

Medicare Secondary Payer Questionnaire (MSPQ)



Audience: All staff who register patients.

CMS (Centers for Medicare & Medicaid Services) regulations require the Medicare Secondary Payer Questionnaire (MSPQ) be completed every time a Medicare coverage is attached to a patient's visit account.

The MSPQ is required for all patients with Medicare coverage and opens automatically when it is required.

- The patient's answers to the MSPQ might determine that Medicare is a secondary payor for a particular visit.
- The series of questions are designed to prevent fraud and keep Medicare from being billed inappropriately.
- Any field with a yield sign in it should be answered before the questionnaire can be marked as **Completed**.

Complete the MSPQ form in Epic. All of the questions appear on the same page and you can use speed buttons to quickly document the answers. If a response to a question requires you to gather more information, additional questions appear.

Filling out the MSPQ

Part I: Information about Black Lung, Workers' Comp, No-Fault and Liability

1. Is the patient receiving Black Lung Benefits?
2. If yes, enter BL information.
3. Is the patient illness/injury due to a work-related (worker's compensation) accident?
4. If yes, enter worker's compensation information.
5. Is the patient covered under no-fault insurance for the injury or illness?
6. If yes, enter no-fault insurance information.
 - *No-fault insurance is insurance that pays for health care services resulting from injury or damage to property regardless of who is at fault for causing the accident.*
7. Is the patient covered under liability insurance for the injury or illness?
8. If yes, enter liability insurance information.
 - *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.*

Medicare Secondary Payer Questionnaire (MSPQ)



Part I. INFORMATION ABOUT BLACK LUNG, WORKERS' COMPENSATION (WC), NO-FAULT AND LIABILITY

1. Are you receiving Black Lung (BL) benefits?

2. If yes, the following BL information is required to submit claims appropriately.
Date benefits began:

3. Illness/injury due to a work-related accident/condition?

5. Are you receiving treatment for an injury or illness covered under no-fault (and/or medical-payment coverage) including premises or automobile?

7. Are you receiving treatment for an injury, or illness, which another party may be liable?

Part II: Information about Medicare Entitlement and Group Health Plans

1. Medicare Entitlement Questions:

- 1a. Medicare based on age.
- 1b. Medicare based on disability.
- 1c. Medicare based on ESRD.

2. Group Health Plan Coverage question. If yes, answers to 2a and 2b display.

- 2a. GHP coverage based on patient's current employment.
- 2b. GHP coverage based on spouse's current employment.

Part II. INFORMATION ABOUT MEDICARE ENTITLEMENT AND GROUP HEALTH PLANS

1a. Are you entitled to Medicare based on Age?

1b. Are you entitled to Medicare based on Disability?

1c. Are you entitled to Medicare based on End-Stage Renal Disease (ESRD)?

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.
If entitlement is based solely on ESRD, skip the rest of Part II and complete Part III. If you are entitled to Medicare based only on Age or Disability, stop after completing Part II.

2. Do you have group health plan (GHP) coverage based on your own current employment or the employment of your spouse?

The employer GHP may be primary to Medicare. Continue answering Part II below.

2a. Do you have group health plan (GHP) coverage based on your own current employment?

2b. Do you have group health plan (GHP) coverage based on your spouse's current employment?

Medicare Secondary Payer Questionnaire (MSPQ)



Part III – Information about the patient if ESRD Medicare Entitlement applies (including dual entitlement: Age and ESRD or Disability and ESRD).

1. Is the patient covered under a GHP plan?
2. Has the patient received a kidney transplant? If yes, enter the transplant date.
3. Has the patient received maintenance dialysis treatments? If yes, enter dialysis date and training information.
4. Is the patient within the 30-month coordination period? If yes, move to question 5.
5. Was the patient receiving GHP coverage prior to and on the date of Medicare entitlement due to ESRD? If yes, move to question 5a.
 - 5a. Was the patient's initial entitlement to Medicare based on ESRD? If yes, move to question 6 and have the patient answer 6a, 6b, 6c, as needed.
 - 6a. Does the patient have GHP coverage based on their own current or former employer? If yes, enter GHP information and move to question 6b.
 - 6b. Does the patient have GHP through a spouse? If yes, enter GHP information and move to question 6c.
 - 6c. Does the patient have GHP through a family member other than a spouse? If yes, enter GHP information.

Part III. Information About the Patient If ESRD Medicare Entitlement Applies (Including Dual Entitlement: Age and ESRD or Disability and ESRD)

1. Do you have employer group health plan (GHP) coverage through yourself, a spouse, or family member?

If yes, the employer GHP may be primary to Medicare. Continue below.

2. Have you received a kidney transplant?

3. Have you received maintenance dialysis treatments?

4. Are you within the 30-month coordination period?

Note: The 30-month coordination period starts the first day of the month an individual is eligible for Medicare (even if not yet enrolled in Medicare) because of kidney failure (usually the fourth month of dialysis) regardless of entitlement due to age or disability. 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 period starts with the first day of the month of dialysis or kidney transplant.

5. Were you receiving GHP coverage prior to and on the date of Medicare entitlement due to ESRD (or simultaneous entitlement due to ESRD and Age or ESRD and Disability)?

5a. Was your initial entitlement to Medicare (including simultaneous or dual entitlement) based on ESRD?

If initial entitlement was based on ESRD, a patient, spouse, and/or family member GHP is primary during the 30-month coordination period.

6. The following information is required to submit claims appropriately:

6a. Do you have GHP coverage based on your own current or former employment?

6b. Do you have GHP coverage through your spouse?

6c. Do you have GHP coverage through a family member other than your spouse?