



GOVERNMENT OF BERMUDA

HIP & FUTURECARE PERSONAL HOME CARE BENEFIT GUIDE

Health Insurance Department, Ministry of Health

This Guide was produced by:
Health Insurance Department
Date: 01 April 2017
Updated: 27 May 2021
Version: 07.00

All forms required for policyholders and providers are included in this Guide.

You can also obtain the forms from the website: www.gov.bm/personal-home-care-benefit, or directly from the Health Insurance Department.

For more information contact:

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Sofia House, 2nd Floor,
48 Church Street, Hamilton

Mailing Address:

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HM 12

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Benefit Overview

The Personal Home Care Benefit (PHC) was introduced in 2015 as a HIP and FutureCare benefit under the Health Insurance Act 1970.¹ The benefit supplements FutureCare and HIP policyholders with a portion of the cost of personal care services in their home.

- ❓ The benefit requires a **'Request for Benefit'** by the policyholder, their family or healthcare provider on their behalf.
- ❓ **Prior approval** by the Health Insurance Department (HID) Nurse Case Manager team is necessary to start any payments under this benefit.
- ❓ **Personal HomeCare Providers** (Care Providers) must be registered with Bermuda Health Council (BHeC) and HID to be paid for this benefit. Please see full details in the Personal Home Care (PHC) Service Providers Section.
- ❓ The specific type and amount of services the policy holder may be covered for under this benefit is determined by an individual assessment of the policy holder's care needs.
- ❓ This benefit does not cover rest home or nursing home care nor caregiving while the policyholder is admitted or inpatient at the hospital.

Type and Services of Personal Home Care Benefit

Maximum Limits*

Care Provider	Type of Care	Reimbursed Rate	Quantity	Pro-rated Max Monthly Reimbursement
Personal Caregiver	Assistance with personal care, bathing, dressing and /or dementia care	\$15/hr	40 hr/wk	\$2,610
Skilled Caregiver (Nursing Associate/Geriatric Aide)	Nursing aide services for health monitoring, complex care (e.g. catheter/wound care)	\$25/hr	14 hr/wk	\$1,525
Registered Nurse	Assessments of health conditions, treatments, medication handling, complex wound care, care planning, education of other care givers	\$75/hr	12 visits/yr	NA
Day Care Program	Social and recreational activities	\$25/half day or \$50/day	\$200/wk	\$867

***This benefit has a maximum benefit limit of \$60,000 per policy year for any combination of services.**

***A policyholder is not guaranteed to receive the maximum, hours are awarded based on clinical need determined from the assessment**

¹ S.9B Health Insurance (FutureCare plan) (Additional Benefits) Order 2009 and S.13A Health Insurance (Health Insurance Plan) (Additional Benefits) Order 2009

Policyholders - How to Receive the Benefit

Eligibility Criteria:

To receive this benefit the policyholder must:

- ☐ Have an ongoing HIP or FutureCare policy for at least one year;
- ☐ Be unable to care for their personal care needs in two or more areas, or, have dementia plus one other personal care need. Examples of personal care needs are: bathing, dressing, moving, eating, and toileting;
- ☐ Agree to ongoing case management; and
- ☐ Be able to hire and manage their Care Provider(s) or have a responsible person to do this for them.

How does the benefit work?

1. Submit a completed [Personal Home Care Services Request for Benefit form](#) (page 17 in this guide) with a Physician's letter. A template for the Physician's letter can be seen on page 19 in this guide.
2. A HID Nurse Case Manager will arrange for a home or hospital assessment.
3. If approved for the benefit, a benefit approval letter/email will be given to the policyholder with information about the type and amount of care covered by the benefit.
4. The benefit starts from the date the policyholder is approved.
5. The policyholder, or their responsible person, must find and hire a **registered Personal Home Care Provider** (See the Sample Client and Care Provider Contract in this Guide recommended to be completed when hiring a caregiving provider).
6. The policyholder, or their responsible person, must review and sign every Claim Form submitted by the Care Provider to HID for payment.
7. The benefit only pays for approved services at set rates. HID pays the Care Provider directly. **Any services or charges that are more than what the policyholder is approved for are the policyholder's responsibility.**

Personal Home Care Providers

Personal Home Care Providers (Care Provider) must be registered with Bermuda Health Council (BHeC) and HID to receive payment from the Benefit.

- ☐ To find a registered Care Provider, go to www.helpingservices.bm

Personal Home Care (PHC) Care Providers

HID pays Care Providers of personal home care services directly for PHC services delivered to the policyholder approved for the Benefit.

Care Providers must be registered in order to receive payment.

Family and friends may register as a Care Provider if they meet the registration requirements. **Family members are expected to provide voluntary care to their family member up to 12 hours per day without payment**. The care plan assessment factors in family member involvement into the PHC care plan calculation.

