Caring Nurses, Inc

Eligibility Coverage Detail *Report*

SHAHAN, ROSE

Provider: 297068 as of 06/04/2026 Eligibility Period: 06/04/25 - 09/29/26

Patient Name: SHAHAN, ROSE Beneficiary ID: 2TX6VK4KG72 Birth Date: 03/09/1957 Gender: F
Per Medicare: SHAHAN ROSE M
Address: APT 9 1704 N DECATUR BLVD
LAS VEGAS NV 89108-2234

Previous Inquiry Date: N/A - new inquiry*

Benefit Information

	Effective	Terminated
Part A:	03/01/2024	-
Part B:	03/01/2022	-
Date of Death		-
QMB:	03/01/2024	

Lifetime Psychiatric Days: 190
Lifetime Reserve Days: 60
Smoking Cessation Days: 7
- NV QMB Plan

ESRD Dialysis Date:
ESRD Transplant Eff. Date:
ESRD Coverage Period Date:
Initial Cessation Session Date: 02/03/2026
Beneficiary ID Crosswalk: Data not Available

Part A/B

			Part A							Part B			
			Hospital Days			SNF Days							
Type	First Bill	Last Bill	Full	Coins.	Base	Full	Coins.	Base	Inpatient Deductible	Deductible Remaining	Physical Therapy	Occupational Therapy	Blood Pints Part A/B
SPELL	02/20/2026	- 04/18/2026	54	30	$ 0.00	20	80	$ 0.00					
BASE	01/01/2026	12/31/2026	60	30	$ 0.00	20	80	$ 0.00			$ 0.00	$ 0.00	3
BASE	01/01/2025	12/31/2025	60	30	$ 0.00	20	80	$ 0.00			$ 0.00	$ 0.00	3

Part A/B Hospital SNF Stay

Start Date	End Date	Type	Billing NPI	Billing Provider
04/15/2026	04/18/2026	Hospital	1104870187	MOUNTAINVIEW HOSPITAL
02/20/2026	02/23/2026	Hospital	1104870187	MOUNTAINVIEW HOSPITAL

QMB

Start	End	Plan Description
03/01/2024		NV QMB Plan

Medicare Advantage

Effective	Terminated	Plan Code	Payer Name/Address	Plan Name/Type/Website	Phone
01/01/2025	- 01/31/2026	H1889-035 Option C	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURAN 9800 Health Care Lane Minnetonka MN 55343	UHC Dual Complete NV-S3 Preferred Provider Organization (PPO) UHCCommunityPlan.com	(800) 643-4845

Part D

Effective	Terminated	Plan Code	Payer Name/Address	Plan Name/Website	Phone
02/01/2026	-	S4802-093	WELLCARE PRESCRIPTION INSURANCE, INC. 7700 Forsyth Blvd Clayton MO 63105	Wellcare Classic go.wellcare.com/PDP	(888) 888-9355
01/01/2025	- 01/31/2026	H1889-035	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE 9800 Health Care Lane Minnetonka MN 55343	UHC Dual Complete NV-S3 UHCCommunityPlan.com	(800) 643-4845

Rehabilitation Sessions

Pulmonary Remaining (G0424)				Cardiac Applied (93797, 93798)				Intensive Cardiac Applied (G0422, G0423)			
Tech:	72	Prof:	72	Tech:	0	Prof:	0	Tech:	0	Prof:	0

Home Health Certification

Process Date	Is Recert?	Process Date	Is Recert?	Process Date	Is Recert?	Process Date	Is Recert?
03/18/2026	N	07/15/2024	N	01/20/2023	N	10/27/2022	N
11/30/2024	N	03/08/2023	Y	11/29/2022	N		

Patient Name: SHAHAN, ROSE Beneficiary ID: 2TX6VK4KG72 Birth Date: 03/09/1957 Gender: F

Home Health Episodes

Start Date	End Date	Earliest Billing	Latest Billing	Patient Status/Des		Interm	Provider
03/08/2026	04/06/2026	03/09/2026	04/06/2026	30	Still patient	06014	1093436388
02/06/2026	03/07/2026	02/06/2026	03/07/2026	30	Still patient	06014	1093436388

Behavioral Services

HCPCS	Description	Tech Date	Prof Date	Deductible Base	Deductible Remaining	Coinsurance Percent
G0444	Adult Depression Screening	03/01/2022	03/01/2022			
G0442	Alcohol Misuse Screening		03/01/2022			
G0446	Cardiovascular Disease Counseling	03/01/2022	03/01/2022			
G0447	Obesity Counseling	03/01/2022	03/01/2022			
G0473	Obesity Counseling	03/01/2022	03/01/2022			
G0445	STIs Screening/Counseling	03/01/2022	03/01/2022			

Diabetes Prevention Program (MDPP)

Entitlement From	To	HCPCS	Ded	Coins	Date of Service	Proc	Description	Billing NPI	Name
02/01/2026	09/29/2026		0.00	0.00					

Provider Detail

1093436388

Provider detail not available.

The following sections had no data available: Hospice, MSP

The following sections were suppressed: Preventive Services

* Previous requests must be within 90 days to be used for change comparison. Requests after 90 days are considered "new."