5. Have you received maintenance dialysis treatments?
   _____ Yes; date dialysis began: _____
   If you participated in a self-dialysis training program, provide date training started:
   _____
   _____ No

6. Are you within the 30-month coordination period that starts _____? (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 participates in self-dialysis program, coordination period starts with the first day of the month of dialysis or kidney transplant.)
   _____ Yes
   _____ No; stop. Medicare is primary

7. Are you entitled to Medicare on the basis of either ESRD and age or ESRD and disability?
   _____ Yes
   _____ No

8. 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.

9. 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.

Signature: _____ Date: _____

Medicare secondary payer (MSP) manual
Chapter 3- MSP provider, physician, and other supplier billing requirements

20.2.1- Admission questions to ask Medicare beneficiaries
(rev. 53, issued: 06-09-06. Effective: 09-11-06, implementation: 09-11-06)

The following questionnaire contains questions to ask Medicare beneficiaries upon each inpatient and outpatient admission. Providers may use this as a guide to help identify other payers that may be primary to Medicare. This questionnaire is a model of the type of questions that may be asked to help identify Medicare Secondary Payer (MSP) situations. If you choose to use this questionnaire, please note that it was developed to be used in sequence. Instructions are listed after the questions to facilitate transition between questions. The instructions will direct the patient to the next appropriate question to determine MSP situations.

Part I

1. Are you receiving black lung (BL) benefits?
   _____ Yes; date benefits began: _____; BL is primary payer only for claims related to BL.
   _____ No

2. Are the services to be paid for 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: _____
   Name & address of Workers' Compensation (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: _____
   ____ 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 liability insurer(s) and responsible party:
   _____

   _____
   Insurance claim number(s):_____

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.

_____ No

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.

2. Do you have group health plan (GHP) coverage based on your spouse's employment?
   ____ Yes; 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 policy holder/patient): _____
   ~Name of policyholder/named insured: _____
   ~Relationship to patient: _____
   ~Name and address of employer, if any, from which you receive GHP coverage:
   _____

   _____

3. Do you have group health plan (GHP) coverage based on another family member's employment?
   ____ Yes; 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 policy holder/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

4. Have you received a kidney transplant?
   ____ Yes; date of transplant: _____
   ____ 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 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 policy holder/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 (End-Stage Renal Disease)

1. Do you have group health plan (GHP) coverage based on your own current employment?
_____ Yes; 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 policy holder/patient): _____
    ~Name of policyholder/named insured: _____
    ~Relationship to patient: _____
    ~Name and address of employer, if any, from which you receive GHP coverage:
    _____

    _____

Part IV-Age

1. Are you currently employed?
_____ Yes
    Name and address of your employer:
    _____

    _____
_____ No, retired; date of retirement: _____
_____ No; never employed

2. Do you have a spouse who is currently employed?
_____ Yes
    Name and address of your spouse's employer:
    _____

    _____
_____ No, retired; date of retirement: _____
_____ 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 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 policy holder/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 policy holder/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, retired; date of retirement: _____
____ No; never employed

2. Do you have a spouse who is currently employed?
____ Yes
Name and address of your spouse's employer:
_____

_____

____ No, retired; date of retirement: _____
____ 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.

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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 unless the patient answered yes to the questions in part I or II.

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 II.

5. 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 policy holder/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 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 policy holder/patient): _____
~Name of policyholder/named insured: _____
~Relationship to patient: _____
____ No