

SECTION B – 14A – HEALTH EDUCATION AND WELLNESS – BASE 1 SCREEN

PBP 2008 Data Entry System - #14a Health Ed/Wellness - Base 1

File

RIGHT CLICK HERE FOR DESCRIPTION OF BENEFIT

Do you offer any Mandatory or Optional Supplemental Benefits?

Yes
 No

Select enhanced benefit:

- Written health education materials, incl. newsletters
- Nutritional Training
- Nutritional Benefit
- Smoking Cessation
- Alternative Medicine Program
- Membership in Health Club/Fitness Classes
- Nursing Hotline
- Other, describe

Select type of benefit for Written health education materials, incl. newsletters:

Mandatory
 Optional

Select type of benefit for Alternative Medicine Program:

Mandatory
 Optional

Select type of benefit for Nutritional Training:

Mandatory
 Optional

Select type of benefit for Membership in Health Club/Fitness Classes:

Mandatory
 Optional

Select type of benefit for Nutritional Benefit:

Mandatory
 Optional

Select type of benefit for Nursing Hotline:

Mandatory
 Optional

Select type of benefit for Smoking Cessation:

Mandatory
 Optional

Select type of benefit for Other:

Mandatory
 Optional

SECTION B – 14A – HEALTH EDUCATION AND WELLNESS – BASE 2 SCREEN

PBP 2008 Data Entry System - #14a Health Ed/Wellness - Base 2

File

<p>Is there a service-specific Maximum Plan Benefit Coverage amount?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p>Indicate Discount percentage of Published Retail Price for Maximum Plan Benefit Coverage:</p> <p><input type="text"/></p>	<p>Is there an enrollee Coinsurance?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>Indicate Maximum Plan Benefit Coverage amount:</p> <p><input type="text"/></p>	<p>Is there a service-specific Maximum Enrollee Out-of-Pocket Cost?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p>Indicate Minimum Coinsurance percentage for Written health education materials, incl. newsletters:</p> <p><input type="text"/></p>
<p>Select Maximum Plan Benefit Coverage periodicity:</p> <p><input type="radio"/> Every three years</p> <p><input type="radio"/> Every two years</p> <p><input type="radio"/> Every year</p> <p><input type="radio"/> Every six months</p> <p><input type="radio"/> Every three months</p> <p><input type="radio"/> Other, describe</p>	<p>Indicate Maximum Enrollee Out-of-Pocket Cost amount:</p> <p><input type="text"/></p>	<p>Indicate Maximum Coinsurance percentage for Written health education materials, incl. newsletters:</p> <p><input type="text"/></p>
<p>Select the Coverage Basis for Maximum Plan Benefit Coverage:</p> <p><input type="radio"/> Discount (___%) of Published Retail Price</p> <p><input type="radio"/> Published Retail Price</p> <p><input type="radio"/> Published Wholesale Price</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"/> Other, describe</p>	<p>Select Maximum Enrollee Out-of-Pocket Cost periodicity:</p> <p><input type="radio"/> Every three years</p> <p><input type="radio"/> Every two years</p> <p><input type="radio"/> Every year</p> <p><input type="radio"/> Every six months</p> <p><input type="radio"/> Every three months</p> <p><input type="radio"/> Other, describe</p>	<p>Select the Coinsurance Coverage Basis for Written health education materials, incl. newsletters:</p> <p><input type="radio"/> Discount (___%) of Published Retail Price</p> <p><input type="radio"/> Published Retail Price</p> <p><input type="radio"/> Published Wholesale Price</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"/> Other, describe</p>
		<p>Indicate Discount percentage of Published Retail Price of Coinsurance for Written health education materials, incl. newsletters:</p> <p><input type="text"/></p>

