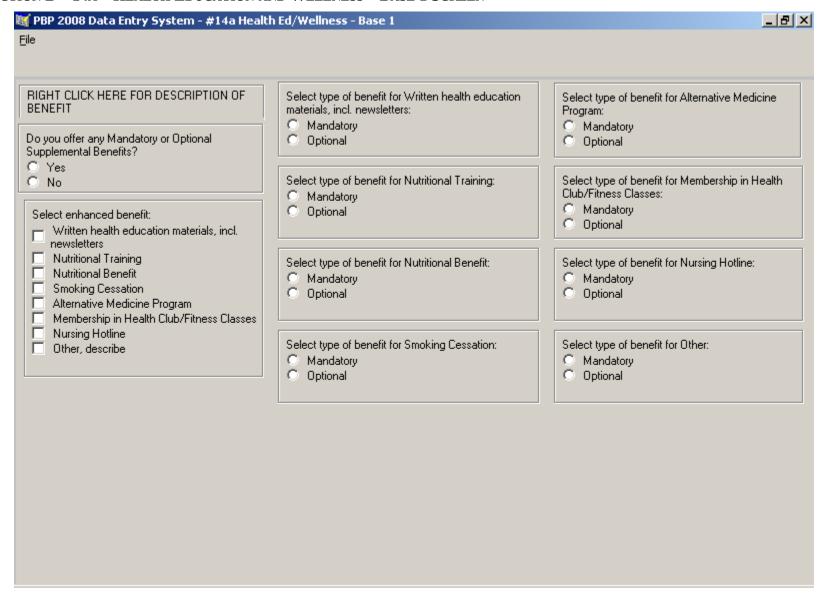
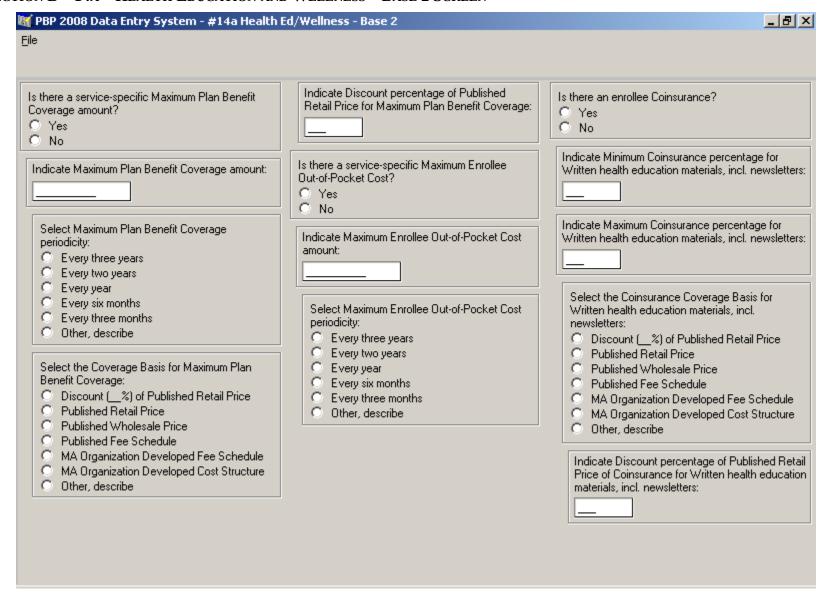
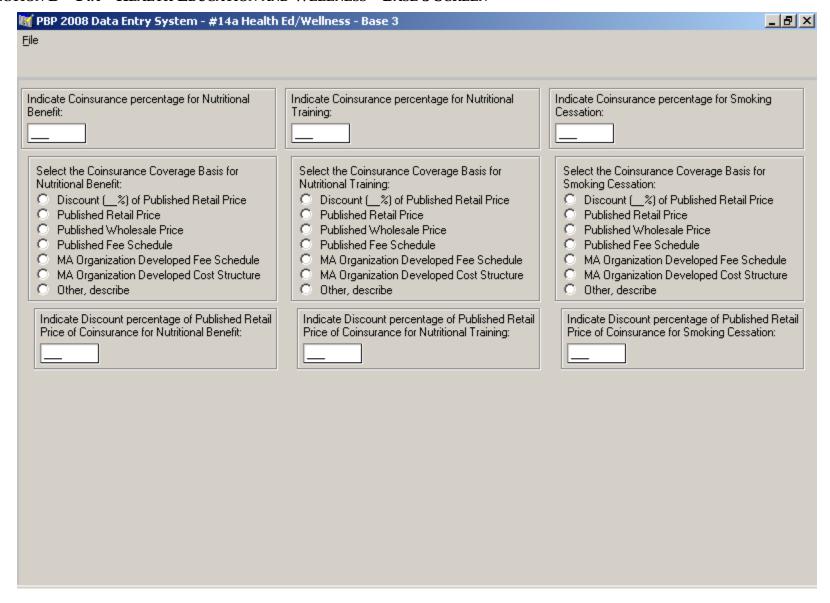
SECTION B – 14A – HEALTH EDUCATION AND WELLNESS – BASE 1 SCREEN



