



Medicare Secondary Payer – A Review of the End-Stage Renal Disease Provision 2021



Today's Presenters

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Objective

- Review of ESRD MSP provision so providers will be familiar with it
 - Many benefits of being familiar with MSP provisions
 - Compliant with MSP-related provider responsibilities
 - Improve cash flow/decrease staff time
 - Facilitate your screening process
 - » More easily conclude which plan is primary
 - » Resolve conflicts that may arise
 - Facilitate your billing process
 - » Submit claims to appropriate primary payer first time
 - » Prevent claim rejections and submit fewer adjustments

Agenda

- MSP Overview
- ESRD MSP Provision
- Dual Entitlement to Medicare
- Submitting Claims
- MSP Resources (Also refer to additional MSP Resources handout)
- Questions and Answers

MSP Overview

What is MSP?

- Beneficiary has coverage primary to Medicare
 - Based on federal laws known as **MSP provisions**
 - Help determine proper order of payers
 - Make certain payers primary to Medicare
 - Each has criteria/conditions that must be met
 - If all are met, services are subject to that provision making that other insurer primary and Medicare secondary
 - If one or more are not met, services are not subject to that provision; Medicare is primary unless criteria/conditions of another are met

MSP Provisions

- **GHP MSP Provisions**

- Working Aged MSP Provision
- Disabled MSP Provision
- **ESRD MSP Provision**

- **Non-GHP MSP Provisions**

- Federal Black Lung Program
- PHS including research grants
- Workers' Compensation
- Automobile no-fault (medical-payment coverage or PIP)
- Other types of no-fault coverage (premises med-pay)
- Liability

Your MSP Responsibilities

- Determine proper order of payers for beneficiary
 - Identify payers by conducting MSP screening process
 - Must check for MSP information in Medicare's records (CWF) and
 - May have to collect MSP information from beneficiary or representative by asking questions about other insurance
 - For every IP admission or OP encounter with **some exceptions**
 - » Refer to [CMS IOM Publication 100-05, Medicare Secondary Payer Manual, Chapter 3](#), Section 20.1 (Updated by MLN Matters® MM10863)
- Submit claims to primary payer(s) before Medicare
- Submit MSP claims when required or conditional claims when appropriate

Check for MSP Information in Medicare's Records

- Part of Medicare eligibility verification process
 - Various options to check if MSP record(s) in CWF
 - CMS' HETS (X12 270 transmission and 271 response)
 - NGSConnex and IVR system
 - Available information
 - **MSP VC** or **Primary Payer Code** that represents MSP provision
 - MSP effective and termination dates
 - Subscriber's name, policy number, patient relationship, insurer's information and more

MSP VCs and Primary Payer Codes for MSP Provisions

MSP VC	MSP Provision	Primary Payer Code
12	Working aged, age 65 and over, EGHP, 20 or more employees	A
13	ESRD with EGHP in coordination period	B
14	No-Fault (automobile and other types)	D
15	Workers' Compensation or Set-Aside	E or W
16	Public Health Services; research grants	F
41	Federal Black Lung Program	H
43	Disabled, under age 65, LGHP, 100 or more employees	G
47	Liability Insurance	L

Determine if Provider Must Collect MSP Information From Beneficiary or Representative

- Per MLN Matters® MM10863
 - Is there an MSP record(s) in CWF or HETS 271 response(s)?
 - **NO** = Ask questions about other insurance unless service is an exception
 - **YES** = Ask if there are changes/updates to MSP record(s)
 - If **no**, you are not required to ask questions about other insurance but notate why you did not since a Reviewer may ask
 - » You may ask such questions if you feel uncertain about response
 - If **yes**, ask questions about other insurance unless service is an exception

Collect MSP Information From Beneficiary or Representative

- Conduct MSP screening process
 - Ask beneficiaries, regardless of age, questions concerning their most recent MSP status
 - May use CMS' model MSP questionnaire or provider's own compliant form
 - CMS' model MSP questionnaire
 - Refer to [CMS IOM Publication 100-05, Medicare Secondary Payer Manual, Chapter 3](#), Section 20.2.1 and MLN Matters® MM10945
 - Has three parts with questions to be asked in sequence
 - May need to collect additional information for billing purposes
 - Questionnaire/form can be in electronic and/or hardcopy format

