



Medicare Secondary Payer (MSP) – Verifying Eligibility and the MSP Questionnaire

MD AAHAM – Patient Access Meeting
May 17, 2019



I N N O V A T I O N I N A C T I O N

Disclaimer



- All Current Procedural Terminology (CPT) only are copyright 2018 American Medical Association (AMA). All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable Federal Acquisition Regulation/ Defense Federal Acquisition Regulation (FARS/DFARS) Restrictions Apply to Government Use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.
- The information enclosed was current at the time it was presented. Medicare policy changes frequently; links to the source documents have been provided within the document for your reference. This presentation was prepared as a tool to assist providers and is not intended to grant rights or impose obligations.
- Although every reasonable effort has been made to assure the accuracy of the information within these pages, the ultimate responsibility for the correct submission of claims and response to any remittance advice lies with the provider of services.
- Novitas Solutions' employees, agents, and staff make no representation, warranty, or guarantee that this compilation of Medicare information is error-free and will bear no responsibility or liability for the results or consequences of the use of this guide.
- This presentation is a general summary that explains certain aspects of the Medicare program, but is not a legal document. The official Medicare program provisions are contained in the relevant laws, regulations, and rulings.
- Novitas Solutions does not permit videotaping or audio recording of training events.

I N N O V A T I O N I N A C T I O N

Subscribe to Novitas eNews!



- Receive current updates via email directly from Novitas Solutions:
 - Part A and Part B News
 - Issued every Tuesday and Friday
 - CMS MLN Connects issued Thursdays
- Subscribing is quick and easy:
 - Click the Join E-Mail List from our website tool bar ([JH](#)) ([JL](#))

I N N O V A T I O N I N A C T I O N

Acronym List



Acronym	Definition
BCRC	Benefits Coordination and Recovery Center
CWF	Common Working File
DOS	Date of Service
ESRD	End Stage Renal Disease
FISS	Fiscal Intermediary Standard System
HETS	HIPAA Eligibility Transaction System
HIQA	Health Insurance Query Access
HIPPA	Health Insurance Portability and Accountability Act
MSP	Medicare Secondary Payer
MSPQ	Medicare Secondary Payer Questionnaire

I N N O V A T I O N I N A C T I O N

Today's Presentation



- Agenda:
 - Identifying the Primary Payer
 - MSP Resources
- Objectives:
 - Discuss verifying eligibility and the MSPQ
 - Review various MSP self-service options and resources

