Medicare Secondary Payer Questionnaire

Suppliers use the Medicare Secondary Payer Questionnaire model as a guide to help identify other payers that may be primary to Medicare. Per CMS Change Request 5087, effective September 11, 2006, major modifications have been made to the Medicare Secondary Payer Questionnaire. Suppliers should replace previous versions of the form with the revised model information provided by CMS. View Modifications.

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 your 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 workers' compensation plan (WC) plan:

_____
_____
_____
_____

Policy or identification number: _____
Name and address of your employer:

_____
_____
_____
_____
WC IS PRIMARY PAYER ONLY FOR CLAIMS FOR 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

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**.

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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.

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.

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.
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, 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): _____

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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**.

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/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.

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 11.

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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/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 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.