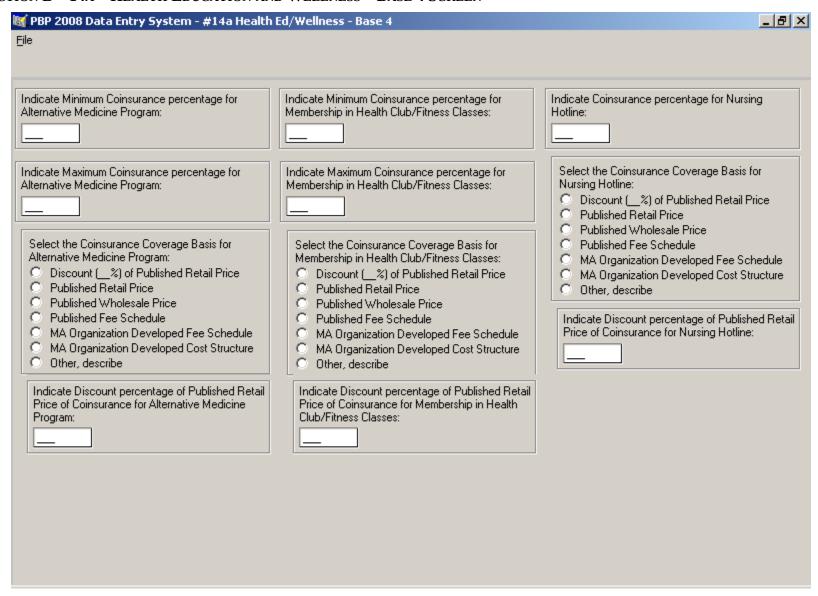
SECTION B – 14A – HEALTH EDUCATION AND WELLNESS – BASE 2 SCREEN



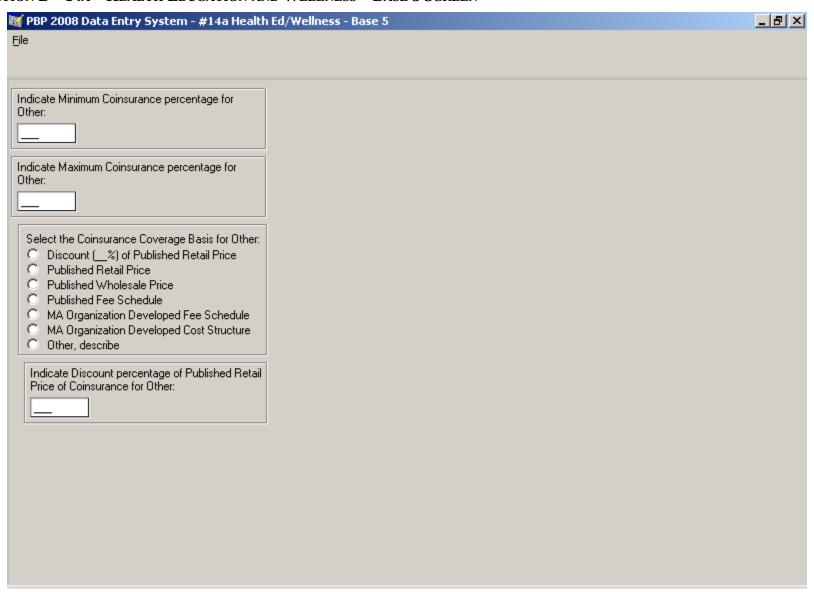
SECTION B – 14A – HEALTH EDUCATION AND WELLNESS – BASE 3 SCREEN