I N N O V A T I O N I N A C T I O N



Identifying the Primary Payer

I N N O V A T I O N I N A C T I O N

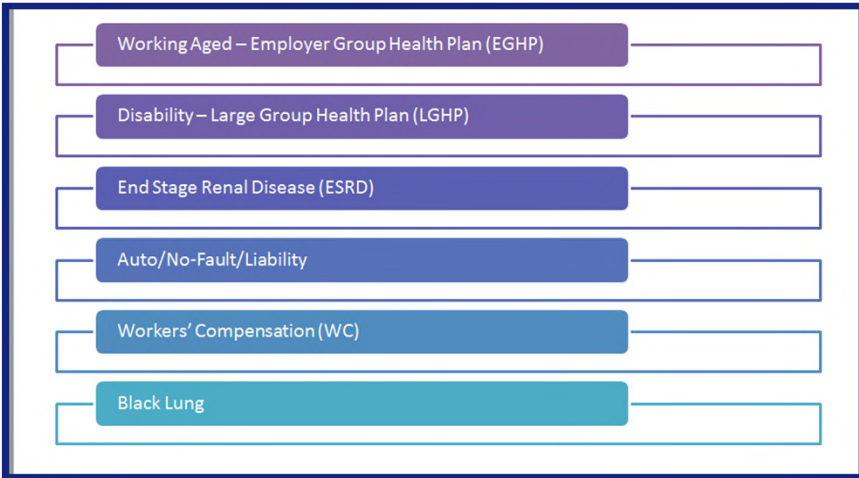
MSP Background and Provisions



- MSP Background:
 - Medicare was the primary payer for services except those covered by Workers Compensation (WC) under the Medicare law, as enacted in 1965
 - In 1980, a series of provisions were enacted by Congress, which resulted in Medicare becoming the secondary payer to other insurance plans
- MSP Purpose:
 - Shift costs from the Medicare program to private sources
 - Protect Medicare Trust Fund from improper reimbursement
 - Establish the order of payment
- MSP provisions are found in the [Social Security Act section 1862 \(b\)](#):
 - Federal law takes precedence over state law and private contracts
 - Prohibits Medicare from making payment if payment has been made, or can reasonably be expected to be made, by certain primary payers under certain conditions
 - Applies when Medicare is not the primary or first payer of claims
- [Medicare Secondary Payer \(MSP\) Manual, Pub. 100-05](#)

I N N O V A T I O N I N A C T I O N

MSP Types Primary to Medicare



I N N O V A T I O N I N A C T I O N

Screening Overview



- **Background:**
 - All providers/practitioners should screen their Medicare patients to obtain correct health insurance information before submitting a claim to Medicare
- **Propose:**
 - Prevents rejected claim and denied claims
 - Faster payments if sent to the correct payer the first time
- **Collecting Information:**
 - Patient screening is a vital step that is critical to every type of practice
 - Front office staff plays a key role in the success of filing claims correctly and timely, by taking a few minutes with the patient or patient's responsible party to collect the correct insurance information

I N N O V A T I O N I N A C T I O N

Registration Screening



- **During patient registration it is important to:**
 - Copy the Medicare card and/or other insurance cards
 - Obtain essential patient information
 - Determine eligibility:
 - ✓ Part A
 - ✓ Part B
 - ✓ Primary or Secondary Information
 - ✓ Medicare Advantage Plan
- **The Social Security Administration (SSA) determines eligibility for Medicare:**
 - Issues regarding eligibility or card replacement will need to be handled by SSA:
 - ✓ 1-800-772-1213 (TTY 1-800-325-0778)

I N N O V A T I O N I N A C T I O N

Verify Eligibility



- It is the provider's responsibility to determine insurance information, including primary and secondary payers, and bill accordingly
- Copy the Medicare card
- Complete the MSP Questionnaire as appropriate
- Verify eligibility for the dates of service using self-service tools:
 - [Novitasphere](#):
 - ✓ Our FREE, secure internet portal for providers, billing services, and clearinghouses
 - HIQA:
 - ✓ [FISS Manual](#)
 - [Interactive Voice Response \(IVR\)](#):
 - ✓ [IVR Patient Eligibility Checklist](#)
 - [HIPAA \(Health Insurance Portability and Accountability Act\) Eligibility Transaction System \(HETS\)](#)

I N N O V A T I O N I N A C T I O N

MSP Screening Questions



- Questions to ask your patient to determine whether Medicare is primary or secondary:
 - Are you currently employed?
 - Is your spouse or other family member currently employed? If so, how many employees work for the employer providing coverage?
 - Are you or your spouse covered under an employer or union health plan that should be primary over Medicare?
 - If your spouse is covered, are you also covered under his plan?
 - Did you sustain an injury/illness while at work?
 - Are your injuries related to an accident (i.e., is the patient being treated for an injury or illness for which another party could be held liable)?
 - Do you qualify or have entitlement to black lung benefits due to coal miner's or black lung disease?

