

Medicare Secondary Payer Questionnaire

	Yes	NO
1. Are you receiving benefits from a Federal Black Lung (BL) Program?	If Yes, Federal BL Program is primary payer for claims related to BL.	
2. Are the services to be paid by a government program such as a research grant?	If Yes, Government Program is Primary for claims related to these services.	
3. Has the Department of Veterans Affairs (DVA) authorized and agreed to pay for care at this facility?	If Yes, DVA is primary payer for claims related to these services.	
4. Is the illness/injury due to a work related accident/condition and covered by Workers' Compensation (WC) plan?	If Yes, WC plan is primary payer for claims related to these services. If Yes, go to Part III	
5. Was the illness/injury due to a non-work related accident?	If Yes, please provide the date of the Accident:	
6. Was another party responsible for this accident?		
Please answer each of the following to determine your next step		
Are you entitled to Medicare based on Age?	If yes, answer the questions on Page 2	
Are you entitled to Medicare based on Disability?	If Yes, answer the questions of Page 3	
Are you entitled to Medicare based on ESRD (End Stage Renal Disease)?	If yes, answer the questions on Page 4	

Age Entitlement Questions

	Yes	NO
1. Are you currently employed?		If no, please provide your date of retirement:

2. Is your spouse currently employed?

	<p>If no, please provide your spouses date of employment:</p> <p>Check this box if Never employed</p>
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3. Do you have group health plan based on you or your spouse's current employment?

	<p>If No, STOP-MEDICARE IS PRIMARY</p>
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4. Does the employer that sponsors your GHP employ 20 or more employees?

<p>If Yes, GHP is Primary and the GHP plan information needs to be collected.</p>	<p>If No, STOP-MEDICARE IS PRIMARY UNLESS THE PATIENT ANSWERED YES TO ON PAGE 1</p>
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	Yes	NO
1. Are you currently employed?		If no, please provide your date of retirement:
2. Is your spouse or family member currently employed?		If no, please provide your spouses date of employment: Check this box if Never employed
If you answered NO to both questions 1 and 2, Medicare is Primary unless you answered YES to the questions on Page 1. DO NOT PROCEED ANY FURTHER		
3. Do you have group health plan based on you or your spouse's or family member's current employment?		If No, STOP-MEDICARE IS PRIMARY
4. Does the employer that sponsors your GHP employ 100 or more employees?	If Yes, GHP is Primary and the GHP plan information needs to be collected.	If No, STOP-MEDICARE IS PRIMARY UNLESS THE PATIENT ANSWERED YES TO QUESTIONS ON PAGE 1

Disability Entitlement Questions

	Yes	NO
1. Do you have Group Health Plan coverage?	If YES, GHP is primary, please collect the GHP information	If NO-STOP-MEDICARE IS PRIMARY
2. Have you had a Kidney Transplant?	If YES, please provide the Date of the Transplant:	
3. Have you received maintenance dialysis treatment?	If YES, please provide the Date your Dialysis began: If you participated in Self-dialysis training program, please provide date training started:	
4. Are you within the 30-month coordination period?		If No, STOP-MEDICARE IS PRIMARY
5. Are you entitled to Medicare on the basis of either ESRD and age or ESRD and disability?		If No, STOP-GHP is PRIMARY DURING THE 30 MONTH COORDINATION PERIOD
6. Was your initial entitlement to Medicare (including simultaneous entitlement) based on ERSD?	If YES, STOP-GHP continues to pay primary during 30-month coordination period	Initial entitlement based on age or disability
7. Does the working aged or disability MSP provision apply (i.e. if the GHP is primary payer based on age or disability entitlement)?	If YES, STOP-GHP continues to pay primary during 30-month coordination period	Medicare continues to be the primary payer

End Stage Renal Entitlement Questions