Medicare Secondary Payer Resources for Part A Providers – 2023

National Government Services Website

Visit National Government Services (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 unavailable when we are updating them)
    - PTA-C-0024 (Fundamentals of Medicare Seconadary Payer [MSP]), PTA-C-0035 (Working Aged with EGHP), PTA-C-0039 (Identifying Primary Payers), PTA-C-0042 (Disabled with LGHP), PTA-C-0043 (No-Fault & Liability) and PTA-C-0044 (Other Non-GHPs)
- Events
- Medicare University under Education – Must have User ID and Password
- MSP Instructions under Claims & Appeals > Medicare Secondary Payer
    - What is 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 under Resources – Must have User ID and Password
- PCC (for inquiries) under Resources > Contact Us > Provider Contact Center (select by State)
- Veteran's Administration 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 Website

Visit Centers for Medicare & Medicaid Services' (CMS') website for:

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

- Coordination of Benefits and Recovery (COB&R) information including:
  - Attorney Services (Reporting a Case, Proof of Representation and Consent to Release, Conditional Payment Information)
  - Beneficiary Services (Reporting Other Health Insurance, Liability, No-Fault, & Workers' Compensation Reporting, Medicare's Recovery Process, Demand Calculation Options)
  - COB&R Overview (Medicare Secondary Payer, ESRD, COB (BCRC), GHP Recovery, Non-GHP Recovery, Reimbursing Medicare, Commercial Repayment Center Portal, MSP Recovery Portal, ICD Code Lists, Reports, Contacts)
    - 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, reporting of other insurance
    - Takes actions to identify health benefits
    - 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
    - **BCRC Contact Information:**
      - **Phone**: 855-798-2627 or TTY/TDD: 855-797-2627 (hearing/speech impaired)
      - **Hours**: M-F, 8:00 a.m.–8:00 p.m. ET, except holidays
      - **Fax**: 405-869-3307 (Documentation must be on employer/insurer letterhead)
      - **Address:** MSP – Data Collections, P.O. Box 138897, Oklahoma City, OK 73113-8897
  - Employer Services (COB, Voluntary Data Sharing Agreement, 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
- HIPAA Eligibility Transaction System (HETS)
- 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 – General MSP Overview, Sections:
      - 10 = - Understanding MSP: Definitions and Important Terminologies
      - 20 = General Provisions
        - 20.1 = Working Aged
        - 20.2 = End-Stage Renal Disease
        - 20.3 = Disabled Beneficiaries Covered Under an LGHP
        - 20.4 = Workers' Compensation
        - 20.5 = No-Fault Insurance
        - 20.6 = Liability Insurance
        - 20.7 = Conditional Primary Medicare Benefits
        - 20.8 = When MSP Benefits Are Payable/Not Payable
        - 20.9 = Multiple Insurers

- 30 = Overview of Pub. 100-05, the MSP Manual
  - ➢ 30.1 = MSP Provisions
  - ➢ 30.2 = MSP Provider, Physician, and Other Supplier Billing Requirements
  - ➢ 30.3 = A/B MACs and DME MACs Prepayment Processing Requirements
  - ➢ 30.4 = MSP CWF
  - ➢ 30.5 = MSP Recovery
- 40 = Referral to Regional Office
- 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
  - 70 = Interested on MSP Recovery Claims
  - 80 = Prohibitions Applicable to Employers Offering GHP Coverage
- 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 (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
  - o MSP Hierarchy Rules for GHP RREs (November 2010)
  - o MLN Booklet on MSP (July 2022)
  - o MLN Matters® Articles
    - 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)
    - MLN Fact Sheet – Medicare Secondary Payer: Don't Deny Services & Bill Correctly
- Subscribe to MLN News & Updates

Medicare.gov Website

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