

MAPD Questionnaire Matrix

Please note that it is important that if the beneficiary or family member is no longer working to obtain the retirement date or last day worked.

Reason for Medicare Entitlement is Aged (65 or older)						
Question 1	Question 2	Question 3	Question 6	Question 7	Question 8	ACTION
YES	YES	20 or more	N/A	N/A	N/A	No action required Medicare is correctly the secondary payer.
YES	YES	Less than 20	N/A	N/A	N/A	Submit ECRS AR with AC "DO" - Comments employer has less than 20 employees.
YES	NO	N/A	N/A	N/A	N/A	Submit ECRS AR with AC "DO" - Comments Beneficiary has no other health insurance.
NO, date employment ceased supplied	N/A	N/A	N/A	N/A	N/A	Submit ECRS AR with AC "TD", enter date employment ceased in Term Dt field.

Reason for Medicare Entitlement is Disability (under 65 years old)						
Question 1	Question 2	Question 3	Question 6	Question 7	Question 8	ACTION
YES	YES	100 or more employees	N/A	N/A	N/A	No action required Medicare is correctly the secondary payer.
YES	YES	Less than 100 employees	NO	N/A	N/A	Submit ECRS AR with AC "DO" - Comments employer has less than 100 employees.
YES	NO	N/A	NO	N/A	N/A	Submit ECRS AR with AC "DO" - Comments Beneficiary has no other health insurance.
YES	NO	N/A	YES	NO	N/A	Submit ECRS AR with AC "DO" - Comments Beneficiary has no other health insurance.
YES	NO	N/A	YES	YES	1-99 employees	Submit ECRS AR with AC "DO" - Comments family member's employer has less than 100 employees.
YES	NO	N/A	YES	YES	100 or more employees	No action required Medicare is correctly the secondary payer.
NO, date employment ceased supplied	N/A	N/A	NO	N/A	N/A	Submit ECRS AR with AC "TD", enter date employment ceased in Term Dt field.

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NO, date employment ceased supplied	N/A	N/A	YES	NO	N/A	If MSP record indicates self coverage, submit an ECRS AR with AC "TD", and enter the date employment ceased in Term Dt field. If MSP record indicates coverage through anyone other than beneficiary, submit ECRS AR with AC "DO" Comments Beneficiary has no coverage through family member. Beneficiary ceased employment.
NO, date employment ceased supplied	N/A	N/A	YES	YES	1-99 employees	If MSP record indicates self coverage, submit an ECRS AR with AC "TD", and enter retirement date in Term Dt field. If MSP record indicates coverage through anyone other than beneficiary, submit ECRS AR with AC "DO" Comments family members employer has less than 100 employees.
NO, date employment ceased supplied	N/A	N/A	YES	YES	100 or more employees	If MSP record indicates self coverage, submit an ECRS AR with AC "TD", and enter retirement date in Term Dt field. If MSP record indicates coverage through anyone other than beneficiary, No action is required, Medicare is correctly the secondary payer. If there is no record with coverage through other family member, submit an ECRS inquiry with other family member information.

Reason for entitlement is ESRD						
Question 1	Question 2	Question 3	Question 6	Question 7	Question 8	ACTION
YES	YES	N/A	NO	N/A	N/A	No action required Medicare is correctly the secondary payer.
YES	NO	N/A	NO	N/A	N/A	Submit ECRS AR with AC "DO" - Comments Beneficiary has no other health insurance.
YES	NO	N/A	YES	NO	N/A	Submit ECRS AR with AC "DO" - Comments Beneficiary has no other health insurance.
YES	NO	N/A	YES	N/A	N/A	If MSP record indicates self coverage, submit an ECRS AR with AC "PR", and enter Comments: "Beneficiary has family coverage through family member only. If MSP record indicates coverage through anyone other than beneficiary, No action is required, Medicare is correctly the secondary payer.

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NO, date employment ceased supplied.	N/A	N/A	NO	N/A	N/A	Submit ECRS AR with AC "DO" - Comments Beneficiary has no other health insurance.
NO, date employment ceased supplied.	N/A	N/A	YES	NO	N/A	Submit ECRS AR with AC "DO" - Comments Beneficiary has no other health insurance.