



Eligibility data for dates of service 01/01/2015 - 11/01/2015

VENTHAM, WANDA (123456789A)

Gender: Female

Date of Birth: 08/05/1935

Date of Death:

Eligibility

Part A Eligibility

Effective Date:

06/01/2005

Termination Date:

Part B Eligibility

Effective Date:

06/01/2005

Termination Date:

Beneficiary Address

Address Line 1: 147 W 32ND ST

City: HIALEAH

Address Line 2:

State: FL

Zip: 33012



Eligibility data for dates of service 01/01/2015 - 11/01/2015

VENTHAM, WANDA (123456789A)

Gender: Female

Date of Birth: 08/05/1935

Date of Death:

Deductible/CAPS

Part B Deductible

Deductible Year: 01/01/2015 - 12/31/2015

Base Deductible: \$147.00

Remaining Deductible: \$0.00

Part B Plan Level Coinsurance

Calendar Year: 01/01/2015 - 12/31/2015

Plan Level Coinsurance Percentage: 20%

Blood Deductible

Calendar Year: 01/01/2015 - 12/31/2015

Number of Units 3

Occupational Therapy Cap

Calendar Year: 01/01/2015-12/31/2015

Used Amount: \$1,732.89

Physical and Speech Therapy Cap

Calendar Year: 01/01/2015-12/31/2015

Used \$0.00

Pulmonary Rehabilitation

Sessions Remaining 72

Sessions Remaining (Professional): 72

Cardiac Rehabilitation

Sessions Used (Technical): 0

Sessions Used (Professional): 0

Intensive Cardiac Rehabilitation

Sessions Used (Technical): 0

Sessions Used (Professional): 0

Outpatient Mental Health Coinsurance

Calendar Year: 01/01/2015 - 12/31/2015

Mental Health Coinsurance 20%



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Preventive

Smoking Cessation

Sessions Remaining: 8

Next Session

Annual Depression Screening:

HCPCS Code	Next Professional Date	Next Technical Date	Calendar Year	Deductible Amount	Deductible Percentage
G0444	10/14/2011	10/14/2011	01/01/2015 - 12/31/2015	\$0.00	0%

Annual Wellness Visit (AWV):

HCPCS Code	Next Professional Date	Next Technical Date	Calendar Year	Deductible Amount	Deductible Percentage
G0438	01/01/2011		01/01/2015 - 12/31/2015	\$0.00	0%
G0439	01/01/2011		01/01/2015 - 12/31/2015	\$0.00	0%

Bone Density Measurements:

HCPCS Code	Next Professional Date	Next Technical Date	Calendar Year	Deductible Amount	Deductible Percentage
76977	06/01/2005	06/01/2005	01/01/2015 - 12/31/2015	\$0.00	0%
77078	06/01/2005	06/01/2005	01/01/2015 - 12/31/2015	\$0.00	0%
77080	06/01/2005	06/01/2005	01/01/2015 - 12/31/2015	\$0.00	0%
77081	06/01/2005	06/01/2005	01/01/2015 - 12/31/2015	\$0.00	0%
G0130	06/01/2005	06/01/2005	01/01/2015 - 12/31/2015	\$0.00	0%

Cardiovascular Disease Screening (CARD):

HCPCS Code	Next Professional Date	Next Technical Date	Calendar Year	Deductible Amount	Deductible Percentage
80061	06/01/2005	06/01/2005	01/01/2015 - 12/31/2015	\$0.00	0%
82465	06/01/2005	06/01/2005	01/01/2015 - 12/31/2015	\$0.00	0%
83718	06/01/2005	06/01/2005	01/01/2015 - 12/31/2015	\$0.00	0%
84478	06/01/2005	06/01/2005	01/01/2015 - 12/31/2015	\$0.00	0%

Colorectal Cancer Screening (COLO):

HCPCS Code	Next Professional Date	Next Technical Date	Calendar Year	Deductible Amount	Deductible Percentage
G0104	07/10/2006	07/10/2006	01/01/2015 - 12/31/2015	\$0.00	0%
G0105	08/01/2012	08/01/2012	01/01/2015 - 12/31/2015	\$0.00	0%



