

Medicare Part B Secondary Payer Post-Pay Overpayments

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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

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Objective

After this session, you will have a better understanding on how to report MSP post-pay overpayments properly to NGS.



Agenda

- [Coordination of Benefits](#)
- [Determining Medicare Secondary Payment Amounts](#)
- [How to Refund Medicare](#)
- [NGS Automation Process](#)

Coordination of Benefits

Coordination of Benefits

- Coordination of benefits rules decide which entity pays first
- There are a variety of methods and programs used to identify situations in which Medicare beneficiaries have other insurance primary to Medicare
- After a Medicare claim is paid, CMS receives new information indicating Medicare has made a primary payment by mistake and CMS takes action to recover mistaken Medicare payment
- [Coordination of Benefits](#)

MSP Overpayment

- MSP overpayment is a payment providers receive in excess of amounts properly payable under Medicare statutes and regulations
- Money becomes debt owed to federal government
 - Provider responsibility when MSP overpayments are received to report and return within 60 days
- [CMS IOM Publication 100-05, Medicare Secondary Payer \(MSP\) Manual, Chapter 3, Section 10.4](#)





MSP Overpayments Occur

- Overpayments occur when Medicare has processed and paid claim as primary payer, but should have paid secondary
- Prior to refunding, check patient eligibility
- Avoid MSP overpayments
 - Verify MSP online data and use model admission questions with your patient
 - [CMS IOM Publication 100-05, Medicare Secondary Payer \(MSP\) Manual, Chapter 3, Section 20.2. and 20.2.1](#)

Avoiding Overpayments

- Ask Medicare patients if there's other insurance
 - [Your Billing Responsibilities](#)
 - [CMS IOM Publication 100-05, Medicare Secondary Payer \(MSP\) Manual, Chapter 3, Section 20.2.1- Model Admission Questions to Ask Medicare Beneficiaries](#)
- Submit MSP claims with appropriate
 - [Electronic Data Interchange: Medicare Secondary Payer ANSI Specifications for 837P](#)



Provider Responsibility



- MSP overpayment is a payment providers receive in excess of amounts properly payable under Medicare statutes and regulations
- Money becomes debt owed to federal government
 - Provider responsibility when MSP overpayments are received to report and return within 60 days
- [CMS IOM Publication 100-05, Medicare Secondary Payer \(MSP\) Manual, Chapter 3, Section 10.4](#)

Multiple Primary Payments Received

- If Medicare should be secondary
 - Medicare must be repaid within 60 days of receiving payment from primary plan
 - Repay difference between
 - Amount Medicare actually paid
 - Amount Medicare should have paid (if any)
- [CMS IOM Publication 100-05, Medicare Secondary Payer \(MSP\) Manual, Chapter 3, Section 10.4](#)

Determining Medicare Secondary Payment Amounts

How to Determine Medicare Secondary Payment Amounts


- MSP payment is determined by the following
- Actual charge by provider or OTAF minus amount paid by primary
- Usual Medicare payment determination
 - [Fee Schedule](#) amount (minus any unmet deductible 2024 – \$240)
 - Multiply results by 80% (or other as appropriate)
- Highest allowed amount minus amount paid by primary
 - MPFS or amount payable under Medicare (not including deductible or coinsurance)
 - Primary payer's allowed amount
- The Medicare payment is the lowest of the three amounts


NGS MSP Resources

The screenshot displays the website's navigation bar with links for Contact Us, NGSConnect, Subscribe for Email Updates, and Part B Provider in Maine (JK). The main navigation includes HOME, EDUCATION, RESOURCES (highlighted), EVENTS, ENROLLMENT, and APPS. A search icon is located on the right. The breadcrumb trail shows Resources > Claims and Appeals. The main heading is MEDICARE SECONDARY PAYER (MSP). A sidebar on the left contains a FEEDBACK button and a list of links: Determine if Medicare is Primary or Secondary for a Beneficiary's Services, Prevent an MSP Rejection on a Medicare Primary Claim, Prepare and Submit an MSP Claim, Prepare and Submit a Medicare Tertiary Claim, Determine if Medicare Will Make Payment on an MSP Claim, Determine Beneficiary Responsibility on an MSP Claim, Correct or Reopen a Claim Due to an MSP-Related Issue, and Populating MSP Insurance Type Code on Electronic Claims. The main content area features the title Determine if Medicare is Primary or Secondary for a Beneficiary's Services and a Table of Contents with five bullet points: Determine if Medicare is Primary or Secondary for a Beneficiary's Services, Step 1: Collect MSP Information from the Beneficiary During an MSP Screening Process, Step 2: Check for Open MSP Records for a Beneficiary in Medicare's Records, Step 3: Compare the MSP Information you Collected to the MSP Information in Medicare's Records, and Step 4: Determine Which Payer is the Primary Payer, Secondary Payer, etc. for the Beneficiary's Services. A Helpful Resources section on the right includes a link to an MSP Questionnaire Example.

