

F. HIPA Abstraction Screens

Screen D1 - General Info: Coverage Types

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Navigation icons: Home, Print, Mouse

HIPA Abstraction of Case 4929

General Info | Medical | Medical Services | Medigap | Presc. Drugs | Dental | Vision

Coverage Types | Plan Characteristics | Consumer Appeal | Cost Containment

Medical
 Yes
 No

Medigap
 Yes
 No

Presc. Drugs
 Yes
 No

Dental
 Yes
 No

Vision
 Yes
 No

Notes:

Add items to General Information Category

Screen D2 - General Info: Plan Characteristics

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File Help

||| [Icons]

HIPA Abstraction of Case 4929

Coverage Types | **Plan Characteristics** | Consumer Appeal | Cost Containment

General Info

Medical

Medical Services

Medigap

Presc. Drugs

Dental

Vision

Type of Plan from Book: Health Maintenance Organization (HMO) [v]
Other Type of Plan: []
Type of Provider: Exclusive Provider [v]
Levels of Benefits: [1]
HMOModel: Mixed Model [v]

HMO Federally Qualified
 Yes
 No
 Not Specified

Basic with Supplementary MM
 Yes
 No

Referral to Specialist
 Yes
 No

Referral Applied To
 All Levels
 One Level

Referral to Obgyn
 Yes
 No

Restrictions on Preexisting Conditions
 Yes, with time limit
 Yes, conditions never covered
 No
 Not Specified

Coordination with Medicare: [] [v]

Add items to General Information Category

Screen D3 - General Info: Consumer Appeal

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HIPA Abstraction of Case 4929

Coverage Types | Plan Characteristics | **Consumer Appeal** | Cost Containment

General Info

Medical

Medical Services

Medigap

Presc. Drugs

Dental

Vision

Appeal Process 1st Level

- Yes, Plan
- Yes, Employer/Group
- No

2nd or Higher Level(s) of Appeal

- Yes, Plan Only
- Yes, Employer/Group Only
- Yes, External Only
- Yes, Plan/Employer/Group and External
- No

Information Provided on Where to Send Appeal

- Yes, with No Details
- Yes, with Specific Details
- No

Time Limits Specified

- Yes
- No

Expedited Process Available

- Yes, 1st Level
- Yes, All Levels
- No

Add items to General Information Category

Screen D4 -General Info: Cost Containment

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HIPA Abstraction of Case 4929

Coverage Types | Plan Characteristics | Consumer Appeal | **Cost Containment**

General Info

Medical

Medical Services

Medigap

Presc. Drugs

Dental

Vision

Cost Containment Provisions

- No Cost Containment Provision
- Preadmission Certification
- 2nd Surgical Opinion
- Preadmission Testing
- Utilization or Concurrent Review
- Nonemergency Weekend Admission
- Penalty for ER Out of Network
- Outpatient Surgery Incentives
- Other

Preadmission Certification

- No Penalty
- No Coverage Provided
- Not Specified
 - Deductible Imposed/Deductible Increased
 - Coinsurance Reduced
 - Copay Increased
 - Other

Penalites for Not Obtaining 2nd Surgical Opinion

- No Penalty
- No Coverage Provided
- Not Specified
 - Deductible Imposed/Deductible Increased
 - Coinsurance Reduced
 - Copay Increased
 - Lower Schedule of Payments
 - Other

General Information | Cost Containment Information is valid.