SECTION B – 14A – HEALTH EDUCATION AND WELLNESS – BASE 3 SCREEN

PBP 2008 Data Entry System - #14a Health Ed/Wellness - Base 3

File

Indicate Coinsurance percentage for Nutritional Benefit: <input type="text"/>	Indicate Coinsurance percentage for Nutritional Training: <input type="text"/>	Indicate Coinsurance percentage for Smoking Cessation: <input type="text"/>
Select the Coinsurance Coverage Basis for Nutritional Benefit: <input type="radio"/> Discount (__%) of Published Retail Price <input type="radio"/> Published Retail Price <input type="radio"/> Published Wholesale Price <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"/> Other, describe	Select the Coinsurance Coverage Basis for Nutritional Training: <input type="radio"/> Discount (__%) of Published Retail Price <input type="radio"/> Published Retail Price <input type="radio"/> Published Wholesale Price <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"/> Other, describe	Select the Coinsurance Coverage Basis for Smoking Cessation: <input type="radio"/> Discount (__%) of Published Retail Price <input type="radio"/> Published Retail Price <input type="radio"/> Published Wholesale Price <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"/> Other, describe
Indicate Discount percentage of Published Retail Price of Coinsurance for Nutritional Benefit: <input type="text"/>	Indicate Discount percentage of Published Retail Price of Coinsurance for Nutritional Training: <input type="text"/>	Indicate Discount percentage of Published Retail Price of Coinsurance for Smoking Cessation: <input type="text"/>

SECTION B – 14A – HEALTH EDUCATION AND WELLNESS – BASE 4 SCREEN

PBP 2008 Data Entry System - #14a Health Ed/Wellness - Base 4

File

Indicate Minimum Coinsurance percentage for Alternative Medicine Program: <input type="text"/>	Indicate Minimum Coinsurance percentage for Membership in Health Club/Fitness Classes: <input type="text"/>	Indicate Coinsurance percentage for Nursing Hotline: <input type="text"/>
Indicate Maximum Coinsurance percentage for Alternative Medicine Program: <input type="text"/>	Indicate Maximum Coinsurance percentage for Membership in Health Club/Fitness Classes: <input type="text"/>	Select the Coinsurance Coverage Basis for Nursing Hotline: <input type="radio"/> Discount (___%) of Published Retail Price <input type="radio"/> Published Retail Price <input type="radio"/> Published Wholesale Price <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"/> Other, describe
Select the Coinsurance Coverage Basis for Alternative Medicine Program: <input type="radio"/> Discount (___%) of Published Retail Price <input type="radio"/> Published Retail Price <input type="radio"/> Published Wholesale Price <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"/> Other, describe	Select the Coinsurance Coverage Basis for Membership in Health Club/Fitness Classes: <input type="radio"/> Discount (___%) of Published Retail Price <input type="radio"/> Published Retail Price <input type="radio"/> Published Wholesale Price <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"/> Other, describe	Indicate Discount percentage of Published Retail Price of Coinsurance for Nursing Hotline: <input type="text"/>
Indicate Discount percentage of Published Retail Price of Coinsurance for Alternative Medicine Program: <input type="text"/>	Indicate Discount percentage of Published Retail Price of Coinsurance for Membership in Health Club/Fitness Classes: <input type="text"/>	

SECTION B – 14A – HEALTH EDUCATION AND WELLNESS – BASE 5 SCREEN

File

Indicate Minimum Coinsurance percentage for Other:

Indicate Maximum Coinsurance percentage for Other:

Select the Coinsurance Coverage Basis for Other:

- Discount (__ %) of Published Retail Price
- Published Retail Price
- Published Wholesale Price
- Published Fee Schedule
- MA Organization Developed Fee Schedule
- MA Organization Developed Cost Structure
- Other, describe

Indicate Discount percentage of Published Retail Price of Coinsurance for Other:

SECTION B – 14A – HEALTH EDUCATION AND WELLNESS – BASE 6 SCREEN

PBP 2008 Data Entry System - #14a Health Ed/Wellness - Base 6

File

Is there an enrollee Deductible? <input type="radio"/> Yes <input type="radio"/> No	Indicate Copayment amount for Smoking Cessation: <input type="text"/>	Indicate Maximum Copayment amount for Membership in Health Club/Fitness Classes: <input type="text"/>
Indicate Deductible Amount: <input type="text"/>	Indicate Minimum Copayment amount for Alternative Medicine Program: <input type="text"/>	Indicate Copayment amount for Nursing Hotline: <input type="text"/>
Is there an enrollee Copayment? <input type="radio"/> Yes <input type="radio"/> No	Indicate Maximum Copayment amount for Alternative Medicine Program: <input type="text"/>	Indicate Minimum Copayment amount for Other: <input type="text"/>
Indicate Copayment amount for Written health education materials, incl. newsletters: <input type="text"/>	Indicate Minimum Copayment amount for Membership in Health Club/Fitness Classes: <input type="text"/>	Indicate Maximum Copayment amount for Other: <input type="text"/>
Indicate Copayment amount for Nutritional Training: <input type="text"/>		
Indicate Copayment amount for Nutritional Benefit: <input type="text"/>		

SECTION B – 14A – HEALTH EDUCATION AND WELLNESS – BASE 7 SCREEN

File

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 Health Education/Wellness Programs?

Yes

No

Notes (Optional):

Import Text

SECTION B – 14B – IMMUNIZATIONS – BASE 1 SCREEN

PBP 2008 Data Entry System - #14b Immunizations - Base 1

File

RIGHT CLICK HERE FOR DESCRIPTION OF BENEFIT

Do you offer any Mandatory or Optional Supplemental Benefits?

Yes
 No

Select enhanced benefit:

Other Immunizations, describe

Select type of benefit for Other Immunizations:

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

Select the Maximum Enrollee Out-of-Pocket Cost type:

Covered under the Preventive Services Category 14a
 Plan-specified amount per period

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 - Hepatitis B:

Select the Coinsurance Coverage Basis for Medicare Covered Benefits - Hepatitis B:

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

SECTION B – 14B – IMMUNIZATIONS – BASE 2 SCREEN

PBP 2008 Data Entry System - #14b Immunizations - Base 2

File

Indicate Minimum Coinsurance percentage for Other Immunizations:

Indicate Maximum Coinsurance percentage for Other Immunizations:

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

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 - Hepatitis B:

Indicate Minimum Copayment amount for Other Immunizations:

Indicate Maximum Copayment amount for Other Immunizations:

Indicate whether a separate office visit cost share applies for services:
 Yes
 No
 Sometimes, describe

SECTION B – 14B – IMMUNIZATIONS – BASE 3 SCREEN

File

Enrollee must receive Authorization from one or more of the following, except for Influenza Immunization:

- 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 Other Immunizations?

Yes

No

Notes (Optional):

Import Text

SECTION B – 14C –PHYSICAL EXAMS – BASE 1 SCREEN

File

RIGHT CLICK HERE FOR DESCRIPTION OF BENEFIT

Do you offer any Mandatory or Optional Supplemental Benefits?

Yes

No

Select enhanced benefit:

Routine Exams

Select the type of benefit for Routine Exams:

Mandatory

Optional

Is this benefit unlimited for Routine Exams?

Yes

No, indicate number

Indicate limit for Routine Exams:

Select the Routine Exams periodicity:

