

Medicare Secondary Payer – The Fundamentals

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Objective

- Introduce Part A providers to MSP fundamentals
- Provide high-level overview of MSP and your MSP-related responsibilities



Agenda

MSP responsibilities and overview

Identifying primary payers

BCRC

Submitting claims

Payment and beneficiary responsibility

Wrap up and MSP resources

Questions and answers

MSP Responsibilities and MSP Overview

Providers MSP Responsibilities Per Medicare Provider Agreement



Identify Payer(s) Primary to Medicare

Determine if Medicare is primary payer for beneficiary's services



Submit Claims to Primary Payer(s) Before Medicare

There may be more than one payer primary to Medicare



Submit MSP Claims to Medicare When Required

Follow MSP claim submission guidelines

What Is MSP?

- MSP refers to situations in which Medicare does not have primary responsibility for making payment for a beneficiary's health care claims
 - Beneficiary has other coverage that
 - ✓ Is primary to Medicare per federal law, and
 - ✓ Should process such claims before Medicare does

MSP History

- In 1980, Congress began to enact series of provisions that made Medicare secondary payer to certain other payers
 - Known as MSP provisions which
 - ✓ Resulted in more situations in which Medicare is not primary
 - ✓ Shifted costs from Medicare to private sources

MSP Provisions

- Based on federal laws
- Help determine proper order of payers
- Also known as MSP categories
- Each has its own set of criteria

Did You Know...

- “Medicare Secondary Payer” is like “Coordination of Benefits” – Both terms describe rules used to determine which payer should process claims first



GHP MSP Provisions

- Related to beneficiary's Medicare entitlement reason
 - Entitlement reasons and related MSP provisions:
 - ✓ **Age** for beneficiaries 65 or older = Working Aged with EGHP MSP provision
 - ✓ **Disability** for beneficiaries under age 65 = Disabled with LGHP MSP provision
 - ✓ **ESRD** for beneficiaries any age = ESRD with EGHP MSP provision

Non-GHP MSP Provisions

- Not related to beneficiary's Medicare entitlement reason
 - Federal Black Lung program
 - Government research grant
 - Governmental entities
 - ✓ Certain coverage, such as VA, is considered "exclusion" to Medicare coverage; secondary payment may not be permitted
 - Workers' compensation (WC)
 - No-fault and medical-payment insurance
 - ✓ All types including automobile and premises
 - Liability insurance



MSP Fact

- Other coverage or insurance available to a beneficiary may or may not be primary to Medicare for their services

MSP Provision Conditions/Criteria

- Each provision has own set of conditions/criteria
 - If all within a provision met
 - ✓ Beneficiary's services subject to that provision
 - ✓ Medicare prohibited from paying for such services if "payment was made or can reasonably be expected to be made promptly" by primary payer
 - ✓ Medicare secondary
 - If one or more within a provision not met
 - ✓ Beneficiary's services not subject to that provision
 - ✓ Medicare primary unless criteria of another MSP provision met

MSP Tip

- Learn more about MSP provisions
 - Attend MSP webinars
 - Attend MSP Let's Chat webinars
 - Refer to MSP resources





MSP Fact

- If a person is retired, he/she is not considered to have current employment status for purposes of Working Aged with EGHP and Disabled with LGHP MSP provisions
 - References:
 - ✓ [CMS IOM Publication 100-05, Medicare Secondary Payer Manual, Chapter 1, Section 10](#) (review “current employment status”) and [Chapter 2, Section 10.5](#)

Working Aged with EGHP Provision

- EGHP is primary to Medicare if all five basic criteria are met:
 - Beneficiary is age 65 or over
 - Beneficiary is enrolled in Medicare Part A
 - Beneficiary or spouse (of any age) is currently employed
 - Beneficiary is enrolled in GHP through that employer
 - Employer employs 20 or more full and/or part-time employees
 - ✓ Single employer employs 20 or more employees
 - ✓ Multi- or multiple-employer; at least one employer employs 20 or more employees
- References:
 - [CMS IOM Publication 100-05, Medicare Secondary Payer Manual, Chapter 1, Section 20.1 and Chapter 2, Section 10](#)

Disabled with LGHP Provision

- LGHP primary to Medicare if all five basic criteria met:
 - Beneficiary under age 65
 - Beneficiary enrolled in Medicare Part A
 - Beneficiary or family member (of any age) currently employed
 - Beneficiary enrolled in LGHP through that employer
 - Employer employs 100 or more full- and/or part-time employees
 - ✓ Single employer employs 100 or more employees
 - ✓ Multi- or multiple-employer; at least one employer employs 100 or more employees
- References:
 - [CMS IOM Publication 100-05, Medicare Secondary Payer Manual, Chapter 1, Section 20.3](#) and [Chapter 2, Section 30](#)

ESRD With EGHP Provision

- EGHP primary to Medicare if all three basic criteria met:
 1. Beneficiary eligible for or enrolled in Medicare based on ESRD
 2. Beneficiary enrolled in GHP through current/former employer (of any size) or through that of a family member
 3. Beneficiary in 30-month coordination period
- References:
 - [CMS IOM Publication 100-05, Medicare Secondary Payer Manual, Chapter 1, Section 20.2](#) and [Chapter 2, Section 20](#)

ESRD and Dual Entitlement to Medicare

- Beneficiary eligible for or entitled to Medicare for more than one reason
 - Eligible for/entitled based on ESRD, then based on disability or age 65
 - Entitled based on a disability or age 65, then develops ESRD
- To determine which plan primary, apply dual entitlement rule
 - Dual entitlement rule
 - ✓ If Medicare primary before dual entitlement, we remain primary after
 - ✓ If EGHP primary before dual entitlement, it remains primary after (rest of 30-month coordination period)
- References:
 - [CMS IOM Publication 100-05, Medicare Secondary Payer Manual, Chapter 1, Section 20.2](#) and [Chapter 2, Sections 20.1.3 and 20.1.4](#)

Federal Black Lung Program

- Provides medical benefits to coal miners disabled as result of lung disease or other illnesses attributable to coal mining
- Initiated by Federal Coal Mine Health and Safety Act of 1969
- Administered through Department of Labor (DOL)
- Primary to Medicare for related conditions
- Reference:
 - [CMS IOM Publication 100-05, Medicare Secondary Payer Manual, Chapter 3, Section 30.2.3](#)

Government Research Grant

- Government financing earmarked for particular services to patients (e.g., in form of a research grant)
- Primary to Medicare
- Medicare cannot pay for same services
- Reference:
 - [CMS IOM Publication 100-02, Medicare Benefit Policy Manual, Chapter 16, Section 50.3.2](#)

Veteran's Administration

- Veterans with Medicare choose which plan to use for each service
- To receive services under VA, beneficiary must
 - Go to VA facility, or
 - Have VA authorize/agree to pay for services in non-VA facility
- If beneficiary chooses VA and VA authorizes/pays for services in non-VA facility
 - **Do not submit MSP claims**
 - ✓ Review ["Billing Medicare Part A When VA-Eligible Medicare Beneficiaries Receive Services in Non-VA Facilities"](#)
- Reference:
 - [CMS IOM Publication 100-02, Medicare Benefit Policy Manual, Chapter 16, Section 50.1](#)

Workers' Compensation

- Provides compensation to employees for injury or disease suffered in connection with employment
- Coverage could be through current or former employer
- Claims typically billed to WC Carrier
- Primary to Medicare for related conditions
- References:
 - CMS IOM Publications
 - ✓ [CMS IOM, Publication 100-02, Medicare Benefit Policy Manual, Chapter 16, Section 150](#)
 - ✓ [CMS IOM, Publication 100-05, Medicare Secondary Payer Manual, Chapter 1, Section 20.4 and Chapter 2, Section 50 and Chapter 3, Section 30.2.2](#)

No-Fault/Medical-Payment Insurance: Automobile and Other Types

- Pays for expenses (regardless of who may be responsible) for injuries sustained on property or premises of insured, or in use, occupancy or operation of automobile
- Includes, but not limited to, automobile, homeowners and premises insurance
- May also be referred to as med-pay, medical payments, medical expense or personal injury protection (PIP)
- Primary to Medicare for related conditions
- References:
 - CMS IOM Publications
 - ✓ [CMS IOM, Publication 100-02, Medicare Benefit Policy Manual, Chapter 16, Section 150](#)
 - ✓ [CMS IOM, Publication 100-05, Medicare Secondary Payer Manual, Chapter 1, Section 20.5 and Chapter 2, Section 60 and Chapter 3, Section 30.2](#)

