

SECTION B – 6 –HOME HEALTH – BASE 1 SCREEN

PBP 2008 Data Entry System - #6 Home Health - Base 1

File

RIGHT CLICK HERE FOR DESCRIPTION OF BENEFIT

Maximum Plan Benefit Coverage is not applicable for this Service Category.

Is there an enrollee Coinsurance?  
 Yes  
 No

Do you offer any Mandatory or Optional Supplemental Benefits?  
 Yes  
 No

Is there a service-specific Maximum Enrollee Out-of-Pocket Cost?  
 Yes  
 No

Indicate Minimum Coinsurance percentage for Medicare Covered Benefits:  
\_\_\_\_\_

Select enhanced benefit:  
 Custodial Care, describe  
 Respite Care, describe

Indicate Maximum Enrollee Out-of-Pocket Cost amount:  
\_\_\_\_\_

Indicate Maximum Coinsurance percentage for Medicare Covered Benefits:  
\_\_\_\_\_

Select type of benefit for Custodial Care:  
 Mandatory  
 Optional

Select Maximum Enrollee Out-of-Pocket Cost periodicity:  
 Every three years  
 Every two years  
 Every year  
 Every six months  
 Every three months  
 Other, describe

Select the Coinsurance Coverage Basis for Medicare Covered Benefits:  
 Published Fee Schedule  
 MA Organization Developed Fee Schedule  
 MA Organization Developed Cost Structure  
 Medicare Fee-for-Service Charge Structure  
 Medicare Fee-for-Service Prospective Payment System  
 Other, describe

Select type of benefit for Respite Care:  
 Mandatory  
 Optional

SECTION B – 6 –HOME HEALTH – BASE 2 SCREEN

File

Indicate Minimum Coinsurance percentage for Custodial Care:

Indicate Maximum Coinsurance percentage for Custodial Care:

Select the Coinsurance Coverage Basis for Custodial Care:

- Published Fee Schedule
- MA Organization Developed Fee Schedule
- MA Organization Developed Cost Structure
- Medicare Fee-for-Service Charge Structure
- Medicare Fee-for-Service Prospective Payment System
- Other, describe

Indicate Minimum Coinsurance percentage for Respite Care:

Indicate Maximum Coinsurance percentage for Respite Care:

Select the Coinsurance Coverage Basis for Respite Care:

- Published Fee Schedule
- MA Organization Developed Fee Schedule
- MA Organization Developed Cost Structure
- Medicare Fee-for-Service Charge Structure
- Medicare Fee-for-Service Prospective Payment System
- Other, describe

SECTION B – 6 –HOME HEALTH – BASE 3 SCREEN

PBP 2008 Data Entry System - #6 Home Health - Base 3

File

Is there an enrollee Deductible? <input type="radio"/> Yes <input type="radio"/> No	Indicate Maximum Copayment amount per visit for Custodial Care: <input type="text"/>
Indicate Deductible Amount: <input type="text"/>	Indicate Minimum Copayment amount per visit for Respite Care: <input type="text"/>
Is there an enrollee Copayment? <input type="radio"/> Yes <input type="radio"/> No	Indicate Maximum Copayment amount per visit for Respite Care: <input type="text"/>
Indicate Minimum Copayment amount per visit for Medicare Covered Benefits: <input type="text"/>	
Indicate Maximum Copayment amount per visit for Medicare Covered Benefits: <input type="text"/>	
Indicate Minimum Copayment amount per visit for Custodial Care: <input type="text"/>	

**SECTION B – 6 –HOME HEALTH – BASE 4 SCREEN**

File

Enrollee must receive Authorization from one or more of the following:

- None
- Primary Care Physician (Internist/Family Practice, General Practice)
- Physician Specialist
- Organization Medical Director/Utilization Management/Utilization Review
- Other, describe

Is a referral required for Home Health Services?

Yes

No

Notes (Optional):

Import Text