

Medicare Secondary Payer Resources for Part A Providers 2022

National Government Services Website

Visit [NGS' website](#) (Sign in as a Part A, FQHC/RHC or HH+H provider and select State) for:

- [ASCA Waiver Request Form](#) under Resources > Forms (select form)
- [Claim's Department mailing addresses](#) under Resources > Contact Us > Mailing addresses > Claims (by State)
- [CBTs](#) under Education > Medicare University > MU Course List > CBTs
 - MSP CBTs are unavailable while we are updating them for 2022. Once complete, these CBTs will be available: PTA-C-0024 (Fundamentals), PTA-C-0035 (Working Aged), PTA-C-0039 (Identifying Primary Payers), PTA-C-0042 (Disabled), PTA-C-0043 (No-Fault & Liability) and PTA-C-0044 (Other Non-GHPs)
- [Events calendar](#)
- [Medicare University](#) under Education – Must have User ID and Password
- **MSP Instructions** under Claims & Appeals > Medicare Secondary Payer
 - [Identify the Proper Order of Payers for a Beneficiary's Services](#)
 - [Set Up a Beneficiary's MSP Record](#)
 - [Correct a Beneficiary's MSP Record](#)
 - [Prevent an MSP Rejection on a Medicare Primary Claim](#)
 - [Collect and Report Retirement Dates on Medicare Claims](#)
 - [Prepare and Submit an MSP Claim](#)
 - [Prepare and Submit an MSP Conditional Claim](#)
 - [Prepare and Submit a Medicare Tertiary Claim](#)
 - [Determine if Medicare will Make an MSP Payment](#)
 - [Determine Beneficiary Responsibility on an MSP Claim](#)
 - [Correct or Adjust a Claim Due to an MSP-Related Issue](#)
- [NGSConnex](#) – Must have User ID and Password
- [PCC](#) (for inquiries) under Resources > Contact Us > Provider Contact Center (select by State)
- Veteran's Administration (VA) article, "[Billing Medicare Part A When VA-Eligible Medicare Beneficiaries Receive Services in Non VA Facilities](#)" under Education > Medicare Topics > Billing

Centers for Medicare & Medicaid Services (CMS) Website

Visit [CMS' website](#) for:

- Coordination of Benefits and Recovery (COB&R) information including:
- [Attorney Services](#) (What's New, Reporting a Case, Proof of Representation and Consent to Release and Conditional Payment Information)

- [Beneficiary Services](#) (What's New, Reporting Other Health Insurance, Liability, No-Fault and Workers' Compensation Reporting and Medicare's Recovery Process and Demand Calculation Options)
- COB&R Entity - **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 the Common Working File (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
 - **BCRC Contact Information:**
 - **Phone:** 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
 - **Fax:** 405-869-3307 (May need documentation on employer or insurer's letterhead)
 - MSP – Data Collections, P.O. Box 138897, Oklahoma City, OK 73113-8897
 - [COB&R Overview](#) ([MSP Overview](#), [ESRD](#), [COB](#) (BCRC information), [GHP Recovery](#), [Non-GHP Recovery](#), [Reimbursing Medicare](#), [Commercial Repayment Center Portal](#), [MSP Recovery Portal](#), [Reports](#), [Contacts](#) and [Archive](#))
 - [Employer Services](#) (Coordination of Benefits, Voluntary Data Sharing Agreement and Small Employer Exception)
 - [Mandatory Insurer Reporting for GHPs](#)
 - [Mandatory Insurer Reporting for Non-GHPs](#)
 - [Provider Services](#) (links to [Your Billing Responsibilities](#))
 - [Workers' Compensation Medicare Set Aside Arrangements](#)
- [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 and Sub-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
- [Chapter 4, COBC Requirements](#) (Now referred to as BCRC; refer to IOM for all Sections)
- [Chapter 5, Contractor Prepayment Processing Requirements](#), Sections:
 - 10 = Coordination with the Benefits Coordination & Recovery Center (BCRC)
 - 20 = Sources That May Identify Other Insurance Coverage
 - 30 = Develop Claims for Medicare Secondary Benefits
 - 40 = Claim Processing Rules
 - 50 = MSP Pay Modules to Calculate Medicare Secondary Payment Amount
 - 60 = MSP Reports
 - 70 = Hospital Review Protocol for Medicare Secondary Payer
- Additional MSP Resources
 - [MSP Hierarchy Rules for GHP RREs](#) (November 2010)
 - [MLN Booklet on MSP](#) (April 2021)
 - [MLN Matters®](#)
 - [MM10863](#): Updating Language to Clarify for Providers Chapter 3, Section 20 and Chapter 5, Section 70 of the Medicare Secondary Payer Manual ([CR10863](#))
 - [MM11945 Revised](#): Update to the Model Admission Questions for Providers to Ask Medicare Beneficiaries ([CR11945](#))
- [Subscribe to MLN News & Update](#)

Medicare.gov Website

- [Medicare & Other Health Benefits: Your Guide to Who Pays First](#) (for Beneficiaries)