Liability Insurance

- Provides payment based upon legally established responsibility for injury, illness or damage to property
- Includes, but not limited to automobile liability, uninsured and underinsured motorist, homeowner's liability, malpractice, product liability, general casualty insurance
- Primary to Medicare for related conditions
- References:
 - CMS IOM Publications
 - ✓ [CMS IOM, Publication 100-02, Medicare Benefit Policy Manual, Chapter 16, Section 150](#)
 - ✓ [CMS IOM, Publication 100-05, Medicare Secondary Payer Manual, Chapter 1, Section 20.6 and Chapter 2, Section 40 and Chapter 3, Section 30.2.1.2](#)

Identifying Primary Payers

How Providers Identify Payers Primary to Medicare

- Must check for MSP information in CWF
 - For each service rendered to beneficiary
 - ✓ **No exceptions**
- May need to collect MSP information from beneficiary or representative by asking questions about other insurance
 - For every IP admission or OP encounter with beneficiary
 - ✓ **Some exceptions** per [CMS IOM Publication 100-05, Medicare Secondary Payer Manual, Chapter 3, Section 20.1](#)

Check for MSP Information in Medicare's Records

- Part of Medicare eligibility verification process
- Various ways to check CWF for MSP records
 - [CMS' HETS](#) (X12 270 transmission and 271 response)
 - NGSConnex
 - IVR system
- When to check
 - May view during admission/registration or billing process
 - Must view before billing Medicare; ideally before patient leaves

MSP Records – Available Information

- If MSP record(s) in CWF, information includes:
 - **MSP VC** or **primary payer code** for MSP provision
 - ✓ Use MSP VC to report primary payer's payment on MSP claim
 - MSP effective date
 - MSP termination date, if applicable
 - Subscriber's name
 - Policy number
 - Patient relationship
 - Insurer's information

MSP Records in CWF – Value Codes and Primary Payer Codes for MSP Provisions

| MSP VC | MSP Provision/Medicare Exclusion | Payer Code |
|--------|--|------------|
| 12 | Working aged, age 65 and over, EGHP, 20 or more employees | A |
| 13 | ESRD with EGHP in 30-month coordination period | B |
| 14 | No-Fault (automobile and other types including medical-payment) or Set-Aside | D or T |
| 15 | Workers' Compensation or Set-Aside | E or W |
| 16 | Public Health Services | F |
| 41 | Federal Black Lung Program | H |
| 43 | Disabled, under age 65, LGHP, 100 or more employees | G |
| 47 | Liability Insurance or Set-Aside | L or S |

How to Ask Questions About Other Insurance

- Use either
 - CMS' model MSP questionnaire
 - ✓ Refer to: [CMS IOM Publication 100-05, Medicare Secondary Payer Manual, Chapter 3, Section 20.2.1](#)
 - ✓ Questions help identify MSP situations
 - Provider's own compliant MSP form
- Questionnaire/form can be in electronic and/or hardcopy format
- Collect additional information for billing purposes such as retirement date(s)

