NGSMedicare University Virtual Conference

Medicare 2021
A Journey to a Healthier Future and Partnership

Preparing and Submitting Medicare Secondary Payer Claims in the Fiscal Intermediary Standard System Direct Data Entry

5/11/2021

2294_0521

Today's Presenters

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Objective

- Provide instructions on how to prepare and submit MSP and conditional claims using FISS DDE

Agenda

- Your MSP Responsibilities

- Preparing MSP Claims

- Submitting MSP Claims Using FISS DDE

- MSP Resources – 2021 Handout

- Questions and Answers

Your MSP Responsibilities

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 other insurer primary and Medicare secondary
      - If one or more are not met; services are not subject to that provision and Medicare is primary unless criteria/conditions of another MSP provision are met

Providers' MSP Responsibilities

- Identify payers primary to Medicare for services rendered
  - Conduct MSP screening process
    - Check for MSP records in CWF using CMS' HETS (X12 270 transmission and 271 response), NGSConnex or IVR system (for every service)
    - Collect MSP information by asking questions using CMS' model MSP questionnaire or your own form (for every IP admission or OP encounter unless exception applies)
      - CMS IOM Publication 100-05, *Medicare Secondary Payer Manual*, Chapter 3, Sections 20.1 and 20.2.1

- Determine proper order of payers
- Submit claims to primary payer(s) before Medicare
- Submit MSP claims or conditional claims as appropriate

MSP Provisions With MSP Value Code and Primary Payer Code (Payer ID)

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

Determining 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
    - Document your decision
      - In general, Medicare is primary when beneficiary
        - » Has no other coverage
        - » Has other coverage but it doesn't meet MSP provision criteria
        - » Had other coverage, it met MSP provision criteria but it is not available
      - In general, other payer(s) is primary when beneficiary
        - » Has other coverage that meets MSP provision criteria and it is available

Preparing MSP Claims

Prepare and Submit MSP Claims – Steps

- Identify/bill appropriate primary payer for services

- When received, apply primary payer's payment to account

- Prepare MSP claim with correct claim coding as well as CARC(s), RARC(s) and adjustment amount(s) from primary payer's RA (835)

- Ensure MSP claim information matches MSP record in CWF

- Contact BCRC to set up/update MSP record in CWF if necessary

- Once MSP record in CWF set up/updated, submit MSP claim

- When you receive our RA, apply payment/adjustments to account

- Bill beneficiary only if appropriate

- Maintain documentation

MSP Claim Types – Partial-Payment Claim

- MSP partial-pay claim; primary payer paid in part
  - They applied deductible, coinsurance, co-payment, etc.
  - Submit for all types of services
    - Submit all Medicare covered charges; not just balance
    - Medicare considers balance
  - **Note:** If primary payer reduced their payment because of failure to file a proper claim with them, you may submit MSP claim
    - But MSP VC amount must be amount you would have received had claim been properly filed with primary payer
    - CMS IOM Publication 100-05, *Medicare Secondary Payer Manual*, Chapter 5, Section 40.7.5

MSP Claim Types – Full-Payment Claim

- MSP full-payment claim; primary payer paid in full
  - Submit if required but you may submit even if not required
    - Submit all Medicare covered charges
  - Required for
    - All IP stays
    - OP services if beneficiary has not met Medicare Part B deductible
    - All HH and Hospice services even if beneficiary has met Part B deductible
  - We track benefit periods/services and credit Medicare deductibles

MSP Conditional Claims

- Another insurer is primary over Medicare and no payment is received

  - Must be for a valid reason

  - Applicable for all MSP provisions

- Another insurer is primary over Medicare and no prompt payment is received

  - Only applicable for specific MSP provisions

    - No-fault auto or medical payment for auto or premises (VC 14), workers compensation (VC 15) and liability (VC 47)

General Instructions for MSP Claims

- **For MSP claims, follow Medicare's requirements**
  - Our requirements apply to all Medicare claims even MSP
    - **Billing requirements** including providers' frequency of billing
      - If Medicare is secondary, can we submit separate claims when primary payer starts or stops paying during claim's billing period? If Medicare were primary, we would submit one claim.
      - Answer: No, since we require one claim, submit one claim as MSP claim.
    - **Technical requirements** including timely filing, etc.
    - **Medical requirements**