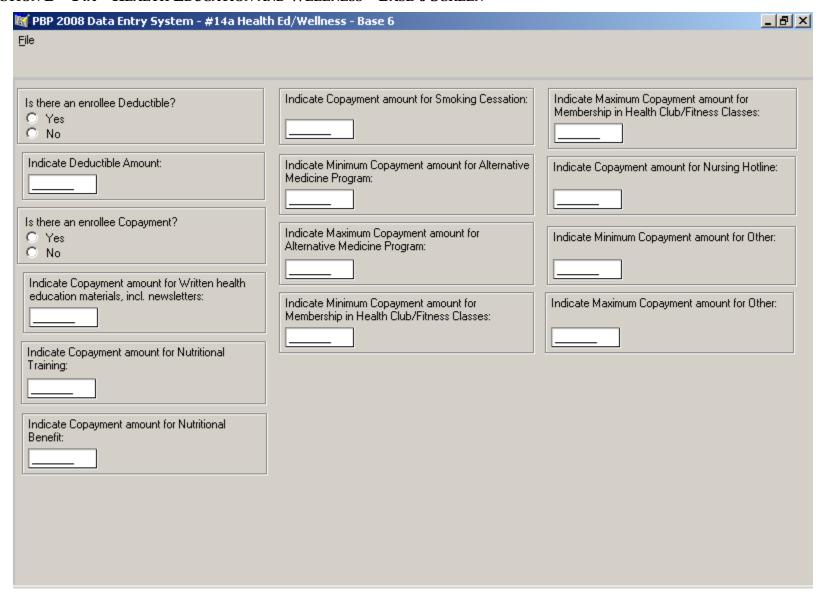
SECTION B – 14A – HEALTH EDUCATION AND WELLNESS – BASE 4 SCREEN



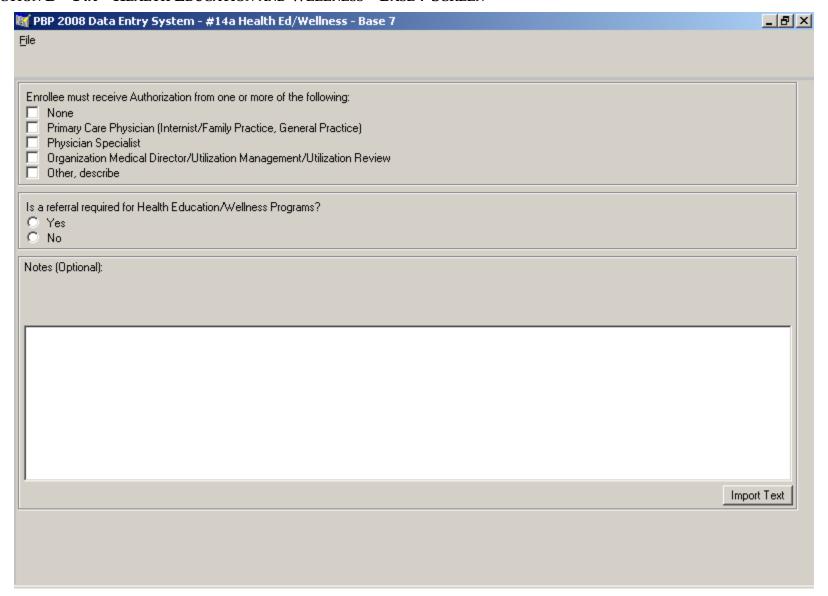
SECTION B - 14A - HEALTH EDUCATION AND WELLNESS - BASE 5 SCREEN