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HCPCS Code	Next Professional Date	Next Technical Date	Calendar Year	Deductible Amount	Deductible Percentage
G0106	07/10/2006	07/10/2006	01/01/2015 - 12/31/2015	\$0.00	20%
G0120	08/01/2012	08/01/2012	01/01/2015 - 12/31/2015	\$0.00	20%
G0121	06/01/2005	06/01/2005	01/01/2015 - 12/31/2015	\$0.00	0%

Diabetes Screening Tests (DIAB):

HCPCS Code	Next Professional Date	Next Technical Date	Calendar Year	Deductible Amount	Deductible Percentage
82947	06/01/2005	06/01/2005	01/01/2015 - 12/31/2015	\$0.00	0%
82950	06/01/2005	06/01/2005	01/01/2015 - 12/31/2015	\$0.00	0%
82951	06/01/2005	06/01/2005	01/01/2015 - 12/31/2015	\$0.00	0%

Fecal Occult Blood Test (FOBT):

HCPCS Code	Next Professional Date	Next Technical Date	Calendar Year	Deductible Amount	Deductible Percentage
82270	04/01/2010	01/01/2007	01/01/2015 - 12/31/2015	\$0.00	0%
G0328	04/01/2010	07/10/2006	01/01/2015 - 12/31/2015	\$0.00	0%

Glaucoma Screening (GLAU):

HCPCS Code	Next Professional Date	Next Technical Date	Calendar Year	Deductible Amount	Deductible Percentage
G0117	06/01/2005	06/01/2005	01/01/2015 - 12/31/2015	\$147.00	20%
G0118	06/01/2005	06/01/2005	01/01/2015 - 12/31/2015	\$147.00	20%

High Intensity Behavioral Counseling (HIBC):

HCPCS Code	Next Professional Date	Next Technical Date	Calendar Year	Deductible Amount	Deductible Percentage
G0445	11/08/2011	11/08/2011	01/01/2015 - 12/31/2015	\$0.00	0%

Intensive Behavioral Therapy (IBT) for Cardiovascular Disease:

HCPCS Code	Next Professional Date	Next Technical Date	Calendar Year	Deductible Amount	Deductible Percentage
G0446	11/08/2011	11/08/2011	01/01/2015 - 12/31/2015	\$0.00	0%

Intensive Behavioral Therapy for Obesity:

HCPCS Code	Next Professional Date	Next Technical Date	Calendar Year	Deductible Amount	Deductible Percentage
G0447	11/29/2011	11/29/2011	01/01/2015 - 12/31/2015	\$0.00	0%



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Screening Mammography (MAMM):

HCPCS Code	Next Professional Date	Next Technical Date	Calendar Year	Deductible Amount	Deductible Percentage
77057	10/01/2015	10/01/2015	01/01/2015 - 12/31/2015	\$0.00	0%
G0202	10/01/2015	10/01/2015	01/01/2015 - 12/31/2015	\$0.00	0%

Screening Pap Test (PAPT):

HCPCS Code	Next Professional Date	Next Technical Date	Calendar Year	Deductible Amount	Deductible Percentage
G0123	06/01/2005	06/01/2005	01/01/2015 - 12/31/2015	\$0.00	0%
G0143	06/01/2005	06/01/2005	01/01/2015 - 12/31/2015	\$0.00	0%
G0144	06/01/2005	06/01/2005	01/01/2015 - 12/31/2015	\$0.00	0%
G0145	06/01/2005	06/01/2005	01/01/2015 - 12/31/2015	\$0.00	0%
G0147	06/01/2005	06/01/2005	01/01/2015 - 12/31/2015	\$0.00	0%
G0148	06/01/2005	06/01/2005	01/01/2015 - 12/31/2015	\$0.00	0%
P3000	06/01/2005	06/01/2005	01/01/2015 - 12/31/2015	\$0.00	0%
Q0091	07/01/2005	07/01/2005	01/01/2015 - 12/31/2015	\$0.00	0%

Screening Pelvic Exam (PCBE):

HCPCS Code	Next Professional Date	Next Technical Date	Calendar Year	Deductible Amount	Deductible Percentage
G0101	06/01/2005	06/01/2005	01/01/2015 - 12/31/2015	\$0.00	0%