Home Health and Hospice Providers

- In MSP situations
  - HHAs
    - Submit RAP showing Medicare as primary
    - Not reimbursed on RAP
    - Insurer information reported on final claim
  - Hospice
    - Submit NOE showing Medicare as primary
    - Insurer information reported on claim(s)

MSP Claims – Claim Fields

Code	UB-04 FLs	Electronic Field	FISS DDE
Condition codes	18–28	2300.HI (BG)	Page 01
Occurrence codes and dates	31–34	2300.HI (BH)	Page 01
Value code and payment	39–41	2300.HI (BE)	Page 01
Payer code ID (primary payer code)	N/A	N/A	Page 03
Primary insurer name	50A	2320.SBR04	Page 03

MSP Claims – Claim Fields

Code	UB-04 FLs	Electronic Field	FISS DDE
Insured's name	58A	2330A.NM104	Page 05
Patient's Relationship to Insured	59A	2320.SBR02	Page 05
Insured's unique ID	60A	2330A.NM109	Page 05
Insurance group name	61A	2320.SBR04	Page 05
Insurance group number	62A	2320.SBR03	Page 05
Insurance address	Use Remarks FL 80	Use Remarks 2300.NTE	Page 06

Condition Codes (CCs or COND CODES)

- ## Two-digit code
  - Describes condition or event applicable to claim
- ## Report
  - Any applicable CC
  - MSP-related CCs as applicable
    - 02 (zero two) = Condition is employment-related
    - 06 (zero six) = ESRD beneficiary in first 30 months of entitlement covered by EGHP
    - 77 = Full payment received from primary payer

Contractual Arrangement or Obligation Under Law

- Report **one** of following codes when you are obligated/required to accept a certain amount as payment in full from a primary payer, per a contractual arrangement or obligation under law
  - CC 77 or
  - VC 44 and the expected amount

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Occurrence Codes and Dates (OCs or OCC CDS/DATE)

- **Two-digit code with date**
  - Describes event applicable to claim
- **Report**
  - Any applicable OC and date
  - MSP-related OCs and dates as applicable
    - 01 (zero one) and DOA if medical-payment plan is primary
    - 02 (zero two) and DOA if no-fault is primary
    - 03 (zero three) and DOA if liability is primary
    - 04 (zero four) and DOA if WC is primary
    - 33 and date ESRD coordination period began

Value Codes and Amounts (VCs)

- Two-digit code with dollar amount

- Report

  - Any applicable VC and dollar amount

  - MSP VC for MSP provision and amount

    - MSP VC options: 12, 13, 14, 15, 16, 41, 43 and 47 (**slide 10**)

    - Amount = amount you received from primary payer toward Medicare-covered services on claim

  - VC 44 and OTAF amount when applicable

Patient Relationship (REL) Codes

- Report relationship of patient to identified insured accurately
  - 01 = Spouse
  - 18 = Self
  - 19 = Child
  - 20 = Employee
  - 21 = Unknown
  - 53 = Life partner
  - G8 = Other relationship

Submitting MSP Claims Using FISS DDE

What is FISS DDE?

- FISS DDE

    - Online processing system we use to process claims and maintain records

    - Allows remote user connectivity to our mainframe

- Providers use FISS DDE to

    - Research coding

    - Submit claims and track them

    - Correct, adjust, and cancel claims

    - View reports

Accessing FISS DDE

- FISS logon ID and password required
- Visit [our website](#) for EDI enrollment information (under Claims and Appeals)
  - Left side listing articles should be on EDI Enrollment article
  - Click on Start Enrollment Process under Step 1
  - Read and then click on "Accept" for the Attestation
  - Check box for "I need to complete a Part A Logon Request Form," submit when completed
- User logon ID and password are for individual use only
  - Do not share with coworkers or other staff

Navigating FISS DDE

Program Function Key	Screen Movement
F3/PF3	Return to menu/submenu or originating screen when using SC field
F4/PF4	Exit entire online system by terminating session
F5/PF5	Scroll backward within page of screen data
F6/PF6	Scroll forward within page of screen data
F7/PF7	Move backward one page at a time
F8/PF8	Move forward one page at a time
F9/PF9	Save, update, submit

Navigating FISS DDE

Program Function Key	Screen Movement
F10/PF10	Return to left viewing screen
F11/PF11	Move to right viewing screen
<Ctrl>	Move down one line at a time
<Home>	Move to SC field
<Tab>	Move to next field on screen
SC field	Navigate to specific inquiry file, use F3/PF3 to return to original page
Page field	Move to specific page within claim