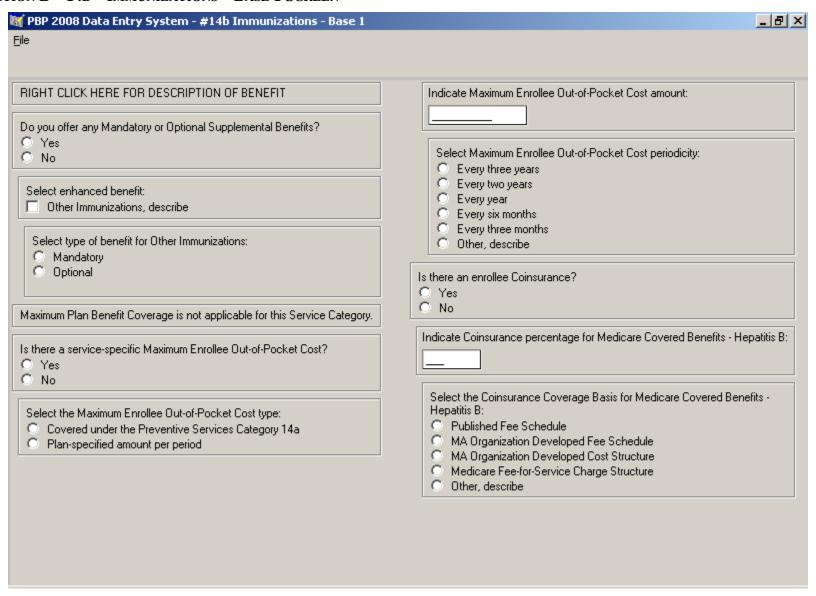
SECTION B - 14A - HEALTH EDUCATION AND WELLNESS - BASE 6 SCREEN



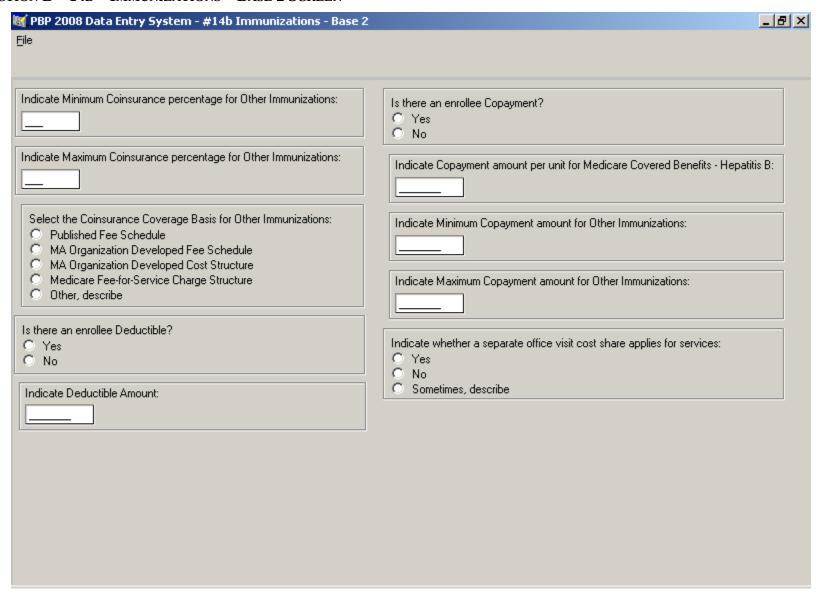
SECTION B - 14A - HEALTH EDUCATION AND WELLNESS - BASE 7 SCREEN



