

## 20.2.1 - Admission Questions to Ask Medicare Beneficiaries

*(Rev.)*

The following *questionnaire contains* questions *that can be used* 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: *MM/DD/CCYY*

**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: *MM/DD/CCYY*

Name and address of WC plan:

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Policy or identification number: \_\_\_\_\_

Name and address of your employer:

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**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 non-work related accident?

Yes; Date of accident: *MM/DD/CCYY*

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:

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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:

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Insurance claim number: \_\_\_\_\_

**LIABILITY INSURER IS PRIMARY PAYER 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:

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No. Date of retirement: *MM/DD/CCYY*

*No. Never Employed.*

2. Is your spouse currently employed?

Yes.

Name and address of spouse's employer:

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No. 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.

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. *GHP* IS PRIMARY. OBTAIN THE FOLLOWING INFORMATION.**

Name and address of GHP:

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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. **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: *MM/DD/CCYY*

\_\_\_ *No. Never Employed.*

2. *If married, is your spouse* currently employed?

\_\_\_ Yes.

Name and address of your *spouse's* employer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ *No. 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 family member's current employment?

\_\_\_ Yes.

\_\_\_ No. **STOP. MEDICARE IS PRIMARY PAYER UNLESS THE PATIENT ANSWERED "YES" TO THE QUESTIONS IN PART I OR II.**

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.

5. Does the employer that sponsors *the* 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 (*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. **STOP. MEDICARE IS PRIMARY PAYER UNLESS THE PATIENT ANSWERED "YES" TO QUESTIONS IN PART I OR II.**

**Part VI - ESRD**

1. Do you have group health plan (GHP) coverage?

*If yes, 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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_ 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:  
CCYY/MM/DD

\_\_\_\_ 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 primarily based on age or disability entitlement)?

Yes. **STOP. 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.