CMS' Model MSP Questionnaire – Part II

- Part II. Information About Medicare Entitlement and GHPs
 - **1. Are you entitled to Medicare based on Age, Disability or ESRD?**
 - Note: If entitlement is based solely on ESRD, skip Part II and complete Part III.
 - Stop after completing Part II if you are entitled to Medicare based on Age or Disability.

CMS' Model MSP Questionnaire – Part III

- Part III. Information About the Patient if ESRD Medicare Entitlement Applies (Including Dual Entitlement: Age and ESRD or Disability and ESRD)
 - 1. Do you have EGHP coverage through yourself, a spouse, or family member if dually entitled based on Disability and ESRD?
 - If yes, the employer GHP may be primary to Medicare. Continue below.
 - 2. Have you received a kidney transplant?
 - Date of transplant
 - 3. Have you received maintenance dialysis treatments?
 - Date dialysis began

CMS' Model MSP Questionnaire – Part III

■ Part III – continued

■ 4. Are you within the 30-month coordination period?

- Note:

- The 30-month coordination period starts the first day of the month an individual is eligible for Medicare (even if not yet enrolled in Medicare) because of kidney failure (usually the fourth month of dialysis) regardless of entitlement due to age or disability
- If the individual is participating in a self-dialysis training program, or has a kidney transplant during the 3-month waiting period, the 30-month coordination period starts with the first day of the month of dialysis or kidney transplant

CMS' Model MSP Questionnaire – Part III

- Part III – continued
 - 5. Were you receiving GHP coverage prior to and on the date of Medicare entitlement due to ESRD (or simultaneous entitlement due to ESRD and Age or ESRD and Disability)?

Note: If yes, the GHP is primary during the 30-month coordination period.

CMS' Model MSP Questionnaire – Part III

- Part III – continued
 - 6. The following information is required to submit claims appropriately:
 - Name and address of the employer (your own or your spouse's/family member's) through which you receive GHP coverage
 - Name and address of GHP
 - Policy number (sometimes referred to as the health insurance benefit package number)
 - Group number
 - Name of policyholder (if coverage is through your spouse/other family member)
 - Relationship to patient (if other than self)

Determine Proper Order of Payers

- Providers must determine which plan is primary, secondary, tertiary, etc., payer
 - Compare any MSP information in CWF to collected MSP information and use your knowledge of MSP provisions
 - In general, Medicare is primary when
 - Beneficiary has no other coverage
 - Beneficiary has other coverage but it doesn't meet MSP provision criteria
 - Beneficiary has other coverage, it meets MSP provision criteria but it is no longer available
 - In general, other payer(s) is primary when
 - Beneficiary has other coverage that meets MSP provision criteria and it is available

Submit Claims According to Determination You Make and Code Claims Accurately

- Submit claims to Medicare accordingly
 - If you determined Medicare is primary
 - Submit Medicare primary claim with explanatory billing codes
 - If you determined another payer is primary
 - Submit claim to that payer first; follow up as timely filing applies
 - Submit claim to Medicare second with correct billing codes
 - If you determined more than one payer is primary
 - Submit claims to those payers first, in proper order, and Medicare third, etc. with correct billing codes

Did You Know

- During your MSP screening process with the beneficiary, you may learn of information that could change a beneficiary's existing MSP record(s) or that would require the set up of a new MSP record for the beneficiary. Contact the BCRC in most of these situations.

