

2024 Indian Health Service Partnership Conference

Medicare

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AUGUST 2024



MEDICARE

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FORMS: FAWNIA FRANKLIN

ONLINE MEDICARE TOOLS: LASHAWN RUIZ

MSPQ: ALL, WITH A ROLE PLAY

Quick Check



MEDICARE BASICS

- History
- Eligibility
- Enrollment
- Penalties
- Parts of Medicare



Medicare History

On July 30, 1965, President Lyndon B. Johnson signed into law the bill that led to the Medicare and Medicaid. The original Medicare program included Part A (Hospital Insurance) and Part B (Medical Insurance). Today these 2 parts are called “Original Medicare.” Over the years, Congress has made changes to Medicare:

More people have become eligible.

For example, in 1972, Medicare was expanded to cover the disabled, people with end-stage renal disease (ESRD) requiring dialysis or kidney transplant, and people 65 or older that select Medicare coverage.

- More benefits, like prescription drug coverage, have been offered.

<https://www.cms.gov/about-cms/who-we-are/history>

Centers for Medicare & Medicaid Services (CMS) is the federal agency that administers Medicare.

<https://www.cms.gov/>



Medicare Eligibility



To start receiving Medicare you must be age 65 or older

Be disabled – and receiving Social Security Disability Income for 24 months

Or

Have been diagnosed with End-Stage Renal Disease (ESRD)

If you are receiving a Social Security benefit you will be automatically signed up for Medicare once you become eligible. You can actively decline the coverage. If you decline the coverage and sign up later you may incur a penalty.



Medicare Enrollment



When to Enroll:

- Initial Enrollment Period (IEP) is a total of 7 months: 3 months prior to the 65th birthday month, the birth month, and the three months following.
 - If you are receiving a Social Security benefit you will be automatically signed up – unless you actively opt-out.
- You can enroll in premium free Medicare Part A at any time, penalty free.
- Special Enrollment Period (SEP) – anytime if there is a qualifying event.
 - 8 month period following retirement – if you maintained employer sponsored coverage.
 - Enroll in a Medicare Savings Program
 - Other
- General Enrollment Period (GEP) is for Medicare Part A (with Premium) B and is January to March annually.
- Open Enrollment for Medicare Advantage Plan or Medicare Part D is Oct 15 – Dec 7 annually.

<https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start>



Medicare Enrollment

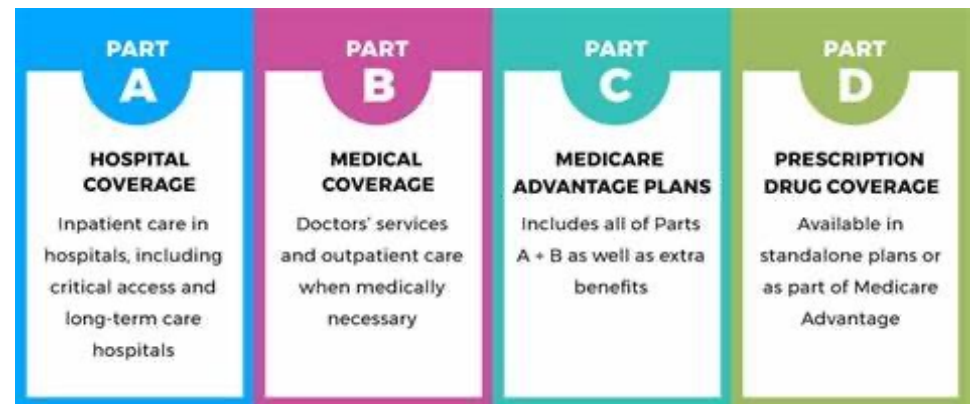
How to Enroll:

- Online: <https://www.ssa.gov/medicare/sign-up>.
- In person with an IHS Patient Benefit Coordinator or at your local [Social Security Administration](#).
- VSD (video service delivery) at your local IHS directly with SSA.
- By phone: 1-800-772-1213 or call your local office (recommended if phone preferred method).



Different Parts of Medicare

- Medicare Part A (Hospital)
- Medicare Part B (Medical)
- Medicare Part C (Advantage Plan)
- Medicare Part D (Prescription)
- Medicare Supplements (Medigap)



Medicare Part A

Part A helps pay for inpatient care at:

- Hospitals
- Skilled nursing facilities
- Hospice

It also covers some outpatient home health care.

[Parts of Medicare | SSA](#)



Medicare Part A

Costs associated with Medicare Part A:

- Premium: Part A is free if you worked and paid Medicare taxes for 10 years. If you don't qualify for a premium-free Part A, you might be able to buy it for either \$278 or \$505 each month, depending on how long you or your spouse have paid Medicare taxes.
- Deductible: **\$1,632** for each time you're admitted to the hospital per benefit period, before Original Medicare starts to pay. There's no limit to the number of benefit periods you can have.
- Inpatient Copayments:
 - Days 1-60: \$0 after you pay your Part A deductible
 - Days 61-90: \$408 each day
 - Days 91-150: \$816 each day while using your 60 lifetime reserve days
 - After day 150: You pay all costs

[Costs | Medicare](#)



Medicare Part B

Part B helps cover:

- Services from doctors and other health care providers
- Outpatient care
- Home health care
- Durable medical equipment
- Some preventive services

Most people pay a monthly premium for Part B. The exact premium depends on your income level.

[Parts of Medicare | SSA](#)



Medicare Part B

Costs associated with Medicare Part B:

- Premium: \$174.70/month, unless your income is over \$103,000/206,000 (single/married) per year, than it would range between \$244.60-594.00/month.
- Deductible: \$240 per year.
- Coinsurance: Usually 20% of the cost for each Medicare-covered service or item after you've paid your deductible, and you go to an accepting provider.

[Costs | Medicare](#)



Medicare Part C

Part C is known as Medicare Advantage. It's an alternative to Parts A and B that bundles several coverage types, including Parts A, B, and usually D. It may also include:

- Vision
- Hearing
- Dental insurance

You must sign up for Part A or Part B before enrolling in a Medicare Advantage plan.

[Parts of Medicare | SSA](#)



Medicare Part C

Costs associated with Medicare Part C:

- Monthly premiums vary based on which plan you join. The amount can change each year.
- You must keep paying your Part B premium to stay in your plan.
- Deductibles, coinsurance, and copayments vary based on which plan you join.
- Plans also have a yearly limit on what you pay out-of-pocket. Once you pay the plan's limit, the plan pays 100% for covered health services for the rest of the year.

[Costs | Medicare](#)

Where to enroll: [Explore your Medicare coverage options](#)



Medicare Part D

Part D helps cover prescription drug costs.

You must sign up for Part A or Part B before enrolling in Part D.

[Parts of Medicare | SSA](#)

Costs associated with Medicare Part C:

- Monthly premiums vary based on which plan you join. The amount can change each year. You may also have to pay an extra amount each month based on your income.
- Most plans charge a deductible, an amount you pay before the plan starts to pay, for prescriptions you fill. The deductible amount varies based on which plan you join.
- Your actual costs vary depending on the medicines you take, if they are on your plan's list of covered drugs, and which pharmacy you use.

[Costs | Medicare](#)

Where to enroll: [Explore your Medicare coverage options](#)

If you are assisting an ITU patient outside of their IEP, ensure you are entering the proper info for creditable coverage so penalties are not charged; some may still charge a penalty so turn in verification of creditable coverage to the insurer.



Medicare Supplements



Medicare Supplement Insurance (Medigap) is extra insurance you can buy from a private insurance company to help pay your share of out-of-pocket copayment, coinsurance and deductible costs in Original Medicare.

You must sign up for Part A or Part B before enrolling in a Supplement.

You get a 6 month “Medigap Open Enrollment” period, which starts the first month you have Medicare Part B and you’re 65 or older. During this time, you can enroll in any Medigap policy and the insurance company can’t deny you coverage due to pre-existing health problems. After this period, you may not be able to buy a Medigap policy, or it may cost more. Your Medigap Open Enrollment Period is a one-time enrollment. It doesn’t repeat every year, like the Medicare Open Enrollment Period.

All Medigap policies are standardized. This means, policies with the same letter offer the same basic benefits no matter where you live or which insurance company you buy the policy from. There are 10 different types of Medigap plans offered in most states, which are named by letters: A-D, F, G, and K-N. **Price is the only difference** between plans with the same letter that are sold by different insurance companies.



Medicare Supplements



Costs associated with Supplements:

- Monthly premiums vary based on which policy you buy, where you live, and other factors. The amount can change each year.
- You must keep paying your Part B premium to keep your supplement insurance.
- Some Medigap policies include extra benefits to lower your costs, like coverage when you travel out of the country.

