



Medicare Secondary Payer: Preventing Rejections of Your Medicare Primary Claims

6/10/2025

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Objective

Help you increase your cash flow by preventing your Medicare primary claims from rejecting for MSP

Today's Presenters

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Agenda

- [MSP and Your Responsibilities](#)
- [MSP Questionnaire Responses May Indicate Medicare Is Primary](#)
- [Letting Us Know Medicare Is Primary](#)
- [Primary Claims Rejected for MSP](#)
- [Scenarios and Claim Coding](#)
- [MSP Resources](#)
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MSP and Your Responsibilities

What Is MSP?

- Beneficiary has insurance/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 MSP provision has criteria/conditions that must be met
 - If all met, services subject to that provision making other insurance/coverage primary and Medicare secondary
 - If one or more not met, services not subject to that provision; Medicare primary unless criteria/conditions of another MSP provision met
- [What is Medicare Secondary Payer?](#)

Providers' MSP-Related Responsibilities per Medicare Provider Agreement



Determine if Medicare primary payer

Identify insurance/coverage primary to Medicare



Submit claims to primary payers before Medicare

May be more than one payer primary to Medicare



Submit proper MSP claims to us when required

Follow MSP claim submission guidelines

Conduct MSP Screening Process to Identify Payers Primary to Medicare

- Check for MSP information in Medicare's records
 - Check for MSP records for beneficiary in CWF
 - For each service rendered; no exceptions
- Collect MSP information from beneficiary/representative
 - Ask questions about any other insurance/coverage
 - For every IP admission or OP encounter; some exceptions

Check for MSP Records in CWF

- Use provider self-service tools
 - [Identify the Proper Order of Payers for a Beneficiary's Services](#)



MSP Records in CWF – Information

- If MSP record(s) present, information includes:
 - MSP VC or primary payer code for MSP provision
 - MSP effective date
 - MSP termination date, if applicable
 - Subscriber's name
 - Policy number
 - Patient's relationship to insured
 - Insurer's information

MSP Provisions, VCs and Primary Payer Codes

MSP Provision	Value Code	Payer Code
Working aged, 65 and over, working/spouse working with EGHP, 20 or more employees	12	A
ESRD with EGHP, current/former employer, in 30-month coordination period	13	B
No-Fault (automobile/other types including medical-payment) or No-Fault Set Aside	14	D or T
WC or WC Set Aside	15	E or W
Public Health Services	16	F
Federal Black Lung Program	41	H
Disabled, under 65, working/family member working with LGHP, 100 or more employees	43	G
Liability Insurance or Liability Set Aside	47	L or S



Collect MSP Information From Beneficiary or Representative

- Ask questions about any other insurance/coverage using:
 - CMS' model MSP questionnaire
 - [CMS IOM Publication 100-05, Medicare Secondary Payer Manual, Chapter 3](#), Section 20.2.1
 - Part I – Black Lung, WC, No-Fault and Liability
 - Part II – Medicare entitlement and employer GHPs
 - Part III – ESRD Medicare entitlement (including dual entitlement)
 - Your own compliant form
 - Same content and intent as model
- Document all responses

CMS' Model MSP Questionnaire – Part I

1. Are you receiving benefits under Black Lung Benefits Act (BL)?
2. If yes, collect date BL benefits began. *BL primary for claims related to BL.*
3. Was injury/illness due to a work-related accident/condition?
4. If yes, collect employers name/address, WC carrier's name/address, policy/claim numbers, injury/illness date. *WC primary for services related to work injury/illness.*
5. Are you receiving treatment for injury/illness covered under no-fault (and/or medical-payment coverage) including premises or automobile?
6. If yes, collect no-fault/automobile insurance name/address, policy/claim numbers, injury/illness date. *No-fault insurance primary for services related to accident.*
7. Are you receiving treatment for injury/illness for which another party may be liable?
8. If yes, collect liability insurer's name/address, policy/claim numbers, injury/illness date. *Liability insurance primary for services related to settlement, judgment, or award.*

CMS' Model MSP Questionnaire – Part II

1. Are you entitled to Medicare based on age, disability or ESRD? *If based on age or disability, stop after Part II. If solely based on ESRD, skip Part II and complete Part III.*
2. Do you have GHP based on your own current employment or current employment of your spouse or another family member? If yes, employer GHP may be primary. Continue below. If no, stop here; Medicare primary.
3. How many employees, including yourself or spouse, work for employer from whom you have GHP? (1-19, 20-99 or 100 or more). *If aged and your/spouse's employer has 20 or more employees, GHP primary. If disabled and your/spouse's/family member's employer has 100 or more employees, GHP primary.*
4. Collect employer's name/address, GHP's name/address, policy/group numbers, date coverage began, policyholder's name, relationship to patient.

