In Access Management...

- WE are the FIRST STAGE in the Revenue Cycle.
- If Patient Information is entered incorrectly by us, the hospital can’t get paid for services it provides.
- When errors occur, valuable resources must be spent recovering money lost because of OUR mistake.
- Access Management is the foundation of the Revenue Cycle!
What to Expect...

- This module will help you prepare to be a successful Patient Access Specialist I.
- You will learn how to avoid the most common errors made while filling out the MEDICARE SECONDARY PAYER QUESTIONNAIRE.
- A quiz at the end will measure what you learned.
In This Module...

You’ll learn about:

- The purpose of the Medicare Secondary Payer program
- Filling out each page of the Medicare Secondary Payer Questionnaire (MSPQ)
- The simple and complex exceptions to filling out the MSPQ
- Coordination of Benefits concerning Medicare
Medicare Secondary Payer (MSP)

- The Medicare Secondary Payer (MSP) program refers to an effort by the Federal Government to safeguard Medicare dollars by defining specific circumstances when Medicare will be the Secondary Payer.

- The primary function of the MSP is to ensure that Federal funds are not used to pay for services reimbursable under private insurance plans.

- The goal is to sustain the provision of a reasonable level of affordable healthcare for the nation’s elderly and disabled.
Medicare Secondary Payer (MSP)

- In most cases, Medicare is the primary payer.
- Exceptions are rare, but they do occur.
- In order to identify those exceptions, UMHC’s registration process requires the user to complete the Medicare Secondary Payer Questionnaire (MSPQ).
- It must be filled out ENTIRELY and ACCURATELY.
The Medicare Secondary Payer Questionnaire (MSPQ)

• The MSPQ helps identify all instances where Medicare SHOULD NOT be the primary payer.

• The MSPQ, listed page by page on the next few slides, will take you through each exception.

• The questionnaire must be COMPLETELY and ACCURATELY filled out for each Medicare Patient.
MSPQ - Part I

Exception to completion of MSP: 9   Med. Rec#: XXXXXXXX

Part I

1. Has the Department of Veterans Affairs authorized and agreed to pay for care at this facility? If yes, DVA is primary for these services. 

2. Are the services to be paid by a government program such as a research grant?
   If yes, government program will pay primary benefits for these services.

3. Are you receiving Black Lung Benefits?
   If yes, BL is primary only for claims related to BL.

4. Is the patient a member of a Medicare Plus Choice (Medicare HMO)?

& PF14 Exit Medicare Questionnaire & Enter

SYSTEM EDIT - IF QUESTIONS 1 - 3 ARE VALUED “Y”, THE SYSTEM WILL PROMPT USER TO EXIT QUESTIONNAIRE. ERROR MESSAGE EH005* CANNOT BILL MEDICARE. SELECT PF14 TO EXIT QUESTIONNAIRE
MSPQ - Part 1

- This page checks for other Payers or programs who might be paying for the patient’s visit.

- Registrars will verbally ask patients each question.

- If the answer for any of the first three questions is yes (Y), then some entity other than Medicare will be the Primary Payer for this visit. Registrar will then be prompted to exit the questionnaire.

- The answer to question 4 concerns Medicare Advantage Part C. It may be found on the patient’s insurance card or through Active Dashboard verification.

- Placing “N” to all four questions sends you to the next screen.
Part I Continue  yes(y)/no(n)

5. Was injury/illness due to a work related accident/condition?  N __ / __ / __

Name of WC plan: ______________________________
Address: _______________________________________
City: ____________________ State: __ Zip: _____
Policy or identification Number: __________________
Name of employer: ______________________________
Address: _______________________________________
City: ____________________ State: __ Zip: _____

IF YES, WC IS PRIMARY PAYER ONLY FOR CLAIMS RELATED TO WORK RELATED INJURIES OR ILLNESS, GO TO PART III.