Entering MSP Claims Using FISS DDE

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Claim Entry

- ## Log into FISS DDE

  - ### Select Claims/Attachment Entry Menu (option 02)

  - ### Select one of the options from Claim and Attachments Correction Menu based on RTP claim type

    - Inpatient – 21

    - Outpatient – 23

    - SNF – 25

    - Home Health – 27

    - Hospice – 29

Main Menu – Claims/Attachments

```
MAP1701                 NATIONAL GOVERNMENT SERVICES,#13001 UAT    ACMFA561 08/11/15
MXG9282                            MAIN MENU                        C201531P 12:29:47


                        01        INQUIRIES

                        02        CLAIMS/ATTACHMENTS

                        03        CLAIMS CORRECTION

                        04        ONLINE REPORTS








   ENTER MENU SELECTION: 02


   PLEASE ENTER DATA - OR PRESS PF3 TO EXIT
```

MAP1703   NATIONAL GOVERNMENT SERVICES,#13001 UAT   ACMFA561 06/12/18
MXG9282   CLAIM AND ATTACHMENTS ENTRY MENU   C201831F 14:56:54

CLAIMS ENTRY

INPATIENT   20

OUTPATIENT   22

SNF   24

HOME HEALTH   26

HOSPICE   28

NOE/NOA   49

ROSTER BILL ENTRY   87

ATTACHMENT ENTRY

HOME HEALTH   41

DME HISTORY   54

ESRD   CMS-382 FORM   57

ENTER MENU SELECTION:

PLEASE ENTER DATA - OR PRESS PF3 TO EXIT

Correcting MSP Claims Using FISS DDE

Claim Correction

- ## Log into FISS DDE
  - ### Select Claims Entry Menu (option 02)
  - ### Select one of the options from Claim Entry
    - Inpatient – 20
    - Outpatient – 22
    - SNF – 24
    - Home Health – 26
    - Hospice – 28
    - NOE/NOA – 49
    - Roster Bill Entry - 87

Main Menu – Claims Correction

```
MAP1701              NATIONAL GOVERNMENT SERVICES,#13001 UAT   ACMFA561 08/11/15
MXG9282                            MAIN MENU                   C201531P 12:29:47


                     01      INQUIRIES

                     02      CLAIMS/ATTACHMENTS

                     03      CLAIMS CORRECTION

                     04      ONLINE REPORTS








        ENTER MENU SELECTION:  03



          PLEASE ENTER DATA - OR PRESS PF3 TO EXIT
```

MAP1704   NATIONAL GOVERNMENT SERVICES,#13001 UAT   ACMFA561 12/18/19
MXG9282   CLAIM AND ATTACHMENTS CORRECTION MENU   A20201AF 11:58:07

```
                        CLAIMS  CORRECTION
           INPATIENT                     21
           OUTPATIENT                    23
           SNF                           25
           HOME  HEALTH                  27
           HOSPICE                       29
                   CLAIM  ADJUSTMENTS      CANCELS
           INPATIENT                     30          50
           OUTPATIENT                    31          51
           SNF                           32          52
           HOME  HEALTH                  33          53
           HOSPICE                       35          55
                        ATTACHMENTS
           PACEMAKER                     42
           AMBULANCE                     43
           HOME  HEALTH                  45


      ENTER  MENU  SELECTION:



        PLEASE  ENTER  DATA  -  OR  PRESS  PF3  TO  EXIT
```

```
                            NPI
      MID               PROVIDER                  S/LOC T B9997    TOB 13
   OPERATOR ID MXG9282      FROM DATE           TO DATE              DDE SORT
   MEDICAL REVIEW SELECT           DCN
       MID                PROV/MRN    S/LOC        TOB    ADM DT FRM DT THRU DT  REC DT
  SEL   LAST NAME     FIRST INIT   TOT CHG     PROV REIMB PD DT   CAN DT REAS NPC #DAYS
              300001                  T B9997    131              092117 092117   111717
                          R       326.00              061020            15361        98
```