Ultrasound Screening for Abdominal Aortic Aneurysm (AAA):

HCPCS Code	Next Professional Date	Next Technical Date	Calendar Year	Deductible Amount	Deductible Percentage
G0389	07/01/2007	07/01/2007	01/01/2015 - 12/31/2015	\$0.00	0%



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MSP

Medicare Secondary Payer

Effective Date: 05/23/2014

Termination Date: 05/12/2015

Insurer Name: LIABILITY

Policy Number:

Type of Primary Medicare Secondary, Other Liability Insurance is Primary

Address Line

City:

Address Line

State:

Zip Code:



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PLAN COVERAGE

Plan Type - Health Maintenance Organization Medicare Risk - HN

Enrollment Date: 01/01/2006

Disenrollment Date:

Contract Number/Plan Benefit Package H5207 001

Contract Website www.CommunityCareInc.org

MCO Bill Option Code C

Plan Name: COMMUNITY CARE HEALTH PLAN, INC.

Address Line 205 Bishops Way

Phone Number: 866-937-2783

Address Line

City: Brookfield

State: WI

Zip Code: 53005

Plan Type - Pharmacy - Part D

Enrollment Date: 01/01/2006

Disenrollment Date:

Contract Number/Plan Benefit Package H5207 001

Contract Website www.CommunityCareInc.org

Plan Name: COMMUNITY CARE HEALTH PLAN, INC.

Address Line 205 Bishops Way

Phone Number: 866-937-2783

Address Line

City: Brookfield

State: WI

Zip Code: 53005



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Hospice/Home Health

Home Health Certification

HHEH Certification (HCPCS Code)

HHEH Certification Date: 03/27/2015
HHEH Certification Date: 12/11/2014
HHEH Certification Date: 09/05/2014
HHEH Certification Date: 06/30/2014
HHEH Certification Date: 05/05/2014
HHEH Certification Date: 02/17/2014
HHEH Certification Date: 12/30/2013
HHEH Certification Date: 11/19/2013
HHEH Certification Date: 06/23/2013
HHEH Certification Date: 05/21/2013

HHEH Certification (HCPCS Code)

HHEH Recertification Date: 11/19/2011

Home Health Care

HHEH Start Date: 04/29/2015

HHEH End Date: 06/27/2015

HHEH DOEBA Date:

HHEH DOLBA Date:

NPI : 1245390541

Contractor Number 11004

Contractor Palmetto GBA

HHEH Start Date: 02/28/2015

HHEH End Date: 04/28/2015

HHEH DOEBA Date: 03/03/2015

HHEH DOLBA Date: 04/28/2015

NPI : 1245390541

Contractor Number 11004

Contractor Palmetto GBA



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VENTHAM, WANDA (123456789A)

Gender: Female

Date of Birth: 08/05/1935

Date of Death:

HHEH Start Date: 12/30/2014

HHEH End Date: 02/27/2015

HHEH DOEBA Date: 12/30/2014

HHEH DOLBA Date: 02/27/2015

NPI : 1245390541

Contractor Number 11004

Contractor Palmetto GBA



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Inpatient

Part A Deductible

Deductible Year: 01/01/2015 - 12/31/2015

Base Deductible: \$1,260.00

Lifetime Reserve Days

Calendar Year: 01/01/2015 - 12/31/2015

Lifetime Co-payment Amount per \$630.00

Lifetime Base Days: 60

Lifetime Remaining Days: 60

Lifetime Psychiatric Limitation Days

Lifetime Psychiatric Base Days: 190

Lifetime Psychiatric Remaining Days: 190

Inpatient Spell

DOEBA Date: 01/01/2015

DOLBA Date: 12/31/2015

Hospital

Part A Remaining Deductible: \$0.00

Full Days Remaining (\$0 per day): 60

Co-Payment Days Remaining: 30

Co-Payment Amount per Day: \$315.00

Skilled Nursing Facility (SNF)

SNF Co-Payment Amount per day: \$157.50

SNF Co-Payment Days Remaining: 80

SNF Days Remaining (\$0 per day): 20