There are 4 different types of Care Providers:

1. Personal Caregivers
2. Skilled Caregivers (Nursing Associate/Nursing Assistant/Geriatric Aide)
3. Registered Nurses
4. Day Care Programs

Steps for Registration

Registration with BHeC is done through www.helpingservices.bm web portal. [Click here](#) for their step by step video on how to complete the registration process.

Pre-application

1. Determine which type of Care Provider you are applying for-
 - a. Personal caregiver individual caregiver or family caregiver
 - b. Skilled caregiver – Nursing Associate, Geriatric aid, Nursing Assistant (Must be registered with the Bermuda Nursing and Midwifery council)
 - c. Nurse - RN/EN (Must be registered with the Bermuda Nursing and Midwifery council)
2. Ensure you have **ALL** the required documents as listed in the: *What documents are required to register as an individual* section above.

Application Process

1. Ensure you have **ALL** the required documents (see FAQ page - <https://helpingservices.bm/registration-process-2/>)
2. Once **ALL** these documents are prepared and available, you will need to create an account on the www.helpingservices.bm website, select “create an account/log-in”
 - i. If you have previously logged in, sign in using the email and password you created.
 - ii. If you do not remember your password, select “Forgot password” below the registration box. An email will be sent to you to reset your password.
3. Complete the first page application and click “Proceed” to save the information. ***Be sure to enter your name at the top of the page.** This part is often missed.
4. Read and Check online screening questions and declarative statement, click SUBMIT to indicate your signature.
5. Continue through the application and upload your documents on the final page. Documents can easily be uploaded on the computer from a pdf, jpeg, or other file on your computer. You may also use the camera on a cell phone and take a photo, and use the website upload button to select your photos, and insert into your application. Ensure the photo is clear and all details are visible. **We do not accept paper applications.**

6. Click “Submit” to submit your application. Once submitted and all requirements are confirmed, your application will be reviewed, and approved applicants will received a letter via email confirming their registration.
 1. Once online registration is complete BHeC will review all submitted documents.
 2. Approval letters are emailed once all documents are reviewed and verified and this may take 3-7 business days. The approval letter will include your approval date, type of caregiver, and the registration expiry date.
 3. You should keep a copy of this letter to show potential clients if requested and to share with HID. Your submitted application MUST be completed before it is reviewed or approved. There is no backdating. Incomplete applications will delay review and approval.
 4.
 - i. The letter contains a link to the Health Insurance Department’s Electronic Payment Agreement Form (website link or they can use the one in Appendix). If the applicant expects to submit claims for HID policyholders, the applicant must fill out and sign the Electronic Payment Agreement and submit it to the Health Insurance Department.
 1. If the care provider expects reimbursement from other Government Departments, (e.g. Department of Social Insurance and Department of Financial Assistance) they will need to provide their payment information to the other departments.
 - ii. The completed Electronic Payment Agreement (EPA) form can be dropped off at HID, sent to HID via mail, or sent via email to hidproviders@gov.bm.
 - iii. Once HID completes setup of the EPA, the provider will receive a welcome kit from HID which details how to submit claims.
5. All Care Providers must re-register every two years with BHeC and be in good standing to remain as a registered caregiver.
 - i. Nurse Associates and Registered Nurses Care Providers who register with BHeC as a Skilled Caregiver or Registered Nurse must be registered, and active, with the Bermuda Nursing Council. The active registration with the Bermuda Nursing Council and BHeC are required for being able to submit claims and be paid for Skilled Caregiving and Registered Nursing services under this benefit.

Care Provider Claims Submission & Payment Process

To receive payment for home care services provided to HID policyholders, Care Providers MUST fill out and submit a claim form to HID. The following steps **must** be completed:

1. **Complete the Claim Form:** this can be at any point after the services have been provided – daily, weekly, every two weeks, monthly, etc. The frequency of submitting claims is an agreement made between the policyholder, or their responsible person, and the Care Provider. Additional guidelines are as follows:
 - Care Providers may only bill for services they delivered directly.
 - i. Care Providers must not submit claims in their name if a different provider is providing the PHC care.
 - Care Providers may only submit a claim for actual dates, and times of service that they provided care while on island to the client.
 - i. Care Providers must not submit claims for times
 1. That the Care Provider is away from their clients (e.g. provider is ill or on vacation).
 2. When the client is in-patient at the hospital. The PHC benefit does not cover caregiving services performed while the policyholder is admitted or inpatient at the hospital or resides fulltime at a nursing or rest home facility.
 - Upfront payments may not be requested from clients before service is delivered.
 - Care Providers can only submit claims for those services they are registered for.
 - i. E.g. A Care Provider registered as a personal caregiver will not be reimbursed if they submit a claim for skilled caregiving.
 - Care Providers will only be reimbursed for those services / hours approved in the policyholder's PHC care plan.
 - i. If the approved care plan exceeds the HID maximum benefits for the type of service, or the number of hours negotiated between the policyholder and Care Provider exceed the approved care plan, the additional hours denied over the HID maximums (or approved care plan) are the responsibility of the policyholder to cover.
 - Care Providers must have their claim sheets signed off by the policyholder or their responsible party after the services have been rendered (no pre-authorization on claim forms).
 - i. Care Providers must not sign off on their claim sheet on behalf of the policyholder or responsible person unless the Care Provider is the responsible person.
 - If a Care Providers has more than one policyholder client, a [Personal Home Care Services Claim Form](#) (included in this Guide) must be completed for each client.

