

Medicare Secondary Payer Post-Pay Overpayments

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Today's Presenters



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Objective

After this session, you will have a better understanding on how to report MSP post-pay overpayments properly to NGS.



Agenda

Benefits Coordination & Recovery Center
(BCRC)

MSP Post-Pay Overpayments

External Provider Identity and Report

Appropriate Steps and Forms

Benefits of Automatic Immediate
Recoupments

References and Resources

Step 1: Prior to Refunding, Check
Patient Eligibility and BCRC

COB and BCRC

- Coordination of benefits rules decide which entity pays first
- There are a variety of methods and programs used to identify situations in which Medicare beneficiaries have other insurance primary to Medicare
- Activities related to collection, management and reporting of other insurance coverage for beneficiaries are performed by BCRC
- After a Medicare claim is paid, CMS receives new information indicating Medicare has made a primary payment by mistake and CMS takes action to recover mistaken Medicare payment

BCRC Contact Information

BCRC Customer Service Representatives are available to assist

- Monday–Friday, 8:00 a.m.–8:00 p.m., ET, except holidays
- Toll-free lines
 - 855-798-2627
 - TTY/TDD: 855-797-2627

[Coordination of Benefits & Recovery Overview](#)



MSP Overpayment

- MSP overpayment is a payment providers receive in excess of amounts properly payable under Medicare statutes and regulations
- Money becomes debt owed to federal government
 - Provider responsibility when MSP overpayments are received to report and return within 60 days
- [CMS IOM Publication 100-05, Medicare Secondary Payer \(MSP\) Manual, Chapter 3, Section 10.4](#)

MSP Overpayments Occur

- Overpayments occur when Medicare has processed and paid claim as primary payer, but should have paid secondary
- Avoid MSP overpayments
 - [20.2 - Verification of Medicare Secondary Payer \(MSP\) Online Data and Use of Admission Questions](#)
 - [CMS IOM Publication 100-05, Medicare Secondary Payer \(MSP\) Manual, Chapter 3, Section 20.2.1](#)

Multiple Primary Payment Received

- If Medicare should be secondary
 - Medicare must be repaid within 60 days of receiving payment from primary plan
 - Repay difference between
 - ✓ Amount Medicare actually paid
 - ✓ Amount Medicare should have paid (if any)
- [CMS IOM Publication 100-05, Medicare Secondary Payer \(MSP\) Manual, Chapter 3, Section 10.4](#)

How to Determine Medicare Secondary Payment Amounts

- MSP payment is determined by the following
 - Actual charge by provider or OTAF minus amount paid by primary
 - Usual Medicare payment determination
 - [Fee Schedule](#) amount (minus any unmet deductible 2023 – \$226)
 - Multiply results by 80% (or other as appropriate)
 - Highest allowed amount minus amount paid by primary
 - MPFS or amount payable under Medicare (not including deductible or coinsurance)
 - Primary payer's allowed amount
- [CMS IOM Publication 100-05, Medicare Secondary Payer \(MSP\) Manual, Chapter 5, Section 4](#)


Providers **not** on Automatic Immediate Recoupments

- Complete [JK](#) or [J6](#) MSP Part B Voluntary Refund Form and attach a check for the overpayment amount and include EOB from primary plan
- Complete [JK](#) or [J6](#) MSP Part B Overpayment Request Form and include EOB from primary plan



MSP Voluntary Refund Form

- Providers Not on Automatic Immediate Recoupments
 - Use appropriate form for line of business
 - [JK](#) or [J6](#) MSP Part B Voluntary Refund Form
 - Submit check with Part B MSP Voluntary Refund Form and include EOB from primary plan
 - When claim(s) is adjusted, Medicare will apply overpayment amount to AR

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A CMS Medicare Administrative Contractor

MEDICARE

Medicare Secondary Payer Part B Voluntary Refund Form

To be completed by the Medicare Contractor

Date: _____ Contractor Deposit Control #: _____
Date of Deposit: _____ Contractor Contact Name: _____
Phone Number: _____ Contractor Fax: _____
Contractor Address: _____

To be Completed by Provider/Physician/Supplier or Other Entity
Please complete and forward to your Medicare contractor. This form, or a similar document containing the following information, should accompany every unsolicited/voluntary refund so that receipt of check is properly recorded and applied.

Physician/Supplier or Other Entity Name: _____
Address: _____
PTAN #: _____ NPI#: _____ Tax ID#: _____
Contact Person: _____ Phone Number: _____
Amount of Check \$: _____ Check #: _____ Check Date: _____

Refund Information
For each claim, provide the following:

Patient Name: _____ Medicare Beneficiary Identifier (040): _____
Date of Service: _____ Medicare Claim Number: _____
Claim Amount Refunded \$: _____
Reason Code for Claim Adjustment: _____ (Reason codes are listed below. Use one reason per claim. Please list all claim numbers involved. Attach separate sheet, if necessary).

Note: If specific patient/HICN/claim number/claim amount data are not available for all claims due to statistical sampling, please indicate methodology and formula used to determine amount and reason for overpayment.

Note: If specific patient/HICN/claim number information is not provided, no appeal rights can be afforded with respect to this refund. Providers/physicians/suppliers, and other entities who are submitting a refund under the Office of the Inspector General's (OIG) Self-Disclosure Protocol are not afforded appeal rights as stated in the signed agreement presented by the OIG.