These fields will be auto-populated, always verify the S/LOC and TOB fields

Under SEL field, select claim you wish to correct.
S – select to view
U – make updates

```
     PROCESS COMPLETED   ---    NO MORE DATA THIS TYPE
     PLEASE MAKE A SELECTION, ENTER NEW KEY DATA, OR   PRESS PF3 TO EXIT
```

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Review Reason(s) for RTP

- On claim page 1, reason code(s) listed on lower left corner
- Hit <F1/PF1> to review reason code file
  - Also available through Inquiries Submenu (01), Reason Code file (17)
- After reviewing reason code narrative, hit <F3/PF3> to return to claim
- Press **<F9/PF9>** key to save and submit claim
  - If no errors, claim is submitted (Can enter next claim)
  - If error(s), reason code appears lower left corner of screen

Claim Entry/Correction – Key Points

- Data entry screens set up similar to UB-04 claim form
- Six pages to a claim
- Depending on TOB
    - Cursor may skip fields not required
- TOB defaults to 111 for IP, 131 for OP and 211 for SNF
    - If entering a different TOB, type over default
- Do not press F3/PF3 key
    - If pressed while entering claim before it is stored (F9/PF9), all keyed information will be lost

Claim Entry – Six Pages

Pages for Claim Entry	MAP	Corresponds to or Contains
Page 01	MAP1711	UB-04, FLs 1–41: Patient information, CCs, OCs, OSCs, and VCs
Page 02	MAP1712	UB-04, FLs 42–49: Revenue and CPT/HCPCS codes, charges and DOS
Page 03	MAP1713	UB-04, FLs 50–57 and 66–79: Payer, diagnosis code, procédure code and physician information
Page 03	MAP1719	MSP payment information from primary payer's RA
Page 04	MAP1714	UB-04, FL 80: Remarks
Page 05	MAP1715	UB-04, FLs 58–65
Page 06	MAP1716	Primary insurer's address information

```
MAP1711     PAGE 01   NATIONAL GOVERNMENT SERVICES,#13001 UAT    ACMFA561 06/11/18
MXG9282     SC                    INST CLAIM ENTRY                 C201831F 14:04:35
HIC                 TOB 111   S/LOC S B0100 OSCAR              SV:      UB-FORM
NPI             TRANS HOSP PROV                    PROCESS NEW HIC
PAT.CNTL#:                        TAX#/SUB:                   TAXO.CD:
 STMT DATES FROM          TO             DAYS COV      N-C          CO      LTR
 LAST                            FIRST               MI      DOB
 ADDR 1                                   2
 3                                   4                            CARR:
 5                                   6                            LOC:
ZIP            SEX    MS    ADMIT DATE         HR     TYPE    SRC   D HM        STAT
   COND CODES 01    02    03    04    05    06    07    08    09    10
OCC CDS/DATE 01          02          03          04          05
             06          07          08          09          10
   SPAN CODES/DATES 01              02              03
04               05              06              07
08               09              10              FAC.ZIP
  DCN
     V A L U E   C O D E S  -  A M O U N T S  -  A N S I   MSP APP IND
01                    02                    03
04                    05                    06
07                    08                    09
     PLEASE ENTER DATA
     PRESS PF3-EXIT  PF5-SCROLL BKWD  PF6-SCROLL FWD  PF7-PREV  PF8-NEXT
```

FYI: MSP Apportion Indicator is no longer used.

MXG9282   SC   INST CLAIM ENTRY   A20192BF 12:44:48

                                                  REV CD PAGE 01

MID   TOB 111   S/LOC S B0100   PROVIDER
UTN   PROG   REP PAYEE   RRB EXCL IND   PROV VAL TYPE
                                    TOT   COV   SERV   RED
CL   REV   HCPC MODIFS   RATE UNIT   UNIT   TOT CHARGE NCOV CHARGE   DATE   IND

