Medicare Secondary Payer Screening Form

Must be completed for Medicare Recipients or attach hospital's completed MSP form

	HIC Number	Patient's Name
1	Is the patient covered under a Group Health Plan (either their own or that of another family member? [ ] YES Complete the following: [ ] NO Date of coverage termination: _____ proceed to Question #2	
	Employer Information for: [ ] Patient [ ] Spouse [ ] Other _____ Employer Name _____ Address _____ City, State, Zip _____	Insurance Information for: [ ] Patient [ ] Spouse [ ] Other _____ Insurance Name _____ Address _____ City, State, Zip _____ Insured's Name _____ Policy/Group No. _____
	Proceed to Question 2	
2	Are you or your spouse retired? [ ] YES Patient retirement date: _____ Spouse retirement date: _____	
	What is your Reason For Medicare Entitlement? [ ] Age (65 years old or older) Proceed to section A [ ] Disability (under age 65, non-ESRD) Proceed to section B [ ] ESRD: [ ] Solely ESRD - Proceed to Section C/D [ ] ESRD and Age - Proceed to Section C/E [ ] ESRD and Disability - Proceed to Section C/E	
A	Patient non-ESRD and 65 years of age or older (Working Elderly)	
	Is the GHP in Section 1 based on patient's or spouse's current employment? [ ] YES Bill GHP listed above as primary. Medicare is tertiary if the patient and spouse are both employed and covered by a GHP. The GHP is not primary for: 1) Employees of employers with fewer than 20 employees (full time, part time, or leased) unless the plan is part of a multi-employer plan that pays primary benefits for all individuals. 2) Self employed individuals with fewer than 20 employees. 3) Individuals entitled to premium Part A or have Part B only. [ ] NO Proceed to Question #3	
B	Patient under 65 years of age and entitled to Medicare due to a Disability *other than* ESRD. (Disability) Is the GHP in Section 1 based on patient's or spouse's current employment? [ ] YES Bill the GHP listed above as primary. Medicare is tertiary if the patient and spouse are both employed and covered by a GHP. The GHP is not primary for: 1) Employees of employers with fewer than 100 employees (full time, part time, or leased) unless the plan is part of a multi-employer plan that pays primary benefits for all individuals. 2) Self employed individuals with fewer than 100 employees. 3) Individuals entitled to Premium Part A or have Part B only. [ ] NO Proceed to Question #3	
C	Dialysis Did patient begin dialysis less than 33 months ago? [ ] YES - Proceed to Coordination Periods [ ] NO - Medicare is Primary Date of 1st treatment _____ Date of kidney transplant/home dialysis: (3 month waiting period does not apply) _____	Coordination Periods Did the coordination period begin 3/96 or after? [ ] YES - Medicare is secondary for 30 months [ ] NO Did the coordination period begin 2/96 or before? [ ] YES - Medicare is secondary for 18 months [ ] NO
	Proceed to Section D or E as appropriate	

Medicare Secondary Payer Screening Form

Must be completed for Medicare Recipients or attach hospital's completed MSP form

D Patient (under age 65) entitled to Medicare solely on the basis of End Stage Renal Disease (ESRD).

Is the GHP coverage through a current or former employer of the patient or family member?
[ ] YES Bill the GHP listed above as primary, regardless of the number of employees
If the patient is covered by a GHP that is legitimately primary, Medicare is the secondary payer (regardless of the number of employees) See Section C for the appropriate coordination period.
Proceed to Question #3

E Patient (of any age) entitled to Medicare due to Age or Disability and ESRD. (Dual Entitlement)

Is the patient covered under a GHP that is legitimately primary, (i.e. the GHP is primary based on age, employer employs 20 or more employees or disability, employer employs 100 or more employees)?
[ ] YES Medicare is the secondary payer
[ ] NO Medicare is primary
Proceed to Question #3

3 Is the illness for which the patient is receiving treatment covered under the Black Lung Program or are the services provided or authorized by the Department of Veterans Affairs (DVA)?

[ ] YES Date Black Lung effective _____ [ ] NO Proceed to Question #4
Bill Black Lung only if dx is B.L. related
Bill DVA if services were authorized and DVA agreed to pay

Is the condition for which the patient is receiving treatment due to an automobile accident, accidental injury, or third party liability? Note: Please continue if admitting diagnosis is a trauma code.

[ ] YES Please complete the following automobile/medical or any liability screening form below.	[ ] NO Explain accident, Medicare is primary payer

4 **Automobile/Medical or Any Liability Screening Form**

Date of Injury _____ [ ] Other Nature:
Please check type of accident:
[ ] Automobile (complete A) No liability or medical/premise coverage.
[ ] Third Party Liability (complete B) Medicare is primary because:
[ ] Premise Medical Coverage (complete A)
[ ] Work Related (complete C)

A. Automobile Medical/Premise Medical (if third party liability also exists, complete A and B)
Automobile medical insurance/Premise medical insurance is the primary payer. Bill auto-medical or no-fault insurance first. Insured's Name _____
Insurance Company _____ Policy # _____
Insurance Company Address _____
Description of Accident _____

B. Third Party Liability (other than auto/medical, premise medical or work-related). Bill third party payer or Medicare conditionally after 120 days.
Description of Accident _____
Location (if accident occurred at location other than patient's residence, please provide information even if liability is in question) _____
Name of responsible party _____ Policy # _____
Insurance Address _____ Insurance Claim # _____
Attorney Name & Address_____ Phone#

C. Work Related - Worker's Compensation is the primary payer. Bill them.
Injury or Illness _____
Carrier's Name & Address _____
Employer _____ Case/File # _____

***Signature* (optional)**
Patient or Patient's Representative ***Date:***