

Learning Medicare Secondary Payer Interactively

8/5/2025

Closed Captioning: Auto-generated closed captioning is enabled in this course and is at best 70-90% accurate. Words prone to error include specialized terminology, proper names and acronyms.

Today's Presenters

- Provider Outreach and Education Consultants
 - Carleen Parker
 - Lori Langevin





Disclaimer

National Government Services, Inc. has produced this material as an informational reference for providers furnishing services in our contract jurisdiction. National Government Services employees, agents, and staff make no representation, warranty, or guarantee that this compilation of Medicare information is error-free and will bear no responsibility or liability for the results or consequences of the use of this material. Although every reasonable effort has been made to assure the accuracy of the information within these pages at the time of publication, the Medicare Program is constantly changing, and it is the responsibility of each provider to remain abreast of the Medicare Program requirements. Any regulations, policies and/or guidelines cited in this publication are subject to change without further notice. Current Medicare regulations can be found on the [CMS website](#).



Recording

Attendees/providers are never permitted to record (tape record or any other method) our educational events. This applies to webinars, teleconferences, live events and any other type of National Government Services educational events. **This includes the use of AI-assistant recording tools.**

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

- [Provisions](#)
- [First Steps](#)
- [MSP Billing Requirements](#)
- [Interactive MSP Scenarios](#)
 - [Working Aged](#)
 - [Disability](#)
 - [ESRD](#)
 - [No-Fault](#)
 - [Liability](#)
 - [Workers' Compensation](#)
 - [Federal Black Lung](#)
 - [Federal Veterans Administration](#)
 - [Bonus Scenario](#)

Provisions

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

Provider Responsibilities

- Provider enrollment agreement
 - Determine whether Medicare is primary or secondary payer for services rendered
 - Maintain system to identify any primary payer other than Medicare
 - Bill other payers before billing Medicare
 - Submit all MSP claims to Medicare
 - Even if primary payer made payment in full
- [CMS IOM Publication 100-05, Medicare Secondary Payer \(MSP\) 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 Publication 100-05, Medicare Secondary Payer \(MSP\) Manual, Chapter 3](#), Section 20.2.1
- Check Medicare's Eligibility records via NGSConnex
 - [Need help: NGSConnex User Guide](#)

MSP Billing Requirements

MSP Paper Line Items

- Line item 4
 - Indicate name of insured for insurance that is primary to Medicare (may or may not be the patient)
 - If the insured and the patient are same, enter “SAME” in this field
- Line item 6
 - Check the appropriate box for the patient’s relationship to the insured (self, spouse, child, other)
- Line item 7
 - Enter the insured’s address and telephone number
 - When this address is the same as patient’s, enter “SAME” in this field
- Line items 10–10c
 - Indicate “yes” or “no”
 - Is patient’s condition related to employment, auto accident, other accident
 - If the patient’s condition is related to an auto accident, include the two-digit state code official US Postal abbreviation under Place
- Line item 11
 - Enter insured’s policy or group number
 - 11a: Enter insured’s eight-digit birth date (MMDDYYYY format) and gender (sex) if different from information listed in Item 3
 - 11c: If Medicare is secondary payer, complete this line item

MSP Paper Claim Billing

- Paper claims for [ASCA Exception Criteria](#) for waived providers only
- Must have [ASCA Requirements for Paper Claim Submissions](#)
- Must be submitted on red and white CMS-1500 claim form (02/12)
- Line items 4, 6, 7, 10, 11
- Ensure Medicare is secondary via NGSConnex
- Attach copy of primary EOB

The image shows a red and white CMS-1500 Health Insurance Claim Form (02/12). The form is titled "HEALTH INSURANCE CLAIM FORM" and includes a QR code in the top left corner. The form is divided into several sections, with red boxes highlighting specific areas:

- Section 1: Insured's Name, Address, Date of Birth, Sex** (Red box)
- Section 2: Employment, Accident/Other Information** (Red box)
- Section 3: Insurance Plan Name or Program Name** (Red box)
- Section 4: Line Items** (Red box)
- Section 5: Signature of Provider** (Red box)

The form includes fields for patient information, insurance details, and a table for line items. The bottom of the form has a section for "REVISION OR SUPPLEMENT INFORMATION".