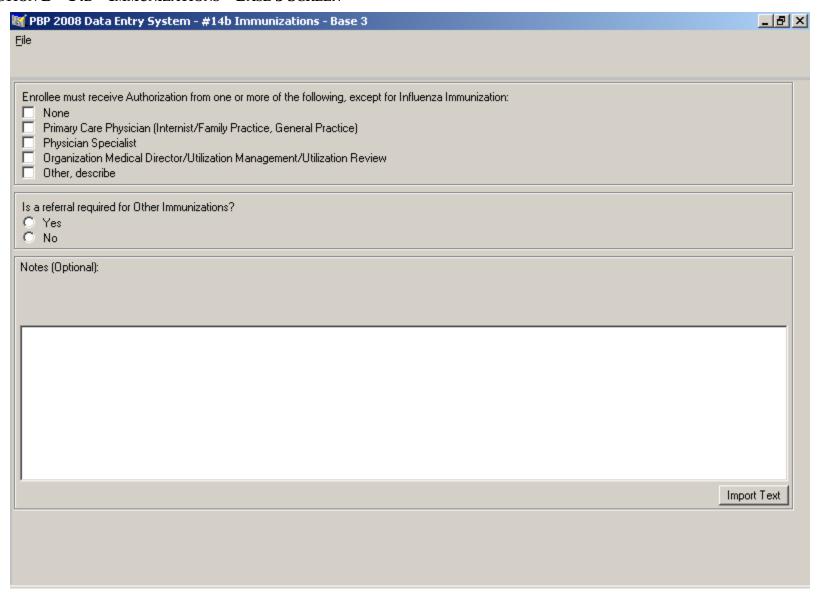
SECTION B – 14B – IMMUNIZATIONS – BASE 1 SCREEN



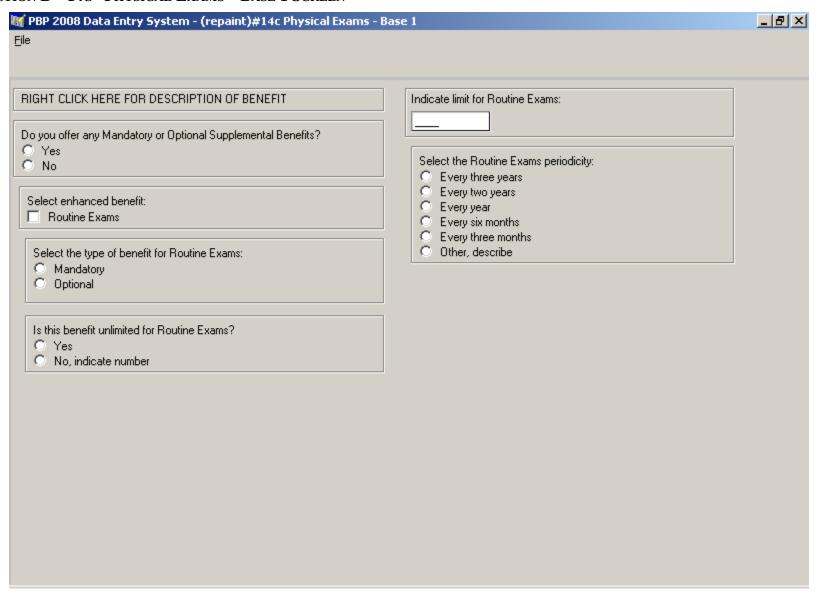
SECTION B - 14B - IMMUNIZATIONS - BASE 2 SCREEN