Add items to General Information Category

Screen D5 - Medical: Overall Limits

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HIPA Abstraction of Case 4929

Overall Limits

Summary of Medical Services

Mental Health/Alcohol/Drugs Lifetime

Additional Benefits

General Info

Medical

Medical Services

Medigap

Presc. Drugs

Dental

Vision

Level

In Plan

Out of Plan

Deductible

No Deductible

Other: _____

Ind. Amount: _____

Family Amount: _____

of Individuals: _____

Out-of-Pocket Limit

Yes

No

Individual Out-of-Pocket Limit

Expressed as oop amount (incl) _____

Other: _____

Amount:

Overall Limitations

Yes

No

Coinsurance/Copay

Copay Fixed

Other: _____

Amount:

Based on Earnings

Yes

No

Family Out-of-Pocket Limit

Expressed as oop amount (incl) _____

Other: _____

Amount:

Notes:

Plan Maximum

No Maximum

Not Specified

Lifetime Maximum _____

Per Confinement/Year _____

Other _____

Deductible Included

Yes

No

Not Specified

Benefits Apply

All Benefits Apply

Yes

No

Benefits Which Do Not Apply

Mental Health

Alcohol/Drugs

Prescription Drugs

Dental

Vision

Other _____

Add items to Medical Category

Screen D6 - Medical: Summary of Medical Services

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HIPA Abstraction of Case 4929

Overall Limits

Summary of Medical Services

Mental Health/Alcohol/Drugs Lifetime

Additional Benefits

📁
General Info

🏠
Medical

📁
Medical Services

✕
Medigap

👤
Presc. Drugs

👤
Dental

👤
Vision

Level
 In Plan
 Out of Plan

Hospital Room and Board: <input type="text" value="Internal Limits Only"/>	Mental Health Inpatient: <input type="text" value="Internal Limits Only"/>
Inpatient Surgery: <input type="text" value="Covered in Full"/>	Mental Health Outpatient: <input type="text" value="Not Specified"/>
Outpatient Surgery: <input type="text" value="Covered in Full"/>	Alcohol/Drug Inpatient Detox: <input type="text" value="Internal Limits Only"/>
Physician Office Visits: <input type="text" value="Overall Limits Only"/>	Alcohol/Drug Inpatient Rehab: <input type="text" value="Internal Limits Only"/>
Well Baby: <input type="text" value="Overall Limits Only"/>	Alcohol/Drug Outpatient Rehab: <input type="text" value="Not Specified"/>
Home Health: <input type="text" value="Covered in Full"/>	<input type="text" value="Covered in Full"/>

Medical

Summary of Medical Services Information is va

Screen D7 - Medical: Mental Health/Alcohol/Drugs Lifetime

Hipa
File Help

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HIPA Abstraction of Case 4929

Overall Limits | Summary of Medical Services | **Mental Health/Alcohol/Drugs Lifetime** | Additional Benefits

General Info
Medical
Medical Services
Medigap
Presc. Drugs
Dental
Vision

Alcohol/Drug Benefits Same as Each Other

Yes
 No

Notes:

Dollar Lifetime Maximum

Yes
 No

Applies To:

All Mental Health, Alcohol and Drugs
 Mental Health Inpatient
 Mental Health Outpatient
 Alcohol/Drug Inpatient Detox
 Alcohol/Drug Inpatient Rehab
 Alcohol/Drug Outpatient Rehab

Day/Visit Lifetime Maximums

Yes
 No

Applies To:

All Mental Health, Alcohol and Drugs
 Mental Health Inpatient
 Mental Health Outpatient
 Alcohol/Drug Inpatient Detox
 Alcohol/Drug Inpatient Rehab
 Alcohol/Drug Outpatient Rehab

Medical | Mental Health/Alcohol/Drugs Information is valid.

Add items to Medical Category

Screen D8 - Medical: Additional Benefits

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HIPA Abstraction of Case 4929

Overall Limits | Summary of Medical Services | Mental Health/Alcohol/Drugs Lifetime | **Additional Benefits**

Level
 In Plan
 Out of Plan

None

Inpatient Physician

Covered Same as Inpatient Surgery
 Covered Differently from Inpatient Surgery
 Not Specified

Diagnostic Xrays and Lab
 Routine Mammograms
 Adult Routine Physical Exams
 Routine Pap Smears

Office Visits for Pre-natal Care
 Adult Immunizations
 Child Immunizations
 Well-child Care, 2-4 Years
 Chiropractic Care
 Other Non-Physician Providers
 Rehabilitation Facility
 Extended Care/Skilled Nursing Facility
 Hospice Care

Medical Additional Benefits Information is valid.

