: [REDACTED]
Beneficiary Name: [REDACTED]
Medicare Case ID: [REDACTED]
Field No: [REDACTED]
Release: [REDACTED]

As of the date of this letter, you owe the balance related above. Because interest and fees may accrue daily, the amount due on the date you make a payment may be greater. If you decide to make a payment in full on the amount shown above, an adjustment may be necessary depending on when payment is received. We will notify you if such an adjustment is needed. To check your balance and for further information call the toll-free number shown above or write to Performant Recovery, Inc.

Client Name: U.S. Department of the Treasury

As you are aware, your delinquent debt(s) have been placed with Performant Recovery, Inc. (Performant), a private collection agency under contract with the U.S. Department of the Treasury, Bureau of the Fiscal Service (Fiscal Service), for collection on behalf(s) owed to the Centers for Medicare & Medicaid Services (CMS) (formerly the Health Care Finance Administration).

The Medicare Secondary Payer (MSP) provisions of the Social Security Act (42 U.S.C. § 1395f (b) (2) (B) (ii)) state that CMS may seek to recover a mistaken primary payment from any entity which is required or responsible to pay for medical services under a primary plan. Medicare's regulations at 42 C.F.R. 411.246(c) and (g) provide in part that CMS has a direct right of action to recover from any entity responsible for making primary payment. This includes an employer, an insurance carrier, plan, or program, and a third-party administrator.

In order to facilitate the recovery of the MSP debt(s) placed with our agency, Performant is providing your organization with the attached debt verification, as identified by Fiscal Service with an associated Case ID, and the current balance due as of the date of this letter. Interest and penalties may continue to accrue on the debt, if applicable.

Please be aware that the debt(s) identified in this letter may not include all the debts owed to CMS (or other agencies of the United States government) involving your organization. If Performant receives additional delinquent debts from Fiscal Service, we will forward additional information to you.

After reviewing the information provided, you may submit individual payments referencing the Fiscal Service Case ID, along with a copy of this letter to:

Performant Recovery, Inc.
DMS DTR
P.O. Box 979112
St. Louis, MO 63197-9000

Again, please be sure to include a separate payment for each debt and reference the proper Case ID number on the payment to ensure an accurate posting to your account. Payments may also be made on-line at www.pay.gov/paygov/paymydebt.com.

When you provide a check as payment, you authorize the U.S. Department of the Treasury either to use information from your check to make a one-time electronic funds transfer from your account or to process the payment as a check transaction.

Please note, the U.S. Department of the Treasury does not allow Credit Cards as a form of payment towards your debt.

We encourage you to contact our office for any assistance. If you have any questions concerning this matter, please do not hesitate to contact your Performant representative at 800-258-1498 or send an email to treasury@performantcorp.com.

This is an attempt to collect a debt by a debt collector and any information we obtain may be used for that purpose.

Enclosure: Verification of Debt

TR18242/2019

PLEASE DETACH THIS STUB AND RETURN WITH PAYMENT (We do not accept credit cards.)

U.S. Department of the Treasury Check here for change of address and complete the reverse side.

Identification Number: 120017111 Due Date: [REDACTED]

Please check payment type: Amount Due: [REDACTED]

Check Amount Enclosed: [REDACTED]

Money Order

Cashier's Check

Debit Card

Debit Card Number: [REDACTED] Expiration Date: [REDACTED]

Authorized Signatures: [REDACTED] Performant Recovery, Inc.
P.O. Box 2501
St. Louis, MO 63197-9000




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Authorization for Release of Information

Treasury Form 13

- Authorizes Treasury Fiscal Service to disclose info to representative related to debt
- Valid for only six months, so may need multiple ones throughout claim
- Cannot speak with or receive info from Treasury without it



DEPARTMENT OF THE TREASURY
Bureau of the Fiscal Service

AUTHORIZATION FOR RELEASE OF INFORMATION

Fax completed form to: (855) 292-9700

1. TO: U.S. Department of the Treasury, Bureau of the Fiscal Service

FROM:

Name (include alias and maiden names):	Mailing Address (include street address, p.o. box, suite no., city, state, zip code):	
Social Security Number or Employer Identification Number:	Telephone No.	Fax No.