For institutional facilities only: Cost report year(s) _____ (If multiple cost report years are involved, provide a breakdown by amount and corresponding cost report year)

For OIG Reporting Requirements
Do you have a corporate integrity agreement with OIG? ☐ Yes ☐ No
Are you a participant in the OIG Self-Disclosure Protocol? ☐ Yes ☐ No

Reason Codes

Billing/Clerical	Medicare Secondary Payer (MSP)/Other Payer Involvement	Miscellaneous
01 Corrected date of service	07 MSP group health plan insurance	12 Insufficient documentation
02 Duplicate	08 MSP no-fault insurance	13 Patient enrolled in HMO
03 Corrected CPT code	09 MSP liability insurance	14 Services not rendered
04 Not our patient(s)	10 MSP, Workers' Comp. (including Black Lung)	15 Medical necessity
05 Modifier add/remove	11 Veterans Administration	16 Other—Be specific:
06 Billed in error		

Mail Completed Form to:
Jurisdiction: _____
(CT, NY, MA, ME, NH, RI, VT)
National Government Services, Inc.
P.O. Box 809645
Chicago, IL 60680-9645

National Government Services, Inc.
497.0422

Providers **on** Automatic Immediate Recoupments

Complete Medicare Part B MSP
Overpayment Request Form (no
check)

Include EOB from primary plan


- [J6](#) or [JK](#) MSP Overpayment Request
Form
 - ✓ Use appropriate form for line of business

When claim(s) is adjusted, Medicare
will issue demand letter, but offset
will occur automatically



Part B Overpayment Request Form

- JK Part B
MAC MSP Overpayment Recovery Unit
P.O. Box 6178
Indianapolis, IN 46206-6178
 - Or fax this completed form and primary EOB to: 502-889-4703
- J6 Part B
MAC MSP Overpayment Recovery Unit
P.O. Box 6475
Indianapolis, IN 46206-6475
 - Or fax this completed form and primary EOB to: 315-442-4151

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MEDICARE

Jurisdiction 6 Medicare Part B MSP Overpayment Request Form

Claim(s)-Specific Data

Date of Service: Overpayment Amount:

Medicare Beneficiary Identifier (MBI):

Claim Control Number(s):

Immediate Offset Request: ☐ Allow National Government Services to set up an immediate recoupment for this overpayment request. By checking this box you acknowledge that an immediate recoupment payment arrangement constitutes a voluntary payment and that you may be waiving the right to potential payment of interest pursuant to Section 1893(f)(2) for the overpayment(s). **Note:** Although your overpayment will be offset upon completion of this request, please be aware that a demand letter will still be created for your records.

Reason for Overpayment

Medicare Secondary Payer (MSP)/Other Payer Involvement: Select Reason

07-MSP Group Health Plan Insurance: (working aged, disability, end-stage renal disease [ESRD])
08-MSP Auto No Fault Insurance
09-MSP Liability Insurance
10-MSP Worker's Comp. (Includes Black Lung)
16-Other

Complete the following **primary** insurance information and **attach a copy of the primary payer's Explanation of Benefits (EOB)**.

Policy Information	Insurer Information
Subscriber Name: <input type="text"/>	Name: <input type="text"/>
Relation to Patient: <input type="text"/>	Address: <input type="text"/>
Policy Number: <input type="text"/>	City, State and ZIP Code: <input type="text"/>
Group Number: <input type="text"/>	Phone Number: <input type="text"/>
Injury Date (if applicable): <input type="text"/>	
Related Diagnosis: <input type="text"/>	

Contact Information

Provider Transaction Access Number (PTAN) and/or National Provider Identifier (NPI):

Provider Name:

Contact Name: Phone Number:

Signature:
Provider, Administrator or CFO's signature (someone with authority is required to sign).

NGS Automation Process

Benefits of Automatic Immediate Recoupments

- Avoids making payment by check and assessment of interest if immediate recoupment pays the debt in full before day 31
- Interest on debt payments accrues monthly rather than daily
- Treasury rate ranges from nine to ten percent or more
- Providers who activate automatic immediate recoupment
 - Generally have their debts offset and recouped on day 16
 - Payments are considered on time
 - Recoupment does not begin until 16th day from the date of the demand letter, so there is time to file an appeal if you disagree with contractor-initiated overpayments
- Note: Ensure that your organization does have claims being submitted and scheduled Medicare payments
- [CMS IOM Publication 100-06, Medicare Financial Management Manual](#) transmittal updated quarterly

Activating Automated Immediate Recoupments

- [NGS website](#)
- Accept Attestation
- From the Part B home page, select Overpayments
- On right, listed under Form(s) you will need, select [Immediate Recoupment Request Form – Electronic/E-Mail](#) and complete
 - For Immediate Recoupment Type, select Current and Future Overpayments
 - Fill in remainder of electronic form with your provider information
 - Ensure contact information is listed
 - Check Demand Letter Number box, if no demand letter number
 - Click the Submit button
- Note:
 - If the form continues to display, you will need to make corrections
 - If form disappears, your submission was successful and you will receive email confirmation

Questions?

Thank you! A follow-up email will be sent to attendees with the Medicare University Course Code.



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