[Costs | Medicare](#)

Where to enroll: [Find a Medigap policy that works for you \(medicare.gov\)](#)



Medicare Supplements

Compare the benefits offered by each plan:

Medigap Benefit	Plan A	Plan B	Plan C	Plan D	Plan F*	Plan G*	Plan K	Plan L	Plan M	Plan N
Part A coinsurance and hospital costs up to an additional 365 days after Medicare benefits are used	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Part B coinsurance or copayment	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓***
Blood benefit (first 3 pints)	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Skilled nursing facility care coinsurance	✗	✗	✓	✓	✓	✓	50%	75%	✓	✓
Part A deductible	✗	✓	✓	✓	✓	✓	50%	75%	50%	✓
Part B deductible	✗	✗	✓	✗	✓	✗	✗	✗	✗	✗
Part B excess charge	✗	✗	✗	✗	✓	✓	✗	✗	✗	✗
Foreign travel emergency (up to plan limits)	✗	✗	80%	80%	80%	80%	✗	✗	80%	80%
Out-of-pocket limit**	N/A	N/A	N/A	N/A	N/A	N/A	\$7,060 in 2024	\$3,530 in 2024	N/A	N/A

Plan C & Plan F aren't available if you turned 65 on or after January 1, 2020, and to some people under age 65. You might be able to get these plans if you were eligible for Medicare before January 1, 2020, but not yet enrolled.

*Plans F & G offer a high deductible plan in some states.

**Plans K & L show how much they'll pay for approved services before you meet your out-of-pocket yearly limit and Part B deductible. After you meet them, the plan will pay 100% of your costs for approved services.

***Plan N pays 100% of the costs of Part B services, except for copayments for some office visits and some emergency room visits.

[Compare Medigap Plan Benefits | Medicare](#)

Medicare Penalties

Medicare Part A: If an individual does not qualify for premium free Part A, does not qualify for a SEP, the penalty may be 10% for twice the time they went without the coverage.

Medicare Part B: If an individual does not sign up for Part B when first eligible and does not qualify for a SEP, there is a penalty of 10% for each year they went without the coverage, for life.

Medicare Part D: IHS beneficiaries should not be charged late enrollment penalties. Use the Creditable Coverage Letter.



<https://www.medicare.gov/basics/costs/medicare-costs/avoid-penalties>



Medicare Savings Programs

Medicare Savings Programs pay for Medicare premium(s), and depending on qualification, copay and deductibles.

- QMB (Qualified Medicare Beneficiary) pays for Medicare Parts A & B premiums and all deductibles and copayments.
- SLMB (Specified Low-Income Medicare Beneficiary) pays for Medicare Part B premium and partial costs of deductibles and copayments.
- QI (Qualified Individual) pays for Medicare Part B premium.
- QDWI (Qualified Disabled Working Individual) pays for Medicare Part A premium, must have a disability, be working and lost Medicare Part A.

<https://www.medicare.gov/basics/costs/help/medicare-savings-programs>

Extra Help pays for all or part of Medicare Part D premium, copayments and deductibles, depending on qualification.

<https://www.ssa.gov/medicare/part-d-extra-help>

Household Composition	ABD Medicaid	QMB	SLMB	QI	QDWI	Extra Help
	SSI Income Standards	Pays for MCR A and/or B premium, copay & deductible	Pays for MCR B premium & partial copay & deductible	Pays for MCR B premium only	Pays for MCR A premium only	Pays for Medicare D premium/copay/deductible
Individual	\$943	\$1,275	\$1,526	\$1,715	\$5,105	\$1,883
Couple	\$1,415	\$1,724	\$2,064	\$2,320	\$6,899	\$2,555
Asset Limits	SINGLE \$2,000 COUPLE \$3,000	\$9,430/\$14,130			\$4,000/\$6,000	\$17,220/\$34,360

Extra Help

Extra Help pays for all or part of Medicare Part D premium, copayments and deductibles.

<https://www.ssa.gov/medicare/part-d-extra-help>



OBSERVATION – MEDICARE OUTPATIENT OBSERVATION NOTICE (MOON)



Medicare Outpatient Observation Notice (MOON)

Dec 08, 2016 | Legislation

Share    

Medicare Outpatient Observation Notice (MOON)

Enacted August 6, 2015, the Notice of Observation Treatment and Implication for Care Eligibility Act (NOTICE Act) requires hospitals and Critical Access Hospitals (CAH) to provide notification to individuals receiving observation services as outpatients for more than 24 hours explaining the status of the individual as an outpatient, not an inpatient, and the implications of such status.

- Hospitals and CAHs are required to furnish a new CMS-developed standardized notice, the Medicare Outpatient Observation Notice (MOON), to a Medicare beneficiary who has been receiving observation services as an outpatient. Under CMS' final NOTICE Act regulation, published August 2, 2016, hospitals and CAHs may deliver the MOON to individuals receiving observation services as an outpatient before such individuals have received more than 24 hours of observation services. The notice must be provided no later than 36 hours after observation services are initiated or, if sooner, upon release;



- The MOON will inform more than one million beneficiaries annually of the reason(s) they are an outpatient receiving observation services and the implications of such status with regard to Medicare cost sharing and coverage for post-hospitalization skilled nursing facility (SNF) services; and
- An oral explanation of the MOON must be provided, ideally in conjunction with the delivery of the notice, and a signature must be obtained from the individual, or a person acting on such individual's behalf, to acknowledge receipt. In cases where such individual or person refuses to sign the MOON, the staff member of the hospital or CAH providing the notice must sign the notice to certify that notification was presented.

The standardized notice, the MOON, has gone through the Paperwork Reduction Act process, thus affording the public an opportunity to comment on the MOON.

The finalized, OMB-approved Medicare Outpatient Observation Notice (MOON) / CMS-10611, and form instructions are now available. They can be found at <https://www.cms.gov/Medicare/Medicare-General-Information/BN/index.html?redirect=/bni>

Hospitals and CAHs must begin using the MOON no later than March 8, 2017. Manual instructions will be made available in the coming weeks.

Please visit the above webpage for more information.

###

(Hospitals may include contact information or logo here)

Medicare Outpatient Observation Notice

Patient name:

Patient number:

You're a hospital outpatient receiving observation services. You are not an inpatient because:

Being an outpatient may affect what you pay in a hospital:

- When you're a hospital outpatient, your observation stay is covered under Medicare Part B.
- For Part B services, you generally pay:
 - A copayment for each outpatient hospital service you get. Part B copayments may vary by type of service.
 - 20% of the Medicare-approved amount for most doctor services, after the Part B deductible.

Observation services may affect coverage and payment of your care after you leave the hospital:

- If you need skilled nursing facility (SNF) care after you leave the hospital, Medicare Part A will only cover SNF care if you've had a 3-day minimum, medically necessary, inpatient hospital stay for a related illness or injury. An inpatient hospital stay begins the day the hospital admits you as an inpatient based on a doctor's order and doesn't include the day you're discharged.
- If you have Medicaid, a Medicare Advantage plan or other health plan, Medicaid or the plan may have different rules for SNF coverage after you leave the hospital. Check with Medicaid or your plan.

NOTE: Medicare Part A generally doesn't cover outpatient hospital services, like an observation stay. However, Part A will generally cover medically necessary inpatient services if the hospital admits you as an inpatient based on a doctor's order. In most cases, you'll pay a one-time deductible for all of your inpatient hospital services for the first 60 days you're in a hospital.

If you have any questions about your observation services, ask the hospital staff member giving you this notice or the doctor providing your hospital care. You can also ask to speak with someone from the hospital's utilization or discharge planning department.

You can also call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

(Hospitals may include contact information or logo here)

Your costs for medications:

Generally, prescription and over-the-counter drugs, including "self-administered drugs," you get in a hospital outpatient setting (like an emergency department) aren't covered by Part B. "Self-administered drugs" are drugs you'd normally take on your own. For safety reasons, many hospitals don't allow you to take medications brought from home. If you have a Medicare prescription drug plan (Part D), your plan may help you pay for these drugs. You'll likely need to pay out-of-pocket for these drugs and submit a claim to your drug plan for a refund. Contact your drug plan for more information.

If you're enrolled in a Medicare Advantage plan (like an HMO or PPO) or other Medicare health plan (Part C), your costs and coverage may be different. Check with your plan to find out about coverage for outpatient observation services.

If you're a Qualified Medicare Beneficiary through your state Medicaid program, you can't be billed for Part A or Part B deductibles, coinsurance, and copayments.

Additional Information (Optional):

Please sign below to show you received and understand this notice.

Signature of Patient or Representative

Date / Time

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit Medicare.gov/about-us/accessibility-nondiscrimination-notice, or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

According to the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1308. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.



INPATIENT – IMPORTANT MESSAGE FROM MEDICARE



FFS & MA IM

January 23, 2023 - The IM/DND have received OMB approval. The new versions must be used no later than April 27, 2023.