MSP Payment Calculator

Contact Us NGSConnect Subscribe for Email Updates Part B Provider in Connecticut (JK) ▾

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HOME EDUCATION ▾ RESOURCES ▾ EVENTS ENROLLMENT APPS ▾ 

Resources > Tools & Calculators

MEDICARE SECONDARY PAYER PAYMENT CALCULATOR

Enter provider billed amount \$: *

Enter Medicare's allowed amount \$: *

What is the Medicare reimbursement percentage?
(80% or 100%) *

Enter primary allowed amount \$: *

Enter primary paid amount \$: *

Enter OTAF amount \$ (if no OTAF, leave blank):

Calculate

Reset

Step-By-Step Example

Example	Calculation
<ul style="list-style-type: none">Physician's charge = \$175Primary payer's allowed charge = \$150Primary payer paid 80% of allowed charge = \$120Medicare fee schedule amount = \$125Patient's Part B deductible met	<ol style="list-style-type: none">Actual charge by physician minus primary payers' payment<ul style="list-style-type: none">$\\$175 - \\$120 = \\$55$Usual Medicare payment determination<ul style="list-style-type: none">$80\% \times \\$125 = \\100Highest allowed amount minus amount paid by primary<ul style="list-style-type: none">$\\$150 - \\$120 = \\$30$

How to Refund Medicare

Refunds Determine Practice Set Up

- Practices on automatic immediate recoupments all and future
 - If providers are set up for immediate recoupment, demanded overpayments are offset by day 16
 - Saves administrative burden and interest accrual
- Practices not on automatic immediate recoupments
 - Interest without immediate recoupment
 - Interest accrual on day 31
 - Offset with interest on day 40

Providers on Automatic Immediate Recoupments

- Complete Medicare Part B MSP Overpayment Request Form (no check)
- Include the EOB from the primary plan and the appropriate form
 - [Jurisdiction 6 Medicare Part B MSP Overpayment Request Form](#)
 - [Jurisdiction K Medicare Part B MSP Overpayment Request Form](#)
- When claim(s) is adjusted, Medicare will issue demand letter, but offset will occur automatically



Part B Overpayment Request Form

- Use appropriate form based on practice location
- JK Part B: CT-MA-ME-NH-NY-RI-VT
 - MAC MSP Overpayment Recovery Unit
 - P.O. Box 6178
Indianapolis, IN 46206-6178
 - Or fax this completed form and primary EOB to 502-889-4703
- J6 Part B: IL-MN-WI
 - MAC MSP Overpayment Recovery Unit
 - P.O. Box 6475
Indianapolis, IN 46206-6475
 - Or fax this completed form and primary EOB to 315-442-4151

national government SERVICES MEDICARE
A CMS Medicare Administrative Contractor

Jurisdiction 6 Medicare Part B MSP Overpayment Request Form

Claim(s)-Specific Data

Date of Service: Overpayment Amount:

Medicare Beneficiary Identifier (MBI):

Claim Control Number(s):

Immediate Offset Request: Allow National Government Services to set up an immediate recoupment for this overpayment request. By checking this box you acknowledge that an immediate recoupment payment arrangement constitutes a voluntary payment and that you may be waiving the right to potential payment of interest pursuant to Section 1893(f)(2) for the overpayment(s). **Note:** Although your overpayment will be offset upon completion of this request, please be aware that a demand letter will still be created for your records.

Reason for Overpayment

Medicare Secondary Payer (MSP)/Other Payer Involvement: Select Reason

07-MSP Group Health Plan Insurance (working aged, disability, end-stage renal disease [ESRD])
08-MSP Auto No Fault Insurance
09-MSP Liability Insurance
10-MSP Worker's Comp. (Includes Black Lung)
16-Other

Complete the following primary insurance information and attach a copy of the primary payer's Explanation of Benefits (EOB).

Policy Information		Insurer Information	
Subscriber Name:	<input type="text"/>	Name:	<input type="text"/>
Relation to Patient:	<input type="text"/>	Address:	<input type="text"/>
Policy Number:	<input type="text"/>	City, State and ZIP Code:	<input type="text"/>
Group Number:	<input type="text"/>	Phone Number:	<input type="text"/>
Injury Date (if applicable):	<input type="text"/>		
Related Diagnosis:	<input type="text"/>		

Contact Information

Provider Transaction Access Number (PTAN) and/or National Provider Identifier (NPI):

Provider Name:

Contact Name: Phone Number:

Signature:

Provider, Administrator or CFO's signature (someone with authority is required to sign).