A background image showing a laptop screen with several overlapping document icons, including one with a checkmark and another with a pencil, suggesting a focus on digital documents or forms.

MSP Electronic Claim Billing

- Different electronic claim submission methods
 - Electronic 837P
 - 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](#)

MSP Electronic Claim Requirements

- [NGS Website](#) > Claims and Appeals > Medicare Secondary Payer (MSP) > scroll to the bottom of the page under Related Content > [Medicare Secondary Payer Manual for Electronic Submitters/ANSI Specifications for 837P](#)

Electronic Data Interchange: Medicare Secondary Payer ANSI Specifications for 837P

This document describes the required fields in relation to the ASC 5010X222A1 Technical Report Type 3 (TR3) for 837P. Use the information below to assist you and your software vendor report the appropriate Medicare Secondary Payer (MSP) information in the correct American National Standards Institute (ANSI) fields.

This document lists the required fields in relation to the Accredited Standards Committee (ASC) X12N Technical Report Type 3 (TR3).

Required MSP Data

When billing MSP claims electronically include the following information for the claim to process and pay correctly:

- Indication of Medicare as the secondary payer
- Insurance Type
- Coordination of Benefits (COB) Payer Paid Amount – Claim Level
- Coordination of Benefits (COB) Allowed Amount – Claim Level
- Claim Contract Information (OTAF) – Claim Level
- Claim Adjudication Date – Claim Level
- Line Adjudication Information
- Line Adjustments
- Line Adjudication Date

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 [CMS IOM Publication 100-04, Medicare Claims Processing Manual, Chapter 1, Section 70](#)
 - Administrative error
 - Retroactive Medicare entitlement, including when State Medicaid agencies involved
 - Retroactive disenrollment from Medicare Advantage Plan or PACE Provider Organization



Interactive MSP Scenarios

The background is a solid dark blue color, overlaid with a complex pattern of lighter blue geometric shapes. These shapes include various polygons, triangles, and rounded rectangles, some of which are semi-transparent, creating a layered, abstract effect. The shapes are distributed across the entire frame, with a higher concentration of larger, more complex shapes on the right side.

Working Aged

Working Aged Scenario One

- Punny has a small grooming 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 Punny Paw Pet customers
- Therefore, Punny hires Piper, a 70-year-old widow to work 40 hours per week
- Piper has Medicare based on her previous work experience
- Who would pay primary for Punny's medical claims?
 - Medicare
- Would Punny Paw Pets have coverage for Piper?
 - No, because there are only two staff members
- How would you submit claims for Piper?
 - Medicare as primary

Working Aged Scenario Two

- Punny Paw Pets has grown so much that Punny needs to hire another assistant to help her
- Punny now hires Poppy to work 40 hours per week
- Poppy is 65 years old, has Medicare, and married to Pako
- Pako's workplace has family insurance coverage through employer's group insurance at Pia Pets Packaging which has 1,000 employees and his wife, Poppy is covered under the policy
- Who would pay primary for Poppy?
 - Poppy spouse's insurance coverage that Pako has at Pia Pets Packaging, which has 1,000 employees
- How would you submit the claim?
 - Medicare as secondary payer
- How are electronic claims submitted?
 - [Electronic Data Interchange: Medicare Secondary Payer ANSI Specifications for 837P](#)

Working Aged Scenario Three

- Punny's business continues to grow, so now Punny Paw Pets moved to a commercial building and hired a staff of 101 full-time employees
- Punny offers EGHP coverage to employees, including Piper and Poppy
- Piper takes insurance, but Poppy opts not to take insurance, because she has insurance coverage via Pako's EGHP
- Who would pay primary for Piper?
 - Punny Paw Pets EGHP
- Who would pay primary for Poppy?
 - Pako's EGHP
- What is the order of payers for Poppy?
 - First, Poppy's spouse Pako's insurance coverage through his employer, Pia Pets Packaging
 - Medicare as the secondary

The background is a solid dark blue color. Overlaid on this are several large, semi-transparent, light blue geometric shapes. These shapes include triangles, polygons, and rounded rectangles, some of which are nested or overlapping each other, creating a layered, abstract effect. The shapes are primarily located on the right side of the image, with some extending towards the center.