MSP Provision Review – ESRD

Criteria for ESRD MSP Provision

- Medicare is secondary for individual who
 - Is eligible for, or entitled to, Medicare based on ESRD
 - Has EGHP through current/former employment of his/her own or through that of a spouse or family member
 - Is in 30-month MSP/ESRD coordination period
- Focus is on individuals eligible for Medicare based solely on ESRD

Criterion #1 – Individual Must be Eligible for or Entitled to Medicare Based on ESRD

Medicare Eligibility/Entitlement Based on ESRD

- Individual with ESRD is eligible for Medicare
 - Medicare entitlement date depends on
 - How ESRD is treated and
 - Maintenance dialysis
 - Self-dialysis
 - Kidney transplant
 - Whether or not he/she applies for Medicare
 - Some choose not to enroll even though are eligible based on ESRD

Medicare Effective Date – Individual is Receiving Maintenance Dialysis

- Individual begins a regular course of maintenance dialysis and applies for Medicare
 - Medicare is effective first day of third month following date on which regular course of maintenance dialysis begins
 - Three-month waiting period applies
 - Medicare is neither primary or secondary in waiting period
- Example
 - Individual begins regular course of maintenance dialysis on 6/12/2020 and applies for Medicare
 - Medicare is effective 9/1/2020

Medicare Effective Date – Individual Enters Self-Dialysis Training Program

- Individual enters a self-dialysis training program, begins dialysis and applies for Medicare
 - Medicare is effective first day of month in which course of dialysis begins
 - Individual is expected to complete training and self-dialyze thereafter
 - No waiting period
- Example
 - Individual enters self-dialysis training program, begins dialysis on 6/12/2020, applies for Medicare
 - Medicare is effective 6/1/2020

Medicare Effective Date – Individual is Admitted for Kidney Transplant

- Individual is admitted for kidney transplant, applies for Medicare
 - Medicare is effective first day of month in which beneficiary is admitted to hospital for kidney transplant
 - Transplant must take place within following two months
 - No waiting period
 - If transplant is delayed more than two months
 - Medicare is effective with second month prior to month of transplant
- Example
 - Individual is admitted for transplant on 6/12/2020, applies for Medicare
 - Transplant occurs within two months
 - Medicare is effective 6/1/2020

Medicare Termination Dates

- Medicare entitlement based on ESRD ends on earliest of following dates
 - Day individual dies
 - Last day of 12th month after month in which course of dialysis is discontinued
 - Unless individual receives kidney transplant or begins another course of dialysis during that period (if so, entitlement continues)
 - Last day of 36th month after month in which individual receives kidney transplant

Medicare Reentitlement

- Individual who loses Medicare entitlement based on ESRD can become eligible again
 - Reentitlement to Medicare based on ESRD begins without a waiting period
- To become eligible again, individual
 - Begins a new course of dialysis or receives a kidney transplant and
 - Applies for Medicare

Polling Question #1

- Individual begins a course of maintenance dialysis on 7/20/2020 and applies for Medicare.
- Medicare is effective:
 - 7/1/2020
 - 10/1/2020
 - 8/1/2020
 - 9/1/2020
 - 7/20/2020

Polling Question #2

- Individual enters a self-dialysis training program, begins dialysis on 7/20/2020 and applies for Medicare.
- Medicare is effective:
 - 7/1/2020
 - 10/1/2020
 - 8/1/2020
 - 9/1/2020
 - 7/20/2020

Criterion #2 – Individual Must Have EGHP Through Current/Former Employment of His/Her Own or Through Spouse or Family Member

EGHP Coverage

- Individual must have EGHP
 - Through his/her own current or former employer
 - Through spouse's/family member's current or former employer
 - Employer size does not matter
- If individual does not have EGHP, Medicare is primary

Current Employment Example

- Individual
 - At age 30, began working at ABC Inc., has their EGHP
 - At age 50, still working there, still has their EGHP, develops ESRD, begins dialysis and applies for Medicare
- EGHP is primary to Medicare
 - For 30 months
 - Or less if EGHP terminates prior to end of 30th month

Former Employment Example

- Individual
 - At age 35, began working at XYZ Inc., has their EGHP
 - At age 55, retires and receives their EGHP in retirement package
 - At age 60, develops ESRD, begins dialysis and applies for Medicare
- EGHP is primary to Medicare
 - For 30 months
 - Or less if EGHP terminates prior to end of 30th month