CMS Model MSP Questionnaire

CMS' model questionnaire has
three parts

Part I

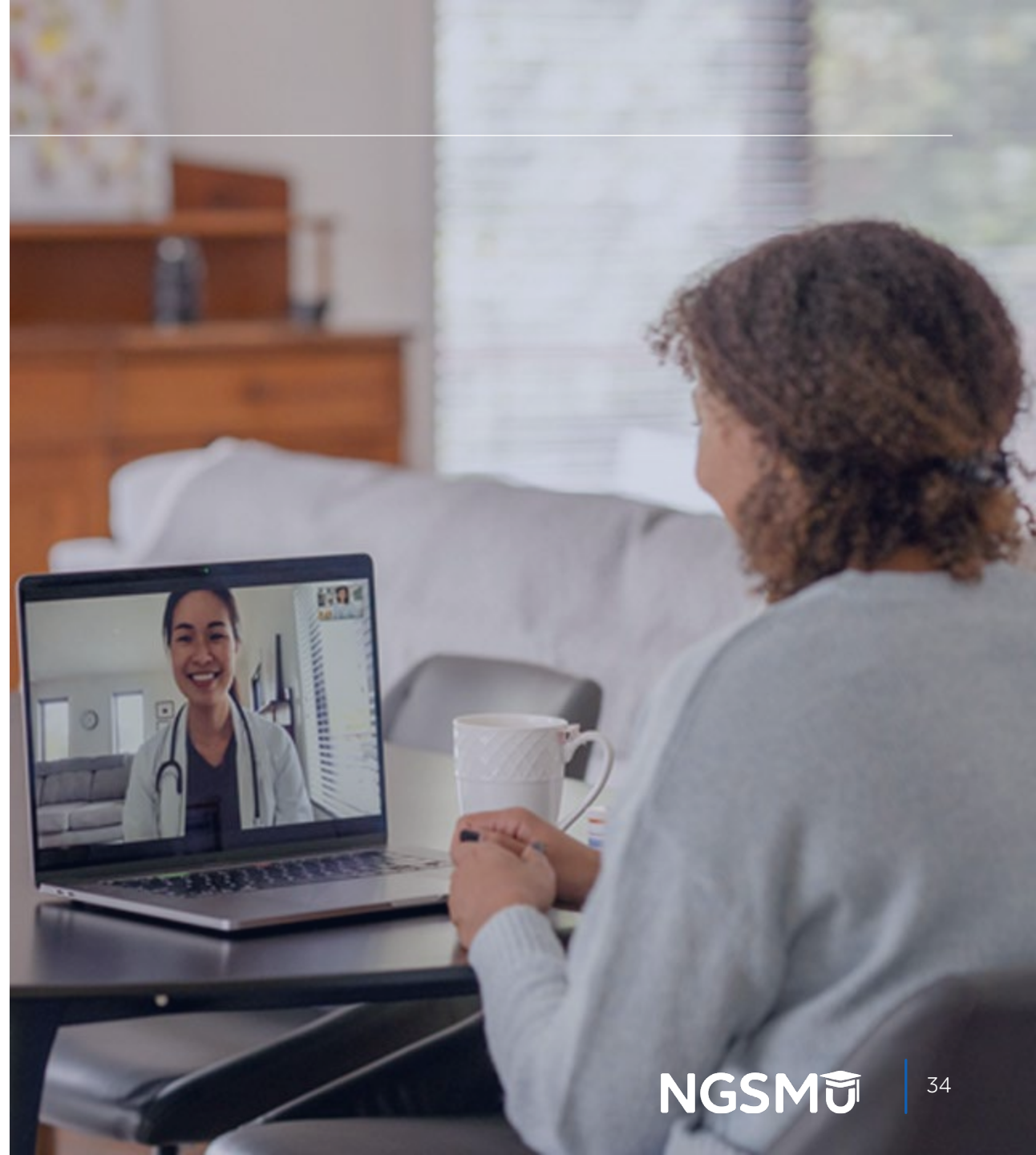
Black Lung,
WC, No-
Fault
(automobile and other
types) and
Liability

Part II

Medicare
entitlement
(age and
disability)
and GHPs

Part III

Medicare
entitlement
(ESRD) and
dual
entitlement
(age or
disability
and ESRD)



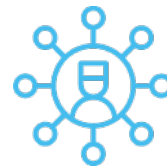
Determine Proper Order of Payers

- Determine which plan primary, secondary, tertiary payer
 - Use collected MSP information and your knowledge of MSP provisions
 - ✓ In general, Medicare primary when beneficiary
 - Has no other insurance or coverage
 - Has insurance or coverage but it does not meet MSP provision criteria requirements
 - Had insurance or coverage, it met MSP provision criteria requirements but no longer available
 - ✓ In general, other payer(s) primary when beneficiary
 - Has insurance or coverage that meets MSP provision criteria requirements and available



Submit Claims Per Determination You Make – Medicare Primary

Submit Medicare primary claim



Submit Claims Per Determination You Make – Another Payer is Primary

Submit claim to another payer first and Medicare second if required

May submit conditional claim if primary payer does not pay for valid reason or within 120-day promptly period (accidents only)



Submit Claims Per Determination You Make – More Than One Payer is Primary

Submit claims to those payers, in proper order, and to Medicare third (tertiary)

BCRC

Did You Know...