Every three years

Every two years

Every year

Every six months

Every three months

Other, describe

SECTION B – 14C – PHYSICAL EXAMS – BASE 2 SCREEN

PBP 2008 Data Entry System - #14c Physical Exams - Base 2

File

<p>Is there a service-specific Maximum Plan Benefit Coverage amount?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p>Is there a service-specific Maximum Enrollee Out-of-Pocket Cost?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>Select the Maximum Plan Benefit Coverage type:</p> <p><input type="radio"/> Covered under Preventive Services Category 14a</p> <p><input type="radio"/> Plan-specified amount per period</p>	<p>Select the Maximum Enrollee Out-of-Pocket Cost type:</p> <p><input type="radio"/> Covered under Preventive Services Category 14a</p> <p><input type="radio"/> Plan-specified amount per period</p>
<p>Indicate Maximum Plan Benefit Coverage amount:</p> <input type="text"/>	<p>Indicate Maximum Enrollee Out-of-Pocket Cost amount:</p> <input type="text"/>
<p>Select the Maximum Plan Benefit Coverage periodicity:</p> <p><input type="radio"/> Every three years</p> <p><input type="radio"/> Every two years</p> <p><input type="radio"/> Every year</p> <p><input type="radio"/> Every six months</p> <p><input type="radio"/> Every three months</p> <p><input type="radio"/> Other, describe</p>	<p>Select the Maximum Enrollee Out-of-Pocket Cost periodicity:</p> <p><input type="radio"/> Every three years</p> <p><input type="radio"/> Every two years</p> <p><input type="radio"/> Every year</p> <p><input type="radio"/> Every six months</p> <p><input type="radio"/> Every three months</p> <p><input type="radio"/> Other, describe</p>
<p>Select the Coverage Basis for Maximum Plan Benefit Coverage:</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>	

SECTION B – 14C – PHYSICAL EXAMS – BASE 3 SCREEN

PBP 2008 Data Entry System - (repaint)#14c Physical Exams - Base 3

File

Is there an enrollee Coinsurance?
 Yes
 No

Indicate Coinsurance percentage for Medicare-Covered initial preventive physical exam:

Indicate Coinsurance percentage for Routine Exams:

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

Is there an enrollee Deductible?
 Yes
 No

Indicate Deductible Amount:

Is there an enrollee Copayment?
 Yes
 No

Indicate Copayment amount for Medicare-Covered initial preventive physical exam:

Indicate Copayment amount per Routine Exam:

Indicate whether a separate office visit cost share applies for services:
 Yes
 No
 Sometimes, describe

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 Routine Exams?
 Yes
 No

SECTION B – 14C –PHYSICAL EXAMS – BASE 4 SCREEN

The screenshot shows a software window titled "PBP 2008 Data Entry System - (repaint)#14c Physical Exams - Base 4". 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 several sections: a "Routine Exam Notes" field at the top, followed by a "Notes (Optional):" label and a large, empty text input area. At the bottom right of the text area, there is an "Import Text" button. The overall background of the window is a light gray color.

SECTION B – 14D – PAP/PELVIC EXAMS – BASE 1 SCREEN

PBP 2008 Data Entry System - #14d Pap/Pelvic - Base 1

File

RIGHT CLICK HERE FOR DESCRIPTION OF BENEFIT

Do you offer any Mandatory or Optional Supplemental Benefits?

Yes
 No

Select enhanced benefits:

Additional Pap Smears
 Additional Pelvic Exams

Select the type of benefit for Additional Pap Smears:

Mandatory
 Optional

Is this benefit unlimited for Additional Pap Smears?

Yes
 No, indicate number

Indicate number of Additional Pap Smears:

Select the Additional Pap Smears periodicity:

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

Select the type of benefit for Additional Pelvic Exams:

Mandatory
 Optional

Is this benefit unlimited for Additional Pelvic Exams?

Yes
 No, indicate number

Indicate number of Additional Pelvic Exams:

Select the Additional Pelvic Exams periodicity:

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

SECTION B – 14D – PAP/PELVIC EXAMS – BASE 2 SCREEN

File

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

Select the Maximum Plan Benefit Coverage type:
 Covered under Preventive Services Category 14a
 Plan-specified amount per period

Indicate Maximum Plan Benefit Coverage amount:

Select the 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

Select the Maximum Enrollee Out-of-Pocket Cost type:
 Covered under Preventive Services Category 14a
 Plan-specified amount per period

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

Select the 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 – 14D – PAP/PELVIC EXAMS – BASE 3 SCREEN

PBP 2008 Data Entry System - #14d Pap/Pelvic - Base 3

File

Is there an enrollee Coinsurance?
 Yes
 No

Indicate Coinsurance percentage for Medicare covered Pap Smears:

Select the Coinsurance Coverage Basis for Medicare covered Pap Smears:
 Published Fee Schedule
 MA Organization Developed Fee Schedule
 MA Organization Developed Cost Structure
 Medicare Fee-for-Service Charge Structure
 Other, describe

