

Evaluation of Third Party Payment Requirements Worksheet

Facility: _____ Date/Time: _____

Interviewee: _____ Surveyor: _____

Interview a designated facility staff member during the entrance conference by answering the questions below. If the interviewee answers “No” to question 1 **do not** proceed further. The answer “No” for questions 2 -6 would indicate non-compliance at 494.70 Patient Rights and a “No” to question 7 would indicate non-compliance at 494.180 Governance

Questions	Response	Deficiency
Does the facility provide financial contributions to ESRD patients in the form of premium assistance to support enrollment in individual market plans directly, through a parent organization or another entity? If No do not proceed with additional questions	Y/N	
Does the facility provide all patients with current information about financial assistance offered by the facility, parent organization or third party to support enrollment in an individual market health plan including limitations and risks associated with assistance?	Y/N	Y/N
Does the facility provide all patients with current information regarding the facility’s or parent organization’s overall contributions to date made to patient’s or third parties supporting enrollment in individual market health plans?	Y/N	Y/N
Does the facility provide all patients current information about available health plan options including but not limited to Medicare, Medicaid and individual market plans available to the patient on admission and annually?	Y/N	Y/N
Does the information provided to all patients include at least the following? <ul style="list-style-type: none"> • Current and anticipated costs associated with each health plan option including covered services, 	Y/N	Y/N

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<p>care providers, prescription drug coverage, co-pays, co-insurance, deductibles and enrollment periods for Medicare and the individual market</p> <ul style="list-style-type: none"> • Coverage limitations associated with transplant including patient costs for pre and post-transplant care of patient and living donor • Risk for loss of coverage and possible penalties 		
<p>Does the Social Worker or a designated staff member review all the above information with each patient and answers questions or concerns identified by the patient regarding health insurance options in the context of the patient's individualized plan of care?</p>	<p align="center">Y/N</p>	<p align="center">Y/N</p>
<p>Does the facility have policies and procedures for</p> <ul style="list-style-type: none"> • Communication with individual market health insurance issuers to disclose the facility's intent to offer financial assistance to patients supporting enrollment in an individual market plan • Obtaining the issuer's agreement to accept payments for duration of plan year 	<p align="center">Y/N</p>	<p align="center">Y/N</p>