- Detailed instructions on filling in the claim form and examples of completed forms can be seen in section “Caregiving Claim Form Guidance and examples”

2. **Submit the Claim:**

- Once the Claim for is completely filled out and signed off by the policyholder or responsible person, the claim should be submitted to HID via one of the following methods:
 - i. **Email:** hidclaims@gov.bm in the subject line put: Claim for Personal Home Care Services – Provider or Caregiver Name; or
 - ii. **Hand Deliver to:** Health Insurance Dept., Sofia House, 2nd Floor, 48 Church St, Hamilton. PHC care provider are required to sign the PHC log when they drop off their claim; or
 - iii. **Mail to:** Health Insurance Dept., PO Box HM 2160, Hamilton HM JX

Special Notes:

- a) For Department of Financial Assistance (DOFA) and Department of Social Insurance (DOSI) War Veterans participants who qualify for HID’s Personal Home Care Benefit, claims must be submitted to HID. HID is first payor.
- b) If the DOFA and DOSI participant does not qualify for HID’s Personal Home Care benefit, claims are to be submitted to DOFA or DOSI respectively.
 - c) Claims that are not submitted correctly and/or are incomplete will be denied by HID.

3. **Reimbursement:** Approved claims are paid to the Care Provider by an electronic transfer.

- HID has thirty (30) days per legislation to reimburse a clean claim from date of submission.
- The transfer is made to the bank account provided on the [HID Electronic Payment Agreement Form](#) submitted to the Health Insurance Department as part of the provider registration.
- HID will send the Care Providers (or Agency) an Explanation of Payment (EOP).
 - i. New Care Providers are setup with access to HID’s EOP web portal. Care Providers will receive an email when their new EOPs are uploaded to the site.
 1. For Care Providers without email or access to a computer, paper copies are mailed out to the address provided during registration at BHeC.

Special Notes:

- Care Providers must make sure all their email and other contact information is up to date with both BHeC and HID. Care Providers must communicate changes to both departments as soon as possible.
- For those DOFA and DOSI War Veteran participants that have HID’s Personal Home Care benefit and who qualify for additional benefit support from DOFA and DOSI, HID will send the denied portion of the home care claims to the respective Departments for them to reimburse as per their policies.

Caregiving Claim Form Guidance and examples

All fields in the [Personal Home Care Services Claim Form](#) (included in this Guide) must be filled-in for the claim to be deemed complete:

1. Fill in the policyholder's name, policy ID and date of birth in the associated fields.
2. For "Provider to be Paid" field – enter the name of the Care Providers if self-employed caregiver or Agency/Facility name if an agency is engaged to provide care.
 - The "Care Provider Name" field should only be used if an Agency is employed to care giving.
3. Ensure the policyholder and Care Provider information is complete.
 - **Place of Service:** check the applicable box to indicate where the services were provided.
 - **Note:** Care provided while policyholder is in hospital is not covered by the benefit.
4. At the end of each day or session, the caregiving provider fills-in the following information:
 - **Date**
 - **The CPT code:**
 - The codes are at the top of the form. The code to be used is based on the approved type of care provided, not the qualifications of the provider. The policyholder's approval letter/email states their approved type of care.
 - In some cases, more than one type of care may be approved and provided by one care provider. For example, a Nursing Associate may provide both the personal caregiving (G0156) and the skilled caregiving (S9122) for the same policyholder. The caregiving provider records on a separate line on the same time sheet the hours worked each day by CPT code.
 1. If a Care Provider is providing more than one type of service per the approved care plan, the time submitted for each service type should **not** overlap.
 - **Start time**
 - **Stop time**
 - **Total hours worked per day**
 - The hours recorded **must** be in full hours; partial hours cannot be accepted
 - **Indicate the hourly rate charged for services**
 - For a daycare program put the rate charged by day or half day.
 - For Care Providers who deliver more than one type of care and charge different rates- indicate each rate in relation to type of care.
 - **Charges per day:** charges are calculated by multiplying the Total Hours by the Hourly Charge.
5. The Care Provider signs the form at the end of the pay period.
6. The policyholder (or their responsible person) **must also review the content of the form and sign**, when in agreement.

See the examples of completed forms and explanations.

For more information about the payment process, see the [Frequently Asked Questions](#) in this guide or contact HID directly.

Example 1: Personal Home Care Claim Form – Self Employed Care Provider

Policyholder, John C. Doe, is approved for 14 hours of personal caregiving and 4 hours of skilled caregiving services per week. Jane P. Doe is a registered Skilled Caregiving Provider and charges \$18 per hour for personal caregiving and \$25.00 per hour for skilled caregiving.