Hospitals are required to deliver the Important Message from Medicare (IM), formerly CMS-R-193 and now CMS-10065, to all Medicare beneficiaries (Original Medicare beneficiaries and Medicare Advantage plan enrollees) who are hospital inpatients. The IM informs hospitalized inpatient beneficiaries of their hospital discharge appeal rights. A Detailed Notice of Discharge (DND) is given only if a beneficiary requests an appeal. The DND explains the specific reasons for the discharge.

Full instructions for the Original Medicare, also known as Fee for Service (FFS), process are available in Section 200, of Chapter 30 of the Medicare Claims Processing Manual, available below in "Downloads".

Current versions of the Important Message from Medicare (IM), Form CMS-10065, and the Detailed Notice of Discharge (DND), Form CMS-10066, are posted below under "Downloads".

Full instructions for Medicare health plans are available in Section 100 of the Parts C & D Enrollee Grievances, Organization/Coverage Determinations, and Appeals Guidance, available below in "Downloads."

The notices, including Spanish versions, are available below under "Downloads."

Questions?

Questions regarding the IM and DND can be submitted at: <https://appeals.lmi.org>

<https://www.cms.gov/medicare/forms-notice/beneficiary-notice-initiative/ffs-ma-im>



{Insert contact information here}

Important Message from Medicare

Patient name:

Patient number:

Your Rights as a Hospital Inpatient:

- You can receive Medicare covered services. This includes medically necessary hospital services and services you may need after you are discharged, if ordered by your doctor. You have a right to know about these services, who will pay for them, and where you can get them.
- You can be involved in any decisions about your hospital stay.
- You can report any concerns you have about the quality of care you receive to your QIO at {insert QIO name and toll-free number of QIO}. The QIO is the independent reviewer authorized by Medicare to review the decision to discharge you.
- You can work with the hospital to prepare for your safe discharge and arrange for services you may need after you leave the hospital. When you no longer need inpatient hospital care, your doctor or the hospital staff will inform you of your planned discharge date.
- You can speak with your doctor or other hospital staff if you have concerns about being discharged.

Your Right to Appeal Your Hospital Discharge:

- You have the right to an immediate, independent medical review (appeal) of the decision to discharge you from the hospital. If you do this, you will not have to pay for the services you receive during the appeal (except for charges like copays and deductibles).
- If you choose to appeal, the independent reviewer will ask for your opinion. The reviewer also will look at your medical records and/or other relevant information. You do not have to prepare anything in writing, but you have the right to do so if you wish.
- If you choose to appeal, you and the reviewer will each receive a copy of a detailed explanation about why your covered hospital stay should not continue. You will receive this detailed notice only after you request an appeal.
- If the QIO finds that you are not ready to be discharged from the hospital, Medicare will continue to cover your hospital services.
- If the QIO agrees services should no longer be covered after the discharge date, neither Medicare nor your Medicare health plan will pay for your hospital stay after noon of the day after the QIO notifies you of its decision. If you stop services no later than that time, you will avoid financial liability.
- If you do not appeal, you may have to pay for any services you receive after your discharge date.

See page 2 of this notice for more information.

How to Ask For an Appeal of your Hospital Discharge

- You must make your request to the QIO listed above.
- Your request for an appeal should be made as soon as possible, but no later than your planned discharge date and before you leave the hospital.
- The QIO will notify you of its decision as soon as possible, generally no later than 1 day after it receives all necessary information.
- Call the QIO listed on Page 1 to appeal, or if you have questions.

If You Miss The Deadline to Request An Appeal, You May Have Other Appeal Rights:

- If you have Original Medicare: Call the QIO listed on Page 1.
- If you belong to a Medicare health plan: Call your plan at {insert plan name and toll-free number of plan}

Additional Information (Optional):

Please sign below to indicate you received and understood this notice.

I have been notified of my rights as a hospital inpatient and that I may appeal my discharge by contacting my QIO.

Signature of Patient or Representative

Date / Time

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit [Medicare.gov/about-us/accessibility-nondiscrimination-notice](https://www.medicare.gov/about-us/accessibility-nondiscrimination-notice), or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1019. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Form CMS 10065-IM (Exp. 12/31/2025)

OMB approval 0938-1019

ONLINE TOOLS

- [Novitasphere](#)
- [Inovalon](#)



Online Tools

Medicare JH
Providers in AR, CO, LA, MS, NM, OK, TX, Indian Health & Veteran Affairs

Novitasphere | Policy Search | Search

JH Home > Novitasphere > Novitasphere IDM Instructions

Medicare Part A [Change to B]

Novitasphere: IDM instructions

Access requirements

All users are required to log in to [Novitasphere](#) portal at least once every 30 days. Any user IDs that do not meet this requirement will be considered inactive. Logging in to the Identity Management (IDM) system at <https://home.idm.cms.gov> to reset your password is required to reactivate the Novitasphere access.

All users are required to enroll for their own unique User ID in IDM. Sharing of User IDs is prohibited. Users who share their ID will be suspended from using Novitasphere for two weeks. To regain access, the owner of the ID must contact the Novitasphere Help Desk. Users who are identified as sharing their ID three times will have their ID permanently suspended and will no longer be permitted to access any IDM system applications, including Novitasphere.

If you are an existing user and need to update your password, please review the [Novitasphere Portal Password Help](#).

Registration for the office approver as listed on the Novitasphere Enrollment Form

Only the office approver as listed in the Novitasphere Portal Security section of the 8292P/8292PJH, or Section II of the 8291P/8291PJH should complete these steps. To change the office approver on file, refer to the EDI Novitasphere Portal Submitter ID Update Request Form [instructions](#).

1. [New IDM User Registration - Creating a User ID and Password](#)
2. [Office Approver Steps to Request Novitasphere Role and Create the Organization and Set Up Role](#)

Registration for the office back-up approver as listed on the Novitasphere Enrollment Form

NOVITAS SOLUTIONS

JH Home
Novitasphere Portal
Appeals
CERT
Claims
Contact Us
Cost Reporting
Learning Center
Electronic Billing-EDI
Enrollment
Evaluation & Management
Frequently Asked Questions
Fee Schedules
Forms Catalog
Indian Health Services
Join our E-mail Lists
Medical Policy / LCDs
Medical Review
News & Publications
Self-Service Tools
Specialties / Services

LinkedIn | YouTube

Improving TOGETHER!

inovalon 38750 - Phoenix Indian Medical Center

Training & Support

Welcome, LaShawn Ruiz

Front-end RCM | Back-end RCM | Care Management | Tracking | Analytics | Workforce Management

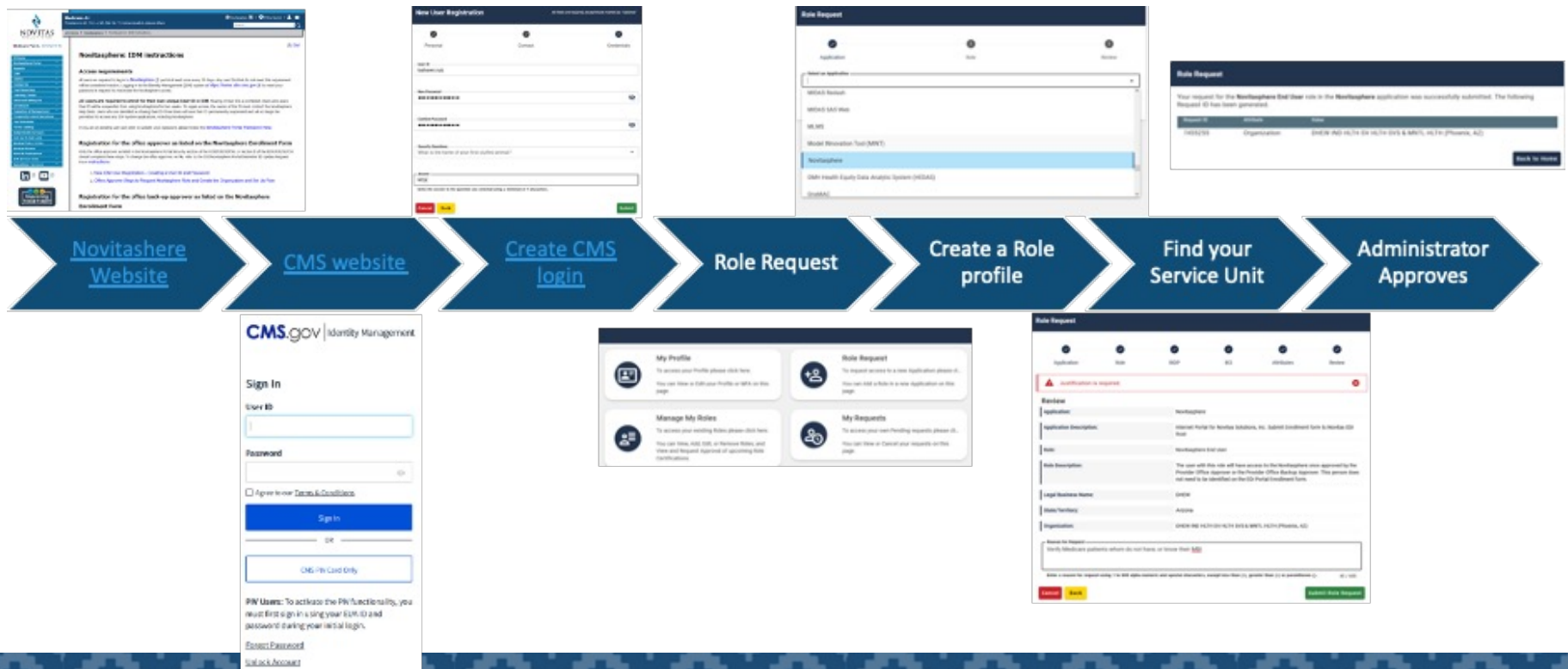
My Workspace

▲ Front-end RCM

Eligibility Workflow | Insurance Discovery



Novitasphere New User Process



Novitasphere Verification

Novitasphere
Your link to online Medicare claims, eligibility, and more.

