Medicare Secondary Payer Questionnaire

PART I

1. Are you receiving Black Lung (BL) Benefits?

___ Yes; Date benefits began (MM/DD/YYYY): _____

If Yes, BL IS PRIMARY PAYER ONLY FOR CLAIMS RELATED TO BL

___ No.

2. Are the services to be paid by a government research program?

___ Yes.

If 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.

If Yes, DVA IS PRIMARY FOR THESE SERVICES.

___ No.

4. Was the illness/injury due to a work-related accident/condition?

___ Yes; Date of injury/illness (MM/DD/YYYY): _____

Name and address of workers' compensation (WC) plan:

_____

_____

_____

_____

Policy or identification number: _____

Name and address of your employer:

_____

_____

_____

_____

If Yes, WC IS PRIMARY PAYER ONLY FOR CLAIMS FOR WORK-RELATED INJURIES OR ILLNESS, GO TO PART III (page 2).

___ No. **GO TO PART II (below).**

PART II

1. Was illness/injury due to a non-work-related accident?

___ Yes; Date of accident (MM/DD/YYYY): _____

___ No. **GO TO PART III (page 2)**

2. Is no-fault insurance available? (No-fault insurance is insurance that pays for health care services resulting from injury to you or damage to your property regardless of who is at fault for causing the accident.

___Yes.

Name and address of no-fault insurer(s) and no-fault insurance policy owner:

_____

_____

_____

_____

_____

_____

_____

_____

Insurance claim number(s): _____

___No.

3. Is liability insurance available? (Liability insurance is insurance that protects against claims based on negligence, inappropriate action or inaction, which results in injury to someone or damage to property.)

___Yes.

Name and address of liability insurer(s) and responsible party:

_____

_____

_____

_____

_____

_____

_____

_____

Insurance claim number(s): _____

___No.

NO-FAULT INSURER IS PRIMARY PAYER ONLY FOR THOSE SERVICES RELATED TO THE ACCIDENT. LIABILITY INSURANCE IS PRIMARY PAYER ONLY FOR THOSE SERVICES RELATED TO THE LIABLITY SETTLEMENT, JUDGMENT, OR AWARD. GO TO PART III (below).

PART III

1. Are you entitled to Medicare based on (check all that apply):

___ Age. **Go to PART IV (page 3).**

___ Disability. **Go to PART V (page 4).**

___ End-Stage Renal Disease (ESRD). **Go to PART VI (page 6).**

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.

Name and address of your employer:

_____

_____

_____

_____

___ No. If applicable, date of retirement (MM/DD/YYYY): _____

___No. Never Employed.

2. Do you have a spouse who is currently employed?

___ Yes.

Name and address of your spouse's employer:

_____

_____

_____

_____

___ No. If applicable, date of retirement (MM/DD/YYYY): _____

___No. Never Employed.

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.

3. Do you have group health plan (GHP) coverage based on your own or a spouse's current employment?

___ Yes, both.

___ Yes, self.

___ Yes, spouse.

___ No. **STOP. MEDICARE IS PRIMARY PAYER UNLESS THE PATIENT ANSWERED YES TO THE QUESTIONS IN PART I OR II.**

4. If you have GHP coverage based on your own current employment, does your employer that sponsors or contributes to the GHP employ 20 or more employees?

___ Yes. **GHP IS PRIMARY. OBTAIN THE FOLLOWING INFORMATION.**

Name and address of GHP:

_____

_____

_____

_____

Policy identification number (this number is sometimes referred to as the health insurance benefit package number): _____

Group identification number: _____

Membership number (prior to the Health Insurance Portability and Accountability Act (HIPAA), this number was frequently the individual's Social Security Number (SSN); it is the unique identifier assigned to the policyholder/patient): _____

Name of policyholder/named insured: _____

Relationship to patient: _____

___ No.

5. If you have GHP coverage based on your spouse's current employment, does your spouse's employer, which sponsors or contributes to the GHP, employ 20 or more employees?

___ Yes. **GHP IS PRIMARY. OBTAIN THE FOLLOWING INFORMATION.**

Name and address of GHP:

_____

_____

_____

_____

Policy identification number (this number is sometimes referred to as the health insurance benefit package number): _____

Group identification number: _____

Membership number (prior to HIPAA, this number was frequently the individual's SSN; it is the unique identifier assigned to the policyholder/patient): _____

Name of policyholder/named insured: _____

Relationship to patient: _____

___ No.

IF THE PATIENT ANSWERED "NO" TO BOTH QUESTIONS 4 AND 5, MEDICARE IS PRIMARY UNLESS THE PATIENT ANSWERED "YES" TO QUESTIONS IN PART I OR II.

PART V – DISABILITY

1. Are you currently employed?

___ Yes.

Name and address of your employer:

_____

_____

_____

_____

___ No. If applicable, date of retirement (MM/DD/YYYY): _____

___No. Never Employed.

2. Do you have a spouse who is currently employed?

___ Yes.

Name and address of your spouse's employer:

_____

_____

_____

_____

___No. If applicable, date of retirement (MM/DD/YYYY): _____

___No. Never Employed.

3. Do you have group health plan (GHP) coverage based on your own or a spouse's current employment?

___ Yes, both.

___ Yes, self.

___ Yes, spouse.

___ No.

4. Are you covered under the GHP of a family member other than your spouse?

_____Yes.

Name and address of your family member's employer:

_____

_____

_____

_____

_____No.

IF THE PATIENT ANSWERED "NO" TO QUESTIONS 1, 2, 3, AND 4, STOP. MEDICARE IS PRIMARY UNLESS THE PATIENT ANSWERED "YES" TO QUESTIONS IN PART I OR II.

