



# Medicare Secondary Payer Post-Pay Overpayments

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# Today's Presenters

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# Objectives

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

# Agenda

- Prior to Refunds- BCRC
- MSP Post-Pay Overpayments
- Provider Identifying and Reporting
- Appropriate Action Steps and Forms
- Automatic Immediate Recoupments

# Step 1: Prior to Refunding, Check Eligibility Benefits Coordination & Recovery Center

# 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 Overpayment Occur

- Overpayments occur when Medicare has processed and paid a claim as primary payer, but should have paid as secondary
- Avoid these 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 the 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 2022 – \$233)
    - 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 40.7.2](#)

# MSP Overpayment Process

- Based on organization set up
- Providers that are not on automatic immediate recoupments may
  - 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

# Providers on Automatic Immediate Recoupments

- Complete Medicare Part B MSP Overpayment Request Form (no check)
- When claim(s) is adjusted, Medicare will issue a demand letter and recoup automatically
- Use appropriate form for line of business
- Include EOB from primary plan
  - [J6](#) or [JK](#) MSP Overpayment Request Form

# Part B Overpayment Request Form

National Government Services  
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

National Government Services  
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

national government SERVICES		MEDICARE	
A CMS Medicare Administrative Contractor			
<b>Jurisdiction 6 Medicare Part B MSP Overpayment Request Form</b>			
<b>Claim(s)-Specific Data</b>			
Date of Service:	<input type="text"/>	Overpayment Amount:	<input type="text"/>
Medicare Beneficiary Identifier (MBI):	<input type="text"/>		
Claim Control Number(s):	<input type="text"/>		
Immediate Offset Request: <input type="checkbox"/>	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). <b>Note:</b> 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.		
<b>Reason for Overpayment</b>			
Medicare Secondary Payer (MSP)/Other Payer Involvement		Select Reason <input type="text"/>	
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 <input type="text"/>			
Complete the following <b>primary</b> insurance information and <b>attach a copy of the primary payer's Explanation of Benefits (EOB)</b>			
<b>Policy Information</b>		<b>Insurer Information</b>	
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"/>		
<b>Contact Information</b>			
Provider Transaction Access Number (PTAN) and/or National Provider Identifier (NPI): <input type="text"/>			
Provider Name: <input type="text"/>			
Contact Name: <input type="text"/>		Phone Number: <input type="text"/>	
Signature: <input type="text"/>			
Provider, Administrator or CFO's signature (someone with authority is required to sign).			



# Providers Not on Automatic Immediate Recoupments

- Submit check with Part B MSP Voluntary Refund Form and include EOB from primary plan
- When claim(s) is adjusted, Medicare will apply monies to overpayment
- Use appropriate form for line of business
- JK or J6 MSP Part B Voluntary Refund Form


MEDICARE

A CMS Medicare Administrative Contractor

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#:
TaxID#:

Contact Person:
Phone Number:

Amount of Check \$:
Check #:
Check Date:

Refund Information

For each claim, provide the following:

Patient Name:
Medicare Beneficiary Identifier (MBI):

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
01 Corrected date of service
02 Duplicate
03 Corrected CPT code
04 Not our patient(s)
05 Modifier add/remove
06 Billed in error


Medicare Secondary Payer (MSP)/Other Payer Involvement
07 MSP group health plan insurance
08 MSP no-fault insurance
09 MSP liability insurance
10 MSP, Workers' Comp. (including Black Lung)
11 Veterans Administration

Miscellaneous
12 Insufficient documentation
13 Patient enrolled in HMO
14 Services not rendered
15 Medical necessity
16 Other—Be specific:

Mail Completed Form to:

Jurisdiction K  
(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



# 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 left, select Request an Immediate Recoupment
- 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
  - In Demand Letter Number box, select “none”
  - 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

# Thank You!

- Follow-up email
  - Attendees will be provided a Medicare University Course Code
- Questions?