Direct-Payment Plans and COBRA

- A direct-payment health plan
 - Is not considered an EGHP; is not primary to Medicare
- COBRA health plan through beneficiary's former employer or spouse/family member's former employer
 - Is considered an EGHP, under MSP ESRD provision only, is primary to Medicare
 - Refer to [CMS IOM Publication 100-05, Medicare Secondary Payer Manual, Chapter 2](#), Section 20.2

Criterion #3 – Individual Must be in 30-Month MSP/ESRD Coordination Period

30-Month Coordination Period

- When individual with ESRD has EGHP
 - EGHP is primary to Medicare for 30 months
 - For all services; not just dialysis services
- During coordination period
 - EGHP is primary and Medicare is secondary
- After coordination period
 - Medicare is primary and EGHP is secondary
 - For as long as ESRD-based Medicare entitlement continues

Counting 30 Months – When to Begin

- **Begin** coordination period on **earlier** of
 - Date Medicare Part A **became effective** based on ESRD, or
 - Date Medicare Part A **would have become effective** based on ESRD had individual applied for (enrolled in) Medicare when eligible

Counting 30 Months – When to End

- **End coordination period**
 - On last day of 30th month following date on which coordination period began (go to end of that month)
 - Or earlier if EGHP terminates prior to end of 30th month
 - Employer could discontinue EGHP if beneficiary, spouse or family member stop working (quits, terminates, retires)
 - » But if EGHP continues, coordination period continues

Assumptions for Examples 1–5

- Assume that individuals
 - Are under age 65
 - Are eligible for Medicare based solely on ESRD (not dually-entitled to Medicare)
 - Apply for Medicare (except in example #4)
 - Have EGHP through own current/former employer or through spouse or family member

Example 1: Coordination Period for Maintenance Dialysis

- Individual begins a regular course maintenance dialysis on 6/12/2020
 - Medicare effective date = 9/1/2020
 - 30-month coordination period begins = 9/1/2020
 - 9/1/2020 to 8/31/2021 = 12 months and
 - 9/1/2021 to 8/31/2022 = 12 months and
 - 9/1/2022 to 2/28/2023 = 6 months for total of 30 months
 - 30-month coordination period ends = 2/28/2023
- Waiting period is 6/12/2020 to 8/31/2020 (individual does not have Medicare during this time)

Example 2: Coordination Period for Self-Dialysis Training

- Individual enters a self-dialysis training program and begins dialysis on 6/12/2020
 - Medicare effective date = 6/1/2020
 - 30-month coordination period **begins** = 6/1/2020
 - 6/1/2020 to 5/31/2021 = 12 months and
 - 6/1/2021 to 5/31/2022 = 12 months and
 - 6/1/2022 to 11/30/2022 = 6 months for total of 30 months
 - 30-month coordination period **ends** = 11/30/2022
- No waiting period

Example 3: Coordination Period for Kidney Transplant

- Individual is admitted to hospital on 6/12/2020 for procedures in preparation for kidney transplant that takes place within two months
 - Medicare effective date = 6/1/2020
 - 30-month coordination period **begins** = 6/1/2020
 - 6/1/2020 to 5/31/2021 = 12 months and
 - 6/1/2021 to 5/31/2022 = 12 months and
 - 6/1/2022 to 11/30/2022 = 6 months for total of 30 months
 - 30-month coordination period **ends** = 11/30/2022
- No waiting period

Did You Know

- When an individual with ESRD is eligible for, but does not apply for/enroll in Medicare, a 30-month ESRD MSP coordination period still applies if he/she has an EGHP

Coordination Period for Individual Who is Eligible for But Not Enrolled in Medicare

- If individual with ESRD is eligible for but is not enrolled in Medicare
 - A 30-month coordination period applies if he/she has EGHP
 - **Begins** on date Medicare Part A **would have become** effective based on ESRD had individual applied
 - Ends 30 months later as usual
- If individual applies for and enrolls in Medicare at any point during 30-month coordination period
 - Medicare processes as secondary for portion of coordination period during which individual **is enrolled in** Medicare