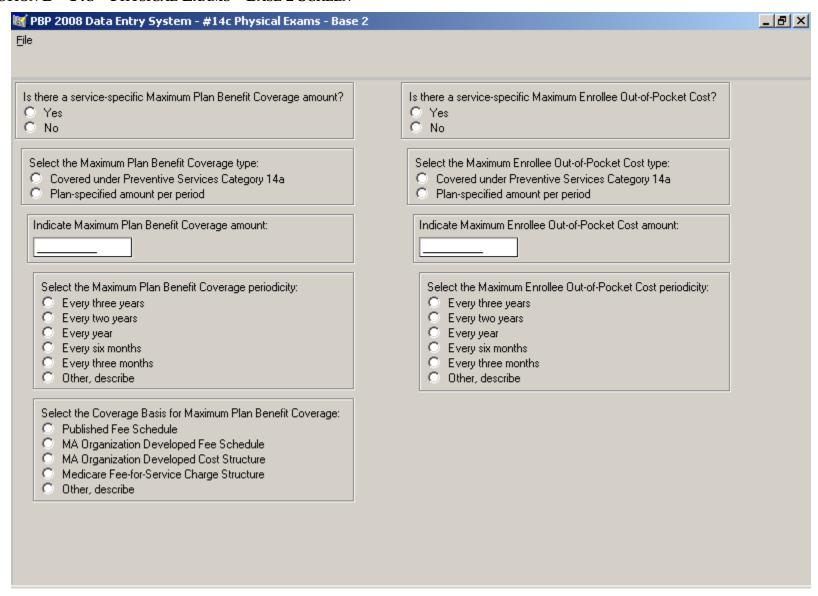
SECTION B - 14B - IMMUNIZATIONS - BASE 3 SCREEN



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



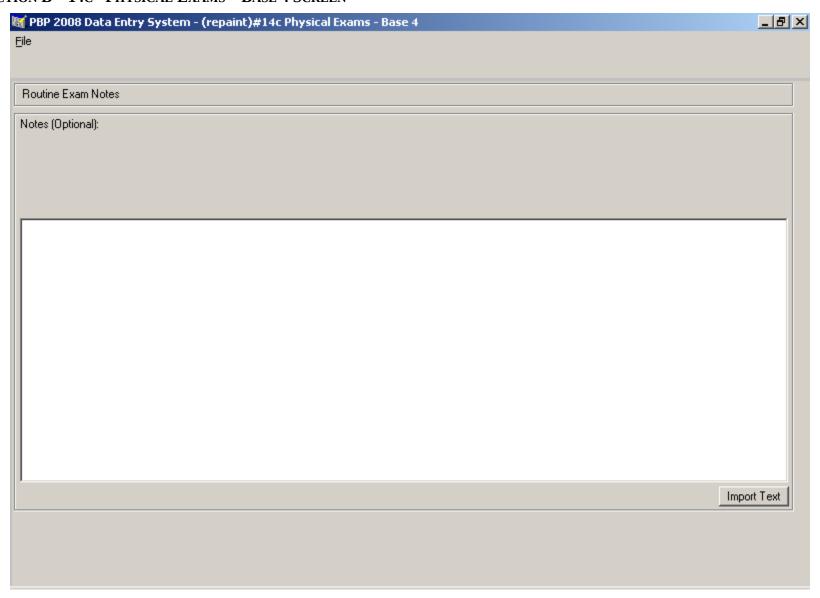
SECTION B – 14C – PHYSICAL EXAMS – BASE 2 SCREEN



