

Health Insurance

If you have Medicare and other health insurance or coverage, each type of coverage is called a "payer." When there is more than one payer, "coordination of benefits" rules decide which one pays first. The "primary payer" pays what it owes on your bills first, and then sends the rest to the "secondary payer" to pay. The insurance that pays first is called the primary payer. The primary payer pays up to the limits of its coverage. The insurance that pays second is called the secondary payer. The secondary payer only pays if there are costs the primary insurer didn't cover.

The Medicare Coordination of Benefits (COB) program wants to make sure Medicare pays your claims right the first time, every time. The Benefits Coordination & Recovery Center (BCRC) collects information on your health care coverage and stores it in your Medicare record. This record must be updated every time you make a change to your health care coverage. Information comes from these sources:

- Your Medicare Secondary Claim Development Questionnaire,
- Your doctor and other providers,
- Your group health plan,
- Your employer, and
- You.

Medicare may be your secondary payer. Your record should show whether a group health plan or other insurer should pay before Medicare. Paying claims right the first time prevents mistakes and problems with your health care plans. To ensure correct payment of your Medicare claims, you should:

- Respond to Medicare Secondary Claim Development Questionnaire letters in a timely manner.
- Tell the BCRC about any changes in your health insurance due to you, your spouse, or a family member's current employment or coverage changes. The BCRC's information can be accessed by clicking Contacts in the Related Links section below.
- Tell your doctor and other health care providers if you have coverage in addition to Medicare.
- Be aware that changes in employment, including retirement and changes in health insurance companies may affect your claims payment.

For more information on how Medicare works with other insurance, click the [medicare.gov](https://www.medicare.gov) link found in the Related Links section below. Next, go to the "Supplements and Other Insurance" menu option at the top of the page and select "How Medicare works with other insurance" from the drop-down list. Additional information can be accessed by selecting the Coordination of Benefits link also found in the Related Links section.

Medicare Secondary Claim Development Questionnaire

The Medicare Secondary Claim Development Questionnaire is sent to obtain information about other insurers that may pay before Medicare. When you return the questionnaire in a timely manner, you help ensure correct payment of your Medicare claims.

This questionnaire is mailed when a claim is submitted to Medicare with an explanation of benefits (EOB) attached, a self-report is made by you or your attorney identifying a Medicare Secondary Payer (MSP) situation, or an insurer submits MSP information to a contractor, or the BCRC. This questionnaire asks:

- If you have other health insurance or coverage based upon your current employment;
- If you are receiving black lung benefits, workers' compensation benefits, or treatment for an injury or illness for which another party could be held liable, or are covered under automobile no-fault insurance; and
- If you have other health insurance or coverage based upon a family member's current employment.

You may access a sample Medicare Secondary Claim Development questionnaire in the Downloads section at the bottom of this page. Note that the questionnaire you receive may appear slightly different depending on the reason you are entitled to Medicare. If assistance is needed in completing the questionnaire, the BCRC should be contacted. For BCRC contact information, please click the Contacts link in the Related Links section below.

Downloads

- [Medicare Secondary Payer Claim Development \(SCA\) \(PDF\)](#)