MEDICARE PART A BULLETIN

March 9, 1999 General Medicare Bulletin G-366

To: All Medicare Providers

From: Medicare Program Relations

Subject: **New And Revised MSP Questionnair**e

ATTENTION MEDICARE BUSINESS OFFICE: Please distribute to all appropriate health care facility personnel.

Providers are required to determine whether Medicare is a primary or secondary payer for each inpatient admission of a Medicare beneficiary and outpatient encounter with a Medicare beneficiary. This is accomplished by asking the beneficiary about possible coverage that is primary to Medicare. The Medicare Secondary Payer (MSP) Questionnaire was developed to be used to determine whether Medicare is a primary or secondary payer.

Effective February 25, 1999, three new questions have been added to the MSP Questionnaire. For providers' convenience, the entire MSP Questionnaire is included in this Bulletin.

The attached chart lists questions to ask Medicare beneficiaries upon each inpatient and outpatient admission. Use this chart as a guide to help identify other payers which may be primary to Medicare. Beginning with Part 1, ask the patient each question in sequence. Comply with any instructions which follow an answer. If the instructions direct you to go to another part, have the patient answer, in sequence, each question under the new part.

NOTE: There may be situations where more than one insurer is primary to Medicare (e.g., Black Lung and Group Health Plans). Be sure to identify all possible insurers.

Questions about this Bulletin may be addressed to the Medicare Part A Customer Service Department by calling (904) 355-8899.

Part I

1. Are you receiving Black Lung (BL) Benefits?

____Yes. Date benefits began: CCYY/MM/DD _____
(Note: an example of a CCYYMMDD date would be 1994/05/12 for May 12, 1994)

BL IS PRIMARY ONLY FOR CLAIMS RELATED TO BL.

____No.

2. Are the services to be paid by a government program such as a research grant?

____Yes. Government 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: CCYY/MM/DD_____

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.

Part II

1. Was illness/injury due to a nonwork related accident?

____Yes. Date of accident: CCYY/MM/DD_____

____No. GO TO PART III.

2. What type of accident caused the illness/injury?

____Automobile

____Non-automobile

Name and address of no-fault or liability insurer:

_____

_____

_____

_____

Insurance claim number

NO-FAULT INSURER IS PRIMARY PAYER ONLY FOR THOSE CLAIMS RELATED TO THE ACCIDENT. GO TO PART III.

____Other.

3. Was another party responsible for this accident?

____Yes.

Name and address of any liability insurer:

_____

_____

_____

Insurance claim number: _____

LIABILITY INSURER IS PRIMARY ONLY FOR THOSE CLAIMS RELATED TO THE ACCIDENT. 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.

____ESRD. Go to Part VI.

Part IV - Age

1. Are you currently employed?

____Yes.

Name and address of your employer:

____No. Date of retirement: CCYY/MM/DD _____

2. Is your spouse currently employed?

____Yes.

Name and address of spouse's employer:

____No. Date of retirement: CCYY/MM/DD _____

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 ANY FURTHER.

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

____Yes.

____No. **STOP. MEDICARE IS PRIMARY PAYER UNLESS THE PATIENT ANSWERED YES TO THE QUESTIONS IN PART I OR II.**

4. Does the employer that sponsors your GHP employ 20 or more employees?

____Yes. **STOP. GROUP HEALTH PLAN (GHP) IS PRIMARY. OBTAIN THE FOLLOWING INFORMATION.**

Name and address of GHP:

_____

_____

_____

Policy identification number _____
Group identification number _____
Name of policy holder _____
Relationship to patient _____

____No. **STOP. MEDICARE IS PRIMARY PAYER 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. Date of retirement: CCYY/MM/DD

2. Is a family member currently employed?

____Yes.

Name and address of employer:

____No.

IF THE PATIENT ANSWERS 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 ANY FURTHER.

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

____Yes.

____No. **STOP. MEDICARE IS PRIMARY UNLESS THE PATIENT ANSWERED YES TO QUESTIONS IN PART I OR II.**

4. Does the employer that sponsors your GHP employ 100 or more employees?

____Yes. **STOP. GROUP HEALTH PLAN IS PRIMARY. OBTAIN THE FOLLOWING INFORMATION.**

Name and address of GHP:

_____

_____

_____

Policy identification number_____
Group identification number_____
Name of policy holder_____
Relationship to the patient_____

____No. **STOP. 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.

Name and address of GHP:

_____

_____

_____

Policy identification number _____
Group identification number _____
Name of policyholder _____
Relationship to the patient _____

Name and address of employer, if any, from which you receive GHP coverage:

_____

_____

_____

____No. **STOP. MEDICARE IS PRIMARY.**

2. Have you received a kidney transplant?

____Yes. Date of transplant: CCYY/MM/DD _____

____No.

3. Have you received maintenance dialysis treatments?

____Yes. Date dialysis began: CCYY/MM/DD _____

If you participated in a self dialysis-training program, provide date training started: CCYY/MM/DD

____No.

4. Are you within the 30-month coordination period?

____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. **STOP. GHP IS PRIMARY DURING THE 30 MONTH COORDINATION PERIOD.**

6. Was your initial entitlement to Medicare (including simultaneous 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 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.**

Documentation To Support Admission Process

Retain a copy of completed admission questionnaires in your files (or on-line) for audit purposes to demonstrate that development for other primary payer coverage takes place. It is not necessary that the completed questionnaire be signed by the beneficiary.

Hard copy questions and responses may be retained on paper, optical image, microfilm, or on microfiche. Hard copy and data must be kept for at least 10 years, in accordance with the Department of Justice's (DOJ's) record retention requirements, after the date of service which appears on the claim. If your admissions questions are retained on-line, you are required to retain negative and positive responses to admission questions for 10 years, in accordance with DOJ's record retention requirements, after the date of service. On-line data may not be purged before then.

Failure to obtain the information listed in the MSP Questionnaire is a violation of your provider agreement with Medicare. The information you must obtain is essential to filing a proper claim with Medicare or a primary payer. Failure to file a proper claim can result in the unnecessary denial or development of claims.