Medicare Secondary Payer Questionnaire

Part I

1. Are you receiving Black Lung (BL) Benefits?
   ___ YES; Date benefits began: ________________ MM/DD/YYYY
   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

5. Was illness/injury due to a Non-work-related accident?
   ___ YES; Date of accident: ________________ MM/DD/CCYY
   ___ NO. GO TO PART III
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
   Name and address of no-fault insurer(s)  
   and no-fault insurance policy owner:
   ______________________________________
   ______________________________________
   ______________________________________
   Insurance claim number(s): __________________
   ___ 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.
   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 liability settlement, judgment, or award. Go to Part III.

PART III

8. 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

9. Are you currently employed?
   ___ YES.
       Name and address of your employer:

       __________________________________________
       __________________________________________
       __________________________________________

   ___ NO. If applicable, date of retirement: ___________ MM/DD/CCYY
   ___ NO. Never Employed.

10. 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.

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 QUESTIONS IN PART I OR II.

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 (this number is sometimes referred to as the health insurance benefit package...
Medicare Facility Only

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): ____________________________
Polder/named insured: ____________________________
Relationship to patient: ____________________________

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:

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 I OR II.

PART V -DISABILITY

14. Are you currently employed?

YES.
Name and address of your employer:
______________________________
______________________________
______________________________

NO. If applicable, date of retirement: ____________________________MM/DD/CCYY

NO. Never Employed.

Medicare Facility Only
15. Do you have a spouse who is currently employed?
___ YES.
   Name and address of your employer:

   

   

___ NO. If applicable, date of retirement: ______________ MM/DD/CCYY
___ NO. Never Employed.

16. 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.

17. 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.

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 (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):________________________
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 (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): ____________________________
   Polder/named insured: ____________________________
   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 (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): ____________________________
   Polder/named insured: ____________________________
   Relationship to patient: ____________________________
   ____ NO.
PART ESRD

21. 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 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):

Polder/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 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):

Polder/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.

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.

24. Are you within the 30-month coordination period that starts ________________ MM/DD/YYYY?
   (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.

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 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.