

Have you received maintenance dialysis treatments? Yes; date dialysis began: If you participated in a self-dialysis training program, provide date training No	g started:
6. Are you within the 30-month coordination period that starts period starts the first day of the month an individual is eligible for Medicare Medicare) because of kidney failure (usually the fourth month of dialysis). If dialysis program, coordination period starts with the first day of the month of Yes No; stop. Medicare is primary	(even if not yet enrolled in f the individual participates in sel
7. Are you entitled to Medicare on the basis of either ESRD and age or ESRD Yes No	and disability?
 8. Was your initial entitlement to Medicare (including simultaneous or dual ent Yes; stop. GHP continues to pay primary during the 30-month coordination No; initial entitlement based on age or disability. 9. Does the working aged or disability MSP provision apply (i.e., is the GHP a disability entitlement? Yes; GHP continues to pay primary during the 30-month coordination per No; Medicare continues to pay primary. 	on period. Iready primary based on age or
If no MSP data are found in the common working file (CWF) for the beneficiary of questions above and provides any MSP information on the bill using the projinformation will then be used to update CWF through the billing process.	
Signature: Date:	



PATIENT LABEL

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

t I	
	Are you receiving black lung (BL) benefits?Yes; date benefits began:; BL is primary payer only for claims related to BLNo
	Are the services to be paid for by a government research program? _ Yes; Government research program will pay primary benefits for these services. _ No
5.	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
٠.	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:
VC	is primary payer only for claims for work-related injuries or illness, go to part III. No; go to part II

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Part II

	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):
	o-fault insurer is primary payer only for those services related to the accident; liability insurance is primary payer ally for those services related to the liability settlement, judgment, or award. Go to part III.
_	No
Part	III
PI ca	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 ease note that both "age" and "ESRD" or "disability" and "ESRD" may be selected simultaneously. An individual annot be entitled to Medicare based on "age" and "disability" simultaneously. Please complete all "parts" esociated with the patient's selections.

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PATIENT LABEL

	obtain the following information: e and address of GHP:
bene	cy identification number (this number is sometimes referred to as the health insurance effit package number):
~Gro ~Mer (HIF	up identification number:
~Nar	ne of policyholder/named insured:
~Rela ~Nar	ationship to patient:ne and address of employer, if any, from which you receive GHP coverage:
Yes;	have group health plan (GHP) coverage based on another family member's employmentation:
Nam	e and address of GHP:
~Polic	cy identification number (this number is sometimes referred to as the health insurance
~Police bene ~Gro	by identification number (this number is sometimes referred to as the health insurance effit package number): up identification number:
~Police bene ~Gro ~Mer (HIF unice	cy identification number (this number is sometimes referred to as the health insurance effit package number): up identification number: nbership number (prior to the health insurance portability and accountability act PAA), this number was frequently the individual's social security number (SSN); it is the jue identifier assigned to the policy holder/patient):
~Polic bene ~Gro ~Mer (HIF unic ~Nar	cy identification number (this number is sometimes referred to as the health insurance effit package number): up identification number: nbership number (prior to the health insurance portability and accountability act PAA), this number was frequently the individual's social security number (SSN); it is the jue identifier assigned to the policy holder/patient): ne of policyholder/named insured:
~Polic bene ~Gro ~Mer (HIF unic ~Nar ~Rel	cy identification number (this number is sometimes referred to as the health insurance effit package number): up identification number: nbership number (prior to the health insurance portability and accountability act PAA), this number was frequently the individual's social security number (SSN); it is the jue identifier assigned to the policy holder/patient):
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~Police benee ~Gro ~Mer (HIF unice ~Nar ~Relate ~Nar ~	cy identification number (this number is sometimes referred to as the health insurance effit package number): up identification number: nbership number (prior to the health insurance portability and accountability act PAA), this number was frequently the individual's social security number (SSN); it is the lue identifier assigned to the policy holder/patient): ne of policyholder/named insured: ationship to patient:



Name and address of	Obtain the following information
Name and address of	
•	number (this number is sometimes referred to as the health insurance per):
~Group identification	number:
(HIPAA), this numbe unique identifier assi	r (prior to the health insurance portability and accountability act r was frequently the individual's social security number (SSN); it is the igned to the policy holder/patient):
~Name of policyholde	r/named insured:
~Relationship to patie	nt:
No	
estions in part I or II.	to questions 5, 6, and 7, Medicare is primary unless the patient answers
estions in part I or II. VI-ESRD (End-Sta	ge Renal Disease) Ith plan (GHP) coverage based on your own current employment? Ing information:
estions in part I or II. VI-ESRD (End-Stage Do you have group hea Yes; obtain the following Name and address of	ge Renal Disease) Ith plan (GHP) coverage based on your own current employment? Ing information: GHP:
Do you have group hea Yes; obtain the following Name and address of Policy identification in benefit package num	ge Renal Disease) Ith plan (GHP) coverage based on your own current employment? Ing information: IGHP: Industry the content of the conten
Do you have group hea Yes; obtain the following Name and address of Policy identification in benefit package num Group identification in	ge Renal Disease) Ith plan (GHP) coverage based on your own current employment? Ing information: IGHP: Industry (this number is sometimes referred to as the health insurance ber): Industry (this number is sometimes referred to as the health insurance ber): Inumber:
Do you have group hea Yes; obtain the followi Name and address of Policy identification in benefit package num Group identification in Membership number (HIPAA), this number	ge Renal Disease) Ith plan (GHP) coverage based on your own current employment? Ing information: If GHP: It is sometimes referred to as the health insurance ber): Insurance countability and accountability act representations of the health insurance portability and accountability act representations.
Do you have group hea Yes; obtain the followi Name and address of Policy identification n benefit package num Croup identification n Membership number (HIPAA), this number	ge Renal Disease) Ith plan (GHP) coverage based on your own current employment? Ing information: If GHP: It is sometimes referred to as the health insurance ber): In umber: If (prior to the health insurance portability and accountability act reverse to the policy holder/patient): In umber: If (SSN); it is the igned to the policy holder/patient):
Do you have group hea Yes; obtain the following Name and address of Policy identification in benefit package num Group identification in Membership number (HIPAA), this number unique identifier assis and address of Name of policyholde	ge Renal Disease) Ith plan (GHP) coverage based on your own current employment? Ing information: If GHP: It is sometimes referred to as the health insurance ber): Insurance countability and accountability act representations of the health insurance portability and accountability act representations.



The Surgery You Need in the Setting You Want

PATIENT LABEL

Part IV-Age

1. Are you currently employed? Yes	
Name and address of your employer:	
No, retired; date of retirement: No; never employed	
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 answ questions in part I or II. Do not proceed further.	ered "yes" to
 Do you have group health plan (GHP) coverage based on your own or a spouse's current empl Yes; both Yes; self 	oyment?
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 specific contributes to the GHP employ 20 or more employees? Yes; GHP is primary. Obtain the following information Name and address of GHP: 	onsors or
~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	

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	_ 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:	
	_ No	
	e patient answered "no" to both questions 4 and 5, Medicare is primary unless the patient ansv stions in part I or II.	vered "yes" to
art V	/ Disability	
ait v	/-Disability	
1. <i>A</i>	Are you currently employed?	
1. <i>A</i>		
1. <i>A</i>	Are you currently employed? _ Yes	
1. /	Are you currently employed? _Yes Name and address of your employer:	
1. /	Are you currently employed? _ Yes Name and address of your employer:	
1. /	Are you currently employed? _Yes Name and address of your employer:	
1. /	Are you currently employed? _Yes Name and address of your employer:	



PATIENT LABEL

3. Do you have group health plan (GHP) coverage based on your own or a spouse's current emp	lovment?
Yes; both	io y i i i o i i i
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 patier "yes" to questions in part I or II.	nt answered
 If you have GHP coverage based on your own current employment, does your employer that s contributes to the GHP employ 20 or more employees? Yes; GHP is primary. Obtain the following information Name and address of GHP: 	ponsors or
~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 e sponsors or contributes to the GHP employ 100 or more employees? Yes; GHP is primary. Obtain the following information Name and address of GHP: 	mployer that
~Policy identification number (this number is sometimes referred to as the health insurance benefit package 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:	

____ No