IF NO, GO TO PART II.
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& PF1  BEGINNING OF MEDICARE QUESTIONNAIRE

SYSTEM EDIT - QUESTION 5 WILL BE VALUED “Y” OR “N” BASED ON VALUE ENTERED TO THE ACCIDENT INDICATOR QUESTION IN THE PATHWAY.
MSPQ - Part I

- This page determines if Workman’s Compensation will be the primary payer for this visit.
- If the answer is “Yes,” then fill out as much information as possible. The Patient may not know all information, but be sure to get date of injury, name of employer, contact person, and address of where to send bill.
- This question will already be populated for you because it was asked earlier in the registration process.
- “No” sends you to the next screen.
MSPQ - Part II

Part II

yes(y)/no(n)

1. Was injury/illness due to a non-work related accident?

   N

   If yes: Enter date of accident ___ / ___ / ___
   If no: GO TO PART III.

1a. N - NOT AN ACCIDENT

SYSTEM EDIT - PART II QUESTION 1 WILL BE ANSWERED BASED ON THE ACCIDENT INDICATOR WITHIN THE PATHWAY. IF THIS WAS AN ACCIDENT, THE DATE WOULD BE VALUED BASED ON INPUT IN THE PATHWAY. ALSO, QUESTION 1A WILL BE VALUED BASED ON THE ANSWER TO THE PRECEDING QUESTION.
MSPQ - Part II

• This page determines if Liability Insurance will be the primary payer.

• The first question of Part 2 should already be populated for you based on Patient answers and Registrar entries from earlier on in the pathway.

• If “Yes” you must enter “Date of Accident.”
MSPQ - Part III

PART III: Medicare Entitlement Reason

1. Are you entitled to Medicare based on (Mark Only One (Y), or Two Y if patient is Entitled to Medicare due to ESRD and AGE and /or Disability). Please complete ALL PARTS associated with the patient's selection/s.

   Age. Y (Patient age 65 or over) Go to Part IV.

   Disability. _ (Patient under age 65 and not ESRD) Go to Part V.

   ESRD. _ Go to Part VI.

“AGE” WILL BE VALUED Y BASED ON DOB ON DEMOGRAPHIC SCREEN.
It is also possible to value more than one entitlement reason. For example, if a patient originally qualified for Medicare because of ESRD but is now 65 or older, you should also value ESRD “Y”. The same applies for disability.
MSPQ - Part III

• Choosing the correct entitlement reason can be TRICKY!

• Working age (65 or older) patients may have originally qualified for Medicare because of ESRD. If so, then you should choose both Age and ESRD as the entitlement reasons.

• An individual who is now disabled may have originally qualified for Medicare because of ESRD. If so, then you should choose both Disability and ESRD.

• Age and Disability should NEVER be listed as dual entitlement reasons
MSPQ - Part III

- Dual entitlement is related to ESRD (End Stage Renal Disease).
- A Patient may be entitled for “AGE” and “ESRD.”
- They may be entitled for “ESRD” and “DISABILITY.”
- BUT THEY CAN NOT BE ENTITLED FOR AGE AND DISABILITY!!!
- The reason is related to working in regards to being entitled to receive Medicare.
- A person receives Medicare for disability because they are unable to work. So when they turn 65 and are no longer required to work to receive Medicare, the entitlement reason converts to Age.
MSPQ - Part IV

Part IV-AGE
1. Are you currently employed?
   _ Yes.
   _ No. If applicable enter date of retirement ___ / ___ / ___
   _ No. Never Employed or NA
If yes, enter name and address of employer:
Name of employer: ______________________________
Address: ______________________________
City: ______________ State: MS Zip: _____

2. Do you have a spouse who is currently employed?
   _ Yes.
   _ No. If applicable enter date of retirement ___ / ___ / ___
   _ No. Never Employed or NA

& PF1 Beginning of Medicare Questionnaire

Remember to ask the patient for his/her retirement date. If not known, you may use the eligibility date for Medicare part A as retirement date. Do not use the part B date as part B could have been obtained at a later date. You may also determine the eligibility date by adding 65 to the patient’s date of birth.