Example 4: Coordination Period for Individual Who is Eligible for But Not Enrolled in Medicare

- Individual begins a regular course of maintenance dialysis on 6/12/2020
 - Medicare effective date = 9/1/2020 if he/she enrolls in Medicare
 - Coordination period = 9/1/2020 to 2/28/2023 whether he/she enrolls or not
 - EGHP is primary = 9/1/2020 to 2/28/2023; Medicare is secondary to EGHP only if individual enrolls in Medicare

Example 4: Coordination Period for Individual Who is Eligible for But Not Enrolled in Medicare

- Coordination period examples
 - If individual enrolls in Medicare, Medicare is secondary from Part A effective date to end of coordination period
 - If Part A is effective = 3/1/2021
 - Medicare is secondary to EGHP = 3/1/2021 to 2/28/2023
 - If Part A is effective = 3/1/2022
 - Medicare is secondary to EGHP = 3/1/2022 to 2/28/2023
 - If Part A is effective = 3/1/2023
 - Medicare is not secondary during coordination period

Subsequent Coordination Periods

- Once 30-month coordination period ends
 - Medicare becomes primary and remains primary for as long as entitlement to Medicare based on ESRD continues
- A new 30-month coordination period could apply if beneficiary
 - Loses Medicare entitlement based on ESRD
 - Becomes re-entitled to Medicare based on ESRD again
 - Has EGHP

Example 5: Subsequent Coordination Periods

- Individual develops ESRD, is admitted to hospital for transplant on 3/5/2015 (successful) and applies for Medicare
 - Medicare effective date = 3/1/2015 (no waiting period)
 - EGHP is primary, coordination period = 3/1/2015 to 8/31/2017
 - ESRD-based entitlement ends on last day of 36th month after transplant month = 4/30/2018
 - Medicare is primary after coordination period (9/1/2017) to end of Medicare entitlement (4/30/2018)

Example 5: Subsequent Coordination Periods

- Same individual develops ESRD, begins dialysis on 6/12/2020 and enrolls in Medicare
 - Medicare effective date = 6/1/2020 (no waiting period)
 - If individual still has EGHP, another coordination period applies = 6/1/2020 to 11/30/2022

Polling Question #3

- Individual with EGHP begins a course of maintenance dialysis on 8/15/2020 and applies for Medicare.
- What is 30-month coordination period?
 - 8/1/2020 to 1/31/2023
 - 9/1/2020 to 2/28/2023
 - 10/1/2020 to 3/31/2023
 - 11/1/2020 to 4/30/2023
 - 12/1/2020 to 5/31/2023

Polling Question #4

- Individual with EGHP enters a self-dialysis training program, begins dialysis on 8/15/2020 and applies for Medicare.
- What is 30-month coordination period?
 - 8/1/2020 to 1/31/2023
 - 9/1/2020 to 2/28/2023
 - 10/1/2020 to 3/31/2023
 - 11/1/2020 to 4/30/2023
 - 12/1/2020 to 5/31/2023

Dual Entitlement

Dual Entitlement to Medicare

- Beneficiaries who are eligible for or entitled to Medicare for more than one reason
 - Beneficiaries, who are already eligible for or entitled to Medicare based on ESRD, could develop another reason for Medicare, such as age or disability, or
 - Beneficiaries, who are already entitled to Medicare based on age or disability, could develop ESRD

General Rule of Thumb for Dual Entitlement

- If Medicare was primary to EGHP before beneficiary became dually-entitled to Medicare
 - Medicare is/remains primary (and EGHP secondary) after beneficiary becomes dually-entitled to Medicare
- If EGHP was primary before beneficiary became dually-entitled to Medicare
 - EGHP is/remains primary (and Medicare secondary) after beneficiary becomes dually-entitled to Medicare for duration of coordination period

How to Determine if EGHP is Primary to Medicare in Dual Entitlement Situations

- Apply OBRA 1993 regulations to determine if EGHP is primary to Medicare
 - When dual entitlement occurs and
 - Beneficiary has EGHP