Disability

Disability Scenario One

- Dayo, a 35-year-old disabled dog walker, works at Punny Paw Pets company with 101 employees
- Dayo receives Medicare due to disability and has insurance coverage under LGHP offered by employer, Punny Paw Pets
- Who would pay primary for Dayo's claims?
 - Employer LGHP through Punny Paw Pets
- Why?
 - Because Dayo's employer has more than 100 employees (classified as LGHP)
 - Disability provisions require the number of employees threshold is 100 or more employees. Because Punny Paw Pets, has 101 employees, this would make LGHP primary and Medicare the secondary payer

Disability Scenario Two

- Dagny, 20 years old and disabled
- Dagny does not work, but has Medicare and covered under mother's family insurance
- Mother's employer, Punny Paw Pets has 101 employees
- Who would pay primary for Dagny's claims?
 - Employer LGHP via Punny Paw Pets
- Why?
 - Because Dagny's mother's employer has more than 100 employees (classified as LGHP)
 - Disability provisions require the number of employees threshold is 100 or more employees. Because Punny Paw Pets, has 101 employees, this would make LGHP primary and Medicare the secondary payer

Disability Scenario Three

- Dara, 59 years old and disabled and on Medicare A and B
- Dara does not work, but has a spouse that works for a small veterinary clinic with 15 employees
- Veterinary clinic does not offer insurance benefits
- Who would pay primary for Dara's claims?
 - Medicare
- Why?
 - Disability provisions require the number of employees threshold is 100 or more
 - Because the spouse's employer only has 15 employees and no insurance benefits, this would make Medicare the primary payer

The background is a solid blue color with a complex, abstract pattern of overlapping geometric shapes. These shapes include various polygons, triangles, and rounded rectangles, some of which are semi-transparent, creating a layered effect. The shapes are arranged in a way that suggests movement and depth. On the left side, the text 'ESRD' is displayed in a clean, white, sans-serif font.

ESRD

ESRD Scenario One

- In October 2024, Rover was diagnosed at age 49 with permanent kidney failure and began receiving dialysis treatments three times a week
- Rover's employer is Snoopy Scoop and has insurance coverage through employer's LGHP
- Rover became eligible for Medicare in January 2024
- Who would pay primary for Rover's claims with dates of service in January 2024?
 - EGHP through Snoopy Scoop
- Why?
 - Rover worked at Snoopy Scoop and has insurance coverage through EGHP; therefore, the employer health plan would be primary payer for 30 months coordination period

ESRD Scenario Two

- Over time, ESRD may cause other problems such as bone disease, high blood pressure, nerve damage, anemia and other conditions causing comorbidities making an individual too sick to return to work
- Rover became too sick to work, and left the job in March 2024
- Who would pay primary for Rover's claims with dates of service in March 2024?
 - EGHP through Snoopy Scoop
- Why?
 - Providing Snoopy Scoop has Rover on their health insurance coverage, they would be primary for the 30-month coordination period
 - Note: If disability benefits run out and company no longer covers an individual, Medicare may become the primary before the 30-month period ends

The background is a solid dark blue color. Overlaid on this are several large, semi-transparent, light blue geometric shapes. These shapes include triangles, polygons, and rounded rectangles, some of which are nested or overlapping each other, creating a layered, abstract effect. The shapes are primarily located on the right side of the image, with some extending towards the center.

