

## Medicare Secondary Payer Questionnaire (MSPQ)

### *CMS Update*

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**December 4, 2020** - The Centers for Medicare and Medicaid Services (CMS) released an update to the model admission questions for providers to ask Medicare beneficiaries or authorized representatives upon admission. Known as the Medicare Secondary Payer Questionnaire (MSPQ), this information is required to help determine if Medicare is a primary or secondary payer for the patient.

### Background

According to CMS, this new form is only a model of the questions to be asked and does not require use of the exact format. The previous version may continue to be used. Per the CMS transmittal, “the model questionnaire contains questions that can be used to ask Medicare beneficiaries upon each inpatient and outpatient admission. Providers may use this as a guide to help identify other payers that may be primary to Medicare.”

- [New Version: Effective December 7, 2020](#)
- [Previous Version: November 20, 2018](#)

It is important to note — To streamline the December 7th questionnaire, CMS removed several questions that are asked on the 2018 questionnaire. For example, the new December 7, 2020 version has removed two questions that are still required for coding to Medicare claims. These questions will still need to be asked until CMS updates Medicare claim specifications. The new questionnaire should be reviewed closely in comparison with claim requirements.

1. *Are the services to be paid by a government research program?*
2. *Has the Department of Veterans Affairs (DVA) authorized and agreed to pay for your care at this facility?*

## MEDITECH Solution - Forms

### Registration

#### ***ExpansE, 6.15***

The MSPQ admission questions are captured in standard registration screens. The current ExpansE version of the MSPQ can continue to be used after the December 7, 2020 effective date because it contains all necessary questions for claims reporting. CMS [MSP Rev.10359](#) removes questions that map to claims. However, CMS has not announced any changes to claim reporting. Until further clarification can be obtained from CMS regarding this discrepancy, we are recommending the current version be used. Please reference the [CMS Medicare Secondary Payer Manual](#) for additional content information.

#### ***6.08, Client/Server, MAGIC***

Data is currently captured through a customer-defined screen (CDS) for the MAGIC and Client/Server platforms. Any necessary edits can be made to the queries and CDSs within the MIS application.

contact your REG specialist for assistance with making edits, and reference the [CMS Medicare Secondary Payer Manual](#) for additional content information.

## **Billing and Claims**

### **Expense, 6.15**

Data from the current Expense Registration system is mapped to the appropriate claim fields. MEDITECH will continue to monitor CMS for changes to billing requirements.

### **6.08, Client/Server, MAGIC**

The MSP queries flow from Registration to Billing (B/AR) and can be seen on the Insurance screen. If a user were adding the Medicare Insurance directly in B/AR, they would be prompted with the MSP queries. The information on these queries is then used to report claim codes (such as value, condition, and occurrence). CMS has indicated they are not making any changes to claims data at this time.

## **Migrations**

Updates will also be made for the conversion desktop for sites migrating to the Expense platform.

## **MEDITECH Solution: Recurring Patient Visits**

Hospitals must collect MSP information from the beneficiary or his/her representative for hospital outpatients receiving recurring services. Both the initial collection of MSP information and any subsequent verification of this information must be obtained from the beneficiary or his/her representative. Following the initial collection, the MSP information should be verified once every 90 days. If the MSP information collected by the hospital is no older than 90 calendar days from the date the service was rendered, then that information may be used to bill Medicare for recurring outpatient services furnished by hospitals.

### **Expense, 6.15**

Current functionality includes the MSP footer button turning to red on the Insurance screen when the responses are more than 90 days old.

### **6.08, Client/Server, MAGIC**

The 90-day requirement can be facilitated by setting up a query as a reminder. The user will be required to answer the query based on the last edit date from a previous visit.

#### **Example Query: MSP Response Last Collected On: (date)**

*Did you confirm the last edit date? if the MSP Responses Last Collected On: is set to 90 days or older.\**

\*If the date of the "MSP Response Last Collected On" query is set to under 90 days, then the "Did you confirm the last edit date" query is not required.

## **Questions**

Please send an email to our [Regulatory Mailbox](#) for assistance.