

Learning Medicare Secondary Payer Interactively

1/4/2024

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Today's Presenters

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Objective

After this session, attendees will be more familiar with applying the Medicare Secondary Payer provisions and billing scenarios to situations seen in the office day-to-day



Agenda

MSP Provisions

First Steps

MSP Billing Requirements

Interactive MSP Scenarios

MSP Provisions

- Group Health Plans
 - Working aged (12)
 - Disabled (43)
 - ESRD (13)
- Nongroup Health Plans
 - Workers' Compensation (15)
 - Automobile or no-fault insurance (14)
 - Liability (47)
- Not considered MSP
 - Federal Black Lung Program
 - Veterans Administration



First Steps

The background is a dark blue gradient. On the right side, there are large, overlapping, semi-transparent blue geometric shapes, including a large 'S' or 'R' curve and a diagonal band. In the bottom-left corner, there is a pattern of small, light blue dots arranged in a grid-like fashion.

Provider Responsibilities



- Provider enrollment agreement
 - Determine whether or not Medicare is primary payer for services rendered
 - ✓ Maintain system to identify any primary payer other than Medicare at each visit
 - Bill other payers before billing Medicare
 - Submit MSP claims when required
 - ✓ Even if primary payer made payment in full
- [CMS IOM Publication 100-05, Medicare Secondary Payer Manual, Chapter 3](#)

Collect, Copy and Check Insurance Data and Documentation



Collect Patient Information



Verification of MSP Online Data and Use of Admission Questions

[CMS IOM Pub 100-05, Medicare Secondary Payer Manual, Chapter 3](#)



Check Medicare's Records



[Interactive Voice Response System](#)



[NGSConnex User Guide](#)

MSP Billing Requirements

Medicare Claim Timely Filing

- Limit is one calendar year from date of service
 - Claims not submitted timely are provider-liable
 - Beneficiary cannot be charged
- Exceptions notification MLN Matters®
[MM7270: Changes to the Time Limits for Filing Medicare Fee-For-Service Claims](#)
 - Administrative error
 - Retroactive Medicare entitlement, including when State Medicaid agencies involved
 - Retroactive disenrollment from Medicare Advantage Plan or PACE Provider Organization



MSP Claim Billing



- Paper claims for ASCA waived providers only
 - Must be submitted on red and white CMS-1500 claim form (02/12)
 - ✓ [ASCA Requirements for Paper Claim Submissions](#)
- Electronic 837P
 - Different claim submission methods
 - ✓ Directly to Medicare (PC-ACE or NGSConnex)
 - ✓ Through clearinghouse or vendor via HIPAA-compliant software
 - Required items on paper claim have electronic equivalents
 - ✓ [Electronic Data Interchange: Medicare Secondary Payer ANSI Specifications for 837P](#)

Interactive Scenarios

Working Aged Category and Provision Review

MSP Working Aged

- Five criteria must be met
 - Beneficiary aged 65 or older
 - Beneficiary enrolled in Medicare Part A
 - Beneficiary or spouse (of any age) employed and actively working
 - Beneficiary covered by EGHP through that employer
 - Size of employer (full- and/or part-time employees)
 - ✓ Individual employer GHP = 20 or more employees
 - ✓ Multi-employer or multiple employer GHPs = at least one employer employs 20 or more employees



Working Aged Scenario One

- Lawna has a small property maintenance business where she is the only employee
 - However, business has increased so much that it's now too difficult for her to keep up with the paperwork and still have time for her Lawn and Order customers
 - Therefore, Lawna hires Azela, a 70-year-old widow to work 40 hours per week
 - Azela has Medicare based on her previous work experience
- Who would pay primary for Azela?
 - How would you submit the claim?

Working Aged Scenario Two

- Lawna's Lawn and Order has grown so much that she needs to hire another assistant to help her
- Lawna now hires Shrub to work 40 hours per week
- Shrub is 65 years old, has Medicare, and has been married to Green for 30 years
- Green's workplace has family insurance coverage through his employer's group insurance at Dairyland, which has 1,000 employees and his wife, Shrub is covered under his policy
- Who would pay primary for Shrub?
- How would you submit the claim?

Working Aged Scenario Three

- Lawna's Lawn and Order business continues to grow, so she has now moved to commercial workshop and hired a staff of 21 full-time employees
- Lawna offers an Employer Group Health Plan to the employees, including Azela and Shrub
- Who would pay primary for Azela?
- Who would pay primary for Shrub?

Disability Category and Provision Review

MSP Disability

- Medicare entitlement based on disability
- Five criteria must be met
 - Beneficiary under age 65
 - Beneficiary enrolled in Medicare Part A
 - Beneficiary or family member (of any age) employed and actively working
 - Beneficiary covered by LGHP through that employer
 - Size of employer (full- and/or part-time employees)
 - ✓ Individual/multiple employer LGHP – 100 or more employees
 - ✓ Multi-employer plan – at least one employer employs 100 or more employees



Disability Scenario One

- Huckberry, a 35-year-old disabled horticulturist, works at Timber Branch, a company with 5,000 employees
- Huckberry receives Medicare due to disability (severe heart condition) and has insurance coverage under the Large Group Health Plan offered by her employer, Timber Branch
- Who would pay primary for Huckberry's claims?
- Why?