CMS' Model MSP Questionnaire – Part III

1. Do you have employer GHP through yourself, spouse or family member if dually-entitled based on disability and ESRD? If yes, GHP may be primary. Continue below.
2. Have you received kidney transplant? If yes, collect transplant date.
3. Have you received maintenance dialysis treatments? If yes, collect date dialysis began.
4. Are you within 30-month coordination period? Starts first day of month person eligible for Medicare (even if not yet enrolled) because of kidney failure (usually fourth month of dialysis) regardless of entitlement due to age or disability. If participating in self-dialysis training program or has kidney transplant during three-month waiting period, starts first day of month of dialysis or kidney transplant.
5. Were you receiving GHP prior to and on date of Medicare entitlement due to ESRD (or simultaneous entitlement due to ESRD and age or ESRD and disability)? If yes, GHP primary during 30-month coordination period.
6. Collect employer's name/address, GHP's name/address, policy/group numbers, policyholder's name, relationship to patient.

Collect Additional Information for Billing

- Does veteran want to use VA coverage instead of Medicare?
- Are services covered by government research grant?
- When did retirement occur?
 - On claims, report OC 18 and beneficiary's retirement date and/or OC 19 and spouse's retirement date
 - [Collect and Report Retirement Dates on Medicare Claims](#)
 - Policy when beneficiary/spouse cannot recall retirement date
 - [CMS IOM Publication 100-05, Medicare Secondary Payer Manual, Chapter 3, Section 20.1, #4](#)

Determine Proper Order of Payers

- Use collected information and your MSP knowledge
 - Medicare primary when beneficiary
 - Has no other insurance/coverage
 - Has other insurance/coverage that does not meet MSP provision criteria
 - Had other insurance/coverage that met MSP provision criteria but no longer available
 - Other payer(s) primary when beneficiary
 - Has other insurance/coverage that meets MSP provision criteria and still available



Submitting Claims

- If Medicare primary
 - Submit Medicare primary claim
 - Indicate reason Medicare primary
- If another payer primary
 - Submit claim to that payer first
 - Submit MSP or conditional claim as appropriate
- If more than one payer primary
 - Submit claims to those payers in proper order
 - Submit Medicare tertiary claim



Do Not Deny Services or Admission

- It's against Medicare regulations to deny medical services or entry to SNF/hospital if you discover
 - MSP record in CWF and/or
 - Claim previously mistakenly rejected by Medicare due to MSP
- MLN[®] Fact Sheet: [Medicare Secondary Payer: Don't Deny Services & Bill Correctly](#)

MSP Questionnaire Responses May
Indicate Medicare Is Primary

Review Completed MSP Questionnaire Prior to Billing

- If your facility completed MSP questionnaire/form with beneficiary, your billing staff must have access to it
 - Contains information that
 - Helps determine if Medicare primary
 - Can possibly be reported on Medicare primary claim

Medicare Primary in Accident Cases When...

- Services related to current accident; no primary payer
 - No Black Lung, WC, No-fault, Med-pay or Liability
- Services related to accident, payer primary exists but
 - Benefits exhausted prior to DOS
 - Case settled prior to DOS; no money allocated for future medical services



Medicare Primary in Accident Cases – Examples

- Beneficiary receiving services for injury/illness resulting from
 - Fall in own home
 - One-car accident in non auto no-fault state
 - No med-pay purchased
 - No liability
 - Car accident in non auto no-fault state
 - No med-pay purchased
 - Beneficiary filed liability claim against responsible party
 - Settlement awarded
 - DOS after settlement date
 - No money in settlement for future medical services
 - Car accident in auto no-fault state
 - Benefits exhausted
 - DOS after exhausted date
 - No liability

Current Employment Status

- For Working Aged MSP provision to apply
 - Beneficiary or spouse must have current employment status
- For Disabled MSP provision to apply
 - Beneficiary, spouse or family member must have current employment status
- If retired, individual does not have current employment status
- Review current employment status:
 - [CMS IOM Publication 100-05, Medicare Secondary Payer Manual, Chapter 1, Section 10](#) and [Chapter 2, Section 10.5](#)

Medicare Primary for Beneficiary Aged 65 or Over When...

