



Home Health Care (HHC)

Application Guidelines & Checklist

The Home Health Care benefit is limited to: **Civil Servants & Pensioners, Seafarers & Veterans & Indigents.**

All Home Health Care Plans must meet these four(4) tests: **1.** It must be a formal written plan made by the patient's attending Physician **and** approved by the Chief Medical Officer (CMO) **and** must be reviewed at **least** every **180** Days; **2.** It must state the diagnosis (including relevant medical information, special requirements etc.); **3.** It must certify that the HHC **is in place of Hospital confinement**; and **4.** It must specify the type and extent of HHC required for the treatment of the patient. **All HHC Applications** are reviewed and authorized by the **CINICO Risk & Appeals (R&A) Committee**. Please note, all HHC contain some quantity of convalescent care. As convalescent care is not a covered benefit, the R&A Committee will examine the application and the specific percentage of time utilized exclusively for medical care versus convalescent care. Based on this analysis, the R&A Committee reserves the right to vary the requested reimbursement and/or period, to an amount less than the defined maximum per each level.

Please ensure all required documents listed below are submitted at the time of the application or renewal. CINICO will not accept, nor process, any incomplete applications or renewals.

New Application Checklist

<u>Members who employ Care Giver directly</u>	<u>Members who contract HHC Vendor company</u>
(Items 1 thru 8 are required)	(Items 1 thru 4 Plus Items A. thru D. are required)
<input type="checkbox"/> 1. Completed 'CINICO HHC Application & Renewal Form'	
<input type="checkbox"/> 2. Physician Completed 'HHC Care Level & Plan Form' (Level 1, 2 or 3)	
<input type="checkbox"/> 3. Physician HHC Plan/Letter from the CIHSA Physician with a current CMO Stamp	
<input type="checkbox"/> 4. Professional Qualifications (Level 1 only) & Proof of CPR & First Aid training (Level 1, 2 or 3)	
<input type="checkbox"/> 5. Employment Agreement with wage or salary between Member/Employer and Caregiver	<input type="checkbox"/> A. Proof of current T&B Licence of Vendor
<input type="checkbox"/> 6. Work Permit approval letter (If expatriate)	<input type="checkbox"/> B. Vendor must present proof of employee qualifications (See #4)
<input type="checkbox"/> 7. Proof of Medical Insurance for Caregiver	<input type="checkbox"/> C. Invoices must be signed by CINICO policy holder or designated guardian
<input type="checkbox"/> 8. Proof of Pension for Caregiver (If applicable)	<input type="checkbox"/> D. All contracts between CINICO policy holder & HHC Vendor must be presented.

Renewal Checklist (180 Days)

<u>Members who employ Care Giver directly</u>	<u>Members who contract HHC Vendor company</u>
(Items 1 thru 3 are required.) Plus: Updated information must also be supplied for Items 5 thru 8, <u>if</u> there are any changes.	(Items 1 thru 3 are required) Plus: Updated information must also be supplied for Items A thru D, <u>if</u> there are any changes.
<input type="checkbox"/> 1. New Completed 'CINICO HHC Application & Renewal Form'	
<input type="checkbox"/> 2. New Physician Completed 'HHC Care Level & Plan Form' (Level 1, 2 or 3)	
<input type="checkbox"/> 3. New Physician Letter from the CIHSA Physician with a current CMO Stamp	

Claims Submission Checklist

<input type="checkbox"/> 1. Completed 'CINICO Claim Form'	<input type="checkbox"/> 3. Signed receipt by Caregiver for funds received OR Signed HHC Vendor Invoice by CINICO policy holder or designated guardian.
<input type="checkbox"/> 2. Copy of R&A Committee Approval Letter	