ESRD First, Then Age or Disability

- Beneficiary is already eligible for or entitled to Medicare based on ESRD and then develops another reason for Medicare (age or disability)
 - If beneficiary has EGHP and was in a 30-month coordination period, EGHP remains primary
 - Continue coordination period until end of 30th month
 - Dual entitlement does not change fact that EGHP is primary to Medicare for 30 months
 - MSP VC 13

ESRD First, Then Age (Example)

- Beneficiary, age 63, is entitled to Medicare based on ESRD, has EGHP
 - EGHP is primary to Medicare for 30 months
- Beneficiary turns 65 during coordination period, becomes dually entitled to Medicare
 - EGHP remains primary
 - Continue coordination period until end of 30th month
 - MSP VC 13

Age or Disability First, Then ESRD

- Beneficiary, is entitled to Medicare based on age or disability, then develops ESRD
 - If beneficiary has EGHP which is primary to Medicare under working aged or disabled MSP provision
 - EGHP remains primary **but now under ESRD MSP** provision
 - Change to dual entitlement based on ESRD makes ESRD MSP provision begin to apply
 - Determine coordination period (first determine ESRD-based Medicare effective date)
 - Beneficiary was MSP VC 12 (working aged with EGHP) or MSP VC 43 (Disabled with LGHP) **but now changes to** MSP VC 13 (ESRD with EGHP) with beginning date of coordination period

Age First, Then ESRD (Example)

- Beneficiary has Medicare based on age, is still working, has EGHP through single employer with 20 or more employees
 - EGHP is primary to Medicare under working aged (MSP VC 12)
- Beneficiary develops ESRD, begins maintenance dialysis, becomes dually-entitled to Medicare
 - EGHP remains primary but coordination period applies
 - Apply three-month waiting period (remains MSP VC 12 during this time)
 - MSP VC 13 with beginning date of coordination period

Age or Disability First (EGHP Legitimately Secondary to Medicare), Then ESRD

- If beneficiary has Medicare based on age or a disability, has EGHP through former employer (retired), Medicare is primary because working aged or disabled MSP provision does not apply
 - If this beneficiary develops ESRD
 - Medicare is/remains primary because EGHP was legitimately secondary to Medicare when beneficiary developed ESRD
 - Do not apply a coordination period

Age First (EGHP Legitimately Secondary to Medicare), Then ESRD (Example)

- Beneficiary, with Medicare based on age, retires at age 67 and has EGHP through former employer
 - Medicare is primary to EGHP
- At age 68, beneficiary develops ESRD, begins maintenance dialysis and becomes dually entitled to Medicare
 - Medicare remains primary to EGHP

Disability First (EGHP Legitimately Secondary to Medicare), Then ESRD (Example)

- Beneficiary, age 43, has Medicare based on a disability, is still working, has EGHP through single employer with less than 100 employees
 - Medicare is primary to EGHP
- At age 44, beneficiary develops ESRD, is admitted to hospital for a kidney transplant and becomes dually entitled to Medicare
 - Medicare remains primary to GHP

ESRD-Based Entitlement Can End for Dually-Entitled Beneficiaries

- General rule
 - Once coordination period ends, Medicare becomes and remains primary as long as dual entitlement to Medicare continues
 - If dual entitlement to Medicare ends because beneficiary loses ESRD-based entitlement
 - EGHP can become primary under working aged or disabled MSP provision
 - Example: Beneficiary loses ESRD-based Medicare entitlement but remains entitled
 - » Based on age and meets working aged MSP provision criteria or
 - » Based on a disability other than ESRD and meets disabled MSP provision criteria

Scenario and Polling Question #5

- Scenario
 - Beneficiary, age 64, is entitled to Medicare based on ESRD, has EGHP that is primary to Medicare for 30-month coordination period. He turns age 65 during coordination period.
- Which plan is primary?
 - Medicare
 - EGHP through coordination period

Scenario and Polling Question #6

- Scenario

- Beneficiary, age 60, is entitled to Medicare based on a disability, is still working with LGHP through single employer with 100 or more employees; LGHP is primary. At age 62, she develops ESRD and begins maintenance dialysis.