2. I authorize the Fiscal Service, its employees, agents, and contractors, to disclose to the following person: **REPRESENTATIVE:**

Name of Individual:	Mailing Address (include street address, p.o. box, suite no., city, state, zip code):	
Company Name (optional):	Telephone No.	Fax No.

any and all information related to a debt owed by me to the United States Government, to a State, or any debt enforced by a State, including child support obligations, and/or any payments made or due to me by a Federal or State agency, and/or any tax return information disclosed to Fiscal Service by the Internal Revenue Service in order to collect tax debts through the levy process under 26 U.S.C. 351(h), and to conduct tax refund offset under 26 U.S.C. §§ 6402. Tax return information is defined in 26 U.S.C. § 6103(b). Information includes, but is not limited to, correspondence and other information related to my debt(s) or payment(s), including my tax refund payment(s).

3. Fiscal Service, its employees, agents, and contractors, are not required to inform me of disclosures made under this authorization.

4. This authorization will be valid for 6 months from the date of signing, unless sooner revoked by me in writing and the revocation is received and processed by Fiscal Service at this address: Supervisor, TOP Call Center, P.O. Box 1686, Birmingham, Alabama 35201-1686.

5. A photocopy or facsimile copy of this signed authorization has the same force and effect as an original.

The person named in paragraph 1 must sign below. If signed by a corporate officer, partner, guardian, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form. **A separate FMS Form 13 must be provided for each debtor.**

Signature of Person Authorizing Disclosure	Date
Print Name of Person Authorizing Disclosure	Print Title of Person Authorizing Disclosure

Privacy Act Statement: Collection of this information is authorized by 5 U.S.C. §§ 552a, 26 U.S.C. §§ 6331 and 6402, 31 U.S.C. §§ 3716, 3720a and 7701(c). This information will be used to identify your debts submitted to the Treasury Offset Program for collection by Federal and State agencies and your Federal payments. This information will be disclosed to persons as authorized by you. Additional disclosures of this information may be to Federal and State agencies collecting your debt or issuing payments to you. The purpose of the additional disclosures will be to verify the accuracy of the information provided to Fiscal Service and to assist such agencies in collecting your debts. Where the taxpayer identification number is your Social Security Number, collection of this information is required by 31 U.S.C. § 7701(a). If you fail to furnish the information requested on this form, including your Social Security Number, Fiscal Service will not disclose to third parties information concerning your debts submitted to the Treasury Offset Program for collection by Federal and State agencies or your Federal payments.

FMS FORM 13
2-15

DEPARTMENT OF THE TREASURY
BUREAU OF THE FISCAL SERVICE

Treasury CRS Dispute Form

- Received Notice of Debt from Treasury or Collector
- Use the CRS Dispute form to dispute a debt sent to Treasury
- May halt referral to Treasury's Debt Management Services (DMS)
- Must provide details and supporting evidence timely

CRS Dispute Form

If you object to the invoice you received, your dispute must be in writing, signed, and delivered as indicated below. Supporting documentation is strongly encouraged as your objection(s) will be considered based on the information you provide with this form. This dispute form will NOT halt interest and penalty assessment (if applicable) on your invoice(s). This dispute submission will halt referral of the invoice to Treasury's Debt Management Services (DMS), but only until a dispute decision is mailed to you.

Instructions:

- 1) Complete Requestor Information: place an **X** in the checkbox of the section(s) that fit your dispute, and document an explanation of your dispute. ALL FIELDS REQUIRED.
- 2) Sign and date form.
- 3) Submit this form and any attachments by Fax, or Mail to:
Fax: 314-418-4121 or **Mail:** CRS Servicing, PO Box 970014, St. Louis, MO 63197

Requestor Information

Name:	Invoice Number:	Date:
Address:		
City, State, Zip:		
Phone Number:		

Select a Dispute Reason

<input type="checkbox"/>	1. Existence of the receivable described in the invoice I do not owe this receivable (Proof contained in documentation provided).
<input type="checkbox"/>	2. I already paid the invoice in full Proof contained in documentation provided (Ex. Check, bank statement, tracking #).
<input type="checkbox"/>	3. Amount of the invoice I do not owe the full amount on invoice (Ex. partially paid or disputing invoiced amount).
<input type="checkbox"/>	4. The validity of the invoice is in question due to an identity issue I have provided proof that this bill does not belong to me (Ex. wrong identity, Jr./Sr.).

Explanation of Dispute

Provide as much information on your request as possible. We strongly encourage you to supply supporting documentation.

