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NGS Medicare Virtual Conference

Fall 2021

Medicare Secondary Payer:
The Year in Review for Part A Providers

11/10/2021





Today's Presenters

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- Jan Wood
 - Provider Outreach and Education Consultants
 - National Government Services



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 - This applies to our webinars, teleconferences, live events and any other type of National Government Services educational events

Objectives

- By use of scenarios from previous 18 webinars this year, confirm providers' understanding of MSP

Agenda

- MSP Overview
- Fundamentals of MSP and resources
- Proper use of condition code 08, identifying primary payers
- Setting up or correcting a beneficiary's MSP record, preventing MSP rejects on Medicare primary claims
- MSP and the working aged provision, the disabled provision, the no-fault/medical payment and liability provision, and the ESRD provision
- MSP billing when full or partial payment is made and MSP conditional billing
- MSP claims that have returned to provider and MSP conditional claims that have returned to provider
- MSP adjustments involving MSP, claim payment, and billing beneficiaries
- Wrap up

Medicare Secondary Payer – Overview

MSP History

- In 1980, Congress began to enact series of provisions that made Medicare Secondary Payer to certain other payers
 - Known as MSP Provisions
 - More situations where Medicare is not primary
 - Shifted costs to private sources

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 that should process such claims before Medicare does

MSP Provisions

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

GHP MSP Provisions

- Provisions that are related to beneficiary's reason for having Medicare entitlement
 - Reason: Age for beneficiaries age 65 or older
 - MSP Provision: Working Aged with EGHP
 - Reason: Disability for beneficiaries under age 65
 - MSP Provision: Disabled with LGHP
 - Reason: ESRD for beneficiaries of any age
 - MSP Provision: ESRD with EGHP in 30-month coordination period

Non-GHP MSP Provisions

- Provisions that are not related to beneficiary's reason for having Medicare entitlement
 - Federal Black Lung program
 - Research grants
 - Governmental entities including VA
 - **Note:** Certain situations are considered “exclusions” to Medicare, secondary payment may not be permitted
 - Workers' compensation
 - No-Fault/medical-payment (automobile and other types)
 - Liability

MSP Webinars in 2021



MSP Webinars Held in 2021

3/3 – MSP Fundamentals

3/10 – MSP Resources

3/17 – Identifying Primary
Payers

4/14 – Correctly Using Condition
Code 08

4/21 – Setting Up/Correcting
MSP/CWF Records

4/28 – MSP Rejections on
Medicare Primary Claims

5/5 – Working Aged Provision

5/13 – Disability Provision

5/19 – ESRD Provision

6/9 – No-Fault/Medical-
Payment/Liability

6/16 – MSP Billing

6/23 – MSP Billing Examples

7/7 – Conditional Billing

7/14 – Conditional Billing
Examples

7/21 – MSP RTP Claims

8/9 – Conditional RTP Claims

8/11 – MSP Adjustments

8/18 – Payment and Billing
Beneficiaries

MSP Let's Chat Sessions Held in 2021

1/26

2/23

3/30

4/27

5/25

6/29

7/27

8/31

9/28

10/26

11/30*

12/14*

*upcoming webinars

MSP Special Events Held in 2021

- 5/11/2021 – Virtual Conference: Preparing and Submitting MSP Claims
- 9/17/2021 – HHH Summit: Preparing and Submitting Medicare Secondary Payer Claims in the FISS DDE
- 11/10/2021 – Virtual Conference: MSP - The Year in Review for Part A

Fundamentals of MSP and MSP Resources



Scenario One

- After attending past trainings, you have heard mentioned several times that providers need to obtain beneficiary information using two methods
 - What are those two methods?

Scenario Two

- After attending past MSP sessions, you have heard us mention that providers must have a system in place to identify payers primary to Medicare and to bill such payers before billing Medicare
 - What is it that makes this mandatory?

Scenario Three

- Bob wants to review billing instructions CMS has available for providers, physicians and other suppliers regarding when Medicare is the secondary payer
 - Where can Bob find this information that is specific to MSP?

Proper Use of Condition Code 08 and Identifying Primary Payers

Scenario 4

- Felicia, a billing rep for a Medicare provider, has been trying to get insurance information from a Medicare beneficiary who had an accident at her daughter's home but will not give any information regarding the daughter's name and homeowner's insurance
- Felicia has had her phone messages and letters ignored by the beneficiary
 - Does this meet the criteria for an uncooperative beneficiary?

Scenario 5

- Nancy, who works for a provider in registration, admitted Naomi, a Medicare beneficiary who was hit by another driver in a car accident
- Nancy checked with Naomi and verified she does not carry auto medical payment coverage
- However, Naomi does feel another party was at fault in causing the accident
- Naomi does not have the name and insurance information regarding the driver
 - Is this an example of an uncooperative beneficiary?