- Which plan is primary?

- Medicare
- LGHP through coordination period

Scenario and Polling Question #7

- Scenario

- Beneficiary, age 68, is entitled to Medicare based on age, is still working with EGHP through single employer with 20 or more employees; EGHP is primary. At age 69, he develops ESRD and begins a self-dialysis training program (and self-dialysis).

- Which plan is primary?

- Medicare
- EGHP through coordination period

Scenario and Polling Question #8

- Scenario
 - Beneficiary with Medicare based on age retires at age 66 and has a EGHP from former employer; Medicare is primary. At age 67, he develops ESRD and begins maintenance dialysis.
- Which plan is primary?
 - Medicare
 - EGHP through coordination period

Recap: Medicare is Primary – ESRD MSP Provision is Not Applied

- Following individuals are not subject to ESRD MSP provision; Medicare is primary
 - ESRD beneficiaries without EGHP coverage
 - ESRD beneficiaries with direct-payment health plan (other than COBRA)
 - Beneficiaries who completed 30-month ESRD MSP coordination period
 - Dually-entitled beneficiaries who were Medicare-primary before their second reason for Medicare entitlement

ESRD – Submitting Claims

Submitting Claims For ESRD Beneficiaries – EGHP is Primary

- If all criteria of ESRD MSP provision are met
 - Submit claims to EGHP as primary and Medicare as secondary
 - VC 13, CC 06, OC 33 and start of coordination period
- MSP and conditional claims instructions
 - Refer to [our website](#) > Claims & Appeals > Medicare Secondary Payer
 - [Prepare and Submit an MSP Claim](#)
 - [Prepare and Submit an MSP Conditional Claim](#)

Contact BCRC to Set Up New MSP Record

- For MSP claim to process, a **matching** MSP record must be in CWF
 - Matching = MSP record has same information as is on claim
 - If no matching MSP record in CWF, contact BCRC
 - If you submit claim before such record is in CWF, it suspends for up to 100 days while we contact BCRC
- Refer to [our website](#) > Claims & Appeals > Medicare Secondary Payer
 - [Set Up a Beneficiary's MSP Record](#)
 - [Correct a Beneficiary's MSP Record](#)

Submitting Claims For ESRD Beneficiaries – Medicare is Primary

- If one or more ESRD MSP provision criteria are not met
 - Submit claims to Medicare as primary and EGHP as secondary (if applicable)
- Prevent MSP rejections
 - Report explanatory claim coding to let us know why we are primary
 - Refer to [our website](#) > Claims & Appeals > Medicare Secondary Payer
 - [Prevent an MSP Rejection on a Medicare Primary Claim](#)

Contact BCRC to Change MSP Record to Medicare Primary

- If there is an MSP record in CWF that would cause a primary claim to reject
 - Contact BCRC to change MSP record
 - Explanatory coding on claim will not prevent claim rejection for MSP unless such coding is for retirement date(s)
 - Refer to [our website](#) > Claims & Appeals > Medicare Secondary Payer information
 - [Correct a Beneficiary's MSP Record](#)

What You Should Do Now

- Review MSP Resources slides and handout
- Share information with staff
- Continue to learn more about MSP
- Develop and implement policies that ensure your provider's MSP responsibilities are met
- Be familiar with MSP resources
- Continue to attend educational sessions

MSP Resources



Education Tab on our Website

- For a complete listing of our educational activities, visit the Education mega tab on [our website](#)
- Our Education includes links to
 - Webinars, Teleconferences & Events Calendar
 - Medicare University
 - New Provider Center
 - POE Advisory Group
 - And much more
- Easiest, fastest way to be aware of all POE information