Privacy Act Statement: Collection of this information is authorized by 5 U.S.C. § 552a, 26 U.S.C. §§ 6331 and 6402, 31 U.S.C. §§ 3716, 3720A and 7701(c). This information will be used to identify your receivables (whether current or delinquent) submitted to the Department of the Treasury's Bureau of the Fiscal Service for collection by Federal and State agencies, and to identify payments made or due to you by Federal or State agencies. This information will be disclosed to persons as authorized by you. Additional disclosures of this information may be to Federal and State agencies collecting your debts or issuing payments to you. The purpose of the additional disclosures will be to verify the accuracy of the information provided to the Bureau of the Fiscal Service and to assist such agencies in collecting your debts. Where the taxpayer identification number is your Social Security Number, collection of this information is required by 31 U.S.C. § 7701(c). Failure to furnish the information requested, including your Social Security Number, may delay or prevent proper review and assessment of your request.

Signature: _____ **Date:** _____

CRS-13J-1.0 CRS Dispute Request Form Page 1 of 1

If offset not yet taken

Request remand to CRC and Request for Redetermination of Medicare's Demand

Must provide appropriate basis for remand

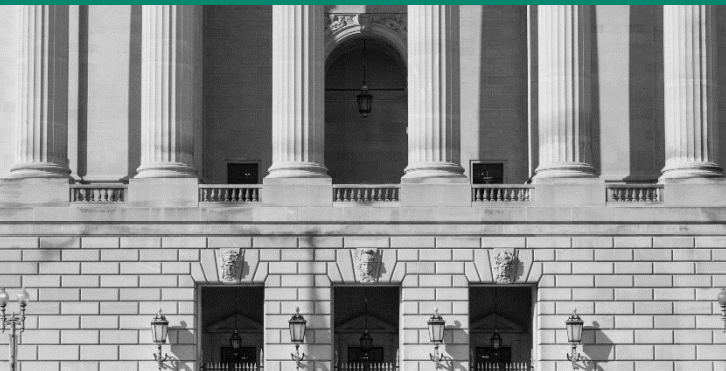
- Debt previously paid, timely appealed, sent to incorrect RRE or wrong address.
- The fact that payments are not related to claim may not be sufficient reason for remand
- Provide detailed analysis showing conditional payments are not related to claim

If offset not yet taken and you wish to preempt offset

- You can make full payment
 - Send payment to US Department of Treasury, Bureau of the Fiscal Service, Debt Management Services in St. Louis, MO
 - Send payment to Medicare Commercial Repayment Center in Cleveland, OH
 - Upload into MSPRPortal
- Request file be remanded to CRC or recalled back to the CRC, the federal creditor agency
- Request Redetermination of Medicare's Demand with proof that conditional payments are not related to claim



WAIT, THEY DID WHAT?



Treasury did not receive payment after first correspondence to debtor



Treasury collection agency was unable to collect from debtor



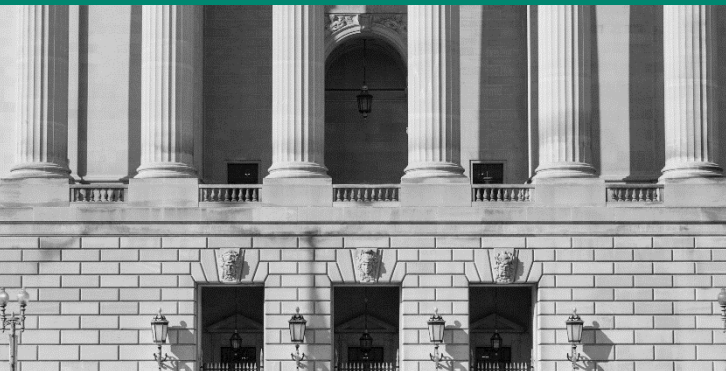
Debt referred to Treasury Offset Program (TOP)



Treasury verifies federal funds due to debtor through sweep of all federal agencies and collects from one/many accounts on one/multiple claims



CAN THEY DO THIS TO ME?



- 31 U.S.C. Section 3711
- The Debt Collection Improvement Act of 1996 provides Treasury with government wide debt collection responsibilities
- The law provides that delinquent non-tax debts must be turned over to the Treasury for appropriate action to collect the debt
- This includes salary offset, government-wide cross servicing, tax refund offset and wage garnishment

Treasury can involve the IRS and Department of Justice

- 31 CFR Part 285.1-13; 31 CFR Part 900-904
- Authorizes Treasury to collect past-due debts by administrative offset of federal payments
- Allows offset of tax refund payments to collect past-due, legally enforceable non-tax debt
- The Bureau of the Fiscal Service, within the Department of the Treasury, is responsible for carrying out such responsibilities

Treasury Offset Program (TOP)



Under the U.S.C. and C.F.R., administrative offset means withholding funds payable by the United States or State government