I N N O V A T I O N I N A C T I O N

MSP Questionnaire



- MSPQ is required for every:
 - Inpatient admission
 - Outpatient encounter – with exceptions:
 - ✓ Recurring outpatient services:
 - A Medicare beneficiary is considered to be receiving recurring services if they receive identical services and treatments on an outpatient basis more than once within a billing cycle:
 - » Following the initial collection, the MSP information should be verified once every 90 days
- MSPQ is a six part model
- Use in sequence
- Retain questionnaire for 10 years after date of service
- [Medicare Secondary Payer \(MSP\) Manual, Pub. 100-05, Chapter 3 - MSP Provider, Physician, and Other Supplier Billing Requirements, Section 20.2.1 “Admission Questions to Ask Medicare Beneficiaries”](#)

I N N O V A T I O N I N A C T I O N

Updating Language to Clarify for Providers Chapter 3, Section 20 and Chapter 5, Section 70 of the Medicare Secondary Payer Manual



- [MM10863](#):
 - Effective: November 20, 2018
 - Implementation: November 20, 2018
- Key Points:
 - Clarification regarding when and where to obtain information from Medicare beneficiaries, or authorized representatives, for inpatient admissions or outpatient encounters
 - Model questionnaire listing the type of questions hospitals may use to determine the correct primary payer:
 - ✓ [Medicare Secondary Payer \(MSP\) Manual, Pub. 100-05, Chapter 3 - MSP Provider, Physician, and Other Supplier Billing Requirements, Section 20.2.1 “Model Admission Questions to Ask Medicare Beneficiaries”](#)
 - Access CWF or HETS 270-271 transaction to verify if any insurance information it contains has changed:
 - ✓ No changes - no need to ask MSP questions, but notate for auditing purposes:
 - CWF or 270/271 screen print
 - ✓ Insurance information changed - must ask the MSP questions
 - Affiliated hospital-based service provider (example- ambulance service) does not need to ask MSP questions if already verified by hospital admissions staff:
 - ✓ Admissions staff bills for the service
 - ✓ Non-affiliated providers are responsible for verifying correct information prior to billing services

I N N O V A T I O N I N A C T I O N

Documentation to Support the MSP Screening



- Retain a copy of completed admission questionnaires, *the CWF print out or copy of the 271 response including all notations*, in its files (or online) for audit purposes to demonstrate that development for other primary payer coverage took place:
 - Retain hard copy questions and responses on paper, optical image, microfilm, or microfiche
- Not necessary to be signed by the beneficiary
- Must be kept for at least 10 years after the DOS that appears on the claim:
 - If the provider's admissions questions are retained online, Medicare requires it to retain **negative** and **positive** responses to admission questions for 10 years with DOJ's record retention requirements, after the DOS
 - ✓ Online data may not be purged before then

I N N O V A T I O N I N A C T I O N

Novitasphere MSP Information




INQUIRY BENEFICIARY ELIGIBILITY DEDUCTIBLE MAP MSP HOSPICE/HOME HEALTH PREVENTIVE INPATIENT QMB

Medicare Secondary Payer Information

Type Code	Eff Date	Term Date	MSP Diagnosis Code	Policy Number	Insurer Name	Address
14	01/01/2017	07/31/2017	S8002XA,S40012A,S93609A,G5622	12345	ABC HEALTH PLAN	123 MAIN ST ANY TOWN, MD 21204
14	12/01/2017		M545,M542,M25512,M25412,S40012A,G5622	54321	XYZ HEALTH PLAN	987 BROAD WAY ANYTOWN, HI 999999999
15	07/28/2016		B20,M1612,M25552,M879	WCP101725801GIC	GUARANTEE INSURANCE COMPANY, INC	401 E LAS OLAS BLVD STE 1650 FT LAUDERDALE, FL 333014252
13	06/01/2011	06/01/2013		POLICYNUMBER	ORGNAM	ADDRESSLINE1 ADDRESSLINE2 CITY, ST ZIPCODE
47	01/23/2016		S0100XA	AOH0217727	STATE AUTOMOBILE MUTUAL INSURANC	518 E BROAD ST COLUMBUS, OH 432153901
14	01/23/2016	02/18/2016	S0100XA	AOH0217727	STATE AUTOMOBILE MUTUAL INSURANC	518 E BROAD ST COLUMBUS, OH 432153901