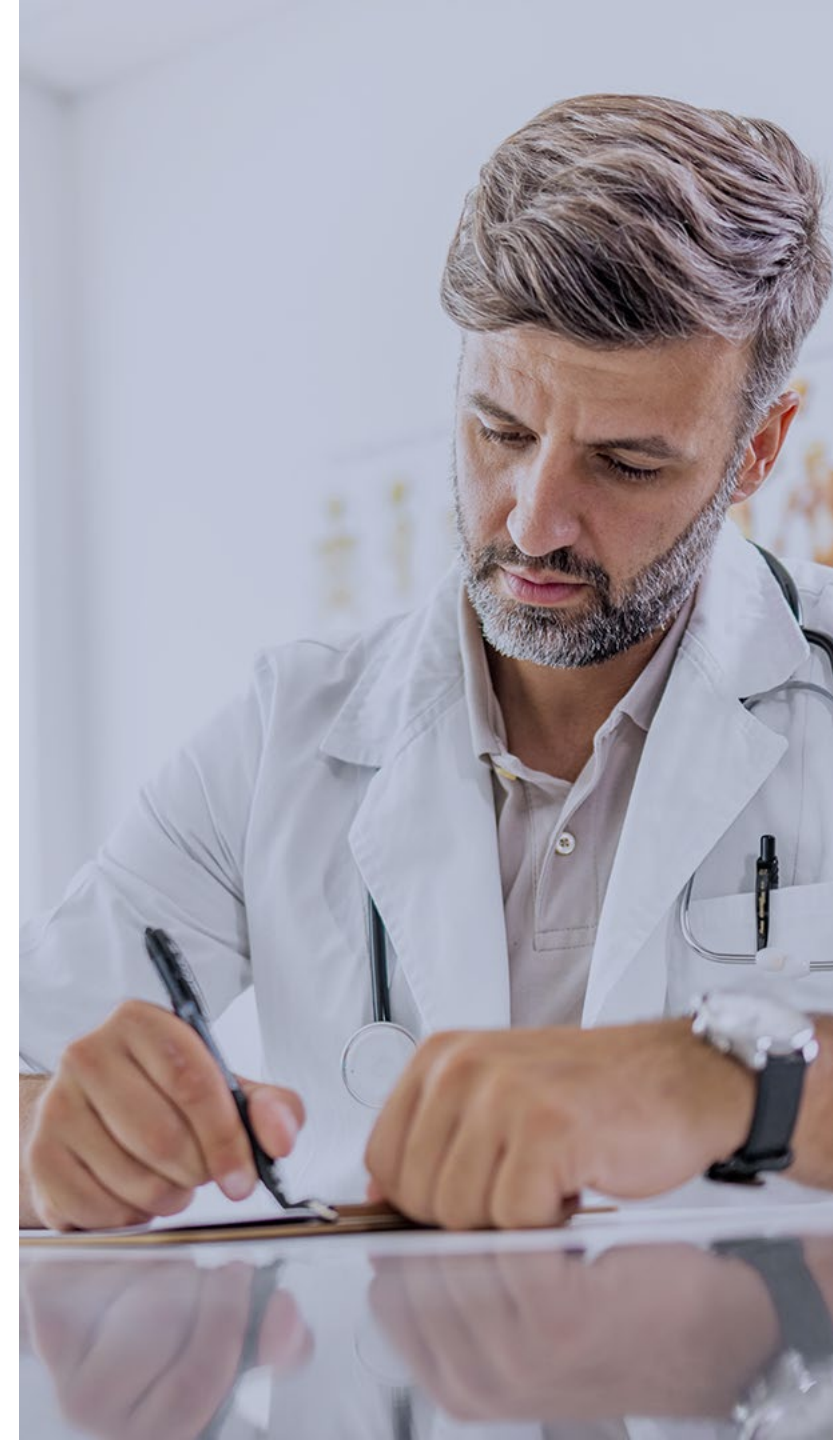
- Beneficiary does not have Medicare Part A
- Beneficiary or spouse
 - Does not have current employment status
 - Never worked or no longer working (retired)
 - May have retirement plan or COBRA coverage
 - Has current employment status but
 - Does not have EGHP through employer
 - Beneficiary rejected EGHP through employer and purchased direct-pay plan
 - Employer = single employer with less than 20 employees

Medicare Primary for Beneficiary Disabled and Under Age 65 When...

- Beneficiary does not have Medicare Part A
- Beneficiary, spouse or family member
 - Does not have current employment status
 - Never worked or no longer working (retired)
 - May have retirement plan or COBRA coverage
 - Currently employed but
 - Does not have LGHP through employer
 - Beneficiary rejected LGHP through employer and purchased direct-pay plan
 - Employer = single employer with less 100 employees

What to Look for in Responses to GHP MSP Questions

- For beneficiaries aged 65 and older
 - Beneficiary or spouse does not have current employment status (never worked/retired)
 - No GHP through current employer
 - Employer size less than 20 employees
- For beneficiaries disabled and under age 65
 - Beneficiary, spouse or family member does not have current employment status (never worked/retired)
 - No LGHP through current employer
 - Employer size less than 100 employees



Letting Us Know Medicare Is Primary

Life of a Medicare Primary Claim

- Follow these steps to submit Medicare primary claim:
 - Prepare Medicare primary claim
 - Report required claim coding
 - Report explanatory coding indicating why Medicare primary
 - [Prevent an MSP Rejection on a Medicare Primary Claim](#)
 - We submit information to BCRC, and process claim if possible
 - [Correct a Beneficiary's MSP Record](#)
 - If no explanatory coding, ask beneficiary/other party to contact BCRC
 - Once BCRC changes MSP record, submit primary claim
 - Maintain documentation to support claim



Report Beneficiary's Current MSP Status on Claim

- When submitting Medicare claims, CMS expects providers to
 - Use billing information you collected during MSP screening process with beneficiary
 - Report applicable billing codes on claim(s) to represent beneficiary's current MSP status
- Maintain documentation that supports billing codes you report

