

**Clinical Telehealth Program**

**MEDICARE SECONDARY PAYER QUESTIONNAIRE (MSPQ)**

**Page 1**

#  *Improving Lives and Transforming Health Care*

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| PART I |
| 1. Are you receiving Black Lung (BL) Benefits?
 |       |
|  Date benefits began: |       |
|  Are these services related to Black Lung (is the diagnosis on the Department of Labor list)? |       |
| 1. Are the services to be paid by a government research program?
 |       |
| 1. Are you entitled to benefits through the Department of Veterans Affairs (DVA)?
 |       |
|  Has the DVA authorized and agreed to pay for your care at this facility?  |       |
| 1. Was the illness/injury due to a work-related accident/condition?
 | If no, go to Part II |
|  Date of injury/illness: |       | Policy or identification number: |       |
|  Workers' compensation plan name:  |       | Employer name:  |       |
|  Plan address:  |       | Employer address: |       |
|  City: |       | City: |       |
|  State:       | ZIP:       | State:       | ZIP:       |

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| PART II |
| 1. Was the illness/injury due to a non-work-related accident?
 | If no, go to Part III |
|  Date of accident |       |  |
| 1. Is no-fault insurance available? \*
 |       |
|  No-fault insurance plan name: |       | No-fault policy owner name: |       |
|  Plan address: |       | Policy owner address: |       |
|  State:       | ZIP:       | State:       | ZIP:       |
|  >>> NO-FAULT INSURER IS PRIMARY PAYER ONLY FOR THOSE SERVICES RELATED TO THE ACCIDENT |
|  Is additional no-fault insurance available? |        |
|  Name and address of additional no-fault insurer(s) and no-fault insurance policy owner, insurance and claim number(s): |
|        |
| \*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. |
| 1. Is liability insurance available? \*\*
 |       |
|  Liability insurance plan name: |       | Responsible party name: |       |
|  Plan address: |       | Responsible party address: |       |
|  State:       | ZIP:       | State:       | ZIP:       |
|  >>> LIABILITY INSURANCE IS PRIMARY PAYER ONLY FOR THOSE SERVICES RELATED TO THE LIABILITY SETTLEMENT, JUDGMENT, OR AWARD. |
|  Is additional liability insurance available? |        |
|  Name and address of additional liability insurer(s) and responsible party, insurance and claim number(s): |
|        |
| \*\* 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. |



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| PART III |
| 1. Are you entitled to Medicare based on Age?
 | If “Yes,” complete PART IV |
| 1. Are you entitled to Medicare based on Disability?
 | If “Yes,” complete PART V |
| 1. Are you entitled to Medicare based on End-Stage Renal Disease (ESRD)?
 | If “Yes,” complete PART VI |
| * Please note that both “Age” and “ESRD” OR both “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.
* If the patient is entitled to Medicare, he/she should answer “Yes” to at least one of the three entitlement questions above.
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| PART IV – AGE |
| 1. Are you currently employed?
 |       | If applicable, date of retirement: |       |
|  Employer name: |       | City:  |       |
|  Employer address: |       | State:       | ZIP:       |
| 1. Do you have a spouse who is currently employed?
 |       | If applicable, date of retirement: |       |
|  Employer name: |       | City:  |       |
|  Employer address: |       | State:       | ZIP:       |
| 3a. Do you have a group health plan (GHP) coverage based on your own current employment? |       |
| 3b. Do you have a group health plan (GHP) coverage based on your spouse’s current employment? |       |
| 1. 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?
 |       |
|  GHP name: |       | Policy Identification number: \* |       |
|  GHP address: |       | Group identification number: |       |
| Membership number: \*\* |       |
|  City: |       | Name of policyholder/named insured: |       |
|  State:       | ZIP:       | Relationship to patient: |       |
| 1. 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?
 |       |
|  GHP name: |       | Policy Identification number: \* |       |
|  GHP address: |       | Group identification number: |       |
| Membership number: \*\* |       |
|  City: |       | Name of policyholder/named insured: |       |
|  State:       | ZIP:       | Relationship to patient: |       |
| \* The policy indentification number is sometimes referred to as the health insurance benefit package number.\*\* Prior to HIPAA, the membership number was frequently the individual’s SSN; it is the unique identifier assigned to the policyholder/patient. |