I N N O V A T I O N I N A C T I O N

Novitasphere MSP Type Codes



Type Code	Description
12	Working Aged
13	ESRD
14	Automobile/No-fault
15	Workers' Compensation
16	Public Health Service and other Federal Agency
41	Black Lung
42	Veteran's Administration
43	Disability
47	Liability
WC	Workers' Compensation Medicare Set-aside Arrangement

I N N O V A T I O N I N A C T I O N

Novitasphere MBI Lookup



- Eligibility
- MBI Lookup
- Claims Submission/ERA
(Opens in new tab/Default print tool)
- Claims Info
- Claim Correction
- Appeal Requests
- Medical Review Claims
- Retrieve Documents
- Submit Documents
- Alerts & Updates
- My Account Profile

MBI Lookup

Friday, June 8, 2018 11:03 AM

This tool is to be used only when a Medicare patient doesn't or can't give you his/her Medicare Beneficiary Identifier (MBI). The patient's first name, last name, date of birth, and social security number are required to get a unique match. The MBI is confidential so you'll have to protect it as Personally Identifiable information and use it only for Medicare-related business.

Note: * indicates a required field. Dates may be entered as MM/DD/YY or MM/DD/YYYY. Forward slashes will be populated automatically.

First Name*

Suffix

Date of Birth(MM/DD/YYYY)*

Last Name*

SSN*

NPI*

I'm not a robot 

I N N O V A T I O N I N A C T I O N

Novitasphere MBI Lookup Results



MBI Lookup Thursday, April 26, 2018 9:26 AM

This tool is to be used only when a Medicare patient doesn't or can't give you his/her Medicare Beneficiary Identifier (MBI). The patient's first name, last name, date of birth, and social security number are required to get a unique match. The MBI is confidential so you'll have to protect it as Personally Identifiable Information and use it only for Medicare-related business.

Note: * Indicates a required field. Dates may be entered as MM/DD/YYYY or MM/DD/YYYY. Forward slashes will be populated automatically.

First Name* Last Name*
 Suffix SSN*
 Date of Birth(MM/DD/YYYY)* NPI*

INQUIRY **MBI LOOKUP INFO**

Inquiry Information

Subscriber First Name	fname
Subscriber Last Name	lname
Subscriber Date of Birth	01/01/1990
NPI	

I N N O V A T I O N I N A C T I O N

MSP Diagnosis Codes Available in HETS and Novitasphere



- HETS and Novitasphere will return MSP diagnosis codes when applicable:
 - MSP diagnosis codes primarily relate to treatment from an injury or illness resulting from and auto or other accident which:
 - ✓ Liability or no-fault insurance may pay
 - ✓ Another party is responsible for payment
 - ✓ Workers' compensation benefits for a given condition
 - Helps determine primary and secondary billing for patient services
 - These are ICD-10 diagnosis codes that are listed on the beneficiaries' MSP file:
 - ✓ If the MSP file was set up with ICD-9 codes, these will not populate
- References:
 - [MLN Connects December 6, 2018](#)
 - [Novitasphere Portal Part A User Manual](#)

I N N O V A T I O N I N A C T I O N

HETS 271 Response



- Returns all Medicare Beneficiary insurance coverage policies primary to Medicare
- If applicable, MSP diagnosis codes related to the segment will be listed
- Multiple segments if beneficiary has multiple MSP enrollment
- [HIPAA Eligibility Transaction System \(HETS\) Health Care Eligibility Benefit Inquiry and Response \(270/271\) 5010 Companion Guide](#)
 - Table 44 – 271 Medicare Secondary Payer (MSP) Enrollment Data
 - Example segment:

```

MSP
EB*R**30*14~
REF*IG*12345~
DTP*290*RDB*CCYMMDD-CCYMMDD~ (Completed MSP enrollment period)
MSG*S8002XA,S40012A,S93609A,G5622~ (MSP related diagnosis codes)
LS*2120~
NM1*PRP*2*ABC HEALTHPLAN~
N3*123 MAIN ST~
N4*ANYTOWN*MD*21204~
LE*2120~
EB*R**30*14~
REF*IG*54321~
DTP*290*D8*CCYMMDD~ (Ongoing MSP enrollment period)
MSG*M545,M542,M25512,M25412,S40012A,G5622~ (MSP diagnosis codes)
LS*2120~
NM1*PRP*2*XYZ HEALTHPLAN~
N3*987 BROADWAY~
N4*ANYTOWN*HI*999999999~
LE*2120~
    
```