FLs to Complete to Indicate Reason Medicare Primary

- On Medicare primary claim, report billing codes in claim fields (FLs) of UB-04/CMS-1450 claim form or 837I
 - CCs in FLs 18-28 or field 2300.HI (BG)
 - OCs and dates in FLs 31-34 or field 2300.HI (BH)
 - Remarks in FL 80 or field 2300.NTE
- References:
 - [CMS IOM, Publication 100-04, Medicare Claims Processing Manual, Chapter 25](#)
 - [NUBC](#)

CCs for Beneficiaries Aged 65 and Over

- Report on claims, as applicable:
 - CC 09
 - Neither beneficiary nor spouse employed
 - CC 10
 - Beneficiary and/or spouse employed but no EGHP
 - CC 28
 - Beneficiary and/or spouse employed, EGHP through employer but secondary to Medicare because employer has less than 20 employees

CCs for Beneficiaries Under Age 65

- Report on claims, as applicable:
 - CC 09
 - Neither beneficiary nor spouse employed
 - CC 11
 - Disabled beneficiary and/or spouse employed but no LGHP
 - CC 29
 - Disabled beneficiary and/or family member employed, LGHP through employer but secondary to Medicare because employer has less than 100 employees

OCs and Dates for Accidents

- Report OC 05 and DOA
 - Accident claim; you developed for other payers, determined none exist
- Examples of when to report OC 05 and DOA:
 - Claim for current accident but no primary payer
 - Claim related to prior accident but benefits exhaust date or case settlement date prior to DOS
 - Also report OC 25 and date coverage no longer available (accident) to beneficiary (may also add remarks to provide details)

OCs and Dates for Beneficiaries of All Ages

- Report on claims, as applicable:
 - OC 18 and retirement date
 - Beneficiary's retirement date (date last had current employment)
 - OC 19 and retirement date
 - Spouse's retirement date (date last had current employment)
 - Above OCs do not apply to beneficiaries with ESRD

Remarks

- Report remarks to indicate services not related to open accident MSP record (VC 14, 15 or 47) in CWF
 - Remarks = “Claim is not related to open (*insert VC*) MSP record in CWF”
 - Example:
 - Beneficiary in car accident a year ago
 - In auto no-fault state
 - Benefits not exhausted
 - MSP record open but current DOS not related per MSP screening process
- Also report OC 05 and DOA if claim not related to prior accident but claim for current accident and no primary payer

Processing Your Medicare Primary Claims

- When incoming claims contain explanatory coding, we can
 - Send incoming information on claim to BCRC when applicable
 - Process claim for payment in some cases or wait for BCRC to change MSP record in other cases before processing claim
 - Review [Correct a Beneficiary's MSP Record](#)
- BCRC
 - Reviews/investigates information
 - Changes MSP record if no conflicts and, if applicable, they receive responses from employers/insurers to their investigation
 - Note: Providers should not contact BCRC to change MSP records to Medicare primary; may refer beneficiaries/other parties

Primary Claims Rejected for MSP

Alert! Primary Claims Can Reject for MSP

- Medicare primary claims may reject due to open MSP records whether you checked for MSP records or not, but you didn't
 - Report explanatory claim coding to indicate why Medicare primary
 - Ask beneficiary/other party to contact BCRC to change MSP record to Medicare primary or you asked but
 - Submitted claim before change appeared in CWF and/or
 - Beneficiary/other party did not contact BCRC