- On Jan 4th Jane Doe provided personal caregiving services from 9 am-12:00 pm or 3 hours in total. She also did 2 hours of skilled caregiving services from 1:00 PM to 3:00 PM.
- On the first line of the claim form, she enters her personal caregiving hours using CPT Code G0156. On the second row, she enters the same date and the start and end times for the hours she worked as a skilled caregiver and uses CPT code S9122.
- On the first line, her total hours were 3.
- On the second line, her total hours were 2.
- The hourly charge for personal caregiving - \$18.00 - is entered on line 1 for January 4th. Her hourly charge for skilled caregiving is \$25.00 and is entered on line 2 for January 4th.
- Jan 4th charges: line one is hours multiplied by \$18.00 for a total of \$54.00
- Jan 4th charges: line 2, are 2 hours multiplied by \$25.00 for a total of \$50.00

In this example, Jane P. Doe submitted a total of 10 hours at \$18.00 per hour for a total claimed amount of \$180.00. HID would pay Jane P. Doe a total of \$150.00. This is because the maximum reimbursement rate for this type of care (personal caregiving) is \$15.00 per hour (\$15.00*10 hrs = \$150.00).

Jane charged 7 hours at \$25.00 for a total claimed amount of \$175. HID would reimburse \$175.00 as reimbursable rate from HID for skilled caregiving is \$25.00.

John Smith is responsible to pay Jane P. Doe the remaining \$30.00 for this period (\$180.00-\$150.00 = \$30.00).

Example 1: PHC Claim Form – Self-employed Caregiving Provider



Personal Home Care Services - Claim Form

Basic Guidelines for this Form:

- This Claim Form must be submitted to Health Insurance Department (HID);
- Only Caregivers registered with Bermuda Health Council may be reimbursed for this benefit by HID; and only as the level of service provider(s) they are registered for.
- Reimbursement is limited to level of care the HID policyholder is approved for, and not according to caregiver qualifications.
- Benefit does not cover caregiving when policyholder is admitted or in hospital;
- Caregivers are employed by policyholder, not HID.

Policyholder's Name (First Name, Middle Initial, Last Name): John C. Doe		HID Policy ID: 000000		Date of Birth (dd/mm/yyyy): 07/25/1943		
Provider to be Paid (Agency or Individual Caregiver Name): Jane Doe		Care Provider Name (If different from Provider to be Paid):				
Caregivers can only charge for the services that they are registered for: Personal Caregiver (CG, NA, RN): G0156 Adult Day Care (AD): S5101 (half day or 4hours) Skilled Caregiver (NA, RN): S9122 S5102 (full day)				Place of Service: (12) Home (32) Nursing Home (for day care) (33) Rest Home (for day care)		
Registered Nurse (RN): S9124						
Date (dd/mm/yyyy)	CPT Code	Start Time	End Time	Total Hours (Full hours only)	Hourly Charge	Charges (Total Hours x Hourly Charge)
01/04/2021	G0156	9:00am	12:00pm	3	\$18.00	\$54.00
01/04/2021	S9122	1:00pm	3:00pm	2	\$25.00	\$50.00
01/05/2021	G0156	9:00am	12:00pm	3	\$18.00	\$54.00
01/06/2021	S9122	1:00pm	3:00pm	3	\$25.00	\$75.00
I confirm receipt and authorize payment of medical benefits to the undersigned Care Provider for the service(s) described above.						
Policyholder or Responsible Person Signature:				Date (dd/mm/yyyy): 01/07/2021		
By signing below, I confirm that the information I provide on this form is true. By submitting a false claim to the government for payment or making or using a false record or statement in connection with the submission of a false claim, I will be committing an offence and subject to prosecution that can result in imprisonment for 6 months or a fine of \$2,000 or both.						
Care Provider's Signature:				Date (dd/mm/yyyy): 01/07/2021		

Mailing Address: Health Insurance Department, P.O. Box HM 2160, Hamilton HM JX
 Street Address: Sofia House, 2nd Floor, 48 Church Street, Hamilton HM 12
 Phone: 441-295-9210 Fax: 441-295-9213 Website: www.gov.bm Email: hidclaims@gov.bm

Frequently Asked Questions

Benefits:

Can anyone have their caregiving paid for by FutureCare or HIP?

No. The person with HIP or FutureCare must apply and be approved for the Personal Home Care Benefit. See Policyholders section of the Guide for more information.

If my loved one is unable to make their own decisions, can they receive this benefit?

Yes, but only if they have a responsible person to oversee their caregiving needs.

When is a responsible person required?

A responsible person is required when the policyholder is unable to oversee and manage their own care. This is most often required for persons with dementia.

Who can be a responsible person and what do they do?

A responsible person is someone committed to the care of the policyholder. They are most often: next of kin, a family member, the person with power of attorney, or a very close friend. The case manager must be assured the person is able to act in the best interest of the policyholder and fulfill their role.