- During your MSP screening process with beneficiary, you may learn of information that requires set up of a new MSP record or that could change a beneficiary's existing MSP record in CWF
 - BCRC maintains these MSP records



Who Is BCRC?

- Contracted by CMS effective 2/1/2014
- Consolidates activities that support collection, management, and reporting of other insurance coverage for Medicare beneficiaries
- Takes actions to identify health benefits available to Medicare beneficiary and coordinates payment process to prevent Medicare mistaken payments
- Maintains MSP records in CWF and handles most updates to such records
- BCRC does not process claims or handle claim-specific inquiries



MSP Facts

- For MSP, Medicare tertiary or conditional claim to process
 - Must be matching MSP record for beneficiary in CWF
 - ✓ Matching record = same insurance/coverage as claim
- For Medicare primary claim to process when open MSP record present for beneficiary in CWF
 - Provider must report on claim any explanatory coding to indicate reason Medicare primary or
 - Beneficiary or other party must contact BCRC with changes and BCRC must make changes prior to provider submitting claim

Contacting the BCRC

- Providers contact BCRC **only to**
 - Ask a general MSP question
 - Ask questions regarding secondary claim development questionnaires
- Beneficiaries and other parties
 - Report employment/insurance changes (change existing MSP records in CWF)
 - Report new MSP information (set up new MSP records in CWF)
- MACs
 - Request set up of new MSP record in CWF using MSP data from incoming claims
 - Request change to existing MSP record in CWF using explanatory coding (indicating reason Medicare primary) on incoming claims

BCRC Contact Information

■ Providers

- Should not call BCRC to request they set up new or make changes to MSP records
- May refer beneficiaries and other parties to BCRC
 - ✓ In addition to reporting such information on Medicare claims, when applicable

■ [BCRC Contact](#)

- 855-798-2627
- TTY/TDD: 1-855-797-2627
- FAX: 405-869-3307

Submitting Claims

Medicare Claim Types

- When no payer primary to Medicare, submit Medicare primary claim
- When primary payer, submit claim to that payer first
 - If primary payer
 - ✓ Did not pay claim because Medicare primary, verify this and submit Medicare primary claim
 - ✓ Paid claim in part, submit MSP claim (MSP partial-payment claim)
 - ✓ Paid claim in full, submit MSP claim (MSP full-payment claim); one exception
 - ✓ Did not pay claim for valid reason, submit conditional claim
 - ✓ Did not pay claim promptly (within 120 days; accident cases only), may submit conditional claim

Submit Medicare Primary Claim With Explanatory Claim Coding (1)

■ Provider

- Submits Medicare primary claim with retirement date(s)
- Beneficiary does not need to call BCRC
 - ✓ **OC 18** with beneficiary's retirement date and/or
 - ✓ **OC 19** with spouse's retirement date

■ NGS

- Sends retirement date(s) to BCRC
- Ask BCRC to terminate each beneficiary's GHP/LGHP MSP record (VC 12 or 43) in CWF
 - ✓ Retirement date = MSP record termination date
- Processes claims

Submit Medicare Primary Claim With Explanatory Claim Coding – continued

■ Provider

- Submits Medicare primary claim with **Remarks** if claim is not related to open accident MSP record in CWF
- Beneficiary does not need to call BCRC
 - ✓ **Remarks** = “Claim not related to open accident VC ___ MSP record” (indicate VC 14, 15, 41 or 47)
 - ✓ Must be able to support such remarks

■ NGS

- May be able to bypass each beneficiary’s MSP records in CWF
- Processes claims
- Does not contact BCRC in this situation

Submit Medicare Primary Claim With Explanatory Claim Coding – continued (3)

- Providers
 - Report all applicable explanatory claim coding on your Medicare primary claims to let Medicare know reason we are primary
- NGS
 - Sends BCRC requests for changes to each beneficiary's MSP records in CWF
 - May or may not be able to process claims while waiting for BCRC to change records
- Additional claim coding references:
 - ["Change a Beneficiary's MSP Record"](#)
 - ["Prevent an MSP Rejection on a Medicare Primary Claim"](#)
 - ["Collect and Report Retirement Dates on Medicare Claims"](#)