Recognizing Primary Claims Rejected for MSP

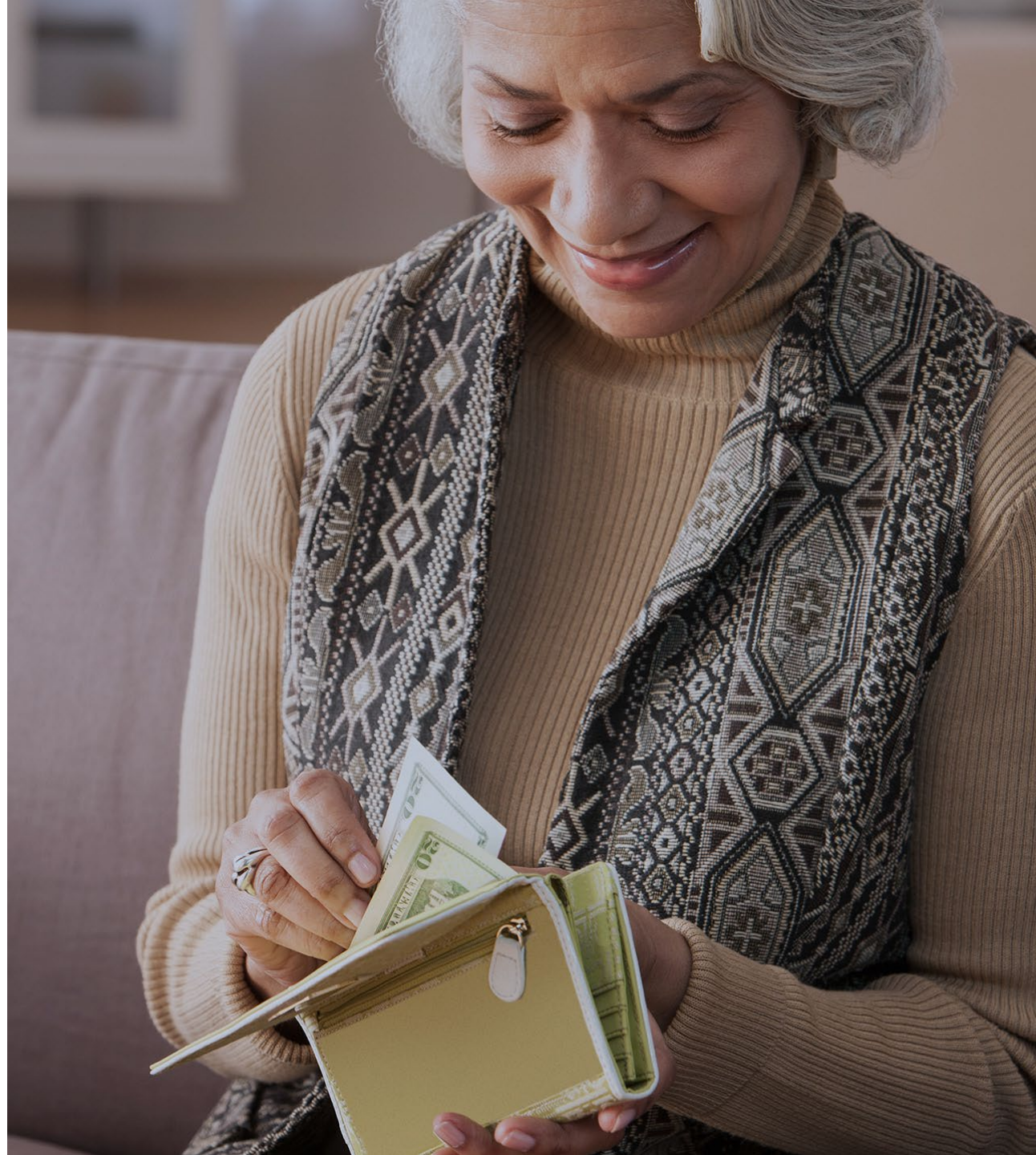
- MSP claim rejections
 - Also known as cost-avoids
- In FISS
 - S/LOC = R B9997
 - Reason code range 34XXX
 - 34538 - MSP VC 12 record in CWF
 - [Top Claim Errors](#)
 - Units/charges moved to noncovered

Resolving Primary Claims Rejected for MSP

- Submit claim adjustment (TOB XX7)
 - 837I, FISS DDE or submit hardcopy to our [Claims Department](#)
 - Do not resubmit claim; will reject as duplicate
- If MSP record correct, adjust claim to MSP
 - Submit claim to primary payer; when response received, submit adjustment
 - TOB XX7, CC = D7 and MSP claim coding
- If MSP record incorrect (Medicare primary), adjust claim to primary
 - TOB XX7, CC = D9 and explanatory coding to indicate why Medicare primary
 - If no explanatory coding, ask beneficiary/other party to contact BCRC first
- If using FISS DDE, move noncovered units/charges back to covered

MSP Tip

- Save money and staff time by taking all necessary actions to prevent Medicare primary claims from rejecting for MSP.



Scenarios and Claim Coding



Assumptions for Scenarios

- Claim's DOS = today
- Beneficiary has Medicare Parts A and B
- No ESRD or dual-entitlement scenarios
 - [Prevent an MSP Rejection on a Medicare Primary Claim](#)

Scenario 1

- Provider
 - Renders care to beneficiary (age 69) for diabetes
 - Checks CWF for MSP record
 - Finds none
 - Completes MSP questionnaire with beneficiary
 - Concludes Medicare primary
 - Beneficiary retired 5/1/2023
 - Spouse retired 1/15/2022
 - Submits Medicare primary claim with:
 - CC 09
 - OC 18 and 5/1/2023
 - OC 19 and 1/15/2022

Scenario 2

- Provider
 - Renders care to beneficiary (age 63) for high cholesterol
 - Checks CWF for MSP record
 - Finds one with VC 43 and termination date 6/1/2023
 - Completes MSP questionnaire with beneficiary
 - Concludes Medicare primary
 - Beneficiary retired (last date of current employment status) 6/1/2023
 - Spouse retired 8/1/2021
 - Submits Medicare primary claim with:
 - CC 09
 - OC 18 and 6/1/2023
 - OC 19 and 8/1/2021

Scenario 3

- Provider
 - Renders care to beneficiary (age 67) for hypertension
 - Checks CWF for MSP record
 - Finds one with VC 12 and termination date 12/1/2021
 - Completes MSP questionnaire with beneficiary
 - Concludes Medicare primary
 - Beneficiary currently employed but employer does not offer EGHP
 - Spouse retired 12/1/2021
 - Submits Medicare primary claim with:
 - CC 10
 - OC 19 and 12/1/2021