The role of the responsible person is to:

- Hire and oversee care providers; and
- Approve and sign the Claim Forms submitted by the care provider for payment; and
- Participate in the policyholder's ongoing care

What is personal care?

Personal Care is support with activities of daily living (ADLS) which include:

- Assistance with moving from one place to another while performing activities
- Bathing and showering
- Dressing
- Self-feeding
- Personal hygiene and grooming
- Toilet hygiene
- Personal safety

Support for instrumental activities of daily living (IADLs) is approved only if a personal also requires assistance with ADLs. IADLs include:

- Preparing meals
- Shopping for groceries or clothing
- Taking medications as prescribed
- Use of telephone or other form of communication
- Transportation

Are there limits to the benefit?

Yes. The total amount and type of services to be received by each policyholder is based on their care plan. Each type of service has a maximum fee per hour and maximum pro-rated amounts per month. In addition, there is a maximum of \$60,000 per policy year for any combination of services. See page 5 for the overview of the services, rates and maximum pro-rated amounts per month.

How does an assessment get completed?

An assessment is the collection and analysis of information related to the policyholder's health, function, and needs for support to enable them to live safely at home. The assessment is done in the policyholder's home or in hospital, and, if

necessary, with their responsible person. One of the HID nurse case managers, or designated nurse or case manager, will complete the assessment.

What is a care plan?

A care plan outlines the type and amount of care and support services needed by a policyholder. This is decided by their assessment. The benefit approval letter/email states the amount and type of benefits the policyholder can get based on their care plan and the benefit limits.

Can a care plan include more services than what is covered by the benefit?

Yes. The care plan completed by the HID nurse case manager includes the total amount of care necessary for the policyholder. However, the benefit has limits on the type and amount of services it pays for which may be less than what is required in the care plan.

What happens if the policyholder needs or wants more care than they are approved for?

HID will only pay for the care listed in the benefit approval letter/email at the set rates. The policyholder is responsible for any additional costs.

If a policyholder currently gets their home care paid for by Financial Assistance or War Veterans, will this stop?

No, but the payment changes. Once a HIP or FutureCare policyholder has been approved for the Personal Home Care Services benefit the Health Insurance Dept. (HID) becomes the first payor for home care. Claim encounter forms must be submitted directly to HID.

Please contact the Department of Financial Assistance or War Veterans directly with any questions regarding their policies and coverage for home care services.

Care Provider Requirements:

What are the registration requirements for Care Providers?

Go to the PHC Care Providers section of the PHC Guide.

Can family members or friends of the policyholder be a Care Provider?

Yes. They must register with Ageing and Disability Services and the Health Insurance Department and meet the qualification requirements.

Do Care Providers who work for a home care agency need to register?

Yes, all care providers must register but most agencies register their employees on their behalf, unless their staff are to be paid directly by HID. If the Home Care Agency staff is to be paid directly by the benefit, rather than through the Agency, then the care providers must register individually as self-employed care providers.

Do Care Providers already registered with Bermuda Health Council (BHeC) need to re-register?

Care Providers must re-register every two years through the helping services portal. Follow the instructions in the “steps for Registration” section to complete the reregistration process. You can find the [video guide here](#).

Do Care Providers already registered with the Health Insurance Department need to re-register?

Only if they are adding a new type of caregiving service or changing from an agency to self-employed or vice versa.

If a personal caregiver is also a trained medical/nursing professional, do they require CPR and First Aid Certification?

Personal caregivers that are registered medical or nursing professionals require an up to date CPR certification but not First Aid.

Is a written contract between the policyholder and provider required? What should be in it?

HID recommends all policyholders to have a written contract with their Care Provider(s). This is to make sure everyone is clear on the expectations for care, schedules, wages etc. For guidance, see the Sample Client and Care Provider Contract in the Guide.

Payment to Care Providers:

How do Care Providers fill in the Claims Forms and where do they get them from?

See the Personal Home Care Benefit: Claim Form Guide and examples for help on how to complete the Claim Forms. For more information or support contact the Provider Claims Manager at HID.

NOTE: As of July 16, 2018, a new Claim form and process is in place- see the Guide for more information.

Will all services delivered by an approved Care Provider be paid for by the benefit?

No. Only the type and amount of services in the policyholder’s benefit approval letter/email that the Care Provider is qualified to provide, will be paid for by the benefit.

How much are providers paid by the benefit?

The benefit will only pay up to the maximum reimbursement rate for each type of service listed below and only for the type and quantity of services the policyholder is approved for in their benefit approval letter/email.