Home Reference Self Service Tools Contact Us Live Chat Switch Organization Switch Provider

Eligibility
MBI Lookup
Claims Submission/ERA
Claims Info
Claim Correction
Billed In Error
Appeal Requests
Medical Review Claims

MBI Lookup

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 NPI must 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 MMDDYY or MMDDYYYY. Forward slashes will be populated automatically.

First Name* JANE Last Name* DOE
Suffix Suffix SSN* *****
Date of Birth(MM/DD/YYYY)* 01/01/1945 NPI* 1083643738

I'm not a robot

Submit Clear

MBI Lookup

This tool is to be used only when a Medicare patient doesn't or can't give you his/her MBI 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 MMDDYY or MMDDYYYY. Forward slashes will be populated automatically.

First Name* JANE Last Name* DOE
Suffix Suffix SSN* *****
Date of Birth(MM/DD/YYYY)* 01/01/1945 NPI* 1083643738

Submit Clear Click to View Eligibility

INQUIRY MBI LOOKUP INFO

MBI Lookup Information

Subscriber First Name	Jane
Subscriber Last Name	Doe
Subscriber MBI Number	1JK2MG3AB45



Novitasphere Eligibility Verification

Benefit Eligibility Details

To obtain eligibility, you must enter the information as found on the beneficiary's current Medicare card. To protect the privacy of beneficiary data, the subscriber the beneficiary's data maintained by Medicare; otherwise, eligibility data will not be returned.

Note: * Indicates a required field. Dates may be entered as MMDDYY or MMDDYYYY. Forward slashes will be populated automatically.

First Name* Last Name*
 Suffix Medicare Beneficiary ID*
 Date of Birth(MM/DD/YYYY) NPI*
 Date(s) of Service* TO Types of Data

[Submit](#) [Clear](#) [Click to Lookup MBI](#)

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

1-Beneficiary Insured due to disability

Active Eligibility Periods

	Effective Date	Termination Date
Part A	11/01/1995	
Part B	11/01/1995	

Acupuncture Benefits

Technical Sessions Remaining	Next Technical Date	Professional Sessions Remaining	Next Professional Date
20	01/21/2020	20	01/21/2020

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

Qualified Medicare Beneficiary Data

QMB Medicaid Enrollment

Effective Date	Termination Date	PlanType
05/01/2016		AZ QMB Plan

QMB Deductible

	Deductible Year	Deductible	Remaining Deductible
Part A	01/01/2024 - 12/31/2024	\$0.00	
Part B	01/01/2024 - 12/31/2024	\$0.00	

	Deductible Year	Coinsurance %
Part B	01/01/2024 - 12/31/2024	0

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

Medicare Secondary Payer Information

Type Code	Eff Date	Term Date	MSP Diagnosis Code	Policy Number	Group Number	Patient Relationship	ORM Indicator	Insurer Name
12	09/01/2022			8500908XX	0000425310200	01	N	BLUE CROSS AND BLUE SHIELD OF AZ



Inovalon Eligibility Verification

Make an Eligibility Request

Step 1: Selected NPI CHANGE
Phoenix Indian Medical Center (1083643738)

Step 2: 1 Payer Selected CHANGE
Medicare (HETS)
Default Medicare Service Type Codes will be sent

Step 3: Enter Patient and Request Information

Patient Details *Required Field

SUBSCRIBER SEARCH BY
MemID, SubLN, SubFN, SubDOB

Service Dates * 07/01/2020 thru 11/01/2024 Quick Date Pick
Today
48 Mos Back / 4 Mos Ahead

Member ID * 1JK2MG3AB45

SUBSCRIBER SEARCH BY
MemID, SubLN, SubDOB

Subscriber Last Name * DOE

SUBSCRIBER SEARCH BY
MemID, SubLN, SubFN

Subscriber First Name * JANE

Subscriber DOB * 01/01/1945

Send this patient request to my dashboard

+ Add Patient

Submit


Eligibility Response

Your Request

Payer Medicare (HETS)

Provider ID (NPI) 1083643738 - Phoenix Indian Medical Center

Service Dates 7/1/2020 - 11/1/2024

Last Name **DEO** 

First Name JANE

Member ID 1JK2MG3AB45


DOB 4/16/1951

Patient Demographics

Address 1114 S DESERT AVE, PARK, AZ 85000-5917

Gender F

Response Generated: 7/1/2024 4:13:21 pm CT

Eligibility State:  Review: Other Plan Detected

Display on Dashboard

Currently Unreviewed

Owner: Me (Ruiz, LaShawn)

Follow-up Status:

Financial Counseling/Self Pay

Front Desk

POS Collection


Follow-up Date: mm/dd/yyyy

Add Request to Batch: Choose a Batch


Update Request



Inovalon Eligibility Verification

Eligibility Summary: Review: Other Plan Detected 			
Eligible Date Medicare Part A:	4/1/2016	Medicare Part B:	Inactive
Entitlement Reason Medicare Part A:	0-Beneficiary insured due to age OASI	Entitlement Reason Medicare Part B:	

Status Alert: Medicare Secondary Payer			
Enrollment:	9/1/2022 	Last Maintenance Date:	4/3/2023
Policy #:	8500908XX	Group #:	0000425310200
Patient Relationship:	01-Patient is insured		
MSP Source Code:	21-11121-MIR Group Health Plan		
Insurance Type:	Medicare Secondary Working Aged Beneficiary or Spouse with Employer Group Health Plan		
Organization Name:	BLUE CROSS AND BLUE SHIELD OF AZ		
Plan Name:	Make a Request		
Address:	PO BOX 13466, PHOENIX, AZ 85002-3466		

Status Alert: Medicare Secondary Payer			
Enrollment:	4/1/2016 - 8/31/2022 	Last Maintenance Date:	4/3/2023
Policy #:	8500908XY	Group #:	0000188750450
Patient Relationship:	01-Patient is insured		
MSP Source Code:	21-11121-MIR Group Health Plan		
Insurance Type:	Medicare Secondary Working Aged Beneficiary or Spouse with Employer Group Health Plan		



How to Enter Medicare

RPMS VERSION



MBI or HICN

```
IHS REGISTRATION EDITOR          MEDICARE          PHOENIX INDIAN MEDICAL CENTER
=====
DEMO,PATIENT BCMA SIERRA          HRN:999908 DIRECT ONLY
=====
MEDICARE PART A AND B DATA ONLY
1.Med. Release Date:
2.QMB/SLMB :
3.IMP MSG FORM MCR SIG OBTAINED:
4.ADVANCE BENEFICIARY NOTICE:
..... MEDICARE PART A AND B DATA ONLY .....
. 5.Medicare Name : 6.Medicare Number:
 7.Prim. Care Prv: 8.Date of Birth :
 9.CC on file :

      ELIG DATE BEGIN          (updated)      Cov Plan Name          ELIG END
-----
Last edited by: RUIZ,LASHAWN D on Jul 01, 2024
=====
OUTPT MED/RR RELEASE DATE: T (JUL 01, 2024)
The HICN or MBI may be entered at this prompt.
HICN: The SUFFIX will be prompted for next.
MBI: The EFFECTIVE DATE will be prompted for next.

CURRENT HICN:
CURRENT MBI:

MEDICARE NUMBER:
```

