

# Medicare Part B Secondary Payer Post-Pay Overpayments

11/5/2024

**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](#)

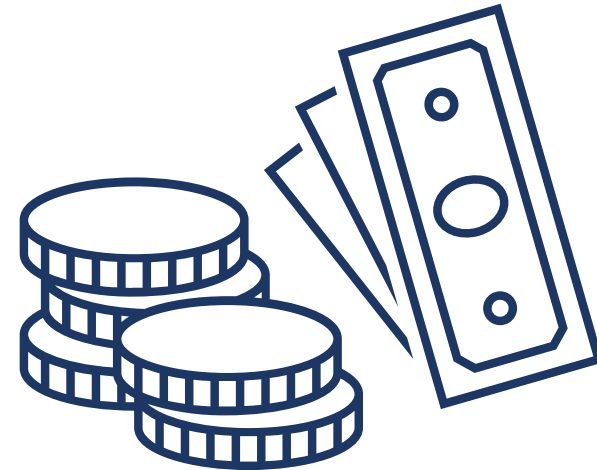
# Coordination of Benefits

# 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 vertical FEEDBACK button is on the left. The content area features a list of links on the left, a central article titled 'Determine if Medicare is Primary or Secondary for a Beneficiary's Services' with a 'Table of Contents' section, and a 'Helpful Resources' section on the right.

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

national government SERVICES HOME EDUCATION RESOURCES EVENTS ENROLLMENT APPS

Resources > Claims and Appeals

## MEDICARE SECONDARY PAYER (MSP)

FEEDBACK

[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](#)

[Populating MSP Insurance Type Code on Electronic Claims](#)

### Determine if Medicare is Primary or Secondary for a Beneficiary's Services

#### Table of Contents


- 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
- Step 4: Determine Which Payer is the Primary Payer, Secondary Payer, etc. for the Beneficiary's Services
- Step 5: Document your Decision Regarding the Proper Order of Payers and Submit Claims Accordingly


#### Helpful Resources

[MSP Questionnaire Example](#)

# MSP Payment Calculator

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

 national government SERVICES

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):



# Step-By-Step Example

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

# 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

The image shows a screenshot of the 'Jurisdiction 6 Medicare Part B MSP Overpayment Request Form' from National Government Services. The form is titled 'MEDICARE' and includes the following sections:

- Claim(s)-Specific Data:** Fields for Date of Service, Medicare Beneficiary Identifier (MBI), Claim Control Number(s), and Overpayment Amount. An 'Immediate Offset Request' checkbox is present with a detailed note.
- Reason for Overpayment:** A dropdown menu for 'Medicare Secondary Payer (MSP)/Other Payer Involvement' with options: 07-MSP Group Health Plan Insurance, 08-MSP Auto No Fault Insurance, 09-MSP Liability Insurance, 10-MSP Worker's Comp. (Includes Black Lung), and 16-Other.
- Policy Information:** Fields for Subscriber Name, Relation to Patient, Policy Number, Group Number, Injury Date (if applicable), and Related Diagnosis.
- Insurer Information:** Fields for Name, Address, City, State and ZIP Code, and Phone Number.
- Contact Information:** Fields for Provider Transaction Access Number (PTAN) and/or National Provider Identifier (NPI), Provider Name, Contact Name, and Phone Number.
- Signature:** A line for the signature of the Provider, Administrator, or CFO, with a note that 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



# Notification of Overpayment

- 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).

# 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**

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

**Refund Information**

*To be completed, provide the following:*

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 of 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, physicians, patients, and other entities who are submitting a refund under the Office of the Inspector General's (OIG) Self-Exposure Protocol may still afford appeal rights as stated in the signed agreement provided by the OIG.  
**For Institutional Facilities only:** Cost report year(s) \_\_\_\_\_ (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 program agreement with OIG?  Yes  No  
 Are you a participant in the OIG Self-Exposure Protocol?  Yes  No

**Reason Codes**

Billings/Claims	Medicare Secondary Payer (MSP)/Other Payer Involvement	Miscellaneous
01 Corrected date of service	02 MGP group health plan insurance	12 Insufficient documentation
02 Dup items	03 MSP re-entrant insurance	13 Patient not in FIMD
03 Corrected CPT code	04 MSP liability insurance	14 Services not rendered
04 Not our patient/EO	10 MSP, Veterans' Comp. Excluding Black Lung	15 Medical Necessity
05 Modifier not/incorrect	11 Veterans Administration	16 Other - No specific
06 Bill of material		

**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

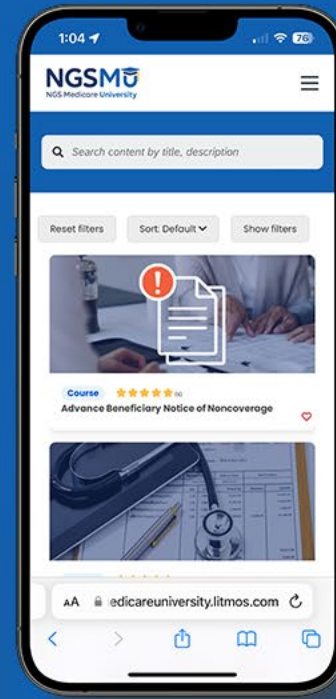
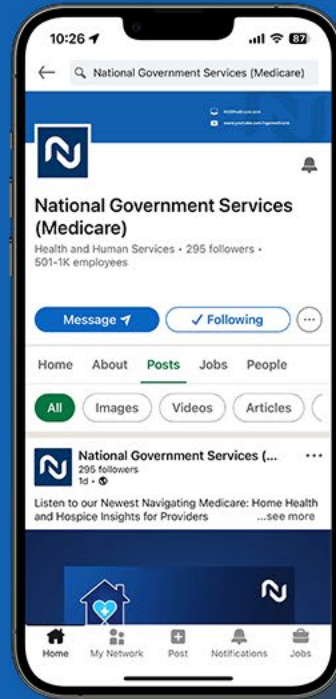
- Avoids making payment by check and assessment of interest if immediate recoupment pays the debt in full before day 31
- Interest on debt payments accrues monthly rather than daily
- Treasury rate ranges from nine to ten percent or more
- Providers who activate automatic immediate recoupment
  - Generally, 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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