Rejections of Medicare Primary Claims Due to Open MSP Records in CWF

- Claim rejects for MSP when open MSP record and
 - You did not report explanatory claim coding to indicate reason Medicare primary
 - Beneficiary or other party
 - ✓ Did not contact BCRC to update MSP record
 - ✓ Did contact BCRC but provider did not wait until update was complete before submitting claim and claim did not have explanatory coding

Rejections of Medicare Primary Claims Due to Open MSP Records in CWF – continued (2)

- Claims rejected for MSP
 - Known as cost-avoided claims
 - In FISS status location (S/L) RB9997; reason code 34xxx range
 - ✓ 34538 = Claim submitted as primary but open VC 12 MSP record
 - ✓ 34540 = Claim submitted as primary but open VC 43 MSP record
 - Must be adjusted (TOB XX7)
 - ✓ Do not resubmit, will reject as duplicate claim

MSP Tip

- It is beneficial for your facility's admissions and/or registration department to work closely with your Medicare billing department



If Another Payer Primary

- Submit claim to primary payer first and to Medicare second, if required
 - Follow-up with primary payers as often as possible
 - **Facts:**
 - ✓ Medicare's one-year timely filing regulation applies to MSP claims and most adjustments per [CMS IOM Publication 100-04, Medicare Claims Processing Manual, Chapter 1, Section 70](#)
 - ✓ You must not bill primary payer and Medicare at same time

Primary Payments Received From Medicare and Another Payer

- If you receive payments from Medicare and another payer for same services, determine correct primary payer
 - If other payer primary, adjust Medicare claim (TOB XX7) within 60 days of receipt of payment from other payer
 - Do not cancel claim
 - ✓ Adjust for all MSP Provisions except Liability per [CMS IOM Publication 100-05, Medicare Secondary Payer Manual, Chapter 3, Section 10.4](#)
 - ✓ Adjust for Liability MSP Provision per [CMS IOM Publication 100-05, Medicare Secondary Payer Manual, Chapter 2, Section 40.2 \(E\)](#)

MSP Claims

- Submit MSP partial-payment claims
 - We consider balance
- Submit MSP full-payment claims even though primary payer paid in full and no balance remains
 - For all IP stays
 - For OP services and beneficiary not met annual Medicare Part B deductible
 - ✓ Home health and hospice providers: Submit even if beneficiary met annual Medicare Part B deductible
 - Tips
 - ✓ Include all Medicare covered charges
 - ✓ Submit within Medicare's one-year timely filing timeframe

Preparing and Submitting MSP and Conditional Claims

- Refer to
 - [“Prepare and Submit an MSP Claim”](#)
 - [“Prepare and Submit an MSP Conditional Claim”](#)