Scenario 4

- Provider
 - Renders care to beneficiary (age 55) for dizziness
 - Checks CWF for MSP record
 - Finds none
 - Completes MSP questionnaire with beneficiary
 - Concludes Medicare primary
 - Beneficiary retired (last date of current employment status) 2/1/2021
 - Spouse currently employed but employer does not offer LGHP
 - Submits Medicare primary claim with:
 - CC 11
 - OC 18 and 2/1/2021

Scenario 5

- Provider
 - Renders care to beneficiary (age 70) for heart condition
 - Checks CWF for MSP record
 - Finds one with VC 12 and termination date 7/1/2020
 - Completes MSP questionnaire with beneficiary
 - Concludes Medicare primary
 - Beneficiary currently employed, GHP, single employer with 11 employees
 - Spouse retired 7/1/2020
 - Submits Medicare primary claim with:
 - CC 28
 - OC 19 and 7/1/2020

Scenario 6

- Provider
 - Renders care to beneficiary (age 47) for eye condition
 - Checks CWF for MSP record
 - Finds one with VC 43 and termination date 12/31/2021
 - Completes MSP questionnaire with beneficiary
 - Concludes Medicare primary
 - Beneficiary retired (last date of current employment status) 12/31/2021
 - Spouse currently employed, GHP, single employer with 75 employees
 - Submits Medicare primary claim with:
 - CC 29
 - OC 18 and 12/31/2021

Scenario 7

- Provider
 - Renders care to beneficiary (age 71) for broken leg due to fall at home
 - Checks CWF for MSP record
 - Finds none
 - Completes MSP questionnaire with beneficiary
 - Concludes Medicare primary
 - Beneficiary retired 9/1/2021
 - No spouse
 - Submits Medicare primary claim with:
 - CC 09
 - OC 05 and 6/10/2025
 - OC 18 and 9/1/2021

Scenario 8

- Provider
 - Renders care to beneficiary (age 61) for fracture due to car accident
 - Checks CWF for MSP record
 - Finds none
 - Completes MSP questionnaire with beneficiary
 - Concludes Medicare primary
 - Beneficiary retired (last date of current employment status) 5/1/2021, no spouse, driving alone in non no-fault state and hit tree, no med-pay
 - Submits Medicare primary claim with:
 - CC 09
 - OC 05 and 6/10/2025
 - OC 18 and 5/1/2021

Scenario 9

- Provider
 - Renders care to beneficiary (age 80) for backache due to prior car accident
 - Checks CWF for MSP record
 - Finds one with VC 14, effective date 12/31/2024 and no termination date
 - Completes MSP questionnaire with beneficiary
 - Concludes Medicare primary
 - Beneficiary retired 3/31/2000, no spouse, driving in no-fault state 12/31/2024, no-fault benefits exhausted 4/17/2025, no liability
 - Submits Medicare primary claim with:
 - OC 05 and 12/31/2024
 - OC 18 and 3/31/2000
 - OC 25 and 4/17/2025
 - Remarks = DOS related to 12/31/2024 accident but benefits exhausted 4/17/2025

Scenario 10

- Provider
 - Renders care to beneficiary (age 50) for neck ache due to prior fall
 - Checks CWF for MSP record
 - Finds one with VC 47, effective date 11/1/2024 and no termination date
 - Completes MSP questionnaire with beneficiary
 - Concludes Medicare primary
 - Beneficiary retired (last date of current employment status) 1/31/2019, no spouse, fell in store, no med-pay, filed liability claim against responsible party, liability case settled 3/21/2025, no money for future medical services
 - Submits Medicare primary claim with:
 - OC 05 and 11/1/2024
 - OC 18 and 1/31/2019
 - OC 25 and 3/21/2025
 - Remarks = DOS related to 11/1/2024 accident but case settled 3/21/2025 and no money allocated in settlement for future medical services

What You Should Do Now

- Be familiar with MSP resources
- Develop and implement policies that ensure your facility meets its MSP responsibilities
- Ensure your admissions/registration department works closely with your billing department
- Share this presentation with coworkers
- Continue to attend our MSP webinars