Disability Scenario Two

- Lily Vera is 20 years old and disabled
- Does not work but is covered under Medicare and the family insurance his father Aloe Vera has through work
- Aloe's employer, Wort and Company has 90 employees
- Who would pay primary for Lily's claims?
- Why?

ESRD Category and Provision Review

MSP ESRD

- Beneficiary of any age diagnosed with permanent kidney failure
- Two criteria must be met
 - Beneficiary eligible for or entitled to Medicare based on ESRD
 - ✓ Typically, third month after month started regular course of maintenance dialysis
 - Beneficiary enrolled in GHP through current/former employer of self or family member
- 30-month coordination period
 - Begins earlier of
 - ✓ Regular course renal dialysis initiated
 - ✓ Self-dialysis training occurred
 - ✓ Entitlement based on kidney transplant
 - Also based on
 - ✓ Date Part A became effective based on ESRD
 - ✓ Date Part A would have become effective based on ESRD had individual applied for Medicare when eligible
 - Ends last date of 30th month from date began
 - ✓ Earlier if GHP ends prior to end of 30th month

ESRD Scenario One

- In October 2022, Basil was diagnosed at age 49 with permanent kidney failure and began receiving dialysis treatments three times a week
- He is employed by True Leaf and has insurance coverage through his employer's group health plan
- Basil became eligible for Medicare in January 2023
- Who would pay primary for Basil's claims with dates of service in January 2023?
- Why?

ESRD Scenario Two

- Basil became too sick to work, so he had to leave his job in March 2023
- Who would pay primary for Basil's claims with dates of service in July 2023?
- Why?

No-Fault Category and Provision Review

MSP No-Fault

- Can be automobile or other no-fault insurance
- Pays for medical services resulting from
 - Bodily injury
 - Damage to property
- Types include, but are not limited to
 - Automobile insurance
 - Homeowner's insurance
 - Commercial insurance



No-Fault Scenario One

- Mr. and Mrs. Grasshopper were driving home from an event and ran off the road into a ditch
- Although nobody was seriously injured, Mr. Grasshopper was quite sore the next day
- Mr. Grasshopper was seen by his doctor and found out he had a concussion due to the accident
- Mr. Grasshopper has no-fault automobile insurance with Advanced Auto Insurance (AAI), and also has Medicare
- Who is the primary payer for Mr. Grasshopper's office visit due to the concussion?
- Next day, Mr. Grasshopper fell at home and suffered a leg fracture
- Who would be primary in this case?

Liability Category and Provision Review

MSP Liability

- Protects against claims based on
 - Negligence
 - Inappropriate action
 - Inaction resulting in bodily injury or damage to property
- Types include, but are not limited to
 - Homeowner's
 - Automobile and/or uninsured/underinsured motorist
 - Product
 - Malpractice



MSP Liability Scenario One

- Mrs. Vine told Mr. Vine to fix the wobbly railing on their front steps for over a month, but he has not yet done it
- Jasmine a sales representative from Lawn and Order is visiting residents to market her lawn products and business
- As Jasmine walks up the Vine's front steps, she puts her hand on the railing and it breaks, sending Jasmine over the edge and ending up with a big cut on her forehead which requires stitches
- Jasmine works full time at Lawn and Order and has insurance through her employer with 110 employees as well as Medicare coverage
- The Vine's have homeowner's insurance through Ivy Insurance
- Who is the primary payer for the stitching of the cut to Jasmine's head?

Workers' Compensation Category and Provision Review

MSP Workers' Compensation

- Provides compensation to employees for injury or disease suffered in connection with employment
- Coverage through current or former employer
- Claims typically billed to WC carrier
- Primary to Medicare for related conditions



Workers' Compensation Scenario One

- Walker Comp is 70 and has worked at WC Concrete for 50 years
- Walker has group health plan insurance through Supreme Company, his wife's employer
- Last week at work, Walker picked up a bag of concrete like he's always done, but this time he ended up slipping a disc in his back, causing him to be out of work
- Who is the primary payer for Walker's claims relating to his back?

Federal Black Lung Category and Provision Review

Federal Black Lung

- Provides medical benefits to coal miners disabled as result of
 - BL disease, or
 - Other illnesses attributable to coal mining
- Claims submitted to different entity based on relationship to BL condition
 - Not related: Submit to Medicare, unless another provision applies
 - Related: Submit to DOL



Black Lung Scenario One

- Cole was originally from West Virginia and worked in the coal mines when she was in her 30s
- Cole is now 67, retired and living in Vermont on a farm with her spouse, Mina
- Cole is covered under the employer health insurance plan through Mina's work
- Cole was recently diagnosed with black lung disease
- Who is the primary payer for treatment of Cole's black lung disease?
- Let's say Cole went to the orthopedist for a problem with her hip. Who would be primary in this case?