The TOP is a centralized offset program which intercepts funds otherwise due to RRE and uses these to collect on delinquent debts owed to federal agencies and states



In fiscal year 2018, TOP recovered more than \$2.9 billion in delinquent debts

Suspending or Terminating Offset


- Before an eligible federal payment is disbursed to a payee such as an RRE, disbursing Treasury officials compare the payment information with debtor information by matching tax identification numbers.
- TOP will offset eligible federal payments until the federal creditor agency (Medicare) suspends or terminates debt collection or offset activity for the debt
- A creditor agency, Medicare will suspend collection if the debt is subject to a bankruptcy stay. A creditor agency will terminate collection of a debt if it is paid in full, compromised, discharged, or if other reasons justify termination

Notice of Offset/Payment

- Oftentimes no claimant name, SSN
- Will show what government entity owed RRE and amount of total offset
- Will show where payment was redirected to, TOP and Treasury account number, and amount applied to debt
- If disagree, go to BFS

00032

U.S. Department of the Treasury
Bureau of the Fiscal Service
P.O. Box 1636
Birmingham, AL 35201-1686



PLEASE RETAIN FOR YOUR RECORDS

07/18/18

15129479

What Happened to My Payment?

The U.S. Department of the Treasury, Bureau of the Fiscal Service (Fiscal Service), applied all or part of your payment to delinquent debt that you owe. This action is authorized by federal law. Below is your payment information:

Payment From: U.S. Department of Justice
Payee Name: [REDACTED]
Original Payment: [REDACTED]

Payment Date: [REDACTED]
Payment Type: [REDACTED]

Who Do I Owe?

We applied your payment to debt that you owe to the following agency:

Debt Management Servicing Center
BUREAU OF THE FISCAL SERVICE
DMSG - BIRMINGHAM OFFICE
P. O. BOX 330794
BIRMINGHAM AL 35283-0794
888-826-3127

TOP Trace Number: [REDACTED]
Account#: [REDACTED]
Applied to This Debt: [REDACTED]
Type of Debt: [REDACTED]

Please see additional pages for other debts, if any.


What Should I Do Now?

If you agree that you owe the debt, you do not need to do anything. Your debt balance has been reduced. If you believe that your payment was applied in error, you would like to resolve your debt, or you have questions about your debt or outstanding balance, contact the agency listed under **Who Do I Owe**. Please have this notice available when you contact the agency.

Only an agency listed under **Who Do I Owe** has information about your debt. Before sending a debt to Fiscal Service, an agency must send notice to you at the address in its records. The notice explains the amount and type of debt you owe, the rights available to you, and the agency's intention to collect the debt by applying eligible federal payments made to you.

For questions about your debt, please call the agency listed under **Who Do I Owe**. If you have questions about the Treasury Offset Program, please visit our website at www.fiscal.treasury.gov/TOP or call 1-800-304-3107.

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Notice of offset/payment

- Only notice that Treasury offset other payments due to satisfy CRC debt
- If after first offset, there remains a balance, will continue to sweep all government entities that owe monies to RRE to further offset

U.S. Department of the Treasury
Bureau of the Fiscal Service
P.O. Box 1682
Birmingham, AL 35201-1686

PLEASE RETAIN FOR YOUR RECORDS

08/02/18

19 57 51 03 01

What Happened to My Payment?

The U.S. Department of the Treasury, Bureau of the Fiscal Service (Fiscal Service), applied all or part of your payment to delinquent debt that you owe. This action is authorized by federal law. Below is your payment information:

Payment From: Department of Commerce
Payee Name: [REDACTED]
Original Payment: [REDACTED]

Payment Date: [REDACTED]
Payment Type: [REDACTED]

Who Do I Owe?

We applied your payment to debt that you owe to the following agency:

Debt Management Servicing Center
BUREAU OF THE FISCAL SERVICE
DMSC - BIRMINGHAM OFFICE
P.O. BOX 930794
BIRMINGHAM, AL 35283-0794
888-828-3127

TOP Trace Number: [REDACTED]
Account#: [REDACTED]
Applied to This Debt: [REDACTED]
Type of Debt: [REDACTED]

Please see additional pages for other debts, if any.

What Should I Do Now?

If you agree that you owe the debt, you do not need to do anything. Your debt balance has been reduced. If you believe that your payment was applied in error, you would like to resolve your debt, or you have questions about your debt or outstanding balance, contact the agency listed under Who Do I Owe. Please have this notice available when you contact the agency.