Example:
Patient’s dob is 9/10/1922. This patient’s eligibility date for Medicare part A would be 9/1/1987.
MSPQ - Part IV

• This page checks the employment status of AGE ELIGIBLE Medicare recipients and their spouse.
• If one or both are employed, then recipient may be covered under the employer’s health insurance which would make Medicare the secondary payer.
• If not, be sure to enter patient’s retirement date.
• If unknown, enter the beginning date of eligibility for Medicare Part A.
• Do NOT enter eligibility date on Part B as a retirement date because it could have been obtained later.
• You may also add 65 years to the patient’s date of birth.
MSPQ - Part V

Part V - Disability

1. Are you currently employed? (Mark Only One (X))
   _ Yes. Enter name and address of employer:
     Employer Name: ______________________________
     Address: ______________________________
     City: ____________________       State: __  Zip: _____
   _ No. Date of retirement: __ / __ / __
   _ No. Never Employed or NA

2. Do you have a spouse who is currently employed? (Mark Only One (X))
   _ Yes. Enter name and address of your spouse's employer:
     Employer name: ______________________________
     Address: ______________________________
     City: ____________________       State: __  Zip: _____
   _ No. Date of retirement: __ / __ / __
   _ No. Never Employed or NA
MSPQ - Part V

• This page checks to see if those receiving Medicare due to DISABILITY are employed.

• If the disabled person is working or if their spouse is employed, they may be covered under the employer’s insurance which would make Medicare the Secondary Payer.
MSPQ - Part V

Part V - Disability (continued)

3. Do you have group health plan (GHP) coverage based on your own, or a family member's current employment? Mark only one X

_ Yes, both _ Yes, self _ Yes, family _ No

4. Are you covered under the GHP of a family member other than your spouse? _

If yes enter name and address of your family member's employer:

Employer name: ____________________________
Address: ________________________________
City: __________________ State: __ Zip: _____

If the patient answered "No" to questions 1-4. Medicare/HMO is primary unless the patient answered "Yes" to questions in part I or II.

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IT IS VERY IMPORTANT THAT THIS INFORMATION IS ENTERED AND MATCHES THE INFORMATION FROM THE INSURANCE REVIEW SCREEN.
MSPQ - Part V

• This page checks if the disability eligible Medicare recipient has health insurance through their own or a family member’s employer.

• If so, Medicare is Secondary.

• This information MUST match the information entered in the Insurance Review Screen.
MSPQ - Part VI

PART VI - ESRD

1. Do you have group health plan (GHP) coverage? 
   If yes, enter name and address of GHP:
   GHP Name: ______________________________
   Address: ______________________________
   City: ____________________  State: __  Zip: _____
   Policy #: _________________  Group #: _________________
   Membership#: _________________
   Name of Policy Holder/Insured: ______________________________
   Relationship to patient: _______________
   Name and address of employer, from which you receive GHP coverage:
   Employer Name: ______________________________
   Address: ______________________________
   City: ____________________  State: __  Zip: _____

It is very important to enter the group health plan information here as it appears on the insurance review screen within the registration pathway.
MSPQ - Part VI

- This part ensures that recipients with ESRD (Kidney Failure) are not covered by their employer’s or spouse’s insurance. If so, Medicare would be secondary payer within the 30 Month Coordination Period.
- The information here must match information listed on the Insurance Review Screen.
MSPQ - Part VI

PART VI - ESRD (continued)

2. Are you covered by a GHP by a family member other than your spouse?  
   _

   GHP Name: ______________________________
   Address: ______________________________
   City: ____________________  State: __  Zip: _____
   Policy #: _________________  Group #: _________________
   Membership#: _________________
   Name of Policy Holder/Insured: ______________________________
   Relationship to patient: __________________
   Name and address of employer, from which you receive GHP coverage:

   Employer Name: ______________________________
   Address: ______________________________
   City: ____________________  State: __  Zip: _____
MSPQ - Part VI

PART VI - ESRD (continued)