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| PART V – DISABILITY |
| 1. Are you currently employed?
 |       | If applicable, date of retirement: |       |
|  Employer name: |       | City:  |       |
|  Employer address: |       | State:       | ZIP:       |
| 1. Do you have a spouse who is currently employed?
 |       | If applicable, date of retirement: |       |
|  Employer name: |       | City:  |       |
|  Employer address: |       | State:       | ZIP:       |
| 3a. Do you have a group health plan (GHP) coverage based on your own current employment? |       |
| 3b. Do you have a group health plan (GHP) coverage based on your spouse’s current employment? |       |
| 1. Are you covered under a GHP based on the current employment of a family member other than your spouse?
 |       |
|  Employer name: |       | City:  |       |
|  Employer address: |       | State:       | ZIP:       |
| 1. If you have GHP coverage based on your current employment, does your employer that sponsors or contributes to the GHP, employ 100 or more employees?
 |       |
|  GHP name: |       | Policy Identification number: \* |       |
|  GHP address: |       | Group identification number: |       |
| Membership number: \*\* |       |
|  City: |       | Name of policyholder/named insured: |       |
|  State:       | ZIP:       | Relationship to patient: |       |
| 1. 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?
 |       |
|  GHP name: |       | Policy Identification number: \* |       |
|  GHP address: |       | Group identification number: |       |
| Membership number: \*\* |       |
|  City: |       | Name of policyholder/named insured: |       |
|  State:       | ZIP:       | Relationship to patient: |       |
| 1. 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?
 |       |
|  GHP name: |       | Policy Identification number: \* |       |
|  GHP address: |       | Group identification number: |       |
| Membership number: \*\* |       |
|  City: |       | Name of policyholder/named insured: |       |
|  State:       | ZIP:       | Relationship to patient: |       |
| \* The policy indentification number is sometimes referred to as the health insurance benefit package number.\*\* Prior to HIPAA, the membership number was frequently the individual’s SSN; it is the unique identifier assigned to the policyholder/patient. |



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| PART VI – ESRD |
| 1a. Do you have GHP coverage based on your own current or former employment? |       |
|  Your GHP information: |
|  GHP name: |       | Policy Identification number: \* |       |
|  GHP address: |       | Group identification number: |       |
| Membership number: \*\* |       |
|  City: |       | Name of policyholder/named insured: |       |
|  State:       | ZIP:       | Relationship to patient: |       |
|  Employer from which you receive GHP coverage: |
|  Employer name: |       |  |
|  Employer address: |       |
|  City:  |       |
|  State:       | ZIP:       |
| 1b. Do you have GHP coverage based on your spouse? |       |
|  Your spouse’s GHP information: |
|  GHP name: |       | Policy Identification number: \* |       |
|  GHP address: |       | Group identification number: |       |
| Membership number: \*\* |       |
|  City: |       | Name of policyholder/named insured: |       |
|  State:       | ZIP:       | Relationship to patient: |       |
|  Employer from which your spouse receives GHP coverage: |
|  Employer name: |       |  |
|  Employer address: |       |
|  City:  |       |
|  State:       | ZIP:       |
| 1c. Do you have GHP coverage through a family member other than your spouse? |       |
|  Your family member’s GHP information: |
|  GHP name: |       | Policy Identification number: \* |       |
|  GHP address: |       | Group identification number: |       |
| Membership number: \*\* |       |
|  City: |       | Name of policyholder/named insured: |       |
|  State:       | ZIP:       | Relationship to patient: |       |
|  Employer from which your family member receives GHP coverage: |
|  Employer name: |       |  |
|  Employer address: |       |
|  City:  |       |
|  State:       | ZIP:       |
| \* The policy indentification number is sometimes referred to as the health insurance benefit package number.\*\* Prior to HIPAA, the membership number was frequently the individual’s SSN; it is the unique identifier assigned to the policyholder/patient. |



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| PART VI – ESRD (CONTINUED) |
| 1. Have you received a kidney transplant?
 |       | Date of transplant: |       |
| 1. Have you received maintenance dialysis treatments?
 |       | Date dialysis began::  |       |
|  Have you participated in a self-dialysis training program? |       | Date training started: |       |
| 1. Are you within the 30-month coordination period? \*
 |       |
| 1. Are you entitled to Medicare on the basis of either ESRD and age or ESRD and disability? \*\*
 |       |
| 1. Was your initial entitlement to Medicare (including simultaneous or dual entitlement) based on ESRD?
 |       |
| 1. Does the working aged or disability MSP provision apply (i.e., is the GHP already primary based on age or disability entitlement)? \*\*\*
 |       |
| \* The 30-month coordination period starts the first da of the month an individual is eligible for Medicare (even if not yet enrolled in Medicare) because of kidney failure.\*\* This question is answered automatically based on the responses to questions 1 and 2 in PART III.\*\*\* This question is answered Yes automatically if the patient answered Yes to question(s) 4 and/or 5 in PART IV (which indicates the working aged provision applies) or questions(s) 5, 6, and/or 7 in PART V (which indicates the disability provision applies). |