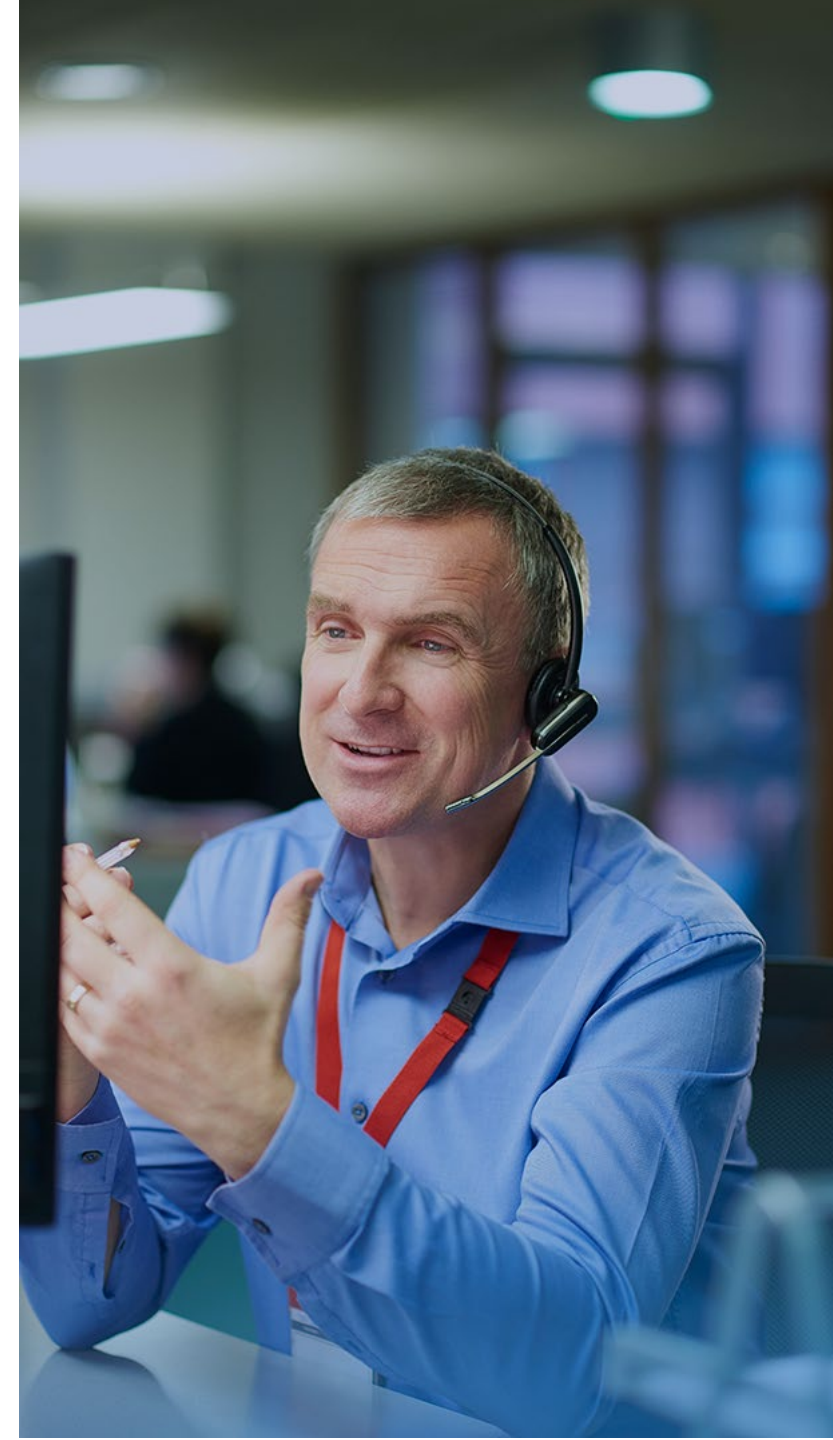
MSP Resources

MSP Resources – NGS

- [What is Medicare Secondary Payer?](#)
- [Identify the Proper Order of Payers for a Beneficiary's Services](#)
- [Set Up a Beneficiary's Medicare Secondary Payer 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 a Medicare Secondary Payer 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](#)

Additional Resources – NGS

- [Billing Medicare Part A When Veteran's Administration Eligible Medicare Beneficiaries Receive Services in Non-VA Facilities](#)
- [Acronym Search](#)
- [Contact Us](#)
- [FAQs](#)
- [FISS DDE Provider Online Guide](#)
- [NGSConnex](#)



MSP Resources – CMS

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

MSP Resources – CMS (continued 1)

- Coordination of Benefits & Recovery
 - [Overview](#)
 - [What's New](#)
 - [Medicare Secondary Payer](#)
 - [End-Stage Renal Disease \(ESRD\)](#)
 - [Coordination of Benefits](#)
 - [Group Health Plan Recovery](#)
 - [Non-Group Health Plan Recovery](#)
 - [Contacts](#) (BCRC telephone: 855-798-2627 and TTY/TDD: 855-797-2627)
 - [Mandatory Insurer Reporting for Group Health Plans \(GHP\)](#)
 - [Mandatory Insurer Reporting \(NGHP\)](#)

MSP Resources – CMS (continued 2)

- Coordination of Benefits & Recovery
 - [Workers' Comp Medicare Set Aside Arrangements](#)
 - [Attorney Services](#)
 - [Reporting a Case](#)
 - [Beneficiary services](#)
 - [Reporting Other Health Insurance](#)
 - [Employer Services](#)
 - [Insurer Services](#)
 - [Provider Services](#)
 - [Your Billing Responsibilities](#)

MSP Resources – CMS (continued 3)

- [CMS HETS 270/271 5010 Companion Guide \(MSP in Table 44\)](#)
- MLN® Booklet: [Medicare Secondary Payer](#)
- MLN® Fact Sheet: [Medicare Secondary Payer: Don't Deny Services & Bill Correctly](#)
- [How Medicare Works With Other Insurance](#) (for beneficiaries)