No-Fault

No-Fault Scenario One

- Mr. and Mrs. Pako were driving home from a dog show and ran off the road into a ditch
- Although nobody was seriously injured, Mr. Pako was quite sore the next day
- Mr. Pako was seen by his doctor and found he had concussion due to the accident
- Mr. Pako has no-fault automobile insurance with PPI. In addition, Pako has insurance with employer (Pia Pet Packaging, that has 1,000 employees)
- Mr. Pako also has Medicare and a retiree insurance plan
- Who is the primary payer for Mr. Pako's office visit due to the concussion?
 - Mr. Pako's no-fault insurance
- Next day, Mr. Pako fell at home and suffered a leg fracture
- Who would be primary for the leg fracture?
 - EGHP then Medicare, because the leg fracture is a result from a fall at home and has nothing to do with the automobile accident
- Where does the retired plan come in?
 - Last

No-Fault Scenario Two

- Poppy was on the way to work at Punny Paw Pets and a truck hit Poppy's car. The car was totaled, and Poppy was taken to ED
- It's five months after the accident and Poppy is still laid up and not able to return to work at Punny Paw Pets
- Poppy's medical bills are piling up and the medical providers are sending bills, because the automobile insurance from the truck driver is not making payment
- Poppy has Medicare, works and does not have EGHP with employer, is married to Pako, and has insurance under spouses EGHP
- If the automobile has not made payment, what can Poppy do?
 - Ask medical provider to submit claims to EGHP via spouse's (Pako's) insurance
- How would you submit the claims to Medicare?
 - Medicare secondary payer, on a conditional basis because Poppy has EGHP under spouse Pako's insurance



Liability

MSP Liability Scenario One

- Mrs. Acie told Mr. Acie to fix the wobbly railing on their front steps for over a month, but he has not yet done it
- Piper is a sales representative from Punny Paw Pets visiting residents to market Mobile Paw Pets grooming services
- As Piper walks up the Acie's front steps, the railing breaks, sending Piper over the edge and Piper cuts her arm and forehead which requires stitches
- Piper works full time at Punny Paw Pets and has insurance through her employer as well as Medicare coverage
- The Acie's have homeowner's insurance through Diggy Insurance
- Who is the primary payer for the stitching of the cuts to Piper's arm/head?
 - Diggy Insurance
- Piper has office visit for hypertension same day, different time, who is the primary insurance?
 - EGHP because Piper has insurance through Punny Paw Pets
- Let's say the primary EGHP does not cover all the cost for the office visit (hypertension), who would pay secondary?
 - Medicare

MSP Liability Scenario Two

- Poppy was out shopping at the local grocery store and while walking down the aisle, Poppy slips and falls fracturing her hip, ambulance is called and transports Poppy to the ED
- Poppy works for Punny Paw Pets, no EGHP, but is married to Pako and has Pako's EGHP benefits through Pia Pet Packaging employer
- Who is the primary payer for the injuries Poppy sustained at the grocery store?
 - Grocery store liability insurance
- Let's say time has lapsed (over 120 days) and the grocery store's liability insurer is not paying the medical claims related to the accident, what can Poppy do?
 - Ask medical provider to submit claims to EGHP via spouse's (Pako's) insurance
- Let's say the primary EGHP does not cover all the cost for the medical services, who would pay secondary?
 - Medicare

Workers' Compensation

Workers' Compensation Scenario One

- Dickey the dog walker from Snoopy Scoops has worked for the company for 20 years
- Dickey has group health plan insurance through his spouse's employer Punny Paw Pets
- Last week at work, like always, Dickey picked up a 50-pound bag of dog food, but this time Dickey ended up slipping a disc in his back, causing Dickey to be out of work
- Who is the primary payer for Dickey's claims relating to the back injury?
 - WC, because the injury was caused while working
- Let's say Dickey suffered a mild heart attack and had to be seen in the ED. Who would be responsible for that claim?
 - Employer group health plan through spouse LGHP Punny Paw Pets because the heart attack has nothing to do with the WC injury
- Let's say the primary EGHP does not cover all the cost for the ED visit, who would pay secondary?
 - Medicare



