

MEDICAID SELF PAY PATIENT SCREENING & DENIAL FORM

NAME	MR#	
SS#	US Citizen: Yes No	
	Permanent Resident of Arkansas? Yes No How long _____	
	If non-US citizen, is patient an undocumented alien: Yes NO If yes, patient does not qualify unless condition is emergent.	
1a	Do you have Motor Vehicle Insurance, Medicare or Medicaid that will pay on your medical bills?-----	Y N
1b	If yes, what is the name and phone number to verify insurance? _____	
1c	If pt is receiving treatment due to MVA, does patient have an attorney Yes No	
1d	If yes, what is attorney's name and phone number: _____	

2	Have you received Medicaid within the last 90 days? -----	Y	N
3	Are you potentially eligible for Veteran's Benefit If yes, refer to the VA to apply for benefits.	Y	N

****Question 3 is for families with children in home and patient is the primary caregiver****

3	1) Do you have children under the age of 18 that live with you and you exercise parental care and support for the children? (Children must have a blood/adopted relationship to patient)	Y	N
	2) Is patient the only parent of child in HH, <u>if yes, go to (a); if no, go to (b)</u>	Y	N
	a) <u>If yes</u> , does patient have enough medical bills to spend down income? (see budget on back) If not enough medical bills to spend down: patient is not eligible for Medicaid: <u>Go to #6; and check #1</u>	Y	N
	b) <u>If no</u> , and both parents are in home; <u>will one parent be disabled (unable to work) for 30 days?</u>	Y	N
	c) If one parent is not disabled, patient does not qualify for Medicaid) <u>Go to #6 below and check #1</u>		
	d) If yes, one parent will be disabled 30 days; does patient have enough medical bills to spend down income? (see budget on back)	Y	N

If patient does not have children - go to question 4. If patient has children & meet the above criteria and has enough medical bills to spend down income, patient is potentially eligible for Medicaid and should be referred to UAMS or DHS Medicaid Office

Question 4 and 4a are for patients who have no minor children in home.

4	Do you have impairment (disability) that will last for one year OR will the impairment keep you from working or completing your normal daily activities?-----	Y	N
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If patient answers "NO" to question 3 & 4, they are not potentially eligible for Medicaid - go to #6 and mark #1 as reason patient does not qualify for Medicaid.

4a	Have you filed for Social Security or SSI? YES NO If yes, What is status: Approved, Pending, Denied: or In Appeal? If application has been denied or is in appeals, call Medicaid Caseworker for clarification on whether patient can apply for Mcaid.	Y	N
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5) Y	PATIENT IS POTENTIALLY ELIGIBLE FOR MEDICAID. (Refer to UAMS Medicaid office if UAMS medical bills exceed \$5,000. If under \$5,000, refer to DHS.
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6) N	PATIENT IS <u>NOT</u> POTENTIALLY ELIGIBLE FOR MEDICAID (1) _____ Has no children in home and will not be disabled for one year (2) _____ Has children in the home or is disabled but does not have enough medical bills to qualify for Medicaid. (3) _____ Patient's resources exceed the guideline for Medicaid.	
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7) Y	REFERRED PATIENT TO DHS TO APPLY FOR MEDICAID
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8) Y	PATIENT WAS GIVEN A DISCOUNT APPLICATION
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Patient's Name

Date

Patient Rep/Caseworker's Name

Date

ADULTS WITH CHILDREN BUDGET.

Adult with Children Budget			
1) Unearned Gross Monthly Income (estimate)	\$ _____	X 3	\$ _____
2) Earned Gross Monthly Income (Estimate)	\$ _____	X 3	\$ _____ +
3) Total Quarterly Income (Total 1 and 2 = 3)			= \$ _____
4) Less # in Household Budget			-
5) Amount of medical bills needed to qualify for spenddown/ UAMS Hospital Bills:----- MCPG Bills: Add 1/3 of hospital medical bills for MCPG charges.	\$ _____ + \$ _____	#3 - #4 = 5 Income Bills	= \$ _____ - - \$ _____ = \$ _____
Total Medical Bills	= \$ _____		

Does patient have enough medical bills to spend down their excess income? If no, then patient does not qualify for Medicaid, go to #6 on front page and #2.

ADULT WITH NO CHILDREN BUDGET.

1) Unearned Gross Monthly Income (Estimate)			X3	\$ _____
2) Earned Gross Monthly Income		Divide by 1/2 =	X3	+ \$ _____
3) Total Quarterly Income				= \$ _____
4) Less # in Household Budget				-
5) Amount of medical bills needed to qualify for spenddown/ UAMS Hospital Bills:----- MCPG Bills: Add 1/3 of hospital medical bills for MCPG charges	\$ _____ + \$ _____			= \$ _____ - \$ _____ = \$ _____
Total Medical Bills	= \$ _____			

Does patient have enough medical bills to spend down their excess income? If no, then patient does not qualify for Medicaid, go to #6 on front page and #2.

Medicaid Monthly/Quarterly Income Standard

# in Household	Monthly	Quarterly
1	108.33	325.00
2	216.66	650.00
3	275.00	825.00
4	333.33	1,000.00
5	383.33	1,150.00
Ea. Addtl Person	58.33	175.00