# Med D - Conditional Medicare Secondary Payer (MSP) Subrogation

[Inbound Call Scenarios](#_Toc170466330)

[Related Documents](#_Toc170466331)

**Description:** The Conditional MSP (Medicare Secondary Payer) subrogation department handles Workers Compensation, Liability, and No-Fault cases regarding reimbursement of Part D claims to Medicare, where Medicare paid as primary but should have paid as secondary. This department handles requests from law firms, Third Party Administrators (TPA), and insurance companies.

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| Inbound Call Scenarios |

**Keywords:** Subrogation, Reimbursement, Lien Resolution, Claims reimbursement, Medicare claims, Part D, Medication Claims for reimbursement, Recovery Unit, Tort Unit, Liability case, No Fault case, MSP, Medicare Secondary Payer, Third Party Liability

* **Subrogation** is the right to seek compensation from the insurer of someone who is at fault for an accident.

For inbound calls, follow the steps below:

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| **Step** | **Action** | |
| **1** | If a caller asks for reimbursement or claims amount/balance related to any of the keywords above, they may need to be referred to the Conditional MSP team.  Ask the following follow-up questions:  Is this for an ongoing court case?  Are you looking for an amount to reimburse to Medicare? | |
| **If...** | **Then...** |
| Yes, to either question | Proceed to **Step 2**. |
| No | Handle the call following normal procedures. |
| **2** | Determine the reason for the call. | |
| **If...** | **Then...** |
| The caller is looking for contact information for the subrogation/Conditional MSP team | Advise them that the team only corresponds via email and can be reached at [ConditionalMSP@cvshealth.com](mailto:ConditionalMSP@cvshealth.com). |
| The caller wants to know what is required on and with the request letter for claims | Provide them with this list and tell them to email it to [ConditionalMSP@cvshealth.com](mailto:ConditionalMSP@cvshealth.com):   1. Name of claimant 2. Date of Birth (DOB) 3. Date of Injury (DOI) 4. Medicare ID#, if known 5. Member ID, if known 6. Type of case 7. Requestor Contact information, including email address. (All of our responses will be by email) 8. A signed HIPAA authorization and/or Letter of Representation   **Note:** All authorization forms should be completely filled out and must have the above-mentioned required information (items 1-3) on the actual authorization page. |
| The caller is asking for an address to send a check for asserted claims | Advise them that the correct mailing address to send their checks is listed on their final lien letter.  If they have not received a final lien letter, direct them to contact the team directly via email: [ConditionalMSP@cvshealth.com](mailto:ConditionalMSP@cvshealth.com). |
| The caller is asking for a W9 for payment purposes | If it is for Conditional MSP, advise them to contact the team directly to request that via the email: [ConditionalMSP@cvshealth.com](mailto:ConditionalMSP@cvshealth.com). |

[Top of the Document](#_top)

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| Related Documents |

**Abbreviations/Definitions:** [Customer Care Abbreviations, Definitions and Terms Index](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c1f1028b-e42c-4b4f-a4cf-cc0b42c91606)

[Top of the Document](#_top)

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