Federal Black Lung

Black Lung Scenario One

- Do you remember Poppy and Pako that are married. Poppy works at Punny Paw Pets and Pako works for Pia Pet Packaging and has EGHP benefits for both
- Prior to working at Pia, Pako was originally from West Virginia and worked in the coal mines
- Pako is now relocated and living in Maine with spouse Poppy
- Pako works and is covered under the employer health insurance plan
- Pako was recently diagnosed with black lung disease
- Who is the primary payer for treatment of Pako's black lung disease?
 - DOL, Federal Black Lung Program
- Let's say Pako went to the orthopedist for a problem with hip. Who would be primary in this case?
 - Any other medical related condition would be submitted to Pako's insurance, because Pako is covered under the employer health insurance plan through his employer. Medicare would be secondary

Federal Veterans Administration

Federal VA Scenario One

- Remember Rover that works for Snoopy Scoops
- Rover is also a military retired veteran and has Medicare coverage due to a disability
- Rover 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 Rover receives at the VA?
 - VA
- What happens if the VA denies payment?
 - Other GHP and/or Medicare will consider allowance if services are a covered benefit
- Can Rover decide to get services at a non-VA facility instead of always going to the VA?
 - Yes

Federal USFHP Scenario Two

- Remember Mr. Acie with the wobbly railing?
- Mr. Acie is also a military retired veteran and has Uniform Services Family Health Plan (USFHP) and Medicare coverage
- Mr. Acie doctor's office submitted claims to both USFHP and Medicare and received duplicate payments
- Who is the primary payer for Mr. Acie's claims
 - USFHP
- How would the doctor's office refund NGS?
 - Clerical error reopening to void Medicare's payment as an overpayment
- Will Medicare pay secondary to USFHP?
 - No

Bonus Scenario

Bonus Scenario One

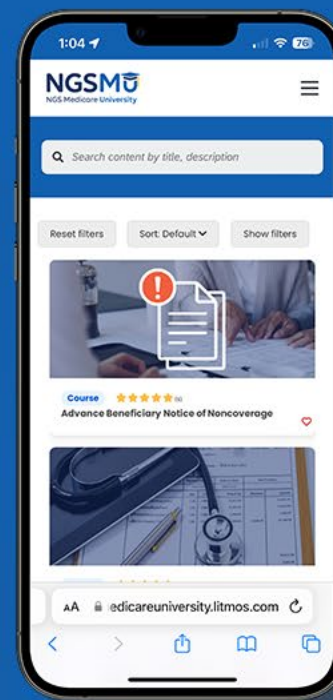
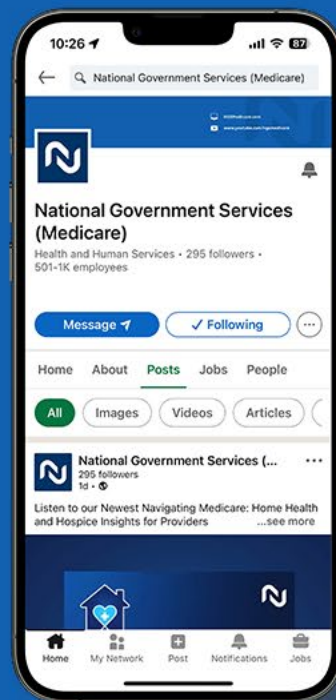
- Let's get back to Poppy and Pako
- Poppy works at Punny Paw Pets, Pako works at Pia Pet Packaging
- Both have EGHP coverage with Pako's EGHP and both have Medicare coverage under Part A and Part B
- Pako also has a retired plan from a company he worked for in Virginia and received retirement health insurance package for life
- Pako has been employed continuously with Pia Pet Packaging and has EGHP coverage
- How many payers could possibly pay on one of Pako's health care claims?
 - Three payers
- What number payer is Medicare?
 - Medicare would be number two payer
- List the order of payers
 1. EGHP through Pia Pet Packaging
 2. Medicare
 3. Pako's retired policy

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](#)
- MLN® Booklet: [Medicare Secondary Payer](#)
- [CMS IOM Publication 100-02, Medicare Benefit Policy Manual, Chapter 16](#)
- [CMS IOM Publication 100-05 Medicare Secondary Payer \(MSP\) Manual](#)
- [CMS IOM Publication 100-05 Medicare Secondary Payer \(MSP\) Manual, Chapter 2- MSP Provisions](#)

Questions?

