Medicare Secondary Payor Questionnaire

PART I:

1. Are you receiving Black Lung (BL) benefits or has the Department of Veteran Affairs (DVA) authorized and agreed to pay for care at this facility?
   □ Yes. Date benefits began:____/____/_____ **STOP. Complete Part VII** □ No. Go to Question 2
   BL or DVA is primary for these services

2. Is this illness/injury due to a work related accident/condition (WC)?
   □ Yes. Date of illness/injury:____/____/_____ **STOP. Complete Part VIII and IX** □ No. Go to Question 3
   Workers Compensation Will Pay Primary Benefits Only For Work Related Injuries or Illness

3. Are the services to be paid by a government *research* program?
   □ Yes. **Complete VII STOP.** □ No. Go to Question 4
   Government Program will Pay Primary Benefits

PART II:

4. Is this illness/injury due to a non-work-related accident? (Such as a Motor Vehicle Accident)
   □ Yes. Date of accident:____/____/_____ Answer Next 2 Questions □ No. Go to Question 5

   Is no-fault insurance available? (Pays for health care services resulting from injury regardless of fault)
   □ Yes. **STOP. Complete Part VIII** □ No. Go to Question 5
   No fault/Liability Insurer Primary for Claims related to the accident

   Is liability insurance available? (Pays for health care services based on negligence)
   □ Yes. **STOP. Complete Part VIII** □ No. Go to Question 5
   No fault/Liability Insurer Primary for claims related to this accident

NO-FAULT OR LIABILITY INSURER IS PRIMARY ONLY FOR THOSE SERVICES RELATED TO THE ACCIDENT OR LIABILITY SETTLEMENT, JUDGMENT OR AWARD. GO TO PART III

PART III: Entitlements:

5. Are you entitled to Medicare based on
   □ Age (over 65). Go to Part **IV**
   □ Disability. Go to Part **V**
   □ End Stage Renal Disease (ESRD). Go to Part **VI**.

PART IV: AGE

A. Are you , or your spouse, currently employed?
   □ Yes. Go To B □ No. **STOP.** Medicare is Primary
   Date of your retirement ___/___/___.
   Date of spouse's retirement ___/___/___.

B. Do you have Group Health Plan (GHP) coverage based on your own, a spouse or family members current employment?
   □ Yes, family member □ Yes, self □ Yes, spouse. (check all that apply) □ No. **STOP.** Medicare is Primary
   If yes to any go to C

C. Does the employer that sponsors your GHP employ 20 or more employees?
   □ Yes. Complete Part IX and X and **STOP**. GHP is primary. □ No. **STOP.** Medicare is Primary

PART V : DISABILITY

A. Do you have Group Health Plan (GHP) coverage? (Self, Spouse or other family member)
   □ Yes. Complete Part VIII & IX and go to B. □ No. **STOP.** Medicare is Primary

B. Does the employer that sponsors your GHP employ 100 or more employees?
   □ Yes. Complete Part VIII and IX and **STOP**. GHP is primary. □ No. **STOP.** Medicare is Primary

PART VI: ESRD:

A. Do you have Group Health Plan (GHP) coverage? (Self, Spouse or other family member)
   □ Yes. Complete Part IX and X. Go to next question □ No. **STOP.** Medicare is Primary

B. Have you Received a kidney transplant?
□ Yes. Date of Transplant ? _____/_____/_____ □ No. Go to C

C. Have you Received Maintenance Daialysis Treatments?
□ Yes. Date Dialysis began _____/_____/_____ □ No. Go to D.

D. Are you within the 30-month coordination period? (*The 30-month coordination period starts the first day of the month an Individual is eligible for Medicare, (even if not yet enrolled) because of kidney failure (usually the 4th 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 peiod starts with the first day of the month of dialysis or transplant.)*
□ Yes. Go to E □ No. **STOP.** Medicare is Primary

E. Was your initial entitlement to Medicare (including simultaneous entitlement) based on ESRD?
□ Yes. STOP. GHP Primary during 30-Month Coordination Period. □ No. **Initial Entitlement based on age or Disability.** Go to next question

F. Does the working aged or disability provision apply? (GHP already primary based on age or disability entitlement?)
□ Yes. STOP. GHP Primary during 30-Month Coordination Period. □ No. **STOP.** Medicare is Primary

Part VII: BLACK LUNG, WORKMANS COMP, RESEARCH

Name and address of Black Lung Carrier, Research Program, VA Provider, or Workmans Comp Plan. _____
_____
_____

Policy, Identification or HIPAA Number: _____

Part VIII : NO Fault/ Liability
Name and address of No-Fault/Liability Insurer and Policy Owner: _____
_____
_____

Insurance Claim Number: _____

Part IX: Employer Information:

	Patient	Spouse
Name & Address of Employer:	_____	_____
	_____	_____
	_____	_____
	_____	_____

Part X: GHP Information:

	Patient	Spouse
Name of Group Health Plan:	_____	_____
Address of Group Health Plan:	_____	_____
	_____	_____
	_____	_____
Policy ID Number:	_____	_____
Group ID Number:	_____	_____
Name of Policy Holder:	_____	_____
Relationship to Patient:	_____	_____

_____ _____
Representative (employee) & Date Witness & Date