I N N O V A T I O N I N A C T I O N

HIQA Screen Page 1



HIQCRO	CWF	PART A	INQUIRY REPLY				PAGE 01 OF	
IP-REC CN		NM	IT	DB	SX	IN		
PN	APP	REAS	DATETIME				REQ	
DISP-CODE	MSG							
CORRECT		NM	IT	DB	SX			
A-ENT	A-TRM	B-ENT	B-TRM	DOD	LRSV	LPSY		
DAYS LEFT	FULL-HOSP	CO-HOSP	FULL-SNF	CO-SNF	IP-DED	BLOOD	DOEBA	DOLBA
CURRENT								
PRIOR								
PARTB YR	DED-TBM	BLD	YR	DED-TBM	BLD	DI		
FULL-NAME								
PER PLAN-TYP			CURR ID	OPT	ENR	TERM		
PRIOR PLAN-TYP			PRIOR ID	OPT	ENR	TERM		
PART A YR	BLD	PT APL	OT APL					
CATASTROPHIC A:	DED-TBM	BLOOD	CO-SNF	FULL-SNF	DOEBA	DOLBA	DED-APL	
YEAR	89							
ESRD:	CODE-1	EFF DATE	CODE-2	EFF DATE				
	PF1=INQ	SCREEN	PF3/CLEAR=END		PF8=NEXT			

I N N O V A T I O N I N A C T I O N

HIQA Screen Page 21



HIQACOP	CWF	PART A	INQUIRY	REPLY	PAGE 21 OF
IP-REC	CN	NM	IT	DB	SX
SUBSCRIBER NAME:			POLICY NUM:		
EFF DTE:	TRM DTE:		PATIENT REL:		
MSP CODE:					
INSURER INFORMATION:					
NAME :					REMARKS CD: 1 2 3
ADDRESS 1 :					
ADDRESS 2 :					
CITY :	STATE	ZIP CODE			
GROUP NUM :					
TYPE :					
EMPLOYER INFORMATION:					
NAME :					
ADDRESS 1 :					
ADDRESS 2 :					
CITY :	STATE	ZIP CODE			
EMPLOYEE :	INFO				
PF1=INQ	SCREEN	PF3/CLEAR=END	PF7=PREV	PF8=NEXT	

I N N O V A T I O N I N A C T I O N

BCRC



- BCRC is responsible for:
 - Collection, management, and reporting of other coverage
 - Coordination of the payment process through maintenance of the CWF
- BCRC is not responsible for:
 - Claims processing, debt recovery, or responding to claim specific inquiries
- BCRC contact information:
 - Medicare – MSP General Correspondence
 - P.O. Box 138897
 - Oklahoma City, OK 73113-8897
 - 1-855-798-2627 (8 AM to 8 PM ET)
 - 1-405-869-3307 (Fax to Medicare-MSP General Correspondence)
- [SE1416 - Updating Beneficiary Information with the Benefits Coordination & Recovery Center \(formerly known as the Coordination of Benefits Contractor\):](#)
 - Features how to:
 - ✓ Update beneficiary information with the beneficiary in the office
 - ✓ Update beneficiary information when the beneficiary is not in the office
 - ✓ Provider with new information