Submitting Claims

Three options for submitting your MSP, Medicare tertiary and conditional claims

837I Claim

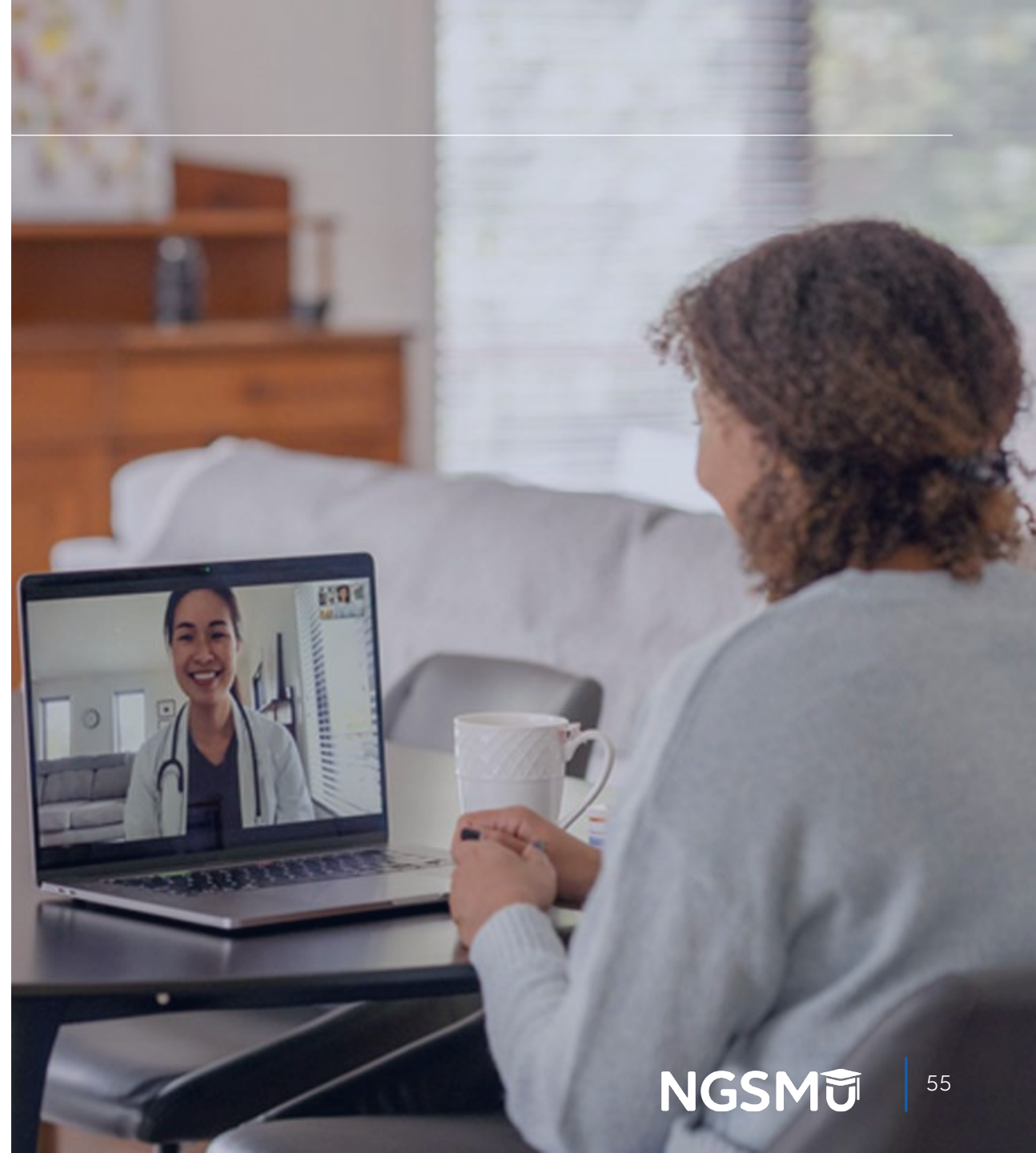
Electronically via 837I claim

FISS DDE

Electronically via FISS DDE

Hard-copy

(UB-04/CMS-1450 claim form) to our Claims Dept (Approved ASCA waiver required)



Correcting MSP and Conditional Claims – Options

- Correct such claims in FISS DDE
 - S/L TB9997
 - Reference: [FISS DDE Provider Online Guide](#)
- Resubmit new corrected claims
 - Same three methods as for submitting claims

Adjusting Claims Due to MSP-Related Issue

- Submit claim adjustments
 - Using same three methods as for submitting claims
- Reference:
 - [“Correct or Adjust a Claim Due to an MSP-Related Issue”](#)

Payment and Beneficiary Responsibility for MSP Claims

Payment for MSP Claims

- MSP payment may be made on MSP claim if
 - Primary payer's payment for Medicare-covered charges less than
 - ✓ Your charges for those services
 - ✓ Total amount payable by Medicare in absence of primary payer's payment, **and**
 - You do not accept or not obligated to accept primary payer's payment as full payment for services
- Amount of secondary benefit equals lowest of six calculations when VC 44 and dollar amount present
 - Payment can be zero
- Reference:
 - ["Determine if Medicare Will Make an MSP Payment"](#)

Beneficiary Responsibility for MSP Claims

- Beneficiary responsible for
 - Charges/services not covered by Medicare and Medicare deductible/coinsurance not satisfied by primary payer's payment
 - ✓ Check Medicare's RA
- Beneficiary not responsible for
 - Amounts primary payers apply toward deductibles, coinsurances and/or copayments (provider bills Medicare by using VC 44 amount)
- Reference:
 - ["Determine Beneficiary Responsibility on MSP Claim"](#)