4. Have you received a kidney transplant? _
   If yes, Date of transplant: __ / __ / __

5. Have you received maintenance dialysis treatment? _
   If yes, Date dialysis began: __ / __ / __
   If you participated in a self-dialysis training program, provide date
   training started: __ / __ / __

6. Are you within the 30-month COORDINATION period
   that starts __ / __ / __ ?

Once the “Date dialysis began” and “coordination period” date have been entered the system will carry forward this data to the next registration.
MSPQ - Part VI

- Enter all applicable dates according to patient answers.
- Question # 6 - 30 Month COORDINATION PERIOD is another tricky aspect of the MSPQ.
- The COORDINATION PERIOD lasts 30 months and is when Medicare is the Secondary Payer for dialysis and any ESRD related treatment.
- It begins 3 months AFTER FIRST DIALYSIS or the initial diagnosis of ESRD.
- After the 30 Month COORDINATION PERIOD is over, Medicare becomes the Primary Payer.
MSPQ - Prior Stay Info

Prior Stay Information
Has this patient been in a hospital or skilled nursing facility in the last 60 days, and/or is this patient currently in hospice or home health?

Is this patient currently in-house?
If yes to either question above, complete the following info for each stay:

Hospital, SNF, HHA or Hospice:
Address:
City:
State: __  Zip: _____

Admission date: __ / __ / __
Discharge date: __ / __ / __
By whom verified?: _________________________
Name of person who supplied the information: _________________________
How is this person related to the patient?: _________________________
What is this person's telephone number?: ___ - ___ - ___

& PF3 Add Data for Additional Stay & Enter

IF PATIENT HAD MORE THAN ONE INPATIENT STAY IN THE LAST 60 DAYS, YOU MUST COMPLETE PRIOR STAY INFORMATION FOR EACH STAY. PF3 WILL GIVE YOU ANOTHER BLANK PRIOR STAY PAGE. THE SYSTEM WILL ONLY ALLOW 2 ENTRIES.
MSPQ - Prior Stay Info

• If a patient has had more than one inpatient visit in the last 60 days you must fill out this page for each visit.

• PF3 will give you another blank Prior Stay page.

• Computer will only recognize 2 visits.
MSPQ Simple Exceptions

The MSP Questionnaire does not have to be completed for the following situations:

- When dealing with a SPECIMEN ONLY and patient is not present. This only applies in lab areas.
- For ORGAN DONORS, Medicare pays for all covered services for a donor if the recipient HAS ACTIVE MEDICARE COVERAGE relating to the transplant.
  - For example, Medicare could pay for a 25 year old man to donate his kidney to a 70 year old man with active Medicare.
- PRE-REG/ADM (OP/IP) - Pre-register or pre-admit patients may have part of the questionnaire completed. Once patient arrives for visit, it should be completed in its entirety.
- If a PATIENT’S PHYSICAL/MENTAL CONDITION prevents you from collecting information, you must collect the information from a family member.
MSPQ Complex Exceptions

- If patient is an outside referral, you may contact the referral source to obtain the information.

- If the patient refuses to provide information, inform them that UMHC cannot bill Medicare. As a result of the lack of information, patient will be responsible for all charges.
Coordination of Benefits - Primary

- Medicare will be Primary when it is the ONLY form of insurance the patient has.

- It will also be Primary when the only other form of coverage is:
  - Medigap policy
  - Medicaid
  - Retiree benefits
  - Indian Health Service
Coordination of Benefits - Secondary

- Medicare will be secondary to all WORKING RECIPIENTS covered under an Employer Group Health Plan (EGHP) with 20+ employees.
- It will be secondary to all DISABILITY RECIPIENTS covered under an EGHP with 100+ employees.
- It will also be secondary to ESRD RECIPIENTS in EGHPs of any size during the 30 Month Coordination Period.
Coordination of Benefits - Secondary

- Medicare is also Secondary Payer to all EGHP’s involving:
  - Worker’s Compensation
  - Black Lung Program
  - No-fault/Liability Insurance