Medicare Secondary Payer (MSP)
QUESTIONNAIRE

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The following 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 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.

Patient Name: Date:

      HICN:

PART ONE

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

    Yes   Date benefits began: (MM/DD/YYYY)

    No   BL IS PRIMARY PAYER ONLY FOR CLAIMS RELATED TO BL.

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 care at this facility?**

    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 worker's compensation (WC) plan:

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4. **Was the illness/injury due to a work related accident/condition?** *(continued)*

    Yes   Policy or Identification Number:

               Name and address of your employer:

               WC IS PRIMARY PAYER ONLY FOR CLAIMS RELATED TO WORK RELATED INJURIES OR ILLNESS.
    GO TO PART THREE.

    No   **IF "NO", GO TO PART TWO.**

PART TWO

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

    Yes   Date of accident: (MM/DD/YYYY)

    No   **IF "NO", GO TO PART THREE.**

6. **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   Insurance Claim Number(s):

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

    No

7. **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   Insurance Claim Number(s):

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

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7. Is liability insurance available? *(continued)*

No   NO-FAULT INSURER IS PRIMARY PAYER ONLY FOR THOSE SERVICES RELATED TO THE ACCIDENT. LIABILITY INSURER IS PRIMARY PAYER ONLY FOR THOSE SERVICES RELATED TO THE LIABILITY SETTLEMENT, JUDGMENT, OR AWARD.

GO TO PART THREE.

PART THREE

8. Are you entitled to Medicare based on:

Age	**GO TO PART FOUR.**	*Please note that both "Age" and "ESRD" OR "Disability" and "ESRD" may be selected simultaneously.*
Disability	**GO TO PART FIVE.**	*An individual cannot be entitled to Medicare based on "Age" and "Disability" simultaneously.*
(ESRD) End-Stage Renal Disease	**GO TO PART SIX.**	*Please complete ALL parts associated with the patient's selections.*

PART FOUR

9. Are you currently employed?

Yes   Name and address of your employer:

No   Date of retirement: (MM/DD/YYYY)

No   Never employed

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

Yes   Name and address of spouse's employer:

No   Date of retirement: (MM/DD/YYYY)

No   Never employed

IF THE PATIENT ANSWERED "NO" TO BOTH QUESTIONS 9 AND 10, MEDICARE IS PRIMARY UNLESS THE PATIENT ANSWERED "YES" TO QUESTIONS IN PARTS ONE OR TWO. **DO NOT PROCEED FURTHER.**

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11. 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 ONE OR TWO.

12. 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
                 (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 policy holder: Relationship to patient:

    No

13. 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 20 or more employees?

    Yes   GHP IS PRIMARY. OBTAIN THE FOLLOWING INFORMATION.

                 Name and address of GHP:

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13. *(continued)*

Policy identification number
(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 policy holder: Relationship to patient:

No

IF THE PATIENT ANSWERED "NO" TO BOTH QUESTIONS 12 AND 13, MEDICARE IS PRIMARY, UNLESS THE PATIENT ANSWERED "YES" TO QUESTIONS IN PART ONE OR TWO.

PART FIVE

14. Are you currently employed?

Yes   Name and address of your employer:

No   Date of retirement: (MM/DD/YYYY)

No   Never employed

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

Yes   Name and address of spouse's employer:

No   Date of retirement: (MM/DD/YYYY)

No   Never employed

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16. Do you have group health plan (GHP) coverage based on your own, or a family member's current employment?

    Yes   Both

    Yes   Self

    Yes   Spouse

    No

17. Are you covered under the group health plan 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 14 - 17, STOP. MEDICARE IS PRIMARY, UNLESS THE PATIENT ANSWERED "YES" TO QUESTIONS IN PART ONE OR TWO.

18. 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
            (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 policy holder: Relationship to patient:

    No

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19. **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
                (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 policy holder: Relationship to patient:

    No

20. **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
                (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 policy holder: Relationship to patient:

    No

                IF THE PATIENT ANSWERED "NO" TO QUESTIONS 18 - 20, MEDICARE IS PRIMARY, UNLESS THE PATIENT ANSWERED "YES" TO QUESTIONS IN PART ONE OR TWO.

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PART SIX

21. **Do you have group health plan (GHP) coverage either through your own employer, spouse's employer, or a family member's employer?**

       Yes   OBTAIN THE FOLLOWING INFORMATION.

               Name and address of GHP:

               Policy identification number
               (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 policy holder: Relationship to patient:

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

       No   **IF "NO", STOP.** MEDICARE IS PRIMARY PAYER.

22. **Have you received a kidney transplant?**

       Yes   Date of transplant: (MM/DD/YYYY)

       No

23. **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

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24. **Are you within the 30-month coordination period?**

    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 PAYER.

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

    Yes

    No

26. **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.

27. **Does the working aged or disability MSP provision apply (i.e., is the GHP primarily 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.

_____

Signature   Date

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