              PROCESS COMPLETED   ---   PLEASE CONTINUE

PRESS PF2-171D PF3-EXIT PF5-UP PF6-DOWN PF7-PREV PF8-NEXT PF9-UPDT PF11-RIGHT

```
MAP1713    PAGE 03  NATIONAL GOVERNMENT SERVICES,#13001 UAT    ACMFA561 06/11/18
MXG9282    SC                   INST CLAIM ENTRY                C201831F 14:05:49
HIC                    TOB 111  S/LOC S B0100   PROVIDER
NDC CD                          OFFSITE ZIP         ADJ MBI              IND
  CD   ID   PAYER                      OSCAR        RI AB          EST AMT DUE
A
B
C
DUE FROM PATIENT                             SERV FAC NPI
MEDICAL RECORD NBR                COST RPT DAYS       NON COST RPT DAYS
DIAG CODES 01          02          03          04          05
06          07          08          09              END OF POA IND
ADMITTING DIAGNOSIS          E CODE          HOSPICE TERM ILL IND
IDE                  GAF                     PRV
PROCEDURE CODES AND DATES 01                 02
03          04              05              06
ESRD HRS     ADJ REAS CD     REJ CD       NONPAY CD     ATT TAXO
ATT PHYS        NPI            L              F          M    SC
OPR PHYS        NPI            L              F          M    SC
OTH OPR         NPI            L              F          M    SC
REN PHYS        NPI            L              F          M    SC
REF PHYS        NPI            L              F          M    SC
        PROCESS COMPLETED   ---   PLEASE CONTINUE
PRESS PF3-EXIT PF5-BKWD PF6-FWD PF7-PREV PF8-NEXT PF9-UPDT PF11-RIGHT
```

Claim Entry Page 03 (MAP1719)

- **MSP Payment Information page**
  - Press F11/PF11, from page 03 (MAP1713), to access
  - Press F6/PF6 to display a second page for payer 2
- **Up to 20 entries each for primary payers 1 and 2**
  - Field names (enter information from primary payer's RA)
    - Paid date: Enter paid date
    - Paid amount: Enter paid amount (must equal amount entered for MSP VC) and must equal charges less amount with CAGC and CARC
    - GRP: Enter group code(s), also known as CAGC(s)
    - CARC: Enter CARC(s)
    - AMT: Enter dollar amount(s) associated with CAGC and CARC

MXG9282   SC   INST CLAIM ENTRY   C201831F 14:05:55

HIC   TOB 111   S/LOC S B0100   PROVIDER

MSP   PAYMENT   INFORMATION

RI:

PRIMARY PAYER 1   MSP PAYMENT INFORMATION

PAID DATE: PAID AMOUNT:

GRP	CARC	AMT		GRP	CARC	AMT
GRP	CARC	AMT		GRP	CARC	AMT
GRP	CARC	AMT		GRP	CARC	AMT
GRP	CARC	AMT		GRP	CARC	AMT
GRP	CARC	AMT		GRP	CARC	AMT
GRP	CARC	AMT		GRP	CARC	AMT
GRP	CARC	AMT		GRP	CARC	AMT
GRP	CARC	AMT		GRP	CARC	AMT
GRP	CARC	AMT		GRP	CARC	AMT
GRP	CARC	AMT		GRP	CARC	AMT

Tip: Any dollar amounts listed in this section, when added together, must equal total charges.

PROCESS COMPLETED   ---   PLEASE CONTINUE

PRESS PF3-EXIT PF5-BKWD PF6-FWD PF7-PREV PF8-NEXT PF9-UPDT PF10-LFT PF11-RGHT

```
MAP1719     PAGE 03   NATIONAL GOVERNMENT SERVICES,#13001 UAT    ACMFA561 06/11/18
MXG9282     SC                      INST CLAIM ENTRY             C201831F 14:05:55
HIC                   TOB 111   S/LOC S B0100   PROVIDER
                      M S P    P A Y M E N T   I N F O R M A T I O N
RI:


PRIMARY PAYER  2   MSP PAYMENT INFORMATION


PAID DATE:             PAID AMOUNT:


GRP       CARC       AMT                    GRP       CARC       AMT
GRP       CARC       AMT                    GRP       CARC       AMT
GRP       CARC       AMT                    GRP       CARC       AMT
GRP       CARC       AMT                    GRP       CARC       AMT
GRP       CARC       AMT                    GRP       CARC       AMT
GRP       CARC       AMT                    GRP       CARC       AMT
GRP       CARC       AMT                    GRP       CARC       AMT
GRP       CARC       AMT                    GRP       CARC       AMT
GRP       CARC       AMT                    GRP       CARC       AMT
GRP       CARC       AMT                    GRP       CARC       AMT


        PROCESS COMPLETED   ---   PLEASE CONTINUE

PRESS PF3-EXIT PF5-BKWD PF6-FWD PF7-PREV PF8-NEXT PF9-UPDT PF10-LFT PF11-RGHT
```