Add items to Medical Category

Screen D9 - Medical Services: Hospital

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HIPA Abstraction of Case 4929

General Info

Medical

Medical Services

Medigap

Presc. Drugs

Dental

Vision

Mental (In)	Mental (Out)	Alcohol/Drug Detox (In)	Alcohol/Drug Rehab (In)	Alcohol/Drug Rehab (Out)
Hospital	Surgery (In)	Surgery (Out)	Office Visits	Well Baby
Home Health				

Level

In Plan

Out of Plan

Internal Limitations

Deductible: Not Specified

Per Confinement/Year

Per Day Fixed

Per Day Varies

Number of Days per Confinement/Year

Coinsurance Fixed

Varies

Out-of-Pocket Limit

Day Maximum Number of Days per Confinement/Year:

Dollar Maximum Not Specified

Per Confinement/Year

Per Day

Other

Overall Limitations

All Overall Limits

Deductible

Coinsurance/Copay

Out-of-Pocket Limit

Plan Maximum

Notes:

Services Hospital Information is valid.

Add items to Medical Services Category

Screen D10 - Medical Services: Surgery (In)

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HIPA Abstraction of Case 4929

General Info Medical Medical Services Medigap Presc. Drugs Dental Vision	Mental (In) Mental (Out) Alcohol/Drug Detox (In) Alcohol/Drug Rehab (In) Alcohol/Drug Rehab (Out)
	Hospital Surgery (In) Surgery (Out) Office Visits Well Baby Home Health

Level

In Plan
 Out of Plan

Overall Limitations

All Overall Limits

Deductible

Coinsurance/Copay

Out-of-Pocket Limit

Plan Maximum

Notes:

Internal Limitations

Deductible

Coinsurance

Copay

Dollar Maximum Not Specified

Per Confinement/Year

Per Surgery

Fee Schedule

Appendectomy:

Inguinal Hernia Repair:

Other

Services Inpatient Surgery Information is valid.

Add items to Medical Services Category

Screen D11 - Medical Services: Surgery (Out)

Hipa
File Help

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HIPA Abstraction of Case 4929

General Info Medical Medical Services Medigap Presc. Drugs Dental Vision	Mental (In)	Mental (Out)	Alcohol/Drug Detox (In)	Alcohol/Drug Rehab (In)	Alcohol/Drug Rehab (Out)
	Hospital	Surgery (In)	Surgery (Out)	Office Visits	Well Baby

Overall Limitations

All Overall Limits

Deductible

Coinsurance/Copay

Out-of-Pocket Limit

Plan Maximum

Notes:

Internal Limitations

Deductible

Coinsurance

Copay

Dollar Maximum Not Specified

Per Confinement/Year

Per Surgery

Fee Schedule

Tonsillectomy and Adenoidectomy:

Diagnostic Dilation and Curettage:

Other

Add items to Medical Services Category

Screen D12 - Medical Services: Office Visits

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HIPA Abstraction of Case 4929

	Mental (In)	Mental (Out)	Alcohol/Drug Detox (In)	Alcohol/Drug Rehab (In)	Alcohol/Drug Rehab (Out)
	Hospital	Surgery (In)	Surgery (Out)	Office Visits	Well Baby

General Info

Medical

Medical Services

Medigap

Presc. Drugs

Dental

Vision

Level

In Plan

Out of Plan

Overall Limitations

All Overall Limits

Deductible

Coinsurance/Copay

Out-of-Pocket Limit

Plan Maximum

Notes:

Internal Limitations

Deductible per Year

Coinsurance Fixed

Coinsurance Varies

Copay per Visit Fixed

Copay per Visit Varies

Coinsurance/Copay Differs for Specialist

Maximum Number of Visits

Dollar Maximum per Visit

Dollar Maximum per Year

Other

Services Office Visits Information is valid.