Only an agency listed under Who Do I Owe has information about your debt. Before sending a debt to Fiscal Service, an agency must send notice to you at the address in its records. The notice explains the amount and type of debt you owe, the rights available to you, and the agency's intention to collect the debt by applying eligible federal payments made to you.

For questions about your debt, please call the agency listed under Who Do I Owe. If you have questions about the Treasury Offset Program, please visit our website at www.fiscal.treasury.gov/TOP or call 1-800-304-3107.

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BEST PRACTICES



- Treasury Form 13
- RREs may monitor their CRC Open Debt Report uploaded from the Medicare Secondary Payer Recovery Portal (MSPRP)
- CRS Dispute Form
- Request to terminate collection efforts
- Request to remand matter to CRC/BCRC



BEST PRACTICES



- After offset use Treasury Cross Servicing Dispute Form
- Request for refund (if already offset) and not owed
- Detailed explanation for basis with proof of:
 - Debt previously paid (copy of deposited check)
 - Timely appeal filed with CRC/BCRC
 - Favorable decision from CRC/BCRC
 - Wrong RRE and/or wrong address (MIR data reported)

If offset already taken

Request remand to CRC and request reimbursement from CRC

- Must provide appropriate basis for remand
- Debt previously paid, timely appealed, sent to incorrect RRE or wrong address
- Must provide detailed analysis showing conditional payments made by Medicare are not related to claim

Cross servicing debtor dispute

- If disagree with offset taken, must file Dispute Form with attachments
- Must have claimant name, address, SSN and case federal debt number
- Should include request for proof of debt, request to terminate collection efforts, request for reimbursement if already offset, request to remand matter to CRC and detailed explanation for basis for why debt not owed

Department of the Treasury
Bureau of the Fiscal Service

CROSS SERVICING DEBTOR DISPUTE FORM

Please complete the form below, attaching any supporting documentation.
Fax form and attachments to 855-415-4999.

Name:	
Address:	
Social Security Number:	
FedDebt Number:	
Comments:	

You may also mail the form to:
U.S. Department of the Treasury
Debt Management Services
P O Box 830794
Birmingham, AL 35283-0794

Privacy Act Statement: Collection of this information is authorized by 5 U.S.C. § 552a, 26 U.S.C. §§ 6031 and 6402, 31 U.S.C. §§ 3716, 3720A and 7701(e). This information will be used to identify your receivables (whether current or delinquent) submitted to the Department of the Treasury's Bureau of the Fiscal Service for collection by Federal and State agencies, and to identify payments made or due to you by Federal or State agencies. This information will be disclosed to persons as authorized by you. Additional disclosures of this information may be to Federal and State agencies collecting your debts or issuing payments to you. The purpose of the additional disclosures will be to verify the accuracy of the information provided to the Bureau of the Fiscal Service and to assist such agencies in collecting your debts. Where the taxpayer identification number is your Social Security Number, collection of this information is required by 31 U.S.C. § 7701(e). Failure to furnish the information requested, including your Social Security Number, may delay or prevent proper review and assessment of your request.



REASONABLE EXPECTATIONS



- Do not expect to hear from Treasury, Fiscal Service, or Debt Management Services
- Very difficult to communicate consistently, so follow up with monthly calls with Treasury and CRC and monitoring of MSPRecoveryPortal
- Lengthy waits (> six months) to get file remanded back to CRC
- Once remanded, must go through CRC administrative appeals process:
 - Redetermination, Reconsideration, ALJ Hearing, AC Review (> six months to > two years)
 - If win, lengthy wait for reimbursement (> six months)

Lessons learned



Establish a protocol to make sure ORM and ORM termination was addressed and properly reported via Section 111 before closing a file.



Reassess RRE TIN and Office Code (Site ID) combinations reported in Section 111 fields 52 and 53 and their associated mailing addresses to ensure CMS/Treasury notices/demands are getting to an address in which someone knows how to respond before deadlines lapse.

THANK YOU

Lavonya Chapman, Esq, RN, CMSP

Associate General Counsel

Optum Settlement Solutions

lavonya.chapman@optum.com

1-813-612-5525

175 Kelsey Lane, Tampa, FL 33619

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About Optum Worker's Comp and Auto No-fault Solutions

Optum Workers' Comp and Auto No-fault Solutions collaborates with clients to lower costs while improving health outcomes for the claimants we serve. Our comprehensive pharmacy, ancillary and managed care services, including settlement solutions, combine data, analytics, and extensive clinical expertise with innovative technology to ensure claimants receive safe, efficacious and cost-effective care throughout the lifecycle of a claim. For more information, email us at expectmore@optum.com.

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