RPMS Medicare Entry

```
MEDICARE NUMBER:  
This is a required response. Enter '^' to exit  
The HICN or MBI may be entered at this prompt.  
  HICN: The SUFFIX will be prompted for next.  
  MBI: The EFFECTIVE DATE will be prompted for next.  
  
CURRENT HICN:  
CURRENT MBI:  
  
MEDICARE NUMBER: 1JK2MG3JK45  
EFFECTIVE DATE: 7/1/2024// 11/01/1995  
MEDICARE NAME: DEMO,PATIENT BCMA SIERRA Replace  
MEDICARE DATE OF BIRTH: JAN 1,1945// (JAN 01, 1945)  
QMB/SLMB:  
PRIMARY CARE PROVIDER:  
MEDICARE CARD COPY ON FILE:  
DATE MEDICARE CC WAS OBTAINED:  
  
Enter the ELIGIBILITY DATE: 11/01/1995 (NOV 01, 1995)  
Type of COVERAGE (A, B, D): A
```

RPMS Medicare Entry

```
IHS REGISTRATION EDITOR (page 4)                                PHOENIX INDIAN MEDICAL CENTER
=====
DEMO,PATIENT BCMA SIERRA                                        HRN:999908 DIRECT ONLY
=====
                                SUMMARY COVERAGE
-----
SEQ          INSURER          COVERAGE TYPE          ELIG BEGIN - ELIG END
            SUBSCRIBER          POLICY NUMBER
=====
  1.        MEDICARE          A                      11/01/1995          A
            DEMO,PATIENT BCMA SIERRA1JK2MG3JK45
-----
Enter S(equence), A(dd) insurer, E(dit) insurer, T(oggle seq category)
V(iew) Historical Sequence Dates L(ist inactive eligibilities):
```



RPMS Medicare Entry

```
IHS REGISTRATION EDITOR                MEDICARE                PHOENIX INDIAN MEDICAL CENTER
=====
DEMO,PATIENT BCMA SIERRA                HRN:999908 DIRECT ONLY
=====
MEDICARE PART A AND B DATA ONLY =====
1.Med. Release Date: JUL 01, 2024
2.QMB/SLMB                               :
3.IMP MSG FORM MCR SIG OBTAINED:
4.ADVANCE BENEFICIARY NOTICE:
..... MEDICARE PART A AND B DATA ONLY .....
. 5.Medicare Name : DEMO,PATIENT BCMA SIERRA 6.Medicare Number: 1JK2MG3JK45
  7.Prim. Care Prv:                          8.Date of Birth : JAN 01, 1945
  9.CC on file                               :

      ELIG DATE BEGIN          (updated)   Cov Plan Name          ELIG END
-----
10.  NOV 01, 1995             JUL 01, 2024   A
-----
Last edited by: RUIZ,LASHAWN D on Jul 01, 2024
=====
(Edit = "E"  Add = "A"  Delete = "D") Type E, A, or D: A
Enter the ELIGIBILITY DATE: 01/01/2024 (JAN 01, 2024)
Type of COVERAGE (A, B, D): B■
```



RPMS Medicare Entry

```
IHS REGISTRATION EDITOR (page 4)                                PHOENIX INDIAN MEDICAL CENTER
=====
DEMO,PATIENT BCMA SIERRA                                       HRN:999908 DIRECT ONLY
=====
                                SUMMARY COVERAGE
-----
SEQ          INSURER          COVERAGE TYPE          ELIG BEGIN - ELIG END
            SUBSCRIBER          POLICY NUMBER
=====
1.          MEDICARE          B                       01/01/2024           A
            DEMO,PATIENT BCMA SIERRA1JK2MG3JK45
            MEDICARE          A                       11/01/1995           A
            DEMO,PATIENT BCMA SIERRA1JK2MG3JK45
-----
Enter S(quence), A(dd) insurer, E(dit) insurer, T(oggle seq category)
V(iew) Historical Sequence Dates L(ist inactive eligibilities): █
```



Medicare Secondary Payer Questionnaire - MSP

RPMS VERSION



When and how to complete a MSPQ

MSPQs are required once Medicare coverage starts then every 90 days, every emergency visit and inpatient admission. There is information from CMS that states every visit and every 90 days (below).

IHS best practice is to complete **every visit**. If it isn't being done at every visit it is possible a visit should be billed to another payer (Workers Comp, Auto insurance, or other liability insurance). If it is part of the check in routine at each check-in then it is unlikely additional payers will be missed.

A wet signature is not required by CMS, however if your Service Unit has a policy/procedure to have patients sign the MSPQ – follow your Service Unit's guidance.

Sources:

[cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MSP_Fact_Sheet.pdf](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MSP_Fact_Sheet.pdf)

[R123MSP.pdf \(cms.gov\)](#)



Various Ways to Ask MSP Questions

CMS RULES AND REGULATION MANUAL

20.2.1 – *Model* Admission Questions to Ask Medicare Beneficiaries (Rev. 123, Issued: 08-17-18, Effective: 11-20-18, Implementation: 11-20-18)

The following *model* questionnaire contains questions that can be used to ask Medicare beneficiaries upon each inpatient and outpatient admission. Providers may use this as a guide to help identify other payers that may be primary to Medicare. This questionnaire is a model of the type of questions that may be asked to help identify Medicare Secondary Payer (MSP) situations. If you choose to use this *model* questionnaire, please note that it was developed to be used in sequence. Instructions are listed after the questions to facilitate transition between questions. The instructions will direct the patient to the next appropriate question to determine MSP situations.

PART I

1. Are you receiving Black Lung (BL) Benefits?
 ___ Yes; Date benefits began: MM/DD/CCYY

BL IS PRIMARY PAYER ONLY FOR CLAIMS RELATED TO BL.

___ No.
 2. Are the services to be paid by a government research program?
 ___ Yes.

GOVERNMENT RESEARCH PROGRAM WILL PAY PRIMARY BENEFITS FOR THESE SERVICES.

___ No.
 3. Has the Department of Veterans Affairs (DVA) authorized and agreed to pay for your care at this facility?
 ___ Yes.

DVA IS PRIMARY FOR THESE SERVICES.

OWN FORM CREATION

Medicare Secondary Payer Questionnaire (Outpatient Form)

AGE	SEX	PATIENT'S NAME	HIC#
BASIS FOR PATIENT'S ENTITLEMENT TO MEDICARE		AGE <input type="checkbox"/>	DISABILITY <input type="checkbox"/>
		END STAGE RENAL DISEASE <input type="checkbox"/>	
I. GROUP HEALTH PLAN INFORMATION		II. ACCIDENT	
Is patient/patient's spouse currently employed?		Is the illness/injury due to an accident (auto included)? <input type="checkbox"/> NO <input type="checkbox"/> YES	
<input type="checkbox"/> NO Retirement Date Patient Spouse:		Type of non-work related accident <input type="checkbox"/> Automobile <input type="checkbox"/> Other	
<input type="checkbox"/> YES PATIENT <input type="checkbox"/> SPOUSE <input type="checkbox"/>		Date of Accident: <input type="checkbox"/> Liability <input type="checkbox"/> Non-liability	
Number of employees: <input type="checkbox"/> Less than 20 <input type="checkbox"/> More than 100		Is employee actively working? <input type="checkbox"/> NO <input type="checkbox"/> YES	
INSURANCE COMPANY:		NAME OF POLICY HOLDER:	
POLICY NUMBER:		ADDRESS OF POLICY HOLDER:	
CLAIM NUMBER:		POLICY NUMBER OR CLAIM IDENTIFICATION NUMBER:	
INSURANCE PLAN NAME:		NAME OF INSURANCE COMPANY:	
EMPLOYER NAME:		ADDRESS:	
EMPLOYER ADDRESS:		NAME LEGAL REPRESENTATION (IF APPLICABLE):	
EMPLOYER IDENTIFICATION NUMBER:		ADDRESS LEGAL REPRESENTATION (IF APPLICABLE):	
III. WORKER'S COMPENSATION			
Was the patient involved in a work related accident? <input type="checkbox"/> NO <input type="checkbox"/> YES		If Yes, Date of Accident:	
Is patient working? <input type="checkbox"/> NO <input type="checkbox"/> YES		If Yes, Employer Name:	
EMPLOYER IDENTIFICATION NO:		EMPLOYER ADDRESS:	
NAME OF INSURANCE COMPANY:		NAME OF PERSON OR COMPANY INSURED:	
INSURANCE COMPANY CLAIM NUMBER:		WORKER'S COMPENSATION CLAIM NUMBER:	

Medicare Secondary Payer Questionnaire – MSP – RPMS

RPMS VERSION



MSP – Using ASK

The questions are organized into (6) different parts and you will be guided through the questionnaire based on the patient's previous responses. You also have the option of printing out the blank form for patients to fill out on their own. (^ASK)

Select Patient Registration Option: MSP Medicare Secondary Payer Menu

ASK	Interview patient for MSP data
ASIG	ADD Signature on File for MSP
COMP	Print Completed MSP form
FORM	Print BLANK MSP form

You have PENDING ALERTS
Enter "VA to jump to VIEW ALERTS option



MSP – Using ASK

The number of fields involved in collecting MSP information can be broken up into (7) steps, each containing a small series of related actions.

These actions related specifically to the fields involved in the interview for MSP data.