Indicate Coinsurance percentage for Additional Pap Smears:

Select the Coinsurance Coverage Basis for Additional Pap Smears:
 Published Fee Schedule
 MA Organization Developed Fee Schedule
 MA Organization Developed Cost Structure
 Medicare Fee-for-Service Charge Structure
 Other, describe

Indicate Coinsurance percentage for Medicare covered Pelvic Exams:

Select the Coinsurance Coverage Basis for Medicare covered Pelvic Exams:
 Published Fee Schedule
 MA Organization Developed Fee Schedule
 MA Organization Developed Cost Structure
 Medicare Fee-for-Service Charge Structure
 Other, describe

Indicate Coinsurance percentage for Additional Pelvic Exams:

Select the Coinsurance Coverage Basis for Additional Pelvic Exams:
 Published Fee Schedule
 MA Organization Developed Fee Schedule
 MA Organization Developed Cost Structure
 Medicare Fee-for-Service Charge Structure
 Other, describe

SECTION B – 14D – PAP/PELVIC EXAMS – BASE 4 SCREEN

PBP 2008 Data Entry System - #14d Pap/Pelvic - Base 4

File

Is there an enrollee Deductible?
 Yes
 No

Indicate Deductible Amount:

Is there an enrollee Copayment?
 Yes
 No

Indicate Copayment amount per Medicare covered Pap Smear:

Indicate Copayment amount per Medicare covered Pelvic Exam:

Indicate Copayment amount per Additional Pap Smear:

Indicate Copayment amount per Additional Pelvic Exam:

Indicate whether a separate office visit cost share applies for services:
 Yes
 No
 Sometimes, describe

Is there a separate cost share for the facility in which the service is received?
 Yes
 No

Enrollee must receive Authorization for Additional Smears/Exams 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 Pap Smears and Pelvic Exams?
 Yes
 No

SECTION B – 14D – PAP/PELVIC EXAMS – BASE 5 SCREEN

The screenshot shows a software window titled "PBP 2008 Data Entry System - #14d Pap/Pelvic - Base 5". 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 label "Pap Smear/Pelvic Exam Notes" at the top, followed by a label "Notes (Optional):" and a large, empty rectangular text input area. In the bottom right corner of the text area, there is a button labeled "Import Text".

SECTION B – 14E – PROSTATE SCREENING – BASE 1 SCREEN

PBP 2008 Data Entry System - #14e Prostate Screening - Base 1

File

RIGHT CLICK HERE FOR DESCRIPTION OF BENEFIT

Do you offer any Mandatory or Optional Supplemental Benefits?

Yes
 No

Select enhanced benefit:

Additional Prostate Screenings

Select type of benefit for Additional Prostate Screenings:

Mandatory
 Optional

Is this benefit unlimited for Additional Prostate Screenings?

Yes
 No, indicate number

Indicate number of Additional Prostate Screenings:

Select the Additional Prostate Screenings 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

Select the Maximum Plan Benefit Coverage type:

Covered under Preventive Services Category 14a
 Plan-specified amount per period

Indicate Maximum Plan Benefit Coverage amount:

Select the 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

SECTION B – 14E – PROSTATE SCREENING – BASE 2 SCREEN

PBP 2008 Data Entry System - #14e Prostate Screening - Base 2

File

<p>Is there a service-specific Maximum Enrollee Out-of-Pocket Cost?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p>Is there an enrollee Coinsurance?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>Select the Maximum Enrollee Out-of-Pocket Cost type:</p> <p><input type="radio"/> Covered under Preventive Services Category 14a</p> <p><input type="radio"/> Plan-specified amount per period</p>	<p>Indicate Coinsurance percentage for Medicare Covered Benefits:</p> <p><input type="text"/></p>
<p>Indicate Maximum Enrollee Out-of-Pocket Cost amount:</p> <p><input type="text"/></p>	<p>Select the Coinsurance Coverage Basis for Medicare Covered Benefits:</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>Select the Maximum Enrollee Out-of-Pocket Cost periodicity:</p> <p><input type="radio"/> Every three years</p> <p><input type="radio"/> Every two years</p> <p><input type="radio"/> Every year</p> <p><input type="radio"/> Every six months</p> <p><input type="radio"/> Every three months</p> <p><input type="radio"/> Other, describe</p>	<p>Indicate Coinsurance percentage for Additional Screenings:</p> <p><input type="text"/></p>
	<p>Select the Coinsurance Coverage Basis for Additional Screenings:</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>

