

SECTION B – 13A – BLOOD SERVICES – BASE 1 SCREEN

PBP 2008 Data Entry System - #13a Blood - Base 1

File

RIGHT CLICK HERE FOR DESCRIPTION OF BENEFIT

Do you offer any Mandatory or Optional Supplemental Benefits?

Yes
 No

Select enhanced benefit:

Three (3) pint deductible waived

Select type of benefit for Three (3) Pint Deductible Waived:

Mandatory
 Optional

Maximum Plan Benefit Coverage is not applicable for this Service Category.

Is there a service-specific Maximum Enrollee Out-of-Pocket Cost?

Yes
 No

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

Select Maximum Enrollee Out-of-Pocket Cost periodicity:

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, describe

Is there an enrollee Coinsurance?

Yes
 No

Indicate Coinsurance percentage for Medicare Covered Benefits:

Select the Coinsurance Coverage Basis for Medicare Covered Benefits:

Published Fee Schedule
 MA Organization Developed Fee Schedule
 MA Organization Developed Cost Structure
 Medicare Fee-for-Service Charge Structure
 Other, describe

SECTION B – 13A – BLOOD SERVICES – BASE 2 SCREEN

File

Is there an enrollee Deductible?
 Yes
 No

Indicate Deductible Amount:

Is there an enrollee Copayment?
 Yes
 No

Indicate Copayment amount per unit for Medicare Covered Benefits:

Enrollee must receive Authorization from one or more of the following:
 None
 Primary Care Physician (Internist/Family Practice, General Practice)
 Physician Specialist
 Organization Medical Director/Utilization Management/Utilization Review
 Other, describe

Is a referral required for Outpatient Blood Services?
 Yes
 No

Notes (Optional):

Import Text

SECTION B – 13B – ACUPUNCTURE – BASE 1 SCREEN

PBP 2008 Data Entry System - #13b Acupuncture - Base 1

File

RIGHT CLICK HERE FOR DESCRIPTION OF BENEFIT

Do you offer any Mandatory or Optional Supplemental Benefits?

Yes
 No

Select enhanced benefit:

Number of Treatments

Select the type of benefit for Number of Treatments:

Mandatory
 Optional

Is this benefit unlimited for Number of Treatments?

Yes
 No

Indicate limit for Number of Treatments:

Indicate Number of Treatments periodicity:

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, describe

Is there a service-specific Maximum Plan Benefit Coverage amount?

Yes
 No

Indicate Maximum Plan Benefit Coverage amount:

Indicate Maximum Plan Benefit Coverage periodicity:

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, describe

Select the Coverage Basis for Maximum Plan Benefit Coverage:

Published Fee Schedule
 MA Organization Developed Fee Schedule
 MA Organization Developed Cost Structure
 Medicare Fee-for-Service Charge Structure
 Other, describe

Is there a service-specific Maximum Enrollee Out-of-Pocket Cost?

Yes
 No

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

Indicate Maximum Enrollee Out-of-Pocket Cost periodicity:

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, describe

SECTION B – 13B – ACUPUNCTURE – BASE 2 SCREEN

PBP 2008 Data Entry System - #13b Acupuncture - Base 2

File

Is there an enrollee Coinsurance? <input type="radio"/> Yes <input type="radio"/> No	Is there an enrollee Copayment? <input type="radio"/> Yes <input type="radio"/> No
Indicate Coinsurance percentage: <input type="text"/>	Indicate Copayment amount per treatment: <input type="text"/>
Select the Coinsurance Coverage Basis: <input type="radio"/> Published Fee Schedule <input type="radio"/> MA Organization Developed Fee Schedule <input type="radio"/> MA Organization Developed Cost Structure <input type="radio"/> Medicare Fee-for-Service Charge Structure <input type="radio"/> Other, describe	Enrollee must receive Authorization from one or more of the following: <input type="checkbox"/> None <input type="checkbox"/> Primary Care Physician (Internist/Family Practice, General Practice) <input type="checkbox"/> Physician Specialist <input type="checkbox"/> Organization Medical Director/Utilization Management/Utilization Review <input type="checkbox"/> Other, describe
Is there an enrollee Deductible? <input type="radio"/> Yes <input type="radio"/> No	Is a referral required for Acupuncture Services? <input type="radio"/> Yes <input type="radio"/> No
Indicate Deductible Amount: <input type="text"/>	

SECTION B – 13B – ACUPUNCTURE – BASE 3 SCREEN

The screenshot shows a software window titled "PBP 2008 Data Entry System - #13b Acupuncture - Base 3". The window has a standard Windows-style title bar with minimize, maximize, and close buttons. Below the title bar is a menu bar with the "File" option. The main content area is divided into sections: a label "Acupuncture Notes" at the top, followed by a label "Notes (Optional):" and a large, empty rectangular text input field. At the bottom right of the text field, there is a button labeled "Import Text".