Add items to Medical Services Category

Screen D13 -Medical Services: Well Baby

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HIPA Abstraction of Case 4929

General Info

Medical

Medical Services

Medigap

Presc. Drugs

Dental

Vision

Mental (In)	Mental (Out)	Alcohol/Drug Detox (In)	Alcohol/Drug Rehab (In)	Alcohol/Drug Rehab (Out)	
Hospital	Surgery (In)	Surgery (Out)	Office Visits	Well Baby	Home Health

Level

In Plan

Out of Plan

Overall Limitations

All Overall Limits

Deductible

Coinsurance/Copay

Out-of-Pocket Limit

Plan Maximum

Notes:

Internal Limitations

Deductible per Year

Coinsurance Fixed

Coinsurance Varies

Copay per Visit Fixed

Copay per Visit Varies

Maximum Number of Visits

Dollar Maximum per Visit

Dollar Maximum per Year

Other

Services
Well Baby Information is valid.

Add items to Medical Services Category

Screen D14 - Medical Services: Home Health

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HIPA Abstraction of Case 4929

	Mental (In)	Mental (Out)	Alcohol/Drug Detox (In)	Alcohol/Drug Rehab (In)	Alcohol/Drug Rehab (Out)
	Hospital	Surgery (In)	Surgery (Out)	Office Visits	Well Baby
					Home Health

General Info

Medical

Medical Services

Medigap

Presc. Drugs

Dental

Vision

Overall Limitations

All Overall Limits

Deductible

Coinsurance/Copay

Out-of-Pocket Limit

Plan Maximum

Internal Limitations

Deductible per Year

Coinsurance Fixed

Coinsurance Varies

Copay per Visit Fixed

Copay per Visit Varies

Maximum Number of Visits

Dollar Maximum per Visit

Dollar Maximum per Year

Other

Notes:

Add items to Medical Services Category

Screen D15 - Medical Services: Mental (In)

Hipa

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HIPA Abstraction of Case 4929

Hospital	Surgery (In)	Surgery (Out)	Office Visits	Well Baby	Home Health
Mental (In)	Mental (Out)	Alcohol/Drug Detox (In)	Alcohol/Drug Rehab (In)	Alcohol/Drug Rehab (Out)	

General Info

Medical

Medical Services

Medigap

Presc. Drugs

Dental

Vision

Overall Limitations

All Overall Limits

Deductible

Coinsurance/Copay

Out-of-Pocket Limit

Plan Maximum

Internal Limitations

Deductible Not Specified

Per Confinement/Year

Per Day Fixed

Per Day Varies

Number of Days per Confinement/Year

Coinsurance Fixed Varies

Out-of-Pocket Limit

Day Maximum Number of Days per Confinement/Year:

Dollar Maximum Not Specified

Per Confinement/Year

Per Day

Other

Notes:

Screen D16 - Medical Services: Mental (Out)

Hipa

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HIPA Abstraction of Case 4929

Hospital	Surgery (In)	Surgery (Out)	Office Visits	Well Baby	Home Health
Mental (In)	Mental (Out)	Alcohol/Drug Detox (In)	Alcohol/Drug Rehab (In)	Alcohol/Drug Rehab (Out)	

General Info

Medical

Medical Services

Medigap

Presc. Drugs

Dental

Vision

Overall Limitations

All Overall Limits

Deductible

Coinsurance/Copay

Out-of-Pocket Limit

Plan Maximum

Internal Limitations

Deductible per Year

Coinsurance Fixed

Coinsurance Varies

Copay per Visit Fixed

Copay per Visit Varies

Maximum Number of Visits

Dollar Maximum per Visit

Dollar Maximum per Year

Other

Notes:

Add items to Medical Services Category

Screen D17 - Medical Services: Alcohol/Drug Detox (In)

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HIPA Abstraction of Case 4929

Hospital	Surgery (In)	Surgery (Out)	Office Visits	Well Baby	Home Health
Mental (In)	Mental (Out)	Alcohol/Drug Detox (In)	Alcohol/Drug Rehab (In)	Alcohol/Drug Rehab (Out)	

Overall Limitations

- All Overall Limits
- Deductible
- Coinsurance/Copay
- Out-of-Pocket Limit
- Plan Maximum

Internal Limitations

- Deductible
 - Not Specified
 - Per Confinement/Year
 - Per Day Fixed
 - Per Day Varies
 - Number of Days per Confinement/Year
- Coinsurance
 - Fixed
 - Varies
- Out-of-Pocket Limit
- Day Maximum Number of Days per Confinement/Year:
- Dollar Maximum
 - Not Specified
 - Per Confinement/Year
 - Per Day
- Other

Notes:

Add items to Medical Services Category

Screen D18 - Medical Services: Alcohol/Drug Rehab (In)

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HIPA Abstraction of Case 4929

Hospital	Surgery (In)	Surgery (Out)	Office Visits	Well Baby	Home Health
Mental (In)	Mental (Out)	Alcohol/Drug Detox (In)	Alcohol/Drug Rehab (In)	Alcohol/Drug Rehab (Out)	

Overall Limitations

- All Overall Limits
 - Deductible
 - Coinsurance/Copay
 - Out-of-Pocket Limit
 - Plan Maximum

Internal Limitations

- Deductible
 - Not Specified
 - Per Confinement/Year
 - Per Day Fixed
 - Per Day Varies
 - Number of Days per Confinement/Year
- Coinsurance
 - Fixed
 - Varies
- Out-of-Pocket Limit
- Day Maximum Number of Days per Confinement/Year:
- Dollar Maximum
 - Not Specified
 - Per Confinement/Year
 - Per Day
- Other

Notes:

Add items to Medical Services Category

Screen D19 - Medical Services: Alcohol/Drug Rehab (Out)

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HIPA Abstraction of Case 4929

Hospital	Surgery (In)	Surgery (Out)	Office Visits	Well Baby	Home Health
Mental (In)	Mental (Out)	Alcohol/Drug Detox (In)	Alcohol/Drug Rehab (In)	Alcohol/Drug Rehab (Out)	

General Info

Medical

Medical Services

Medigap

Presc. Drugs

Dental

Vision

Overall Limitations

All Overall Limits

Deductible

Coinsurance/Copay

Out-of-Pocket Limit

Plan Maximum

Internal Limitations

Deductible per Year

Coinsurance Fixed

Coinsurance Varies

Copay per Visit Fixed

Copay per Visit Varies

Maximum Number of Visits

Dollar Maximum per Visit

Dollar Maximum per Year

Other

Notes:

Add items to Medical Services Category

Screen D20 - Medigap

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HIPA Abstraction of Case 4930

Medigap

Plan Letter: Type of Provider:

Part A Benefits

- Yes
- No
- Part A Hospital Copay for Days 61-90
- Part A Hospital Copay for Days 91-150
- Part A Hospital Copay beyond 150 Days
- Part A SNF Copay for Days 21-100
- Part A Deductible

Part B Benefits

- Yes
- No
- Part B Excess Charge
- Part B Deductible
- Part B Coinsurance, without Additional Deductible
- Part B Coinsurance, with Additional Deductible
- Part B Coinsurance for Outpatient Mental Health

Other Benefits

- Yes
- No
- Blood Deductible
- Foreign Travel Benefits for Medical Emergencies
- At-Home Recovery
- Preventive Medical Care

Notes:

Add items to Medigap Category

Screen D21 - Prescription Drugs: General

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HIPA Abstraction of Case 4929

