POLICY: UCONN HEALTH MEDICARE SECONDARY PAYOR REQUIREMENTS

POLICY STATEMENT:
It is the policy of UConn Health to determine whether or not a patient is eligible for Medicare benefits and, if so, to determine if one or more third party payers might be responsible for payment before Medicare considers payment. UConn Health will take all reasonable efforts to obtain information from patients and/or responsible family members in order to determine on a pre-billing basis if another third party might be primary to the patients Medicare benefits.

Once the patient has been identified as having one or more third party payers as primary to his or her Medicare benefits, it is the policy of UConn Health to obtain information relative to these other payers, enter it into the automated registration system and bill such payers as primary to Medicare.

Purpose
The purpose of this policy is to document that UConn Health complies with Medicare regulations by accurately identifying those situations where other third party payers are primary to Medicare benefits and, bill for services provided to Medicare beneficiaries under such situations.

Scope
This policy applies to all settings of care provided by UConn Health. The Medicare Secondary Payor (MSP) questions need to be asked of beneficiaries entitled to traditional (i.e., fee for service) Medicare Part A and/or Part B coverage. Please refer to the Patient Access operational policies and procedures for details related to completion of the specific questions/fields that are related to MSP data capture.

Jeffrey Geoghegan (Signed) 2/10/16
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Jeffrey Geoghegan
Chief Financial Officer

Andrew Agwunobi (Signed) 2/19/16
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Andrew Agwunobi, M.D., M.B.A.
Chief Executive Officer
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New Policy: 9/29/08
Reviewed without changes: 2/9/16