SECTION B – 14E – PROSTATE SCREENING – BASE 3 SCREEN

PBP 2008 Data Entry System - #14e Prostate Screening - Base 3

File

Is there an enrollee Deductible?
 Yes
 No

Indicate Deductible Amount:

Is there an enrollee Copayment?
 Yes
 No

Indicate Copayment amount per screening for Medicare Covered Benefits:

Indicate Copayment amount per screening for Additional Screenings:

Indicate whether a separate office visit cost share applies for services:
 Yes
 No
 Sometimes, describe

Is there a separate cost share for the facility in which the service is received?
 Yes
 No

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 Prostate Cancer Screenings?
 Yes
 No

SECTION B – 14E – PROSTATE SCREENING – BASE 4 SCREEN

The screenshot shows a software window titled "PBP 2008 Data Entry System - #14e Prostate Screening - Base 4". 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 sections. At the top, there is a label "Prostate Cancer Screening Notes". Below this is a label "Notes (Optional):" followed by a large, empty rectangular text input area. In the bottom right corner of this text area, there is a button labeled "Import Text".

SECTION B – 14F – COLORECTAL SCREENING – BASE 1 SCREEN

File

RIGHT CLICK HERE FOR DESCRIPTION OF BENEFIT

Do you offer any Mandatory or Optional Supplemental Benefits?

Yes

No

Select enhanced benefit:

Additional Colorectal Screenings

Select type of benefit for Additional Colorectal Screenings:

Mandatory

Optional

Is this benefit unlimited for Additional Colorectal Screenings?

Yes

No, indicate number

Indicate number of Additional Colorectal Screenings:

Select the Additional Colorectal Screenings periodicity:

Every three years

Every two years

Every year

Every six months

Every three months

Other, describe

SECTION B – 14F – COLORECTAL SCREENING – BASE 2 SCREEN

File

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

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

Select the Maximum Plan Benefit Coverage type:
 Covered under Preventive Services Category 14a
 Plan-specified amount per period

Select the Maximum Enrollee Out-of-Pocket Cost type:
 Covered under Preventive Services Category 14a
 Plan-specified amount per period

Indicate Maximum Plan Benefit Coverage amount:

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

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

Select the Maximum Enrollee Out-of-Pocket Cost 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

SECTION B – 14F – COLORECTAL SCREENING – BASE 3 SCREEN

File

Is there an enrollee Coinsurance?
 Yes
 No

Indicate Minimum Coinsurance percentage for Medicare Covered Benefits:

Indicate Maximum 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

Indicate Minimum Coinsurance percentage for Additional Screenings:

Indicate Maximum Coinsurance percentage for Additional Screenings:

Select the Coinsurance Coverage Basis for Additional Screenings:
 Published Fee Schedule
 MA Organization Developed Fee Schedule
 MA Organization Developed Cost Structure
 Medicare Fee-for-Service Charge Structure
 Other, describe

SECTION B – 14F – COLORECTAL SCREENING – BASE 4 SCREEN

PBP 2008 Data Entry System - #14f Colorectal Screening - Base 4

File

Is there an enrollee Deductible? <input type="radio"/> Yes <input type="radio"/> No	Indicate whether a separate office visit cost share applies for services: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Sometimes, describe
Indicate Deductible Amount: <input type="text"/>	Is there a separate cost share for the facility in which the service is received? <input type="radio"/> Yes <input type="radio"/> No
Is there an enrollee Copayment? <input type="radio"/> Yes <input type="radio"/> No	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
Indicate Minimum Copayment amount for Medicare Covered Benefits: <input type="text"/>	Is a referral required for Colorectal Screenings? <input type="radio"/> Yes <input type="radio"/> No
Indicate Maximum Copayment amount for Medicare Covered Benefits: <input type="text"/>	
Indicate Minimum Copayment amount for Additional Screenings: <input type="text"/>	
Indicate Maximum Copayment amount for Additional Screenings: <input type="text"/>	

