DME MAC Jurisdiction C

Medicare Secondary Payer (MSP) Questionnaire

Patient Name: _____

Date: _____ Medicare ID: _____

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.

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CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

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

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.

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Part IV – Age

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 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): _____

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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:

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

☐ No Never Employed

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

   ☐ Yes Both
   ☐ Yes Spouse
   ☐ Yes Self
   ☐ 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.

   Name and address of GHP:

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

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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:

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:

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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:

Relationship to patient:

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

☐ No STOP. MEDICARE IS PRIMARY.

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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.

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