The MSP ASK feature in both RPMS and BPRM walk you through each step based off the answers.

Step 1: Select the patient

Step 2: Part I of Questionnaire

Step 3: Part II of Questionnaire

Step 4: Part III of Questionnaire

Step 5: Part IV of Questionnaire

Step 6: Part V of Questionnaire

Step 7: Part VI of Questionnaire



MSP – Using ASK

Step 2 - Part I of the Questionnaire

- Action 1:
Type Y or N at the “Are you receiving Black Lung (BL) Benefits?” prompt. If you type Y, you will be prompted to provide the date benefits began. If you type N, you will be taken to Step 4.
- Action 2:
Type Y or N at the “Are the services to be paid by a government program such as a research grant?” prompt.
- Action 3:
Type Y or N at the “Has the Department of Veteran Affairs (DVA) authorized and agreed to pay for care at this facility?” prompt.
- Action 4:
Type Y or N at the “Was the illness/injury due to a work related accident/condition?” prompt. If you type Y, you will be prompted to provide the date of the illness/injury, the name and address of the Workman’s Compensation plan, the policy identification number, and the name and address of the patient’s employer. You will then be taken to Part III of the questionnaire. If you type N, you will be taken to Part II of the questionnaire.

```
MEDICARE SECONDARY PAYER QUESTIONNAIRE INTERVIEW
-----
DEMO,PATIENT BCMA SIERRA (999908)          TODAY'S DATE: JUL 01, 2024
-----
PART I
Are you receiving Black Lung (BL) Benefits ? (Y/N) : N NO
Are the services to be paid by a government program such as a research grant ?
(Y/N) : N NO
Has the Department of Veteran Affairs (DVA) authorized and agreed to pay for ca
re at this facility ? (Y/N) : N NO
Was the illness/injury due to a work-related accident/condition ? (Y/N) : N NO
GO TO PART II.
PART II
Was illness/injury due to a non-work related accident ? (Y/N) : N NO GO TO PA
RT III.
PART III
Are you entitled to Medicare based on (A)ge, (D)isability, or (E)SRD ? : A AGE
PART IV - Age
1. Are you currently employed ? (Y/N) : N NO
Date of retirement : 01/01/2023 (JAN 01, 2023)
Is your spouse currently employed ? (Y/N) : N NO
Do you have group health plan (GHP) coverage based on your own, or a spouse's c
urrent employer ? (Y/N) : Y YES
Does the employer that sponsors your GHP employ 20 or more employees ? (Y/N) : Y
YES
STOP. The GHP is primary. Obtain the following information:
Name of GHP : █
```

MSP – Using ASK

Step 3 - Part II of the Questionnaire

Action 1: Type Y or N at the **“Was the illness/injury due to a non-work related accident?”** prompt. If you type Y, you will be prompted to provide the date of the accident. If you type N, you will be taken to Part III of the questionnaire.

Action 2: Type (A)utomobile, (N)on-automobile, or (O)ther at the **“What type of accident caused the illness/injury?”** prompt. You will be asked for the name and address of the no fault liability insurer and the claim number. Type (O)ther at this prompt and you will be asked **“Was another party responsible for this accident?”**

Action 3: Type Y or N at the **“Was another party responsible for this accident?”** prompt. If you type Y, you will be prompted to provide the name and address of any liability insurer and the insurance claim number. If you type N, you will be taken to Part III of the questionnaire.

Step 4 - Part III of the Questionnaire

Action 1:

Type (A)ge, (D)isability, or (E)SRD at the **“Are you entitled to Medicare based on:”** prompt. If you type **A**, you will be taken to Part IV of the questionnaire. If you type **D**, you will be taken to Part V of the questionnaire. If you type **E**, you will be taken to Part VI of the questionnaire.



MSP – Using ASK

Step 5 - Part IV of the Questionnaire – Age

Action 1: Type Y or N at the “**Are you currently employed?**” prompt. If you type Y, you will be prompted to provide the name and address of the patient’s employer. If you type N, you will be prompted to provide the date the patient retired.

Action 2: Type Y or N at the “**Is your spouse currently employed?**” prompt. If you type Y, you will be prompted to provide the name and address of the spouse’s employer. If you type N, you will be prompted to provide the date the spouse retired.

Action 3: Type Y or N at the “**Do you have group health plan (GHP) coverage based on your own, or a spouse’s current employer?**” prompt.

Action 4: Type Y or N at the “**Does the employer that sponsors your GHP employ 20 or more employees?**” prompt. If you type Y, you will be prompted to provide the name and address of the GHP provider, policy identification number, group identification number, name of policy holder, and the relationship of the policy holder to the patient. If you type N, you will be returned to the MSP submenu.

```
Since the KEYWORD LOOKUP failed lets try a NON-KEYWORD LOOKUP.
NOT SURE??
Enter the group health plan
Name of GHP : BLUE CROSS ( BLUE/BLUESCRIPT CROSS/CROSSE )
.....
The following matches were found:
1: BLUE CROSS/BLUE SHIELD           - PO BOX 13466
                                       PHOENIX, AZ 85062-2924
2: HMO ARIZONA (BC/BS)              - PO BOX #2924
                                       PHOENIX, AZ 85062-2924
3: BC ARIZONA PIPE TRADES          - 3121 N 24TH ST
                                       PHOENIX, AZ 85016
4: BLUE CROSS OF WA & ALASKA        - PO BOX 327
                                       SEATTLE, WA 98111
5: BC/BS OF MISSISSIPPI            - PO BOX 1043
                                       JACKSON, MS 39215
select 1-97:
```



MSP Add – Using ASK

Step 6 - Part V of the Questionnaire – **Disability**

Action 1: Type Y or N at the “**Are you currently employed?**” prompt. If you type Y, you will be prompted to provide the name and address of the patient’s employer. If you type N, you will be prompted to provide the date the patient retired.

Action 2: Type Y or N at the “**Is a family member currently employed?**” prompt. If you type Y, you will be prompted to provide the name and address of the family member’s employer. If you type N, you will be taken to the next question.

Action 3: Type Y or N at the “**Do you have group health plan (GHP) coverage based on your own, or a family member’s current employment?**” prompt.

Action 4: Type Y or N at the “**Does the employer that sponsors your GHP employ 100 or more employees?**” prompt. If you type Y, you will be prompted to provide the name and address of the GHP, policy identification number, group identification number, name of policy holder, and the relationship of the policy holder to the patient. If you type N, you will be returned to the MSP submenu.

```
=====
WARNING: Confidential Patient Information, Privacy Act Applies
=====
Are you entitled to Medicare based on (A)ge, (D)isability, or (E)SRD ? : D DISA
BILITY
PART V - Disability

Are you currently employed ? (Y/N) : N NO
Date of retirement : 01/01/2023 (JAN 01, 2023)
Is a family member currently employed ? (Y/N) : N
Do you have group health plan (GHP) coverage based on your own, or a family mem
ber's current employment ? (Y/N) : N NO
Does the employer that sponsors your GHP employ 100 or more employees ? (Y/N) : Y
YES
The GHP is primary. Obtain the following information:
Name of GHP : BLUE CROSS( BLUE/BLUESCRIPT CROSS/CROSSE )
.....
The following matches were found:

1: BLUE CROSS/BLUE SHIELD           - PO BOX 13466
                                   - PHOENIX, AZ 85062-2924
2: HMO ARIZONA (BC/BS)              - PO BOX #2924
                                   - PHOENIX, AZ 85062-2924
3: BC ARIZONA PIPE TRADES          - 3121 N 24TH ST
                                   - PHOENIX, AZ 85016
4: BLUE CROSS OF WA & ALASKA        - PO BOX 327
                                   - SEATTLE, WA 98111
5: BC/BS OF MISSISSIPPI             - PO BOX 1043
                                   - JACKSON, MS 39215

select 1-97: 1
Policy identification number : 123456AZ
Group identification number : XX12
```



MSP – Using ASK

Step 7 - Part VI of the Questionnaire – **ESRD**

Action 1:

Type Y or N at the “**Do you have group health plan (GHP) coverage?**” prompt. If you type Y, you will be prompted to provide the name and address of the GHP, policy identification number, group identification number, name of policy holder, and the relationship of the policy holder to the patient. If you type N, you will be taken to the next question.

Action 2:

Type Y or N at the “**Have you received a kidney transplant?**” prompt. If you type Y, you will be prompted to provide the date of transplant. If you type N, you will be taken to the next question.

Action 3:

Type Y or N at the “**Have you received maintenance dialysis treatments?**” prompt. If you type Y, you will be prompted to provide the date dialysis began and whether or not the patient has participated in a self-dialysis training program and, if so, the date the patient began training. If you type N, you will be taken to the next question.

Action 4:

Type Y or N at the “**Are you within the 30 month coordination period?**” prompt.