SECTION B – 14F – COLORECTAL SCREENING – BASE 5 SCREEN

The screenshot shows a software window titled "PBP 2008 Data Entry System - #14f Colorectal Screening - Base 5". 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 sections. At the top, there is a section labeled "Colorectal Screening Notes". 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".

SECTION B – 14G – BONE MASS MEASUREMENT – BASE 1 SCREEN

PBP 2008 Data Entry System - #14g Bone Mass Meas. - Base 1

File

RIGHT CLICK HERE FOR DESCRIPTION OF BENEFIT

Enhanced Benefits are not applicable for this Service Category.

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

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

Yes
 No

Select the Maximum Enrollee Out-of-Pocket Cost type:

Covered under Preventive Services Category 14a
 Plan-specified amount per period

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

Select the 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 Minimum Coinsurance percentage for Medicare Covered Benefits:

Indicate Maximum 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 – 14G – BONE MASS MEASUREMENT – BASE 2 SCREEN

PBP 2008 Data Entry System - #14g Bone Mass Meas. - Base 2

File

Is there an enrollee Deductible?
 Yes
 No

Indicate Deductible Amount:

Is there an enrollee Copayment?
 Yes
 No

Indicate Minimum Copayment amount for Medicare Covered Benefits:

Indicate Maximum Copayment amount for Medicare Covered Benefits:

Indicate whether a separate office visit cost share applies for services:
 Yes
 No
 Sometimes, describe

Is there a separate cost share for the facility in which the service is received?
 Yes
 No

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 Bone Mass Measurement?
 Yes
 No

SECTION B – 14G – BONE MASS MEASUREMENT – BASE 3 SCREEN

The screenshot shows a software window titled "PBP 2008 Data Entry System - #14g Bone Mass Meas. - 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 two sections. The top section is a text box labeled "Bone Mass Measurement Screening Notes". Below this is a larger text area labeled "Notes (Optional):". At the bottom right of the main content area, there is a button labeled "Import Text".

SECTION B – 14H – MAMMOGRAPHY – BASE 1 SCREEN

PBP 2008 Data Entry System - #14h Mammography - Base 1

File

RIGHT CLICK HERE FOR DESCRIPTION OF BENEFIT

Do you offer any Mandatory or Optional Supplemental Benefits?

Yes
 No

Select enhanced benefit:

Additional Mammography Screenings

Select type of benefit for Additional Mammography Screenings:

Mandatory
 Optional

Is this benefit unlimited for Additional Mammography Screenings?

Yes
 No, indicate number

Indicate number of Additional Mammography Screenings:

Select the Additional Mammography Screenings periodicity:

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

Select the Maximum Plan Benefit Coverage 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

Select the Maximum Plan Benefit Coverage type:

Covered under Preventive Services Category 14a
 Plan-specified amount per period

Indicate Maximum Plan Benefit Coverage amount:

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

SECTION B – 14H – MAMMOGRAPHY – BASE 2 SCREEN

PBP 2008 Data Entry System - #14h Mammography - Base 2

File

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

Yes
 No

Select the Maximum Enrollee Out-of-Pocket Cost type:

Covered under Preventive Services Category 14a
 Plan-specified amount per period

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

Select the 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

Indicate Coinsurance percentage for Additional Screenings:

Select the Coinsurance Coverage Basis for Additional Screenings:

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

SECTION B – 14H – MAMMOGRAPHY – BASE 3 SCREEN

PBP 2008 Data Entry System - #14h Mammography - Base 3

File

Is there an enrollee Deductible?
 Yes
 No

Indicate Deductible Amount:

Is there an enrollee Copayment?
 Yes
 No

Indicate Minimum Copayment amount for Medicare Covered Benefits:

Indicate Maximum Copayment amount for Medicare Covered Benefits:

Indicate Copayment amount per screening for Additional Screenings:

Indicate whether a separate office visit cost share applies for services:
 Yes
 No
 Sometimes, describe

Is there a separate cost share for the facility in which the service is received?
 Yes
 No

Enrollee must receive Authorization for Additional Screenings 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 Additional Screening Mammographies?
 Yes
 No

SECTION B – 14H – MAMMOGRAPHY – BASE 4 SCREEN

The screenshot shows a software window titled "PBP 2008 Data Entry System - #14h Mammography - Base 4". 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 "Mammography Screening Notes". Below this is a label "Notes (Optional):" followed by a large, empty rectangular text area. In the bottom right corner of the text area, there is a button labeled "Import Text".

SECTION B – 14i – DIABETES MONITORING – BASE 1 SCREEN

PBP 2008 Data Entry System - #14i Diabetes Monitoring - Base 1

File

RIGHT CLICK HERE FOR DESCRIPTION OF BENEFIT

Enhanced Benefits are not applicable for this Service Category.

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

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

Yes
 No

Select the Maximum Enrollee Out-of-Pocket Cost type:

Covered under Preventive Services Category 14a
 Plan-specified amount per period

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

Select the 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 Minimum Coinsurance percentage for Medicare Covered Benefits:

Indicate Maximum 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 – 14i – DIABETES MONITORING – BASE 2 SCREEN

File

Is there an enrollee Deductible?
 Yes
 No

Indicate Deductible Amount:

Is there an enrollee Copayment?
 Yes
 No

Indicate Minimum Copayment amount for Medicare Covered Benefits:

Indicate Maximum Copayment amount for Medicare Covered Benefits:

Indicate whether a separate office visit cost share applies for services:
 Yes
 No
 Sometimes, describe

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 Diabetes Monitoring Training?
 Yes
 No

SECTION B – 14I – DIABETES MONITORING – BASE 3 SCREEN

The screenshot shows a software window titled "PBP 2008 Data Entry System - #14i Diabetes Monitoring - 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 option "File". The main content area is divided into sections: a header labeled "Diabetes Monitoring Notes", a label "Notes:" followed by a large, empty rectangular text input area, and a button labeled "Import Text" located in the bottom right corner of the main area.

SECTION B – 14J – NUTRITION THERAPY FOR DIABETES AND RENAL DISEASE – BASE 1 SCREEN

PBP 2008 Data Entry System - #14j Nutrition Therapy - Base 1

File

RIGHT CLICK HERE FOR DESCRIPTION OF BENEFIT

Enhanced Benefits are not applicable for this Service Category.

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

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

Yes
 No

Select the Maximum Enrollee Out-of-Pocket Cost type:

Covered under Preventive Services Category 14a
 Plan-specified amount per period

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

Select the 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 Minimum Coinsurance percentage for Medicare Covered Benefits:

Indicate Maximum 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 –14J – NUTRITION THERAPY FOR DIABETES AND RENAL DISEASE – BASE 2 SCREEN

PBP 2008 Data Entry System - (repaint)#14j Nutrition Therapy - Base 2

File

Is there an enrollee Deductible?
 Yes
 No

Indicate Deductible Amount:

Is there an enrollee Copayment?
 Yes
 No

Indicate Minimum Copayment amount for Medicare Covered Benefits:

Indicate Maximum Copayment amount 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 Nutrition Therapy?
 Yes
 No

SECTION B –14J – NUTRITION THERAPY FOR DIABETES AND RENAL DISEASE – BASE 3 SCREEN

The screenshot shows a software window titled "PBP 2008 Data Entry System - #14j Nutrition Therapy - 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 option "File". The main content area is divided into several sections: a header section containing the text "Nutrition Therapy for Diabetes and Renal Disease Notes", a large text input area labeled "Notes:" which is currently empty, and a button labeled "Import Text" located in the bottom right corner of the main area.