SECTION B – 13C – OTHER 1 – BASE 1 SCREEN

PBP 2008 Data Entry System - #13c Other 1 - Base 1

File

Enter name of Service (Optional):

Select the type of benefit:
 Mandatory
 Optional

Is there a service-specific Maximum Plan Benefit Coverage amount?
 Yes
 No

Indicate Maximum Plan Benefit Coverage amount:

Indicate Maximum Plan Benefit Coverage periodicity:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, describe

Select the Coverage Basis for Maximum Plan Benefit Coverage:
 Published Fee Schedule
 MA Organization Developed Fee Schedule
 MA Organization Developed Cost Structure
 Medicare Fee-for-Service Charge Structure
 Other, describe

Is there a service-specific Maximum Enrollee Out-of-Pocket Cost?
 Yes
 No

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

Indicate Maximum Enrollee Out-of-Pocket Cost periodicity:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, describe

SECTION B – 13C – OTHER 1 – BASE 2 SCREEN

PBP 2008 Data Entry System - #13c Other 1 - Base 2

File

Is there an enrollee Coinsurance? <input type="radio"/> Yes <input type="radio"/> No	Is there an enrollee Copayment? <input type="radio"/> Yes <input type="radio"/> No
Indicate Coinsurance percentage: <input type="text"/>	Indicate Copayment amount: <input type="text"/>
Select the Coinsurance Coverage Basis: <input type="radio"/> Published Fee Schedule <input type="radio"/> MA Organization Developed Fee Schedule <input type="radio"/> MA Organization Developed Cost Structure <input type="radio"/> Medicare Fee-for-Service Charge Structure <input type="radio"/> Other, describe	Enrollee must receive Authorization from one or more of the following: <input type="checkbox"/> None <input type="checkbox"/> Primary Care Physician (Internist/Family Practice, General Practice) <input type="checkbox"/> Physician Specialist <input type="checkbox"/> Organization Medical Director/Utilization Management/Utilization Review <input type="checkbox"/> Other, describe
Is there an enrollee Deductible? <input type="radio"/> Yes <input type="radio"/> No	Is a referral required for Other(1) Services? <input type="radio"/> Yes <input type="radio"/> No
Indicate Deductible Amount: <input type="text"/>	

SECTION B – 13C – OTHER 1 – BASE 3 SCREEN

The screenshot shows a software window titled "PBP 2008 Data Entry System - #13c Other 1 - Base 3". The window has a standard Windows-style title bar with minimize, maximize, and close buttons. Below the title bar is a menu bar with a "File" option. The main content area is divided into several sections: a header section labeled "Other(1) Services Notes", a section labeled "Notes (Optional):" which contains a large, empty rectangular text input area, and a button labeled "Import Text" located in the bottom right corner of the main content area.

SECTION B – 13D – OTHER 2 – BASE 1 SCREEN

PBP 2008 Data Entry System - #13d Other 2 - Base 1

File

Enter name of Service (Optional):

Select the type of benefit:
 Mandatory
 Optional

Is there a service-specific Maximum Plan Benefit Coverage amount?
 Yes
 No

Indicate Maximum Plan Benefit Coverage amount:

Indicate Maximum Plan Benefit Coverage periodicity:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, describe

Select the Coverage Basis for Maximum Plan Benefit Coverage:
 Published Fee Schedule
 MA Organization Developed Fee Schedule
 MA Organization Developed Cost Structure
 Medicare Fee-for-Service Charge Structure
 Other, describe

Is there a service-specific Maximum Enrollee Out-of-Pocket Cost?
 Yes
 No

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

Indicate Maximum Enrollee Out-of-Pocket Cost periodicity:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, describe