Scenario 6

- Before submitting claims to Medicare for a beneficiary, a provider must conduct an MSP screening process (ask them questions concerning their most current MSP status)
 - True or False

Setting Up or Correcting a Beneficiary's MSP Record and Preventing MSP Rejects on Medicare Primary Claims

Scenario 7

- National Government Services is the MAC for providers in Jurisdiction 6 and K. As a service to our providers, we can set up MSP records on the CWF
 - True or False

Scenario 8

- Phil, a Medicare biller at DEF Hospital, has a claim for a beneficiary for services in October of 2021
- In checking the CWF, he sees the beneficiary has coverage with XYZ insurer through his employer
- Phil noticed the beneficiary indicated on the MSP questionnaire that he had retired on 9/30/2021
 - What steps should Phil take and who should he bill as primary payer?

Scenario 9

- Ace Medical Center renders care to a beneficiary for a preventive service
- Sean, a biller for Ace, checks CWF for MSP records and finds an open VC 12 record
- Sean looks over the MSP screening that was done with the beneficiary and sees that the beneficiary retired on 9/15/2021 and although his wife works, her employer does not offer any GHP
 - Sean concludes that Medicare is primary and can submit a Medicare primary claim with a condition code of _____ and an occurrence code of _____ with the date of _____

MSP and the Working Aged Provision, the Disabled Provision, the ESRD Provision and the No-Fault/Medical Payment and Liability Provision

Scenario 10

- Susie, a 67 year old Medicare beneficiary, works for a small bakery and has medical benefits through her employer
- When Susie comes to your facility for medical services, your screening process asks for whether she has any GHP coverage and asks if she has Medicare coverage
- Susie states yes, she has a GHP and Medicare
 - Have you gathered enough information to determine who is the primary payer?

Scenario 11

- Andrea works for Acme Nursing Home
- She has a 72 year old beneficiary that has Medicare A and B, is currently/actively employed and has GHP coverage through own employment
- The beneficiary's employer has 25 employees
 - Who should Andrea bill as the primary payer?

Scenario 12

- Kevin, a biller for Any Medical, is getting ready to bill a claim for a 63 year old Medicare beneficiary
- The beneficiary has Medicare Parts A and B and is not currently employed, however, the spouse is working and has the beneficiary covered under the employer's GHP
- This is a single employer that employs 37 employees.
 - Which plan is primary for the beneficiary, Medicare or the GHP?

Scenario 13

- Neil is a Medicare beneficiary involved in a one car accident, he swerved off the road trying to miss a raccoon
- When Neil is brought to your facility, he mentions he is not sure if he has auto medical-payment coverage on his auto policy, but he does know he carries liability coverage
- In getting ready to bill, you see the accident record is not on the CWF
 - Which plan is primary?
 - Medicare or the EGHP through end of coordination period?

Scenario 14

- Richard, age 68, is entitled to Medicare based on age, is still working with EGHP through single employer with 20 or more employees; EGHP is primary
- At age 69, he develops ESRD and begins a self-dialysis training program (and self-dialysis).
 - Which plan is primary?
 - Medicare or the EGHP through end of coordination period?

MSP Billing When Full or Partial Payment is Made and MSP Conditional Billing

Scenario 15

- Robin, a biller for a medical center, is ready to bill a claim for a 72 year old Medicare beneficiary
- The questionnaire and CWF indicates there is coverage through a GHP and Robin notes there is a contractual agreement between her facility and the GHP to accept 80% of total charges
- She submits the claim to the GHP, they pay the full amount
 - When billing Medicare, along with the VC 12 (Working Aged) and amount paid, does Robin also need to include the VC44 (amount of contractual obligation)?

Scenario 16

- Mia is a Medicare beneficiary and has coverage through her father's employer's GHP
- Mia had services at your facility and total charges were \$800
- You submitted Mia's claim to the GHP and you receive \$600, \$200 was applied to her deductible
 - Can you bill Mia for that amount?

Scenario 17

- Ben was brought to your facility on 5/1/2021, after being involved in a two car accident and had a three day inpatient stay
- Ben states he does have auto med-pay coverage but he also feels the other driver was responsible for the accident
- You first bill Ben's insurer and receive the full amount of the med-pay limit, then bill the liability insurer and receive payment
 - When submitting a claim to Medicare, what OC and date and VC should be used for the med-pay and what OC and date and VC should be used for the liability?

Scenario 18

- When submitting a conditional claim, no matter what MSP provision is applicable, the payer code (aka payer ID) will always be what?

MSP Claims That Have Returned to Provider and MSP Conditional Claims that have Returned to Provider

Scenario 19

- Christine, who works at Providence Medical Center, is trying to get a claim for a Medicare beneficiary to process, but the claim has returned with a status/location (S/L) of R B9997
- She thinks she knows what the problem is but when in FISS DDE after she hits F9 to update, nothing happens
 - Can Christine update a claim in S/L R B9997?

