MSP Validation Process

Payment Integrity Solutions

Data File
1. MSPMA
2. Member Contact Information

Conduent Investigates
MSPMA Coverage

Phone Campaign

Letter Campaign

Update File Sent to CMS

Updated Data File Returned to Client

Client Updates Records
1. Client Internal System Updated
2. CMS Premium Reconciliation

Our MSP validation service assists Medicare Advantage payers by ensuring that CMS systems are updated to reflect the maximum allowable restoration and retention of premium payments by the client through verifying other primary insurance coverage that exists on the client's MSP file. Conduent will work to ensure that the client is meeting all of its CMS compliance and regulatory obligations as it relates to the MSP process.

Medicare Advantage payers have found that many records on the MSP file are inaccurate or even invalid. Medicare Advantage payers lose around 80% of their revenue from CMS for each member listed on the MSP file. With only about 20% accuracy on the MSP file, Medicare Advantage payers are eager to validate the other coverage information provided by CMS so that they can correct any inaccuracies and begin receiving the proper payment from CMS.

Conduent will identify and recover improper primary claim payments and update the client's internal system to prevent future improper overpayments.

MSP Validation Process
We will investigate the validity of each primary insurance occurrence on the client's MSP file through contacting: other carriers, employers, and members. We will also send corrective transactions through the CMS ECRS system as necessary.

Each validation is tracked from the occurrence received on the MSP file to an ECRS transaction that is accepted by CMS.

File Review
Each month the client sends its MSP file from CMS, as well as COB data from the client's internal system. Conduent then analyzes this data and determines which records require validation.

We will investigate instances where a member's other primary insurance coverage record overlaps with the member's client eligibility, causing a loss of premium. We can also assist with reconciling your internal COB systems with the CMS MMR report in order to ensure that you are receiving the maximum premium payment on your membership. The file is compared to previous months and valid reoccurring records are filtered; however records with open ended coverage that reoccur are sent for re-validation every six months. The file is then loaded into the investigation database for validation.

About Conduent

Conduent is the world's largest provider of diversified business process services with leading capabilities in transaction processing, automation, analytics and constituent experience. We work with both government and commercial customers in assisting them to deliver quality services to the people they serve.

We manage interactions with patients and the insured for a significant portion of the U.S. healthcare industry. We're the customer interface for large segments of the technology industry. And, we're the operational and processing partner of choice for public transportation systems around the world.

Whether it's digital payments, claims processing, benefit administration, automated tolling, customer care or distributed learning – Conduent manages and modernizes these interactions to create value for both our clients and their constituents.

Learn more at www.conduent.com.

Contact Other Insurance Carrier

Our first step is to reach out to the other insurance carrier listed on the file. If the other insurance carrier is identifiable, we make a call to the carrier to try to validate the data elements reported by CMS. We then gather and validate all necessary policy details.

However it is often the case that the carrier may not have available all information needed to make a primacy determination, or there may not be enough information in the MSP record to properly identify the carrier of potentially valid primary coverage.

Contact Employer Group

In some instances, it may be necessary to contact the member's employer group directly to obtain retirement dates, disability dates, or other key pieces of employment information to make a primacy determination.

Contact Member

Last, if necessary we contact the member by phone to validate the other coverage information on the MSP file. As the information on the file is frequently incorrect, the member can be vital in identifying the actual carrier who provided coverage, or can assist in confirming if an MSP occurrence is not valid.

Primacy Determination

After all validation data is collected, a primacy determination is made based on CMS coordination of benefit guidelines, the work status of the policyholder at the time the other coverage was in effect, as well as the type of other coverage that is identified.

ECRS Transactions

Once the other insurance record has been validated, ECRS is reviewed to determine if a corrective transaction will be necessary. To make this determination the auditor will compare the results of our investigation to the current status of the Common Working File (CWF) and submit whatever updates, deletions, or additions are required.

If no update is needed, the validation process is complete. However if an ECRS transaction is required the DCN will be stored in our ECRS Tracking System. Any error responses are corrected and resubmitted, while the validation status is tracked until it receives an accepted status from CMS.

Client System Updates

Conduent can work with the client to create an update file for the client's internal COB system with the results of our investigation. This will be essential in order to reconcile your records and begin receiving the premium you are owed, and will also ensure that no further improper primary claims payments are made.

Overpayment Recoveries

After updating primacy in CMS and internal systems, we will identify and recover any improperly made primary payments.