

Medicare Secondary Payer (MSP) Questionnaire

Patient Name _____ Date: _____

HICN: _____

Part I

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

Yes Date benefits began: _____(MM/DD/CCYY)

BL IS PRIMARY PAYER ONLY FOR CLAIMS RELATED TO BL.

No

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/CCYY)

Name and address of worker's compensation (WC) plan:

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 III.

No **GO TO PART II.**

Part II

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

Yes Date of accident: _____(MM/DD/CCYY)

No **GO TO PART III**

Medicare Secondary Payer (MSP) Questionnaire (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 any liability insurer(s) and responsible party:

Insurance claim number: _____

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, JUDGEMENT, OR AWARD. GO TO PART III.

No **GO TO PART III**

Part III

1. Are you entitled to Medicare based on:

Age **Go to Part IV.**

Disability **Go to Part V.**

End Stage Renal Disease (ESRD) **Go to Part VI.**

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

Medicare Secondary Payer (MSP) Questionnaire (page 3)

Name and address of your employer:

No If applicable, date of retirement: _____(MM/DD/CCYY)

No Never employed

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

Yes

Name and address of spouse's employer:

No If applicable, date of retirement: _____(MM/DD/CCYY)

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): _____

Medicare Secondary Payer (MSP) Questionnaire (page 4)

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, 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

IF THE PATIENT ANSWERED “NO” TO BOTH QUESTIONS 4 AND 5, MEDICARE IS PRIMARY UNLESS THE PATIENT ANSWERED “YES” TO QUESTIONS IN PART 1 OR 11.

Part V - Disability

1. Are you currently employed?

___ Yes

Name and address of your employer:

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

___ No Never Employed

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

___ Yes

Name and address of your spouse’s employer:

Medicare Secondary Payer (MSP) Questionnaire (page 5)

No If applicable, date of retirement: _____(MM/DD/CCYY)

No Never Employed

3. 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

4. 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 1, 2, 3, AND 4, STOP. MEDICARE IS PRIMARY UNLESS THE PATIENT ANSWERED "YES" TO QUESTIONS IN PART 1 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.**

Medicare Secondary Payer (MSP) Questionnaire (page 6)

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 APPLICABLE, YOUR GHP INFORMATION:

Name and address of GHP:

Medicare Secondary Payer (MSP) Questionnaire (page 7)

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 APPLICABLE, 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 APPLICABLE, 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: _____

Medicare Secondary Payer (MSP) Questionnaire (page 8)

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/CCYY)

No

3. Have you received maintenance dialysis treatments?

Yes Date dialysis began: _____(MM/DD/CCYY)

If you participated in a self-dialysis training program, provide date training started:

_____ (MM/DD/CCYY)

No

4. Are you within the 30-month coordination period that starts MM/DD/CCYY? (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 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.