



# Medicare Secondary Payer Post-Pay Overpayments

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# Today's Presenters

- Carleen Parker, Consultant
  - Provider Outreach and Education
- Lori Langevin, Consultant
  - Provider Outreach and Education

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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 is 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., eastern time, 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
  - Use MSP model questionnaire
- 20.2.1 - Model Admission Questions to Ask Medicare Beneficiaries
  - [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 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 2021 – \$203)
    - 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 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 MSP Part B Voluntary Refund Form and attach a check for the overpayment amount and include EOB from primary plan
  - Complete 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
  - J6 or JK Overpayment Request Form

# MSP Overpayment Process

- Providers that are on automatic immediate recoupment
  - Complete MSP Part B Overpayment Request Form and include EOB from primary plan



# Providers Not on Automatic Immediate Recoupments

- Submit a 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
  - J6 or JK Overpayment Request Form

**National Government Services**  
A CMS Medicare Administrative Contractor

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### 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: \_\_\_\_\_

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**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 uncollected/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: \_\_\_\_\_

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**Refund Information**

For each claim, provide the following:

Patient Name: \_\_\_\_\_ Health Insurance Claim Number (HICN): \_\_\_\_\_  
 Date of Service: \_\_\_\_\_ Medicare Claim Number: \_\_\_\_\_  
 Claims 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. Provider/physician/supplier, 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.)

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**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

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**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 Service 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           |  |                               |

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**Mail Completed Form to:**  
 Jurisdiction K:  
 (CT, NY, MA, ME, NH, RI, VT)  
 National Government Services, Inc.  
 P.O. Box 608645  
 Chicago, IL 60680-9645

National Government Services, Inc.  
497\_0315

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**mu**  
medicare university



# 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**



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**Jurisdiction 6 Medicare Part B MSP Overpayment Request Form**

**Claim(s)-Specific Data**

|   |                      |  |                      |
|---|----------------------|--|----------------------|
| Date of Service:                                  | <input type="text"/> | Overpayment Amount:                    | <input type="text"/> |
| Beneficiary Health Insurance Claim Number (HICN): | <input type="text"/> | Medicare Beneficiary Identifier (MBI): | <input type="text"/> |
| Claim Control Number(s):                          | <input type="text"/> |  |                      |

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

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**

Subscriber Name: \_\_\_\_\_  
Relation to Patient: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Group Number: \_\_\_\_\_  
Injury Date (if applicable): \_\_\_\_\_  
Related Diagnosis: \_\_\_\_\_

**Insurer Information**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State and ZIP Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**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).



# 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 16<sup>th</sup> 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
- From the Part B home page, select Resources tab, then select Overpayments
- On left, select Request an Immediate Recoupment
- On right, listed under Form(s) you'll need, select Immediate Recoupment Request Form – Electronic/E-Mail and complete
  - For the Immediate Recoupment Type select Current and Future Overpayments
  - Fill in the remainder of the electronic form with your provider information
  - Ensure that contact information is listed
  - In the Demand Letter Number box, type “none”
  - Click the Submit button
- **Note:** If the form continues to display, you will need to make corrections. If the 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?

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