I N N O V A T I O N I N A C T I O N

Coordination of Benefits



- MSP claims process using data stored in CWF:
 - Primary insurance file, maintained by the BCRC, contains the name, address, and effective/termination dates of the patient's primary insurance company
- Denials occur when a claim is submitted as primary and CWF indicates other insurance primary to Medicare
- Patients are responsible for ensuring that CWF has current information:
 - Overpayments may occur when the CWF is not current
- If corrections are needed to the CWF contact the BCRC:
 - MSP data may be updated, as necessary, based on additional information received from external parties such as, beneficiaries, providers, attorneys, third party payers:
 - ✓ Development to confirm information may be required

I N N O V A T I O N I N A C T I O N

MSP Claim Submission



- Verify benefits and submit timely claims to the appropriate insurance
- Claims must be filed within one calendar year after the date of service:
 - Institutional claims with span dates of service use the "Through" date on the claim to determine timely filing
- **Claim filing extensions will not be granted because of incorrect insurance information filed on a claim**
- When Medicare is not the primary payer, submit claim to the appropriate insurance first
- Required to submit to Medicare as a secondary payer, even if primary pays if full:
 - May fulfill beneficiary's deductible and co-insurances
 - Maintain the beneficiary's benefit period
- Never submit claims to more than one insurer at the same time

I N N O V A T I O N I N A C T I O N

Guidance for Correct Claim Submission



- Collect full health insurance information at each visit
- Identify the primary payer and bill appropriate payer
- Send separate claims to Medicare for accident-related services and unrelated services
- Always use specific diagnosis codes related to the accident or injury
- Providers should contact the BCRC if a beneficiary's MSP record needs to be updated
- [SE1217 - Guidance for Correct Claims Submission When Secondary Payers Are Involved](#)

I N N O V A T I O N I N A C T I O N



MSP Resources

I N N O V A T I O N I N A C T I O N

Novitas Solutions' Website: MSP Specialty Page

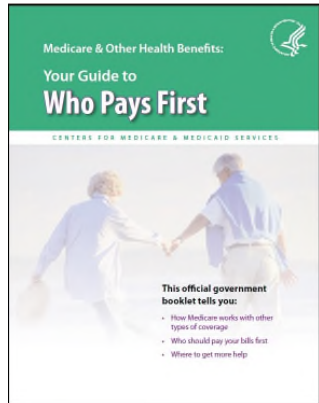


- [Provider Specialty: Medicare Secondary Payer](#)


MSP References




- **Providers:**
 - [Medicare Secondary Payer Booklet](#)
- **Beneficiaries:**
 - [Your Guide to Who Pays First](#)



Novitas Learning Center





- **New Novitas Learning Center (NLC)!**
 - Improved look and feel and streamlined navigation
 - More sophisticated design:
 - ✓ Intuitive dashboard provides quick view of learning customized for the learner
 - ✓ Learn anywhere, anytime on any device
 - ✓ Improved content library
 - Take the lead in your own professional development when seeking and accessing Medicare training opportunities



I N N O V A T I O N I N A C T I O N

2019 Novitas Symposia





Dates	Location	Venue Information
5/21/2019 – 5/22/2019	Wilmington, DE	Double Tree by Hilton Downtown Wilmington 700 N. King St. Wilmington, DE 19801
9/9/2019 – 9/10/2019	Blue Bell, PA	Normandy Farm Hotel & Conference Center 1401 Morris Rd. Blue Bell, PA 19422
10/22/2019- 10/23/2019	Rockville, MD	USG Conference Center 9630 Gudelsky Dr. Rockville, MD 20850

I N N O V A T I O N I N A C T I O N

Thank You for Attending



▪ Contact Information:

- Diane Hess
Education Specialist
Diane.Hess@novitas-solutions.com
Phone: (717) 526-6520
- Stephanie Portzline
Manager, Provider Engagement
Stephanie.Portzline@novitas-solutions.com
Phone: (717) 526-6317
- Janice Mumma
Supervisor Provider Outreach and Education
janice.mumma@novitas-solutions.com
717-526-6406

I N N O V A T I O N I N A C T I O N