CMS' MSP Resources

- [Internet-Only Manuals \(IOMs\)](#)
 - 100-05, *Medicare Secondary Payer Manual*
 - Chapter 1, Sections
 - 10.2 - End-Stage Renal Disease (ESRD)
 - 20 - Definitions
 - 70.3 - Differentiation for ESRD
 - Chapter 2, Sections
 - 20 - Medicare Secondary Payer Provisions for End-Stage Renal Disease (ESRD) Beneficiaries
 - 20.1 - Determining 30 Month Coordination Period During Which Medicare May Be Secondary Payer
 - 20.1.1 - Duration of Coordination Period
 - 20.1.2 - Determination for Subsequent Periods of ESRD Eligibility
 - 20.1.3 - Dual Eligibility/Entitlement Situations
 - 20.2 - Effect of ESRD MSP on Consolidated Omnibus Budget Reconciliation Act (COBRA)
 - Chapter 3, Section 20 (Identifying Primary Payers)

Employee – Defined

- Definitions (of various terms)
 - Refer to [CMS IOM Publication 100-05, Medicare Secondary Payer Manual, Chapter 1](#), Section 20
- Employee:
 - An individual who is working for an employer or who, although not actually working for an employer, is receiving from an employer payments subject to Federal Insurance Contributions Act (FICA) taxes or would be subject to FICA taxes except that employer is exempt from those taxes under Internal Revenue Code (IRC)

Employer – Defined

- Employer:
 - Employer means, in addition to individuals (including self-employed persons) and organizations engaged in a trade or business, other entities exempt from income tax such as religious, charitable, and educational institutions
 - Included are governments of United States, individual states, Puerto Rico, Virgin Islands, Guam, American Samoa, Northern Mariana Islands, District of Columbia and foreign governments

GHP – Defined

- Definitions (of various terms)
 - Refer to [CMS IOM Publication 100-05, Medicare Secondary Payer Manual, Chapter 1](#), Section 20
- GHP
 - Any arrangement of, or contributed to by, one or more employers or employee organizations to provide health benefits or medical care directly or indirectly to current or former employees, the employer, others associated or formerly associated with the employer in a business relationship, or their families

GHP – Defined

- Term includes:
 - Self-insured plans
 - Plans of governmental entities
 - Employee organization plans such as union plans and employee health and welfare funds
 - Employee pay-all plans
 - Individual policies purchased by or through an employee organization, employer or former employer of individual or family member of individual

GHP – Defined

- Term does not include:
 - Individual policies not purchased by or through an employee organization, employer or former employer of the individual or family member of the individual, such as a direct-pay plan
 - Coverage under TRICARE
 - A plan that does not have any employees or former employees as enrollees (e.g., a plan for self-employed person only)

Deficit Care Programs

Diabetes Awareness

- Let's Raise Awareness!
- Three types of Diabetes Medicare benefits for your Medicare beneficiaries
 - Medicare Diabetes and Prevention Program (MDPP)
 - Diabetes Self-Management Training (DSMT)
 - Medical Nutrition Therapy (MNT)
- Encourage your patients to participate in these programs

Behavioral Health Integration Services

Psychiatric Collaborative Care Model

- Integrating behavioral health care (BHI) with primary care is an effective strategy for improving outcomes for the millions of Americans with mental or behavioral health conditions
- Medicare makes separate payments to physicians and nonphysician practitioners for BHI services they furnish to beneficiaries over a calendar month
- What is the Psychiatric Collaborative Care Model?
 - Model of behavioral health integration that enhances “usual” primary care by adding two key services to the primary care team
 - Care management support for patients receiving behavioral health treatment
 - Regular psychiatric inter-specialty consultation

Deficit Care Program Resources

- [NGSMedicare.com](https://www.ngsmedicare.com) > Medical Policy & Review> Policy Education Topics
- **Diabetes Awareness**
 - Medicare Diabetes Prevention Program
 - Diabetic Self-Management Tool for Billing
 - Medical Nutrition Therapy Tool for Billing
 - Frequently Asked Questions for Diabetes Self-Management Training and Medical Nutrition Therapy
 - Related Diabetes Awareness Preventive Service Guide
- **Mental Health Awareness**
 - Behavioral Health Integration Services
 - Mental Health Services
 - Mental Health Billing Guide

Thank You!

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

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