Action 5:

Type Y or N at the “**Are you entitled to Medicare on the basis of either ESRD and age or ESRD and disability?**” prompt.

Action 6:

Type Y or N at the “**Was your initial entitlement to Medicare (including simultaneous entitlement) based on ESRD?**” prompt.

Action 7:

Type Y or N at the “**Does the working aged or disability MSP provision apply** (i.e., is the GHP primary based on age or disability entitlement)?” prompt.



MSP – Using ASK

```
=====
DEMO,PATIENT BCMA SIERRA                                HRN:999908 DIRECT ONLY
=====
MEDICARE SECONDARY PAYER (Enter "A" to add a new MSP reason)
-----
DATE OBTAINED      STATUS      REASON
-----
JUL 10, 2024      NO
JUL 02, 2024
JUL 01, 2024      YES        LARGE GROUP HEALTH PLAN (LGHP)
JUN 25, 2024      YES        LARGE GROUP HEALTH PLAN (LGHP)

PART A BENEFITS ----- PART B BENEFITS -----
NO ACTIVE 'CO-PAY/DED RATES'      NO ACTIVE 'CO-PAY/DED RATES'
-----
Last edited by: RUIZ,LASHAWN D on Jul 01, 2024
=====
Press return to return to Page 4:
```



Print MSP Answers Asked

```
ASK Interview patient for MSP data
ASIG Add signature on file for MSP
COMP Print Completed MSP form
FORM Print BLANK MSP form

You have PENDING ALERTS
Enter "VA to jump to VIEW ALERTS option

You've got PRIORITY mail!

Select Medicare Secondary Payer Menu Option: COMP Print
Select MSP PATIENT DATE SURVEY GIVEN ( T ) JUL 01, 2024
 1 7-1-2024 RITCH
 2 7-1-2024 MIGUE
 3 7-1-2024 MCPHE
 4 7-1-2024 GEORG
 5 7-1-2024 CRUZ,
Press <RETURN> to see more, '^' to exit this list, OR
CHOOSE 1-5:
 6 7-1-2024 BOULDL
 7 7-1-2024 LAGRAM
 8 7-1-2024 MAPAKC
 9 7-1-2024 YAZZIE
10 7-1-2024 JOHNSC
Press <RETURN> to see more, '^' to exit this list, OR
CHOOSE 1-10:
11 7-1-2024 MINAR
12 7-1-2024 ALLIS
13 7-1-2024 HONAN
14 7-1-2024 HUCHE
15 7-1-2024 DEMO PATIENT BCMA SIERRA
Press <RETURN> to see more, '^' to exit this list, OR
CHOOSE 1-15:
```

Add Signature

```
Select Patient Registration Option: MSP Medicare Seco

ASK Interview patient for MSP data
ASIG ADD Signature on File for MSP
COMP Print Completed MSP form
FORM Print BLANK MSP form

You have PENDING ALERTS
Enter "VA to jump to VIEW ALERTS option
```

```
MSP PATIENT. N NO
SIGNATURE DATE: 07/10/2024 (JUL 10, 2024)??
Examples of valid Dates:
  JAN 20 1957 or 20 JAN 57 or 1/20/57 or 012057
  T (for TODAY), T+1 (for TOMORROW), T+2, T+7, etc.
  T-1 (for YESTERDAY), T-3W (for 3 WEEKS AGO), etc.
  If the year is omitted, the computer uses CURRENT YEAR. Two digit year
  assumes no more than 20 years in the future, or 80 years in the past.
  ENTER THE DATE THE PATIENT SIGNED THE FORM.
SIGNATURE DATE:
```


MSP Add - Using Page 4 Method

```
IHS REGISTRATION EDITOR                MEDICARE PAGE BPHOENIX INDIAN MEDICAL CENTER
=====
DEMO,PATIENT BCMA SIERRA                HRN:999908 DIRECT ONLY
=====
MEDICARE SECONDARY PAYER (Enter "A" to add a new MSP reason)
-----
DATE OBTAINED          STATUS          REASON
-----
PART A BENEFITS ----- PART B BENEFITS -----
NO ACTIVE 'CO-PAY/DED RATES'          NO ACTIVE 'CO-PAY/DED RATES'
-----
Last edited by: RUIZ,LASHAWN D on Jul 01, 2024
=====
AN MSP MUST BE DONE EVERY 90 DAYS! ENTER "A" TO ADD ONE NOW

Press return to return to Page 4: A
Select MSP PATIENT DATE SURVEY GIVEN: T  JUL 01, 2024
Are you adding 'JUL 01, 2024' as a new MSP PATIENT? No// Y (Yes)
MSP PATIENT: ??

    Choose from:
        Y          YES
        N          NO
MSP PATIENT:
```



MSP Add - Using Page 4 Method

```
IHS REGISTRATION EDITOR          MEDICARE PAGE BPHOENIX INDIAN MEDICAL CENTER
=====
DEMO,PATIENT BCMA SIERRA          HRN:999908 DIRECT ONLY
=====
MEDICARE SECONDARY PAYER (Enter "A" to add a new MSP reason)
=====
DATE OBTAINED      STATUS      REASON
-----
JUL 01, 2024      NO
=====
PART A BENEFITS ----- PART B BENEFITS -----
NO ACTIVE 'CO-PAY/DED RATES' NO ACTIVE 'CO-PAY/DED RATES'
-----
Last edited by: RUIZ,LASHAWN D Select MSP PATIENT DATE SURVEY GIVEN: T JUL 01, 2024 DEMO,PATIENT BCMA S
=====
AN MSP MUST BE DONE EVERY 90 D IERRA
Press return to return to Page MSP PATIENT: NO// Y YES
MEDICARE SECONDARY REASON: ??

choose from:
E      EMPLOYER GROUP HEALTH PLAN (EGHP)
L      LARGE GROUP HEALTH PLAN (LGHP)
D      END STAGE RENAL DISEASE (ESRD)
V      VETERANS ADMINISTRATION (VA)
W      WORKMANS COMPENSATION
B      BLACK LUNG
A      AUTOMOBILE/NO-FAULT
MEDICARE SECONDARY REASON: █
```

Medicare Secondary Payer

Reason for Medicare Entitlement	Situation		Employer Size	Pays First	Pays Second
Age	Individual is covered by an employer's group health plan because they (or a spouse) are still working		20 or more employees	Group Health Plan	Medicare
			Fewer than 20 employees	Medicare	Group Health Plan
	Individual has coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA) or is covered by a former employer's group health plan as a retiree		N/A	Medicare	Group Health Plan <i>(COBRA coverage or retiree coverage)</i>
Disability	Individual is covered by an employer's group health plan because of their own employment or a family member's employment		100 or more employees	Group Health Plan	Medicare
			Fewer than 100 employees	Medicare	Group Health Plan
	Individual has COBRA coverage or is covered by a former employer's group health plan as a retiree		N/A	Medicare	Group Health Plan <i>(COBRA coverage or retiree coverage)</i>
End-Stage Renal Disease (ESRD)	Individual has group health plan coverage <i>(including retiree coverage or COBRA coverage)</i>	First 30 months of eligibility or entitlement to Medicare	N/A	Group Health Plan	Medicare
		After 30 months of eligibility or entitlement to Medicare	N/A	Medicare	Group Health Plan

Adding Medicare to an Electronic Medical Record

BPRM VERSION



Adding Medicare Entry to Page 4

DEMO,PATIENT ELDERLY

5/21/1920 (104 YRS) - MALE

HRN: 999888

Eligibility Status: PENDING VERIFICATION

PCP: PROVIDER.ELSEWHERE

Last Updated: 07/01/2024 By (RUIZ,LASHAWN D)

No Record Flags Not Sensitive No RHI Active Insurance UNS Veteran



Profile

Insurance

Prior Auth

Benefits Cases

Appointments

Print

- Insurance Coverage
- Insurance Sequence
- MSP Surveys

STATUS

Active

Inactive

All

Insurance Coverage

Add Insurance

INSURER	INSURER TYPE	SUBSCRIBER	COVERAGE TYPE	POLICY NUMBER	ELIGIBILITY BEGIN DATE	ELIGIBILITY END DATE	STATUS	
004336 PCN ADV PO BOX 52116, PHOENIX, AZ 85072 (866)842-5178	PRIVATE	DEMO ADULT,PATIENT		3453453453	03-06-2019		Active	Edit Delete
AZ - MEDICAID 1234, PHOENIX, AZ 85002-5520 (602)417-4000	MEDICAID	DEMO,PATIENT ELDERLY	NP	A0123456	01-01-2020		Active	Edit Delete



Adding Medicare Entry to Page 4

Search Insurance

MEDICARE ×

ENVOLVE DENTAL MEDICARE	PRIVATE
PO BOX 23768 TAMPA, FL 33623	(844)234-0810
FHP-MEDICARE	PRIVATE
PO BOX 35816 COLORADO SPRING, CO 80935	(800)811-7306
MEDICARE	MEDICARE FI
PO BOX 3111 MECHANICSBURG, PA 17055-1857	(855)252-8782
MEDICARE (NON PAY BATCH)	PRIVATE
PO BOX 00000 SHERMAN, TX 00000	
MEDICARE ADVANTAGE PLAN	MCR PART C
PO BOX 981748 EL PASO, TX 79998	(775)770-9311

← Displaying 6 - 10 →



Adding Medicare Entry to Page 4

Medicare

Medicare Name [required]	Medicare MBI Number [required]	Date Of Birth [required]	Medicare Release Date [required]
DEMO,PATIENT ELDERLY	1JK2MG3JK45	01-01-1945	__-__-__
Medicare HICN Number	Suffix	Primary Care Provider	QMB/SLMB
	Please Select		Please Select
Advance Beneficiary Notice Obtained	IMP MSG FORM SIGN Obtained Date	Card Copy on File	
__-__-__	__-__-__	<input type="checkbox"/>	

Med Release Date is a required field.