Wrap Up and MSP Resources

Wrap Up

- Share information with coworkers and other staff
- Continue to learn more about MSP
 - Be familiar with MSP resources
 - Attend our MSP webinars
 - Attend our Let's Chat About MSP monthly webinars
 - Attend other events featuring MSP
- Develop and implement policies that ensure your MSP responsibilities are met

MSP Resources – NGS

- [NGS website](#) > Claims and 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”](#)
 - [“Correct or Adjust a Claim Due to an MSP-Related Issue”](#)
 - [“Determine if Medicare will Make an MSP Payment”](#)
 - [“Determine Beneficiary Responsibility on an MSP Claim”](#)

MSP Resources – CMS

- [CMS IOM Publication 100-02, Medicare Benefit Policy Manual, Chapter 16 \(General Exclusions\)](#)
- [CMS IOM Publication 100-05, Medicare Secondary Payer Manual, Chapters 1 – 7](#)
 - [Chapter 1 - General MSP Overview](#)
 - [Chapter 2 - MSP Provisions](#)
 - [Chapter 3 - MSP Provider, Physician, and Other Supplier Billing Requirements](#)
 - [Chapter 4 - Coordination of Benefits Contractor \(COBC\) Requirements](#)
 - [Chapter 5 - Contractor MSP Claims Prepayment Processing Requirements](#)
 - [Chapter 6 - Medicare Secondary Payer \(MSP\) CWF Process](#)
 - [Chapter 7 – MSP Recovery](#)

MSP Resources – CMS

- [BCRC Contact](#)
- [CMS' HETS](#)
- [Medicare and Other Health Benefits: Your Guide to Who Pays First](#)
- MLN® Booklet: [Medicare Secondary Payer \(MSP\)](#)
- MLN® Fact Sheet: [Medicare Secondary Payer: Don't Deny Services & Bill Correctly](#)
- [MSP web pages](#)

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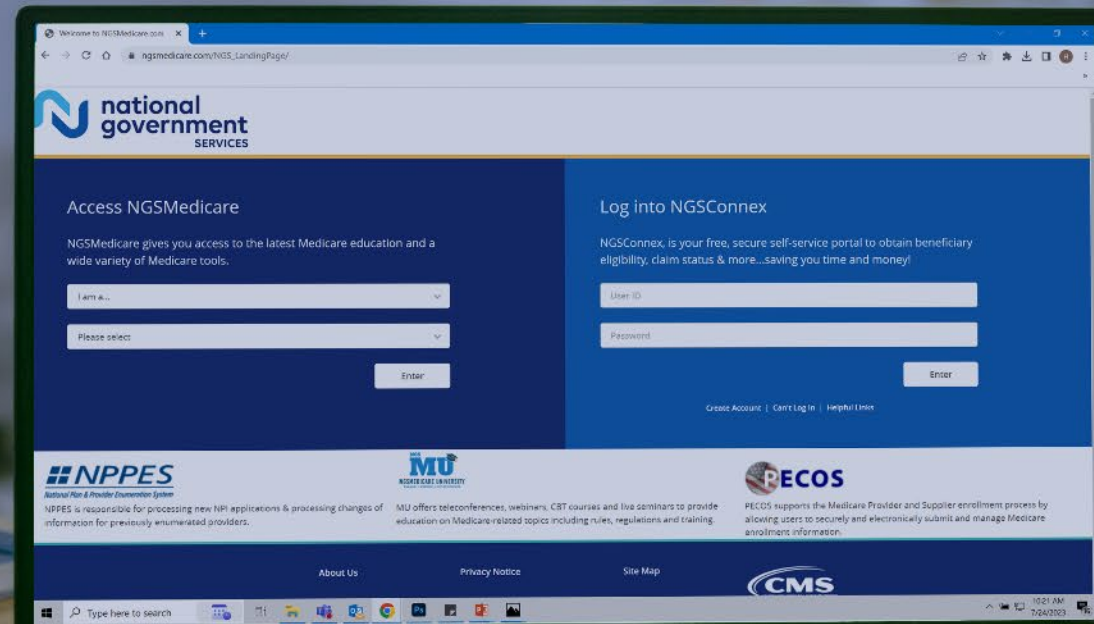
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IVR System

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