5. If you have GHP coverage based on your own current employment, does your employer that sponsors or contributes to the GHP employ 100 or more employees?

___ Yes. **GHP IS PRIMARY. OBTAIN THE FOLLOWING INFORMATION.**

Name and address of GHP:

_____

_____

_____

_____

Policy identification number (this number is sometimes referred to as the health insurance benefit package number): _____

Group identification number: _____

Membership number (prior to HIPAA, this number was frequently the individual's SSN; it is the unique identifier assigned to the policyholder/patient): _____

Name of policyholder/named insured: _____

Relationship to patient: _____

___ No.

6. If you have GHP coverage based on your spouse's current employment, does your spouse's employer, that sponsors or contributes to the GHP, employ 100 or more employees?

___ Yes. **GHP IS PRIMARY. OBTAIN THE FOLLOWING INFORMATION.**

Name and address of GHP:

_____

_____

_____

_____

Policy identification number (this number is sometimes referred to as the health insurance benefit package number): _____

Group identification number: _____

Membership number (prior to HIPAA, this number was frequently the individual's SSN; it is the unique identifier assigned to the policyholder/patient): _____

Name of policyholder/named insured: _____

Relationship to patient: _____

___ No.

7. If you have GHP coverage based on a family member's current employment, does your family member's employer, that sponsors or contributes to the GHP, employ 100 or more employees?

___ Yes. **GHP IS PRIMARY. OBTAIN THE FOLLOWING INFORMATION.**

Name and address of GHP:

_____

_____

_____

_____

Policy identification number (this number is sometimes referred to as the health insurance benefit package number): _____

Group identification number: _____

Membership number (prior to HIPAA, this number was frequently the individual's SSN; it is the unique identifier assigned to the policyholder/patient): _____

Name of policyholder/named insured: _____

Relationship to patient: _____

___ No.

IF THE PATIENT ANSWERED "NO" TO QUESTIONS 5, 6, and 7, MEDICARE IS PRIMARY UNLESS THE PATIENT ANSWERED "YES" TO QUESTIONS IN PART I OR II.

PART VI – ESRD

1. Do you have group health plan (GHP) coverage?

___Yes.

IF APPICABLE, YOUR GHP INFORMATION:

Name and address of GHP:

_____

_____

_____

_____

Policy identification number (this number is sometimes referred to as the health insurance benefit package number: _____

Group identification number: _____

Membership number (prior to HIPAA, this number was frequently the individual's SSN; it is the unique identifier assigned to the policyholder/patient): _____

Name of policyholder /named insured: _____

Relationship to patient: _____

Name and address of employer, if any, from which you receive GHP coverage:

_____

_____

_____

_____

IF APPICABLE, YOUR SPOUSE'S GHP INFORMATION:

Name and address of GHP:

_____

_____

_____

_____

Policy identification number (this number is sometimes referred to as the health insurance benefit package number: _____

Group identification number: _____

Membership number (prior to HIPAA, this number was frequently the individual's SSN; it is the unique identifier assigned to the policyholder/patient): _____

Name of policyholder /named insured: _____

Relationship to patient: _____

Name and address of employer, if any, from which your spouse receives GHP coverage:

IF APPICABLE, YOUR FAMILY MEMBER'S GHP INFORMATION:

Name and address of GHP:

_____

_____

_____

_____

Policy identification number (this number is sometimes referred to as the health insurance benefit package number: _____

Group identification number: _____

Membership number (prior to HIPAA, this number was frequently the individual's SSN; it is the unique identifier assigned to the policyholder/patient): _____

Name of policyholder /named insured: _____

Relationship to patient: _____

Name and address of employer, if any, from which your family member receives GHP coverage:

_____

_____

_____

_____

___ No. **STOP. MEDICARE IS PRIMARY.**

2. Have you received a kidney transplant?

___ Yes. Date of transplant (MM/DD/YYYY): _____

___ No.

3. Have you received maintenance dialysis treatments?

___ Yes. Date dialysis began (MM/DD/YYYY): _____

If you participated in a self-dialysis training program, provide date training started (MM/DD/YYYY) _____

___ No.

4. Are you within the 30-month coordination period that starts (MM/DD/YYYY): _____? (The 30-month coordination period starts the first day of the month an individual is eligible for Medicare (even if not yet enrolled in Medicare) because of kidney failure (usually the fourth month of dialysis). If the individual is participating in a self-dialysis training program or has a kidney transplant during the 3-month waiting period, the 30-month coordination period starts with the first day of the month of dialysis or kidney transplant.)

___ Yes.

___ No. **STOP. MEDICARE IS PRIMARY.**

5. Are you entitled to Medicare on the basis of either ESRD and age or ESRD and disability?

___ Yes.

___ No.

6. Was your initial entitlement to Medicare (including simultaneous or dual entitlement) based on ESRD?

___ Yes. **STOP. GHP CONTINUES TO PAY PRIMARY DURING THE 30-MONTH COORDINATION PERIOD.**

___ No. **INITIAL ENTITLEMENT BASED ON AGE OR DISABILITY.**

7. Does the working aged or disability MSP provision apply (i.e., is the GHP already primary based on age or disability entitlement)?

___ Yes. **GHP CONTINUES TO PAY PRIMARY DURING THE 30-MONTH COORDINATION PERIOD.**

___ No. **MEDICARE CONTINUES TO PAY PRIMARY.**

If no MSP data are found in the Common Working File (CWF) for the beneficiary, the provider still asks the types of questions above and provides any MSP information on the bill using the proper uniform billing codes. This information will then be used to update CWF through the billing process.