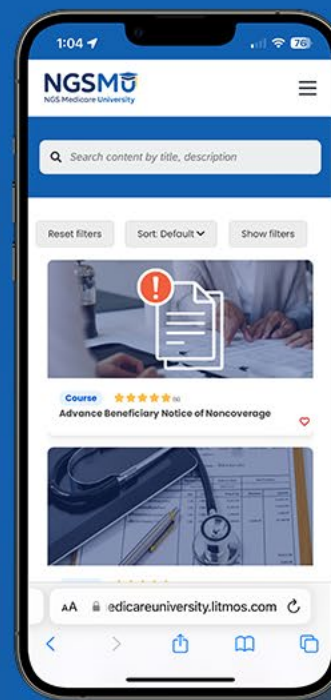
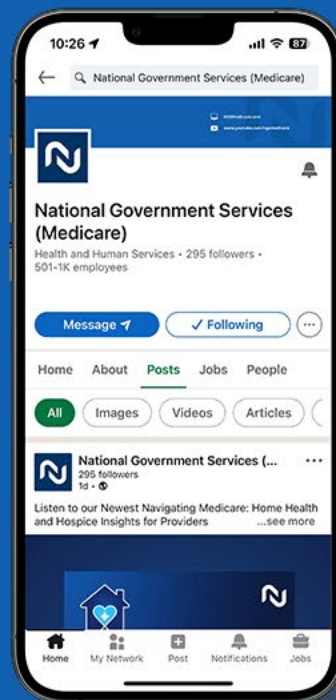
Additional Resources – CMS

- [HIPAA Eligibility Transaction System \(HETS\)](#)
- [MLN Connects® Newsletters](#)
- [MLN Matters® Articles](#)
- [MLN® Web-Based Training](#)
- [Transmittals/CRs](#)



Questions?

Thank you!



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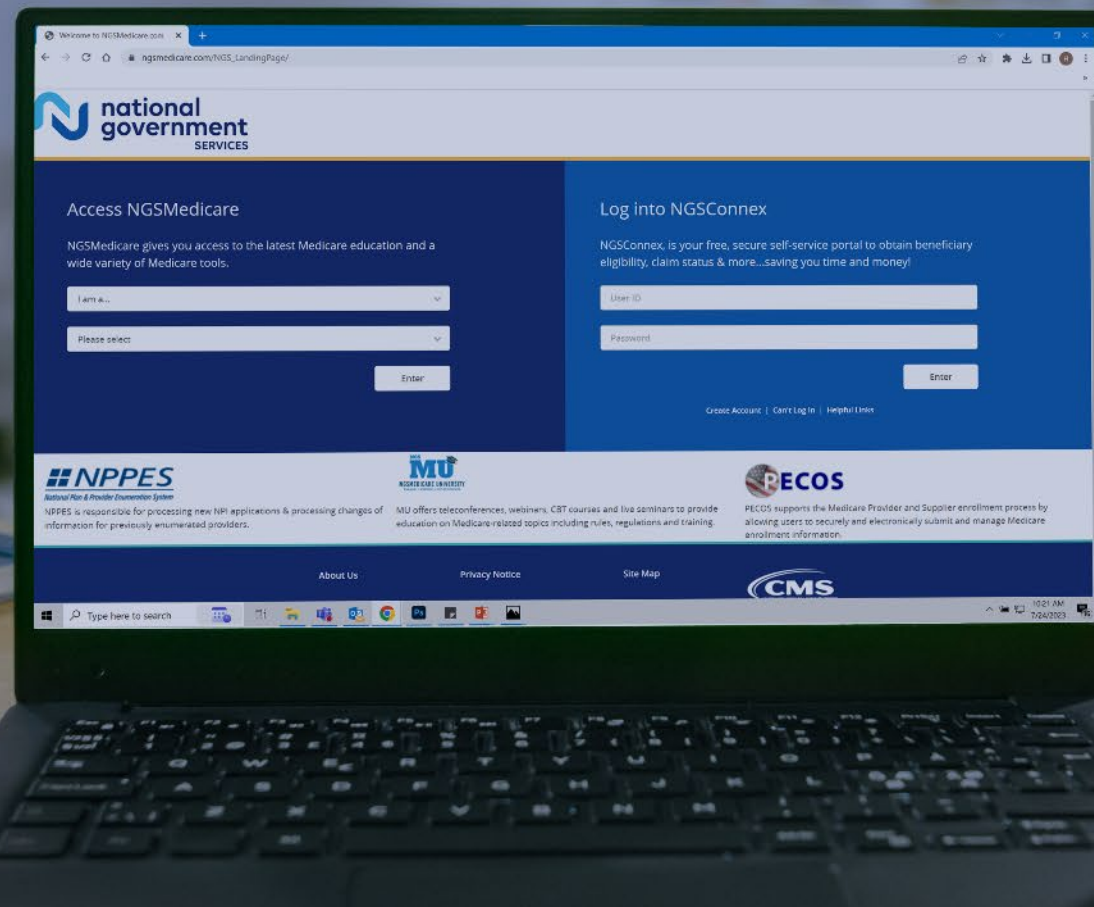


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Online resources, event calendar, LCD/NCD, and tools



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Web portal for claim information



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