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Reporting CAGCs and CARCs

- CAGC(s) from primary payer's RA (835)
  - Identifies general category of payment adjustment
  - Required when primary payer adjusts billed charges
  - Options
    - CO (Contractual Obligations),
    - CR (Corrections and Reversals),
    - OA (Other Adjustments),
    - PI (Payer Initiated Reductions) and
    - PR (Patient Responsibility)
- CARC(s) from primary payer's RA (835)
  - Communicates an adjustment
  - Explains why primary payer paid differently from amount billed to them
  - External Code Lists/X12

Example With CAGC and CARC Coding

- Beneficiary
  - Working aged with EGHP
  - IP = 11/2/2020-11/7/2020
  - Met Part A deductible
- Provider
  - Charges = $10,000
  - Bills EGHP primary; contract
- EGHP
  - Allowed = $8,000 per contract
  - Applies coinsurance = $800
  - Paid = $7,200 on 11/15/2020

- Claim entry – page 01 (MAP1711)

  - MSP VC 12 = $7,200
  - MSP VC 44 = $8,000

- Claim entry – page 03 (MAP1719)

  - Paid date = 11/15/2020
  - Paid amount = $7,200
  - CAGCs, CARCs and amounts = CO, 45, $2,000 and PR, 2, $800

```
MAP1714    PAGE 04    NATIONAL GOVERNMENT SERVICES,#13001 UAT    ACMFA561 06/11/18
MXG9282    SC                      INST CLAIM ENTRY                    C201831F 14:06:14
                                                        REMARK PAGE 01

HIC                      TOB 111   S/LOC S B0100   PROVIDER


REMARKS
```

Tip: There are 10 lines available to enter Remarks. If more are needed, use the F6 key for an additional 10 lines. If even more are needed, use the F6 for an additional 10 lines, making total of 30 lines available.

```
47    PACEMAKER        48    AMBULANCE        40    THERAPY        41    HOME HEALTH
58    HBP CLAIMS (MED B)                      E1    ESRD ATTACH
ANSI CODES - GROUP:       ADJ REASONS:        APPEALS:
```

Not used at this time

```
        PROCESS COMPLETED    ---    PLEASE CONTINUE

PRESS PF3-EXIT   PF5-SCROLL BKWD   PF6-SCROLL FWD   PF7-PREV   PF8-NEXT   PF9-UPDT
```

```
MAP1716    PAGE 06  NATIONAL GOVERNMENT SERVICES,#13001 UAT  ACMFA561 06/30/20
MXG9282    SC                    INST CLAIM ENTRY              A20203BF 09:08:22


MID                 TOB 131  S/LOC S B0100  PROVIDER 330100
              MSP ADDITIONAL INSURER INFORMATION
1ST INSURERS ADDRESS 1 _
1ST INSURERS ADDRESS 2 ¯
              CITY                      ST    ZIP
2ND INSURERS ADDRESS 1
2ND INSURERS ADDRESS 2
              CITY                      ST    ZIP
PAYMENT DATA --- DEDUCTIBLE              COIN          CROSSOVER IND
PARTNER ID


PAID DATE        PROVIDER PAYMENT              PAID BY PATIENT
REIMB RATE         RECEIPT DATE 063020  PROVIDER INTEREST
CHECK/EFT NO           CHECK/EFT ISSUE DATE          PAYMENT CODE
PIP PAY AS CASH          PRICER DATA          HOSPICE PRIOR DYS
DRG     OUTLIER AMT             TTL BLNDED PAYMT         FED SPEC
INIT DRG      GRH ORIG REIMB AMT             NET INL
TECH PROV DAYS     TECH PROV CHARGES
 OTHER INS ID           CLINIC CODE      IOCE CLM PR FL
     PROCESS COMPLETED  ---   PLEASE CONTINUE
PRESS PF3-EXIT  PF7-PREV PAGE  PF9-UPDT  ENTER-CONTINUE
```

What You Should Do Now

- Develop and implement policies that ensure providers MSP responsibilities are met

- Submit accurately coded MSP claims

- Review MSP Resources - 2021 Handout

- Share this information with staff

- Continue to learn more about MSP

- Continue to attend our educational sessions

Education Tab on our Website

- For a complete listing of our educational activities, visit the Education mega tab on <u>our website</u>

- 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 POE information

Thank You!

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

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