July 2024

Su	Mo	Tu	We	Th	Fr	Sa
30	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31	1	2	3
4	5	6	7	8	9	10

↑ ↓

Clear Today

Eligibilities

Add

START DATE	END DATE	COVERAGE TYPE
No data		

Medicare must have at least one eligibility

Discard

Save



Adding Medicare Entry to Page 4

Eligibility

Coverage Type	[required]	Start Date	[required]	End Date
Please Select		---		---
Please Select				
A				
B				



Adding Medicare Entry to Page 4

Eligibilities

Add





START DATE	END DATE	COVERAGE TYPE	
01-01-2020		A	Edit Remove
01-01-2020		B	Edit Remove

Discard


Save



Adding Medicare Entry to Page 4

Profile  Insurance  Prior Auth Benefits Cases  Appointments Print 

Insurance Coverage Add Insurance

INSURER	INSURER TYPE	SUBSCRIBER	COVERAGE TYPE	POLICY NUMBER	ELIGIBILITY BEGIN DATE	ELIGIBILITY END DATE	STATUS
004336 PCN ADV PO BOX 52116, PHOENIX, AZ 85073 (66)042-5170	PRIVATE 	DEMO ADULT,PATIENT		3453453453	03-06-2019		Active
AZ - MEDICAID 1234, PHOENIX, AZ 85002-5520 (607)417-4000	MEDICAID	DEMO,PATIENT ELDERLY	NP	A0123456	01-01-2020		Active
BLUE CROSS BLUE SHIELD PO BOX 2924, PHOENIX, AZ 85002-2924 (602)864-4400	PRIVATE	DEMO,PATIENT ELDERLY	M/BI/AWWE MAMMO	987TESTING	02-01-2020	02-01-2020	Inactive
MEDICARE PO BOX 3111, MECHANICSBURG, PA 17055-1857 (55)232-8782	MEDICARE	DEMO,PATIENT ELDERLY	A	1JK2MG3JK45	01-01-2020		Active
MEDICARE PO BOX 3111, MECHANICSBURG, PA 17055-1857 (55)232-8782	MEDICARE	DEMO,PATIENT ELDERLY	B	1JK2MG3JK45	01-01-2020		Active



Medicare Secondary Payer Questionnaire – MSP in BPRM

BPRM VERSION



MSP Add - BPRM

The screenshot displays a patient record for "DEMO, PATIENT ELDERLY" (DOB: 5/21/1920, MALE). The interface includes a left-hand navigation menu with "Insurance Coverage", "Insurance Sequence", and "MSP Surveys" (all circled in red). The main content area shows the "MSP Surveys" section with a yellow warning banner: "Warnings: Medicare Secondary Payer information missing". Below this is a table with columns: "DATE SURVEY GIVEN", "SIGNATURE DATE", "MSP PATIENT", "MEDICARE SECONDARY REASON", and "COMPLETED BY". The table contains the text "No data for MSP Surveys". A blue "Add MSP Survey" button is circled in red in the top right corner of the survey section.

DEMO, PATIENT ELDERLY
5/21/1920 (104 YRS) - MALE
HRN: 599688
Eligibility Status: PENDING VERIFICATION
PCP: PROVIDER.ELSEWHERE
Last Updated: 07/15/2024 By (RUIZ,LASHAWN D)

Insurance Coverage
INSURER: 004336 PCN ADV
PO BOX 52116, PHOENIX, AZ 85002
AZ - MEDICAID

MSP Surveys
Warnings:
• Medicare Secondary Payer information missing

DATE SURVEY GIVEN	SIGNATURE DATE	MSP PATIENT	MEDICARE SECONDARY REASON	COMPLETED BY
No data for MSP Surveys				

[Add MSP Survey](#)



MSP Add - BPRM

- Step 1: Select the patient
- Step 2: Part I of Questionnaire
- Step 3: Part II of Questionnaire
- Step 4: Part III of Questionnaire
- Step 5: Part IV of Questionnaire
- Step 6: Part V of Questionnaire
- Step 7: Part VI of Questionnaire

MSP Questionnaire


Date Survey Given [required]

07-15-2024 

PART I

- Are you receiving Black Lung (BL) Benefits?
 Yes BL IS PRIMARY PAYER ONLY FOR CLAIMS RELATED TO BL.
 No
- Are the services to be paid by a government research program?
 Yes GOVERNMENT RESEARCH PROGRAM WILL PAY PRIMARY BENEFITS FOR THESE SERVICES.
 No
- Has the Department of Veterans Affairs (DVA) authorized and agreed to pay for your care at this facility?
 Yes DVA IS PRIMARY FOR THESE SERVICES.
 No
- Was the illness/injury due to a work-related accident/condition?
 Yes WC IS PRIMARY PAYER ONLY FOR CLAIMS FOR WORK-RELATED INJURIES OR ILLNESS, GO TO PART III.

Date of injury/illness





MSP Add - BPRM

Please note that both "Age" and "ESRD" OR "Disability" and "ESRD" may be selected simultaneously. An individual cannot be entitled to Medicare based on "Age" and "Disability" simultaneously. Please complete ALL "PARTS" associated with the patient's selections

PART IV - AGE

1 Are you currently employed?

Yes

No

Date of Retirement

2 Do you have a spouse who is currently employed?

Yes

No

Date of Retirement

IF THE PATIENT ANSWERED "NO" TO BOTH QUESTIONS 1 AND 2, MEDICARE IS PRIMARY UNLESS THE PATIENT ANSWERED "YES" TO QUESTIONS IN PART I OR II. DO NOT PROCEED FURTHER.



MSP Add - BPRM

Yes
 No

Date of Retirement

IF THE PATIENT ANSWERED "NO" TO BOTH QUESTIONS 1 AND 2, MEDICARE IS PRIMARY UNLESS FURTHER.

MSP Patient [required]

Yes No

Signature Date [required]

07-15-2024

Completed By [required]

RUIZ,L

Completed By is a required field.

Discard Save

MSP Add - BPRM

DEMO, PATIENT ELDERLY
5/21/1920 (104 YRS) - MALE

HRN: 999088
Eligibility Status: PENDING VERIFICATION
PCP: PROVIDER, ELSEWHERE

Last Updated: 07/15/2024 By (RUIZ, LASHAWN D)


No Record Flags Not Sensitive No RHI Active Insurance UNS Veteran

Profile Insurance Prior Auth Benefits Cases Appointments

Insurance Coverage Insurance Sequence **MSP Surveys**

MSP Surveys [Add MSP Survey](#)

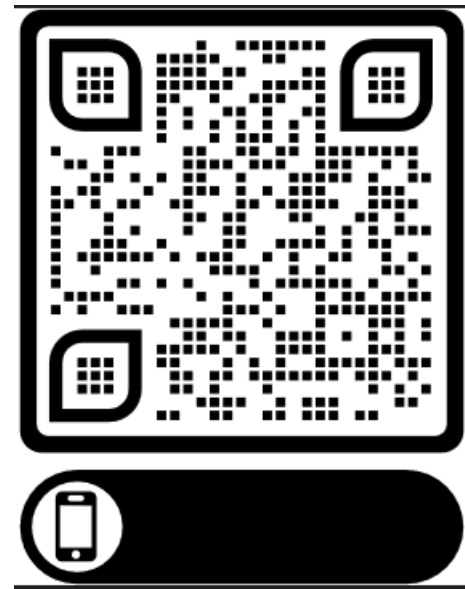
DATE SURVEY GIVEN	SIGNATURE DATE	MSP PATIENT	MEDICARE SECONDARY REASON	COMPLETED BY	
07-15-2024	07-15-2024	NO		RUIZ, LASHAWN D	Edit



Novitasphere



CMS – MSP Manual



Contact Information

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Crow/Northern Cheyenne Hospital, Tohatchi Health Care Center & Phoenix Indian Medical Center