General Overall/Internal

General Info

Medical

Medical Services

Medigap

Presc. Drugs

Dental

Vision

Brand Name Coverage: Internal Limits Only

Generic Coverage: Internal Limits Only

Mail Order Drugs: None

Participating Pharmacies: Increased Benefits

Formulary Drugs: Increased Benefits
None

Notes: Increased Benefits
Formulary Drugs Only

Add items to Prescription Drugs Category

Screen D22 - Prescription Drugs: Overall/Internal

Hipa

File Help

HIPA Abstraction of Case 4929

General Info

Medical

Medical Services

Medigap

Presc. Drugs

Dental

Vision

General

Overall/Internal

Brand Name

Overall Limitations

All Overall Limits
 Deductible
 Coinsurance/Copay
 Out-of-Pocket Limit
 Plan Maximum

Deductible per Year
 Coinsurance
 Copay per Prescription
 Dollar Maximum per Year
 Other

Individual Amount:
 Family Amount:
 Number of Individuals:

Generic

Overall Limitations

All Overall Limits
 Deductible
 Coinsurance/Copay
 Out-of-Pocket Limit
 Plan Maximum

Deductible per Year
 Coinsurance
 Copay per Prescription
 Dollar Maximum per Year
 Other

Individual Amount:
 Family Amount:
 Number of Individuals:

Add items to Prescription Drugs Category

Screen D23 - Dental: General

Hipa
File Help

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HIPA Abstraction of Case 4929

General Services (Provision 1) Services (Provision 2)

General Info
Medical
Medical Services
Medigap
Presc. Drugs
Dental
Vision

Type of Provider:

Preventive Dental Care:

Orthodontia:

Details Provided for Services

Yes
 No

Deductible

Yes
 No
 Not Specified

Individual Amount:

Family Amount:

Number of Individuals:

Services Subject to Deductible

All Covered Services

Exams, Xrays, and Cleanings

Surgery

Fillings

Periodontics

Endodontics

Crowns and Prosthetics

Orthodontia

Maximum

Yes
 No
 Not Specified

Yearly Amount:

Notes:

Add items to Dental Category

Screen D24 - Dental: Services (Provision 1)

Hipa
File Help

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HIPA Abstraction of Case 4929

General Services (Provision 1) Services (Provision 2)

General Info
Medical
Medical Services
Medigap
Presc. Drugs
Dental
Vision

Exams, Xrays, and Cleanings
Coverage: Covered in Full
Other:

Periodontics
Coverage: Coinsurance
Other:
Percent: 50.0

Surgery
Coverage: Coinsurance
Other:
Percent: 50.0

Endodontics
Coverage: Coinsurance
Other:
Percent: 50.0

Fillings
Coverage: Coinsurance
Other:
Percent: 50.0

Crowns and Prosthetics
Coverage: Coinsurance
Other:
Percent: 50.0

Dental Add/Change items for Exams (Provision 1)

Add items to Dental Category

Screen D25 - Vision: General

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HIPA Abstraction of Case 4929

General | Services (Provision 1) | Services (Provision 2) | Services (Provision 3)

General Info
Medical
Medical Services
Medigap
Presc. Drugs
Dental
Vision

Type of Provider:

Covered:

Details Provided for Services
 Yes
 No

Shared Deductible
 Yes
 No
 Not Specified
Amount:

Shared Maximum
 Yes
 No
 Not Specified
Amount:

Notes:

Add items to Vision Category

Screen D26 - Vision: Services (Provision 1)

Hipa
File Help

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HIPA Abstraction of Case 4929

General Services (Provision 1) Services (Provision 2) Services (Provision 3)

General Info
Medical
Medical Services
Medigap
Presc. Drugs
Dental
Vision

Exams
Coverage:
Percent:

Glasses
Coverage:
Amount:

Vision

Add items to Vision Category