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): __________________________
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 LIABILITY 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, 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.

**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 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, 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 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 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:

________________________________________________

_________________________________________________

_________________________________________________

_________________________________________________

____ 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.