CMS Manual System	Department of Health & Human Services(DHHS)
Pub 100-05 Medicare Secondary Payer	Centers for Medicare & Medicaid Services(CMS)
Transmittal 53	Date: JUNE 9, 2006
	Change Request 5087

Subject: Modifications to Online Medicare Secondary Payer Questionnaire. This CR Rescinds and Replaces CR 4098

I. SUMMARY OF CHANGES: CR4098 made several changes to the 'Medicare Secondary Payer Questionnaire.' Several questions have arisen with respect to the changes made to PART V. This CR will modify the changes previously made to PART V to address the questions that have arisen, will incorporate all other changes that were made via CR4098, and will make additional changes to other parts of the model questionnaire to improve the wording and sequencing of questions in these parts.

New / Revised Material
Effective Date: September 11, 2006
Implementation Date: September 11, 2006

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	Chapter / Section / Subsection / Title
R	3/20.2.1/Admission Questions to Ask Medicare Beneficiaries

III. FUNDING:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2006.

IV. ATTACHMENTS:
Business Requirements
Manual Instruction

Unless otherwise specified, the effective date is the date of service.

Attachment - Business Requirements

Pub. 100-05	Transmittal: 53	Date: June 9, 2006	Change Request 5087

SUBJECT: Modifications to Online Medicare Secondary Payer Questionnaire. This CR Rescinds and Replaces CR 4098.

I.   GENERAL INFORMATION

A.   Background: CR4098 made several changes to the 'Medicare Secondary Payer Questionnaire.' Several questions have arisen with respect to the changes made to PART V. This CR will modify the changes previously made to PART V to address the questions that have arisen, will incorporate all other changes that were made via CR4098, and will make additional changes to other Parts of the model questionnaire to improve the wording and sequencing of questions in these Parts.

B.   Policy: N/A

II.   BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement
"Should" denotes an optional requirement

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
5087.1	Contractors shall educate providers that the "MSP Questionnaire" is a model of the type of questions that may be asked to help identify Medicare Secondary Payer (MSP) situations.	X	X	X	X					
5087.2	Contractors shall educate providers that if they choose to use the model questionnaire in its entirety, then this instruction represents major revisions to the model questionnaire.	X	X	X	X					
5087.2.1	As such, contractors shall recommend that the providers replace any previous versions of the model questionnaire with the new version.	X	X	X	X					

III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
5087.3	A provider education article related to this instruction will be available at www.cms.hhs.gov/MLNMattersArticles shortly after the CR is released. You will receive notification of the article release via the established 'medlearn matters' listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within 1 week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin and incorporated into any educational events on this topic. Contractors are free to supplement Medlearn Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X	X	X	X					

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E.   Dependencies: N/A

F.   Testing Considerations: N/A

V.   SCHEDULE, CONTACTS, AND FUNDING

Effective Date*: September 11, 2006 **Implementation Date:** September 11, 2006 **Pre-Implementation Contact(s):** Suzanne Lewis, (410) 786-0970 **Post-Implementation Contact(s):** Suzanne Lewis, (410) 786-0970	**No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.**

*Unless otherwise specified, the effective date is the date of service.

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 *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 *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

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 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 LIABLITY SETTLEMENT, JUDGMENT, OR AWARD. 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, d*ate 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, d*ate 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, d*oes *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 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 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. *If applicable, d*ate 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 *spouse's* current employment?

___ Yes, *both*.

___ Yes, self.

___ Yes, spouse.

___ No.

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 11.

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 APPICABLE, 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 APPICABLE, 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 APPICABLE, 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:

_____

_____

_____

_____

___ 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: *MM/DD/CCYY*

___ 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 *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.