Thank you!



Connect with
us on social
media



[YouTube Channel](#)
Educational Videos

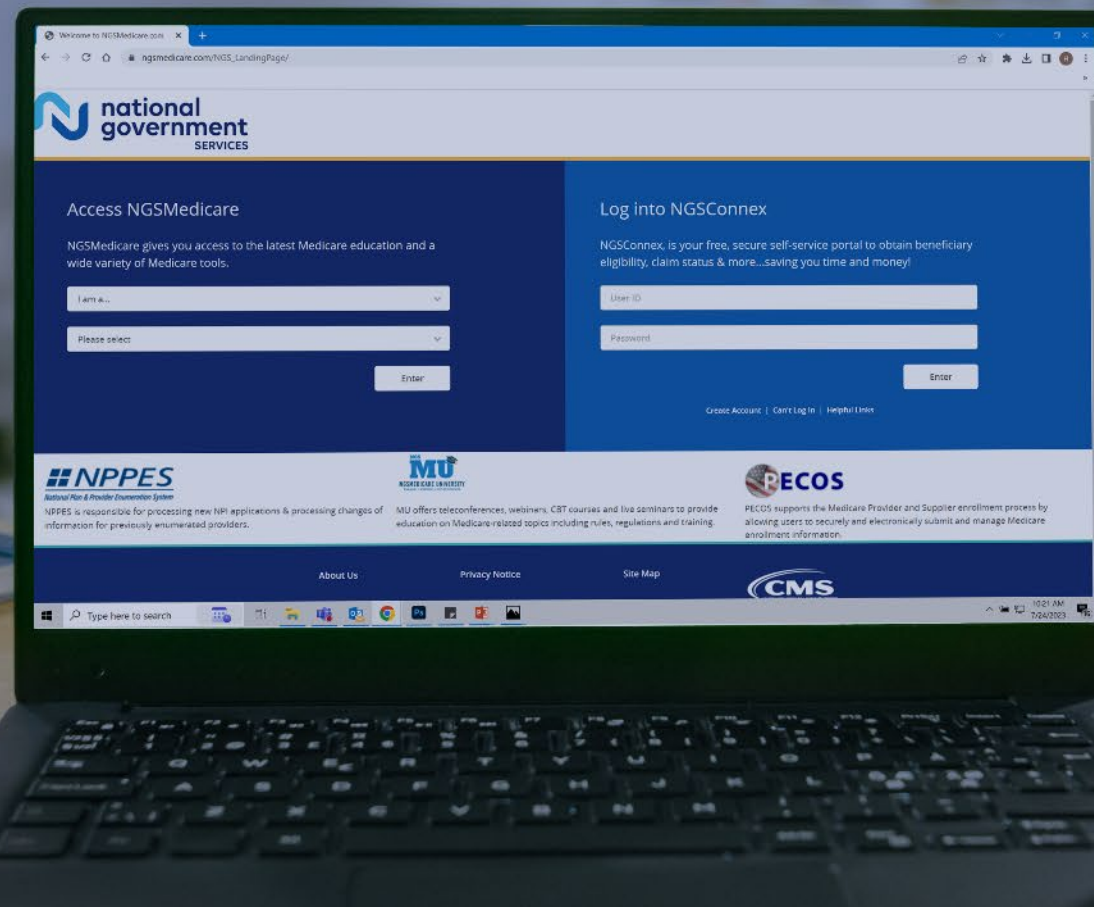


[Medicare University](#)
Self-paced online learning



[LinkedIn](#)
Educational Content

Find us online



www.NGSMedicare.com

Online resources, event calendar, LCD/NCD, and tools



[IVR System](#)

The interactive voice response system (IVR) is available 24-hours a day, seven days a week to answer general inquiries



[NGSConnex](#)

Web portal for claim information



[Sign up for Email Updates](#)

Subscribe for Email updates at the top of any NGS Medicare.com webpage to stay informed of news