Providers not on Automatic Immediate Recoupments

- Complete [Medicare Secondary Payer Part B Voluntary Refund Form-JK](#) or [Medicare Secondary Payer Part B Voluntary Refund Form-J6](#) and attach a check for the overpayment amount and include EOB from primary plan
- Complete [Jurisdiction K Medicare Part B MSP Overpayment Request Form](#) or [Jurisdiction 6 Medicare Part B MSP Overpayment Request Form](#) and include EOB from primary plan



MSP Voluntary Refund Form

- Providers Not on Automatic Immediate Recoupments
 - Use appropriate form for line of business
 - [Medicare Secondary Payer Part B Voluntary Refund Form-JK](#) or [Medicare Secondary Payer Part B Voluntary Refund Form-J6](#) and a copy of the demand letter
 - Submit check with Part B MSP Voluntary Refund Form and include EOB from primary plan
 - When claim(s) is adjusted, Medicare will apply overpayment amount to AR

The image shows a Medicare Secondary Payer Part B Voluntary Refund Form. At the top left is the National Government Services logo, and at the top right is the Medicare logo. The form title is "Medicare Secondary Payer Part B Voluntary Refund Form".

To be completed by the Medicare Contractor

Date: _____ Contractor Support Contact: _____
 Date of Deposit: _____ Contractor Contact Name: _____
 Phone Number: _____ Contractor Fax: _____
 Contractor Address: _____

To be Completed by Provider/Physician/Supplier or Other Entry

Provider/Supplier or Other Entry Name: _____
 Address: _____
 PLAN #: _____ NPI: _____ TaxID: _____
 Contact Person: _____ Phone Number: _____
 Amount of Check #: _____ Check #: _____ Check Date: _____

Related Information

Patient Information

Patient Name: _____ Medicare Beneficiary Identifier (MIB): _____
 Date of Service: _____ Medicare Claim Number: _____
 Claim Amount Included \$: _____
Reason Code for Claim Adjustment: _____ (Reason codes are listed below. Use one reason per claim. Place 1 in all claim numbers involved. Attach separate sheet, if necessary.)
Note: If specific patient/HICN/claim number/in amount data are not available for all claims due to statistical sampling, please indicate methodology and formula used to determine amount and reason for overpayment.
Note: If specific patient/HICN/claim number information is not provided, no appeal rights can be afforded with respect to this refund. However, if patients, providers, and other entities who are submitting a refund under the Office of the Inspector General's (OIG) Self-Exposure Protocol are not afforded appeal rights, as stated in the signed agreement presented by the OIG.
For Institutional Facilities only: (Cost report years) _____ (If multiple cost report years are involved, provide a breakdown by amount and corresponding cost report year.)

Are OIG Reporting Requirements

Do you have a separate OIG reporting agreement with OIG? Yes No
 Are you a participant in the OIG Self-Exposure Protocol? Yes No

Reason Codes

Billings/Checks	Medicare Secondary Payer (MSP)/Other Payer Involvement	Miscellaneous
01 Corrected date of service	62 MSP group health plan insurance	12 insufficient documentation
02 Dup items	64 MSP individual insurance	13 Patient not in FIMD
03 Corrected CPT code	66 MSP liability insurance	14 Services not reported
04 Not our patient/EO	10 MSP Medicare Comp. Excluding Black Lung	15 Medical Necessity
05 Modifier not/incorrect	11 Medicare Administration	16 Other - No specific
06 Invalid ICD-9		

Mail Completed Form to:
 Attention: R
 (CT, HI, MA, ME, NH, RI, VT)
 National Government Services, Inc.
 P.O. Box 888888
 Chicago, IL 60688-8888

National Government Services, Inc.
 #97_0432

NGS Automation Process

Benefits of Automatic Immediate Recoupments

- Avoids making payment by check and assessment of interest if immediate recoupment pays the debt in full before day 31
- Interest on debt payments accrues monthly rather than daily
- Treasury rate ranges from nine to ten percent or more
- Providers who activate automatic immediate recoupment
 - Generally, have their debts offset and recouped on day 16
 - Payments are considered on time
 - Recoupment does not begin until 16th day from the date of the demand letter, so there is time to file an appeal if you disagree with contractor-initiated overpayments
- Note: Ensure that your organization does have claims being submitted and scheduled Medicare payments
- [CMS IOM Publication 100-06, Medicare Financial Management Manual](#) transmittal updated quarterly