SECTION B – 13D – OTHER 2 – BASE 2 SCREEN

PBP 2008 Data Entry System - #13d Other 2 - Base 2

File

<p>Is there an enrollee Coinsurance?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p>Is there an enrollee Copayment?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>Indicate Coinsurance percentage:</p> <input type="text"/>	<p>Indicate Copayment amount:</p> <input type="text"/>
<p>Select the Coinsurance Coverage Basis:</p> <p><input type="radio"/> Published Fee Schedule</p> <p><input type="radio"/> MA Organization Developed Fee Schedule</p> <p><input type="radio"/> MA Organization Developed Cost Structure</p> <p><input type="radio"/> Medicare Fee-for-Service Charge Structure</p> <p><input type="radio"/> Other, describe</p>	<p>Enrollee must receive Authorization from one or more of the following:</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Primary Care Physician (Internist/Family Practice, General Practice)</p> <p><input type="checkbox"/> Physician Specialist</p> <p><input type="checkbox"/> Organization Medical Director/Utilization Management/Utilization Review</p> <p><input type="checkbox"/> Other, describe</p>
<p>Is there an enrollee Deductible?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p>Is a referral required for Other(2) Services?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>Indicate Deductible Amount:</p> <input type="text"/>	

SECTION B – 13D – OTHER 2 – BASE 3 SCREEN

The screenshot shows a software window titled "PBP 2008 Data Entry System - #13d Other 2 - Base 3". The window has a standard Windows-style title bar with minimize, maximize, and close buttons. Below the title bar is a menu bar with a "File" option. The main content area is divided into several sections: a header section labeled "Other(2) Services Notes", a section labeled "Notes (Optional):" which contains a large, empty rectangular text input area, and a footer section containing an "Import Text" button.

SECTION B – 13E – OTHER 3 – BASE 1 SCREEN

File

Enter name of Service (Optional):

Select the type of benefit:
 Mandatory
 Optional

Is there a service-specific Maximum Plan Benefit Coverage amount?
 Yes
 No

Indicate Maximum Plan Benefit Coverage amount:

Indicate Maximum Plan Benefit Coverage periodicity:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, describe

Select the Coverage Basis for Maximum Plan Benefit Coverage:
 Published Fee Schedule
 MA Organization Developed Fee Schedule
 MA Organization Developed Cost Structure
 Medicare Fee-for-Service Charge Structure
 Other, describe

Is there a service-specific Maximum Enrollee Out-of-Pocket Cost?
 Yes
 No

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

Indicate Maximum Enrollee Out-of-Pocket Cost periodicity:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, describe

SECTION B – 13E – OTHER 3 – BASE 2 SCREEN

PBP 2008 Data Entry System - #13e Other 3 - Base 2

File

Is there an enrollee Coinsurance? <input type="radio"/> Yes <input type="radio"/> No	Is there an enrollee Copayment? <input type="radio"/> Yes <input type="radio"/> No
Indicate Coinsurance percentage: <input type="text"/>	Indicate Copayment amount: <input type="text"/>
Select the Coinsurance Coverage Basis: <input type="radio"/> Published Fee Schedule <input type="radio"/> MA Organization Developed Fee Schedule <input type="radio"/> MA Organization Developed Cost Structure <input type="radio"/> Medicare Fee-for-Service Charge Structure <input type="radio"/> Other, describe	Enrollee must receive Authorization from one or more of the following: <input type="checkbox"/> None <input type="checkbox"/> Primary Care Physician (Internist/Family Practice, General Practice) <input type="checkbox"/> Physician Specialist <input type="checkbox"/> Organization Medical Director/Utilization Management/Utilization Review <input type="checkbox"/> Other, describe
Is there an enrollee Deductible? <input type="radio"/> Yes <input type="radio"/> No	Is a referral required for Other(3) Services? <input type="radio"/> Yes <input type="radio"/> No
Indicate Deductible Amount: <input type="text"/>	

SECTION B – 13E – OTHER 3 – BASE 3 SCREEN

The screenshot shows a software window titled "PBP 2008 Data Entry System - #13e Other 3 - Base 3". The window has a standard Windows-style title bar with minimize, maximize, and close buttons. Below the title bar is a menu bar with the word "File". The main content area is divided into several sections. At the top, there is a label "Other(3) Services Notes" above a horizontal line. Below this is a label "Notes (Optional):" followed by a large, empty rectangular text input area. In the bottom right corner of the main content area, there is a button labeled "Import Text".