

# Medicare Secondary Payer (MSP) Questionnaire

PatientName:

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.



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## 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.

## 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):

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

**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):

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:

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:

