

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 ONLY FOR CLAIMS RELATED TO BL.

___ No

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

___ Yes Government 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 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**

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2. What type of accident caused the illness/injury?

- Automobile
- Non-automobile

Name and address of no-fault or liability insurer:

Insurance claim number: _____

NO-FAULT INSURER IS PRIMARY PAYER ONLY FOR THOSE CLAIMS RELATED TO THE ACCIDENT. GO TO PART III.

- Other

3. Was another party responsible for this accident?

- Yes

Name and address of any liability insurer:

Insurance claim number: _____

LIABILITY INSURER IS PRIMARY PAYER ONLY FOR THOSE CLAIMS RELATED TO THE ACCIDENT. 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.**
- ESRD **Go to Part VI.**

Part IV – Age

1. Are you currently employed?

- Yes

Name and address of your employer:

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No Date of retirement: _____(MM/DD/CCYY)

No Never employed

2. Is your spouse currently employed?

Yes

Name and address of spouse's employer:

No 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

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

4. Does the employer that sponsors your GHP employ 20 or more employees?

Yes **STOP. 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 **STOP. MEDICARE IS PRIMARY PAYER UNLESS THE PATIENT ANSWERED "YES" TO QUESTIONS IN PART I OR II.**

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Part V - Disability

1. Are you currently employed?

Yes

Name and address of your employer:

No Date of retirement: _____(MM/DD/CCYY)

No Never Employed

2. If married, is your spouse currently employed?

Yes

Name and address of your spouse's employer:

No 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 family member's current employment?

Yes

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

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

Yes

Name and address of our family member's employer:

No

5. Does the employer that sponsors the GHP employ 100 or more employees?

Yes **STOP. GROUP HEALTH PLAN IS PRIMARY. OBTAIN THE FOLLOWING INFORMATION.**

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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 **STOP. MEDICARE IS PRIMARY PAYER UNLESS THE PATIENT ANSWERED "YES" TO QUESTIONS IN PART I OR II.**

Part VI – ESRD

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

If yes, 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:

No **STOP. MEDICARE IS PRIMARY.**

2. Have you received a kidney transplant?

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

No

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

No **MEDICARE CONTINUES TO PAY PRIMARY.**