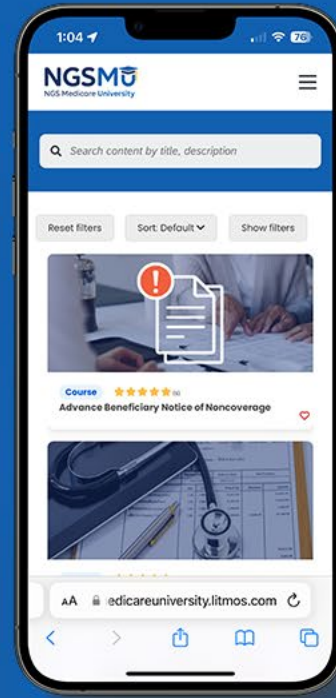
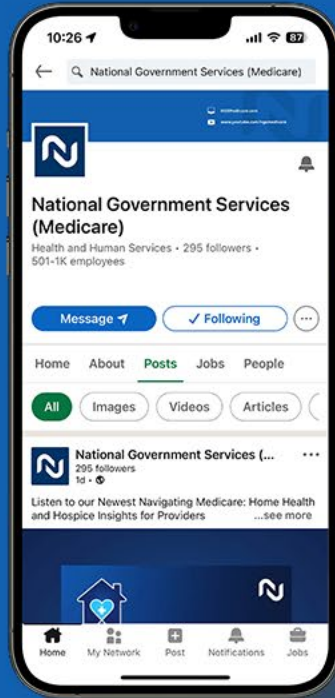
Activating Automated Immediate Recoupments

- [NGS website](#)
- Accept Attestation
- From the Part B home page, select Overpayments
- On right, select All Forms, then select [Immediate Recoupment Request Form – Electronic/E-Mail](#) and complete
 - For Immediate Recoupment Type, select Current and Future Overpayments
 - Fill in remainder of electronic form with your provider information
 - Ensure contact information is listed
 - Check Demand Letter Number box, if no demand letter number
 - Click the Submit button
- Note
 - If the form continues to display, you will need to make corrections
 - If form disappears, your submission was successful, and you will receive email confirmation



Questions?

Thank you!



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Educational Videos

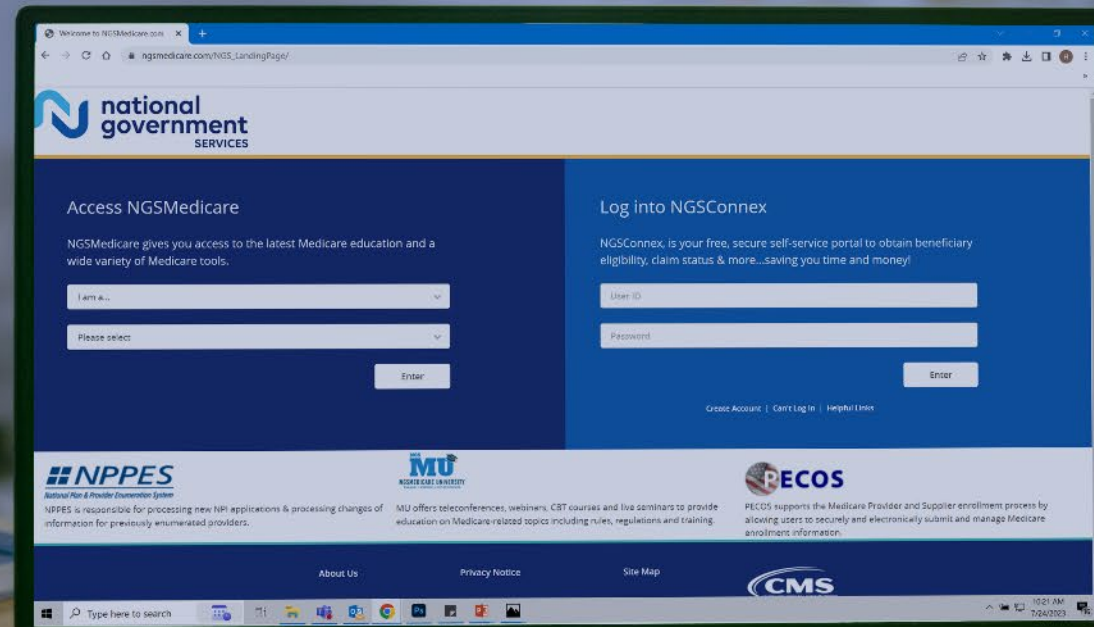


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Online resources, event calendar, LCD/NCD, and tools



[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



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