

A CMS Medicare Administrative Contractor https://www.NGSMedicare.com



Part A Medicare Secondary Payer (MSP) Resources – 2021

National Government Services (NGS) Website

Visit NGS' website (Sign in as Part A, FQHC or HHH provider and select your State) for

- ASCA Waiver Request Form and Mailing Address under Claims & Appeals > EDI Enrollment > ASCA Requirements for Paper Claim Submissions
- Claims Department Addresses under Contact Us > P.O. Box Mailing Addresses
- MSP CBTs under Education > Medicare University; unavailable when being updated
 - Fundamentals of MSP (CBT course PTA-C-0024)
 - Working Aged with GHP (CBT course PTA-C-0035)
 - o Identifying Primary Payers (CBT course PTA-C-0039)
 - Disabled with LGHP (CBT course PTA-C-0042)
 - No-Fault and Liability (CBT course PTA-C-0043)
 - o Non-GHPs (CBT course PTA-C-0044)
- MSP Instructions under Claims & Appeals > Medicare Secondary Payer
 - o Identify the Proper Order of Payers for a Beneficiary's Services
 - o Set Up a Beneficiary's MSP Record
 - Correct a Beneficiary's MSP Record
 - o Prevent an MSP Rejection on a Medicare Primary Claim
 - o Collect and Report Retirement Dates on Medicare Claims
 - o Prepare and Submit an MSP Claim
 - o Prepare and Submit an MSP Conditional Claim
 - Prepare and Submit a Medicare Tertiary Claim
 - o Determine if Medicare will Make an MSP Payment
 - o Determine Beneficiary Responsibility on an MSP Claim
 - Correct or Adjust a Claim Due to an MSP-Related Issue
- Medicare University under Education Must have User ID and Password
- NGSConnex Must have User ID and Password
- Provider Contact Center under Contact Us; for claim-related inquiries
- Webinars, Teleconferences & Events Calendar under Education
- VA article, "Billing Medicare Part A When VA-Eligible Medicare Beneficiaries Receive Services in Non VA
 Facilities" under Education > Job Aids & Manuals

Centers for Medicare & Medicaid Services (CMS) Website

Visit CMS' website for

• Coordination of Benefits & Recovery Overview (COB&R) information:





- Medicare Secondary Payer (MSP Provision information)
- Coordination of Benefits (COB) Process & Entities
 - Benefits Coordination & Recovery Center (BCRC)
 - Contracted by CMS as of 2/1/2014; replaced COBC and MSPRC
 - Consolidates activities that support collection, management, and reporting of other insurance coverage
 - Takes actions to identify health benefits and coordinates payment process to prevent mistaken payments
 - Maintains MSP records in CWF; handles additions/updates to them
 - Receives calls about new/changed MSP record information
 - Answers general MSP questions
 - Answers questions about secondary claim development letters
 - Does not process claims or answer claim-related questions
 - When calling BCRC, follow MLN Matters® SE1416; may need to obtain and fax them documentation from employer and/or insurer
 - BCRC Contacts page
 - Call 855-798-2627 or TTY/TDD: 855-797-2627 (hearing/speech impaired), M-F, 8:00 a.m.-8:00 p.m. ET, except holidays
 - General MSP fax: 405-869-3307 and correspondence: MSP General Correspondence, P.O. Box 138897, Oklahoma City, OK 73113-8897
- Attorney, beneficiary, employer, insurer and provider services
- Internet-Only Manuals (IOMs)
- Publication 100-02, Medicare Benefit Policy Manual, Chapter 16 (Exclusions)
- Publication 100-05, MSP Manual (Refer to IOM for additional Sections)
 - Chapter 1 Background and Overview, Sections:
 - 10 = General Provisions
 - 10.1 = Working Aged
 - 10.2 = End-Stage Renal Disease
 - 10.3 = Disabled Beneficiaries Covered Under a LGHP
 - 10.4 = Workers' Compensation
 - 10.5 = No-Fault Insurance
 - 10.6 = Liability Insurance
 - 10.7 = Conditional Primary Medicare Benefits
 - 10.8 = When MSP Benefits Are/Are Not Payable
 - 10.9 = Multiple Insurers
 - 20 = Definitions
 - 30 = Beneficiary's Rights and Responsibility
 - 40 = Effect of GHPs Payments on Deductible, Coinsurance, and Utilization
 - 50 = Rules Defining Employees Covered by GHPs and LGHPs
 - 60 = Aggregation Rules Applicable to Determine the Employer Size
 - Chapter 2 MSP Provisions, Sections:

- 10 = MSP Provisions for Working Aged Individuals
- 20 = MSP Provisions for ESRD Beneficiaries
- 30 = MSP Provision for Disabled Beneficiaries
- 40 = Liability Insurance
- 50 = Workers' Compensation
- 60 = No-Fault Insurance
- Chapter 3 = MSP Provider Billing Requirements, Sections:
 - 10 = General
 - 20 = Obtain Information From Patient or Representative
 - 30 = Provider Billing
 - 40 = Completing Form CMS-1450 in MSP Situations
 - 50 = Summary of MSP Data Elements for Form CMS-1450

CMS - Additional MSP Resources

- Medicare & Other Health Benefits: Your Guide to Who Pays First (for Beneficiaries)
- MSP Hierarchy Rules for GHP RREs
- MLN Booklet on MSP
- MLN Matters®
 - SE1416: Updating Beneficiary Information with the Benefits Coordination & Recovery Center (formerly known as the Coordination of Benefits Contractor)
 - MM10863: Updating Language to Clarify for Providers Chapter 3, Section 20 and Chapter 5, Section 70 of the Medicare Secondary Payer Manual
 - MM11945: Update to the Model Admission Questions for Providers to Ask Medicare Beneficiaries REVISED
- Subscribe to MLN News & Updates