Type of Care	Reimbursement Rate (maximum)	Pro-rated Monthly Max Reimbursement	Maximum Amount	CPT Code	Provider must be registered with BHeC and HID as at least a:
Personal Caregiving: Assistance with personal care and /or dementia care.	\$15/hr	\$2,610	40 hr/wk	G0156	Personal caregiver- these can include family, friends, or other trusted persons
Skilled Caregiving: Nursing aide services for health monitoring, complex care (e.g. catheter/wound care)	\$25/hr	\$1,525	14 hr/wk	S9122	Nursing Associate (Nursing Assistant/Geriatric Aide)
Registered Nurse visit	\$75/hr	NA	12 visits/yr	S9124	Nurse (RN)
Day Care Program	\$25/half day \$50/day	\$867	\$200/wk	S5101 (half day) S5102 (full day)	Day Care Program

Please Note: the maximum benefit to the policyholder of \$60,000 per policy year for any combination of care services.

What if a Nursing Associate is hired for someone approved for personal caregiving, what rate are they paid?

Payment is based on the type of care required, stated in the care plan and benefit approval letter/email, not the skill level of the provider. The Nursing Associate will be paid at \$15 per hour, if the policyholder is approved for personal caregiving, not skilled caregiving.

What is the CPT Code?

The CPT code is recorded on the Claim form to identify what type of care was provided. The code determines how much the Care Provider is reimbursed. Payment is based on the type of care approved, not the skill level of the Care Provider.

Can Care Providers charge more than the reimbursed rate?

Yes. The total amount charged by the Care Provider is determined between the Care Provider and the policyholder. Policyholders are responsible for the amount not covered by the benefit.

How often are Care Providers paid?

The agreement between the Care Provider and policyholder should outline the pay period (e.g. once a week, twice a month, once a month). The provider submits the required claim form(s) to the Health Insurance Department based on this pay period.

How long does it take for HID to process a claim and the provider to be paid?

It can take up to 14 days for the claim to be processed and the funds to be transferred to the Care Provider's bank account.

Can policyholders pay for the services up front and be reimbursed by the Health Insurance Department, instead of the provider?

No. Under the Health Insurance Act, any amount covered by insurance cannot be charged to the client up front.

Does the policyholder need to pay for the care not covered by the benefit before or after the claim is submitted?

Yes. It is between the policyholder and provider to determine how much and when payment occurs for the costs of services not covered by the benefit.

How long can a provider wait to submit their claim?

A provider has up to 12 months from the date the service was provided to submit the claim. Claims submitted after this time period will not be paid.

When can services start being paid for by the benefit?

Once the policyholder is approved, starting from the date of the policyholder's care plan.

What services can I provide if I registered/qualify as

Registered Nurse: Can provide personal caregiving, skilled caregiving and nursing services

Nursing associate: Can provide personal caregiving and skilled caregiving services

Personal Caregiver: Can only provide personal caregiving services.

Once the policyholder is approved, starting from the date of the policyholder's care plan. Caregivers should only provide the services they have been contracted to provide by the policyholder.

If the policyholder was getting services before they were approved for the benefit, can they be reimbursed for these?
No. Payment for services can start from the date the policyholder is approved for the benefit, as stated in their care plan.

Contact Information:

Ageing and Disability Services:

Street Address: Continental Building, Ground Floor, 25 Church Street, Hamilton

Mailing Address: Ministry of Health Seniors and Environment, 25 Church St Hamilton, HM 12

Phone: 441-292-7802 **Email:** ads@gov.bm

Department of Financial Assistance:

Physical Address: Global House, 43 Church Street, Hamilton

Telephone: 297-7600 or 295 5151 ext.1600

Fax: 295 4314

Bermuda Health Council:

Street Address: Sterling House, 3rd Floor, 16 Wesley Street, Hamilton HM 11

Mailing Address: PO Box HM 3381, Hamilton, HM PX

Phone: 292-6420 **Fax:** 292-8067

Website: www.bhec.bm

Department of Social Insurance- War Veterans

In person: Ground Floor, Government Administration Building, 30 Parliament Street, Hamilton

By Mail: P.O. Box HM 1537, Hamilton HM FX

Phone: 294-9242 ext. 1129 for War Pension enquiries **Fax:** 292-5267

294-9242 ext. 1129 for Pension enquiries

Email: socialinsurance@gov.bm

Health Insurance Department:

Street Address: Sofia House, 2nd Floor, 48 Church Street, Hamilton

Mailing Address: Health Insurance Department, P.O. Box HM 2160, Hamilton, HM JX

Phone: 441-295-9210 **Fax:** 441-295-9213

Website: www.gov.bm/departments/health-insurance/ **Email:** hip@gov.bm

II. MEDICAL INFORMATION:

With this request form please submit:

- A doctor's letter (issued in the last 90 days) which must include: medical diagnosis, care needs, cognition level and list of current medications;

In addition, if the policyholder is in the hospital, please submit:

- A Multi-Disciplinary Transfer form and / or OT / PT / Speech Evaluation reports (issued in the last 30 days).
- What ward is the policyholder currently on? _____
- Name of Physician / Hospitalist if Policyholder is in Hospital: _____
- Date of admission _____ Predicted Date of Discharge _____

Name of General Practitioner (GP) of Policyholder: _____

GP Practice Name:

GP's Address:

Parish:

Contact #: -

GP's Email Address (if available): _____
(Hotmail accounts not accepted) (Please Print)

III. CASE MANAGEMENT

If approved for this benefit, participation in on-going case management is required.