Scenario 20

- Laura, working in billing for Axes Center, has submitted an MSP claim and the claim was returned as an RTP and no payment was included
- The GHP had made a partial payment and Laura was expecting additional payment from Medicare
- Laura goes over the returned claim and sees she mistakenly added a condition code that indicated she did not want any payment from Medicare
 - What condition code did Laura use on the claim?

Scenario 21

- Becky submitted a conditional claim dated 7/15/2021 for her facility that was returned with reason code 31303 – MSP VC 43 is present with VC amount of zero, but no OC 24 on the claim
- In reviewing the claim, the questionnaire and CWF, Becky sees she used the correct VC, but per the primary payer's EOB dated 7/31/2021, no payment was made because the GHP applied the full payment amount to the deductible
 - What OC and date should Becky use when correcting the claim?

MSP – Adjustments Involving MSP and and MSP Claim Payment and Billing Beneficiaries

Scenario 22

- There must be a matching MSP record present in the CWF for your MSP or conditional claim (or adjustment claim) to process.
 - True or False?

Scenario 23

- Terry submitted an inpatient claim to Medicare that was rejected, the reason code attached was 34010 – claim submitted as Medicare primary and positive auto/no-fault record is present on MSP file
- Terry checks and realizes there is a payer that is primary to Medicare
- She bills and receives a partial payment
- Terry now wants to resubmit the claim to Medicare as an MSP claim
 - Should Terry submit a new claim or an adjustment?

Scenario 24

- Kelly works at a SNF doing Medicare billing, including MSP claims
- She has had several claims process for a beneficiary with a GHP that paid in full for January – March claims this year
- However, the next claim for April only paid partial, the GHP's benefits for skilled nursing exhausted as of April 15
 - Should Kelly submit two claims, one with services from April 1–15, and a second for April 16–30, or should Kelly submit one claim for the month?

MSP – Wrap-Up



Scenario Answers

1. Completing an MSP questionnaire with the beneficiary or completing screening, and, check for MSP records on the CWF
2. The Medicare Provider Agreement mandates that by signing, the provider agrees to the requirements
3. CMS IOM Pub 100-05, *Medicare Secondary Payer Manual*
4. Yes, the beneficiary is refusing to give insurance information
5. No, the beneficiary needs time to get information regarding the at-fault party or the provider can request a copy of the accident report
6. True. Providers must either complete an MSP questionnaire or complete MSP screening. This is completed along with verifying eligibility and any MSP records in the CWF via HIQA, HETS, IVR NGSConnex

Scenario Answers

7. NGS will need to submit the information to the BCRC. It can take up to 100 days for the BCRC to get the record set up or they may reject it for more information. The claim with the information will be in a suspense location until the record is created. It might be more timely if the beneficiary contacts the BCRC or if the provider is able to submit sufficient information to the BCRC
8. False, must be set up by a separate contractor with CMS, the BCRC
9. CC 11 and OC 18 with 09/15/20/2021
10. Because of her age, we will assume Susie has Medicare due to age, she must be 65 or older. You would need to confirm her reason for entitlement, age or ESRD? If age, she is working for a small bakery, how many employees are there? If less than 20, who is primary, Medicare or the GHP? Even though Susie has GHP coverage through her employer, do not assume that Medicare is secondary. We discussed this when we did the Fundamentals of MSP session.

Scenario Answers

11. GHP – meets the 5 criteria: 1) 65 or older; 2) entitled to Medicare Part A; 3) currently/actively working; 4) covered under employer's GHP; and, 5) 20 or more employees.
12. Medicare. Criteria for disabled: 1) 64 or younger; 2) entitled to Medicare Part A; 3) currently/actively working; 4) covered under employer's GHP; and, 5) 20 or more employees. Criteria 5 is not met so Medicare is primary.
13. No, the provider needs to check with Neil's auto insurer to find out if he has med-pay coverage. If he does, that insurer is primary and if he does not, Medicare is primary.
14. Since GHP was already in place at the time he became entitled due to ESRD, that GHP will be primary through the 30-month coordination period.

Scenario Answers

15. No, claims paid in full should not have the VC44, may include CC 77 so Medicare does not make a payment.
16. No, can only bill Mia for any Medicare deductible, coinsurance and/or noncovered charges.
17. OC 01 – 05/01/2021, VC 14 and then 03 – 05/01/2021 and 47.
18. C.
19. No, only in TB9997.
20. 77 – Provider accepts as payment in full.
21. 24 – 07/31/2021.
22. True.
23. Any claim returned in the 34XXX range should be adjusted. If a new claim is submitted it will reject as a duplicate claim.
24. One claim. If a provider has monthly frequency of billing, they need to submit a monthly bill. The claim would be submitted as an MSP partial pay claim and Medicare will consider any remaining balance.

Thank You!

- Follow-up email
 - Attendees will be provided a Medicare University Course Code
- Questions?

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