Federal Veterans Administration (VA) Category and Provision Review

Federal Veterans Administration

- Veterans who also have Medicare may choose whether VA or Medicare responsible for covered benefits
 - Decision must be made each time beneficiary receives health care
- To receive VA services, beneficiary must
 - Go to VA facility or
 - Have VA authorize services in non-VA facility



Federal VA Authorizations



- VA usually pays in full
 - No Medicare payment for authorized services
 - When VA copayment amounts charged for VA-authorized services furnished by non-VA sources
 - ✓ Medicare can reimburse veterans or give credit toward Medicare deductible or coinsurance
- Medicare may pay for services
 - When neither physician/supplier nor beneficiary has claimed benefits from VA
 - When VA does not make any payment

Federal VA Scenario One

- Vic Adman is 80 years old and a retired, divorced veteran who has Medicare
- He has been going to physical therapy at a Veteran's Administration facility for a short time for a recurring issue
- Who is the primary payer for services Vic receives at the VA?
- What happens if the VA denies payment?
- Can Vic decide that he wants to get services at a non-VA facility instead of always going to the VA?

Bonus Scenario

Bonus Scenario One

- Dave Duel, age 75, is a Medicare beneficiary with coverage under Part A and Part B
- He retired from the Diego Company in 2021 and received retirement health insurance coverage
- His wife, Delilah, age 64, has been employed continuously with the local police department and has coverage for herself and her husband (Dave) under the department's GHP
- How many payers could possibly pay on one of Dave's health care claims?
- What number payer is Medicare?

References and Resources

- Under Claims and Appeals > [Medicare Secondary Payer](#)
- Under Claims and Appeals > Medicare Secondary Payer (MSP) > [Prepare and Submit an MSP claim](#)
 - [Medicare Secondary Payer Manual for Electronic Submitters/ANSI Specifications for 837P](#)
- CMS MLN® Booklet: [Medicare Secondary Payer](#)
- [CMS IOM Publication 100-02, Medicare Benefit Policy Manual, Chapter 16](#)
- [CMS IOM Publication 100-05 Medicare Secondary Payer Manual](#)
- [CMS IOM Publication 100-05 Medicare Secondary Payer Manual, Chapter 2- MSP Provisions](#)

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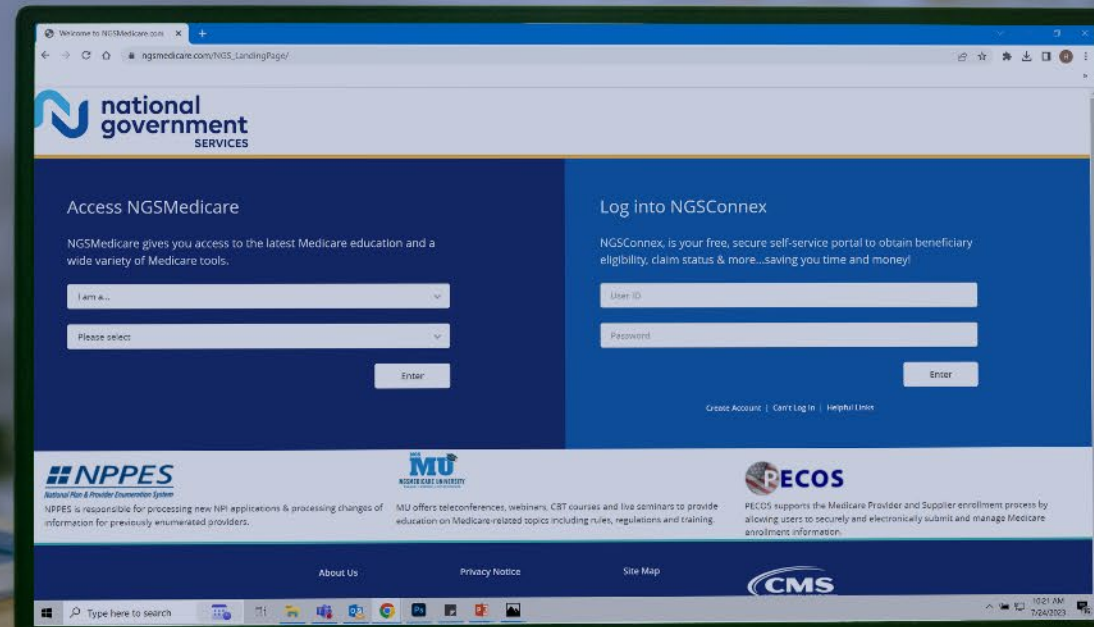
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NGSConnex

Web portal for claim information



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