Has the policyholder had any previous history with any agencies? If so, please specify in the table below:

<u>Agency</u>	<u>Name and Title</u>	<u>Contact #</u>	<u>Email</u>
Dept of Financial Assistance			
Office for Ageing and Disability Services			
Community Nursing			
Other _____ (Please describe)			

I, or the responsible person, agree to ongoing case management if approved for the benefit. I declare that the information I have given above is accurate to the best of my knowledge. I understand that this form does not automatically grant me coverage under this Personal Home Care Services Benefit.

Signed: _____ Date (dd/mm/yy): / /

Submit the completed form with required documentation to:
Mailing Address: Health Insurance Department, P.O. Box HM 2160, Hamilton HM JX
Street Address: Sofa House, 2nd Floor, 48 Church Street, Hamilton HM 12
Phone: 441-295-9210 **Fax:** 441-295-9213 **Website:** www.hip.gov.bm **Email:** hip@gov.bm

Medicine Name	Dose	Route	Frequency	Purpose
ALLERGIES if any				

Does person have cognitive ability to organize and plan own health care? <i>Please note date (dd/mm/yyyy) of any mini mental status exam and score:</i>
Are there any concerns regarding the person's behaviors when interacting with others or potential care givers?
Are there any advanced directives in place? Y N. Comments:

Please note which activities of daily living person may need assistance with:
Bathing; Dressing; Toileting; Walking 10 steps or more; Transferring self from chair to bed, etc.
Eating
DIET or fluid restrictions
Wound care
Other education/supports needed:

Additional Comments

Signed _____ Date (dd/mm/yy): / /

Sample Client and Care Provider Contract

As provided on web page (<https://helpingservices.bm/how-to-find-a-caregiver/>):

Sample Client and Home Care Provider Care Agreement - This example agreement was developed to support persons with approval for HIP and Future Care’s Personal Home Care Benefit but can be adapted and used by anyone.

Tips on creating your agreement:

- Customize the agreement so it appropriate for you and your care provider
- Completing the list of tasks on page 3 first can assist in determining the provider type, work hours and schedule required.
- Know what type of care provider you need. See page 4 for an overview and if you have a government benefit ensure it is the type you are approved for.
- Include all details verbally agreed upon during the hiring process.
- Make two copies of the agreement: one for the client and one for the provider.

Name of Care Provider: _____

Type of Care Provider: _____

Contact information cell: _____

email: _____

Other: _____

Name of Client (*person receiving care*): _____

Name of Responsible Party (*for payment and oversight, if not the client*): _____

Start date of services: _____

Payment:	
Hourly:	_____
Weekly:	_____
Holiday Pay (<i>only eligible from client not from government benefits</i>):	_____
Amount (expected) to be covered by Personal Home Care Benefit and/or other government benefits:	_____
Amount (expected) to paid by Client:	_____
Pay period (<i>e.g. every Friday, last Friday of the month, etc.</i>):	_____

Work Hours:		
Total hours per week:	_____	
Number of hours per day:	Personal Caregiving: _____	Skilled Caregiving ¹ : _____

¹ Personal Caregiving and skilled caregiving are categories for the government home care funding benefits, the types of providers are able to provide such are outlined on page 4.

Schedule (fill in hours)		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
	morning							
	afternoon							
	evening							
	night							

Caregiver sick days or time off:

To be certain the client will have care when needed, advance notice is required. Notice will be given by the caregiver to the client /responsible person in advance for vacation or days off. When caregiver is ill and unable to provide care on a scheduled day then they will contact client/responsible person as soon as known and help identify an alternative caregiver.

Amount of notice required for vacation requests/time off (e.g. 2 weeks):

Pre-approved vacation days or weeks when caregiver not available (unpaid):

Benefits provided to Caregiver:

Self-employed persons are responsible to pay their own payroll tax, social insurance pension and health insurance unless otherwise agreed to as described below

Tick the box that applies:

The care provider is responsible for insurance and tax obligations

The client is responsible for provider's insurance and tax obligations

The client and care provider will share the cost of the obligations:

Client pays:

Provider pays:

Additional considerations - as relevant based on specific nature of caregiving needs and circumstances

Food during shift for Care Provider:

Food is provided when eating with client: Yes No

Other:

Use of client's belongings as part of care provision (e.g phone, TV, car) :

Visitors for the Care Provider (if allowed and when):

Sleeping or live-in arrangements for Care Provider:

Break times (if allowed based on total number of hours and scheduling)

Timeframes and conditions for termination of contract:

Other:

Check what is to be provided	Caregiving Duties	Frequency	Comments
	Health monitoring or health related care as needed:		
	Observe taking or reminding to take medications on time. Medications pre-dosed by client, family, RN or pharmacist.		
	Assist in measuring and following diet or fluid restrictions		
	Assist in measuring and logging BP, weights, blood glucose, etc.		
	For person who is bed bound- Assist with turning and positioning every 2 hours		
	Provide range of motion exercises		
	Protective skin care		
	Physical therapy or exercise		
	Other (list below):		
	Personal care assist with:		
	getting in/out of bed, in and out of chair		
	standing, walking or exercise		
	bathing or showering		
	grooming and dressing		
	toileting		
	eating		
	Other:		
	Daily living care needs:		
	Prepare and serve meals		
	Clean sink, stove, counters, refrigerators		
	Wash, dry and store dishes and utensils		
	Clean bathroom sink, tub, toilet, and surfaces		
	Empty and take out trash		
	Make bed		
	Change bed linens		
	Wash, dry and fold clothing and linens		
	Clear, dust and organize surfaces throughout home		
	Vacuum carpets		
	Sweep floors		
	Wet or dry mop in rooms you use		
	Assist w/ grocery shopping		
	-Prepare list		
	-Store items as requested		
	Run errands		
	Other (list below):		

Check what is to be provided	Caregiving Duties	Frequency	Comments
	Transportation:		
	Take to social activities		
	Take to doctor's appointments		
	Take to other activities		
	Other (list below):		
	Social Activities:		
	Reading to client		
	Playing games with client		
	Visiting relatives/friends		
	Attending activity groups		
	Other (list below)		
	Other Tasks (list below):		

Guidance on Types of Providers	
Personal Caregiving Tasks (non-licensed caregivers) <ul style="list-style-type: none"> • Provide prompting, minimal hands on assist or supervision for non-frail and non-medically complex person for bathing, dressing, grooming, toileting, eating, and walking. • Assistance in meal preparation and clean up • Provide companionship by engaging in conversation, and recreational activities. • Assist in changing bed linens, putting out trash, light housekeeping • Assist with transportation 	Skilled Caregiving Tasks (Nursing Associates licensed with the Bermuda Nursing Council (BNC)) <ul style="list-style-type: none"> • Can perform any of the personal caregiving tasks • Hands on care for frail or bedridden for bathing, dressing, toileting, and mobility assistance such as transfers from chair to bed. • Monitor for changes in health conditions. • Training approved by Bermuda Nursing Council. • May provide dressing changes to simple wounds but not complex.
<p>No provider can do medication preparation or administration unless a Registered Nurse with the BNC</p>	

Provider Signature: _____ Date: _____
 Client (or Responsible Person) Signature: _____ Date: _____

ELECTRONIC PAYMENT AGREEMENT FORM



GOVERNMENT OF BERMUDA
Ministry of Health

Health Insurance Department

ELECTRONIC PAYMENT AGREEMENT

RETURN THIS FORM TO:

Health Insurance Department
Attention: Claims Settlement Section
PO Box HM 2160
Hamilton HM JX Bermuda

OR Fax to: (441) 295-9213
OR E-mail to: hip@gov.bm

Please complete all fields, printing or typing information clearly. Fields designated with asterisks ** are required.

- **Please indicate if this is a: New Agreement
 Update to Existing Agreement – **check the applicable items**
 Ageing and Disability Services Re-registration

Provider or Company Details	
<input type="checkbox"/> **Provider (Individual or Company) Name:	
<input type="checkbox"/> **Contact/Accounting Officer: (if different from above)	

Contact Details	
<input type="checkbox"/> **E-mail:	
<input type="checkbox"/> **Telephone (direct):	
<input type="checkbox"/> Fax:	
<input type="checkbox"/> Mailing Address (for Correspondence):	

Bank Details	
<input type="checkbox"/> **Name on Bank Account:	
<input type="checkbox"/> **Account Number:	
<input type="checkbox"/> **Bank Name:	

<input type="checkbox"/>	**Bank Address:	
<input type="checkbox"/>	Swift or ABA Address: (** to be completed for banks located outside of Bermuda)	
<input type="checkbox"/>	Bank Clearing Details (if applicable):	
<input type="checkbox"/>	Payment Reference (if applicable):	

I hereby authorize the Health Insurance Department to satisfy payment obligations due to me/the Business Organization, by making deposits to the account indicated above. I understand that receipt of the electronic fund transfer(s) will fulfill the Health Insurance Department's payment obligation for the full amount on the date the fund transfer is completed. All correspondence with the Health Insurance Department concerning this agreement or any changes to account information should be sent to the address at the top of this form.

****SIGNATURE:** _____

****DATE:** _____

****PRINTED NAME:** _____

TITLE: _____

(Mandatory Fields)**

PLEASE NOTE THAT ANY CHARGES INCURRED BY THE GENERATION OF ELECTRONIC PAYMENTS WILL NOT BE CHARGED TO THE CLIENT. ALL FEES STRICTLY RELATED TO THE PROCESSING OF ELECTRONIC PAYMENTS ARE THE SOLE RESPONSIBILITY OF THE HEALTH INSURANCE DEPARTMENT.