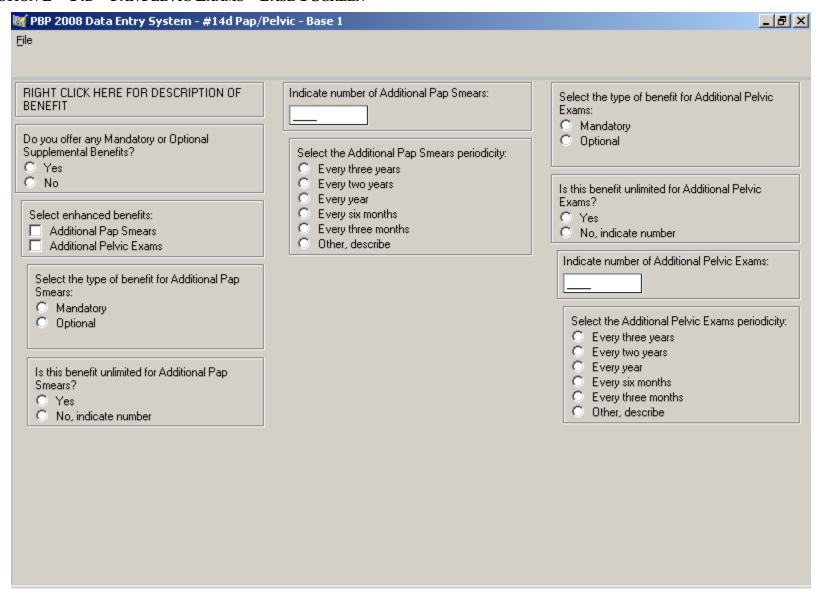
SECTION B – 14C – PHYSICAL EXAMS – BASE 3 SCREEN

е		
there an enrollee Coinsurance? Yes No	Is there an enrollee Copayment? Yes No	
ndicate Coinsurance percentage for Medicare-Covered nitial preventive physical exam:	Indicate Copayment amount for Medicare-Covered initial preventive physical exam:	
ndicate Coinsurance percentage for Routine Exams:	Indicate Copayment amount per Routine Exam: Indicate Copayment amount per Routine Exam: Indicate Whether a separate office visit cost share applies for services:	
Select the Coinsurance Coverage Basis: Published Fee Schedule MA Organization Developed Fee Schedule	C Yes C No C Sometimes, describe	
MA Organization Developed Cost Structure Medicare Fee-for-Service Charge Structure Other, describe	Enrollee must receive Authorization from one or more of the following: None Primary Care Physician (Internist/Family Practice, General Practice) Physician Specialist	
there an enrollee Deductible? Yes No	Organization Medical Director/Utilization Management/Utilization Review Other, describe	
ndicate Deductible Amount:	Is a referral required for Routine Exams? C Yes No	

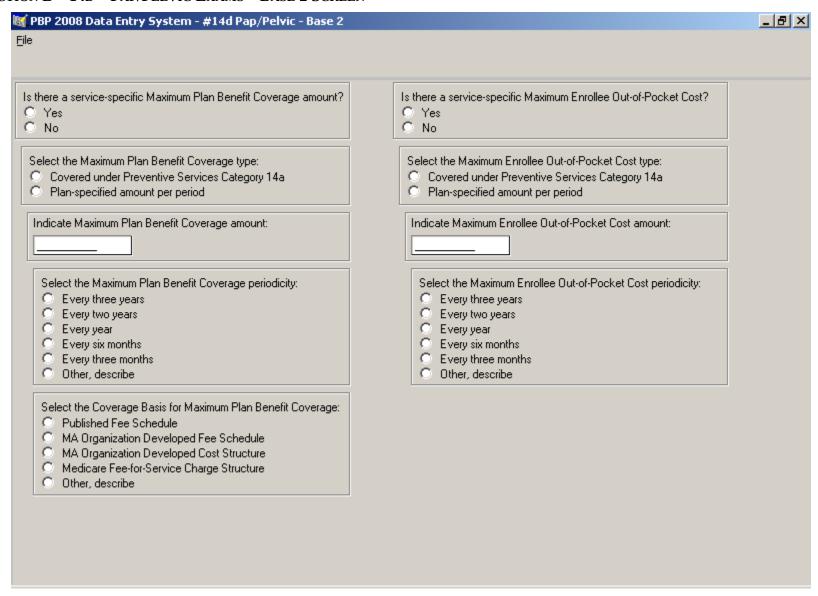
SECTION B – 14C –PHYSICAL EXAMS – BASE 4 SCREEN



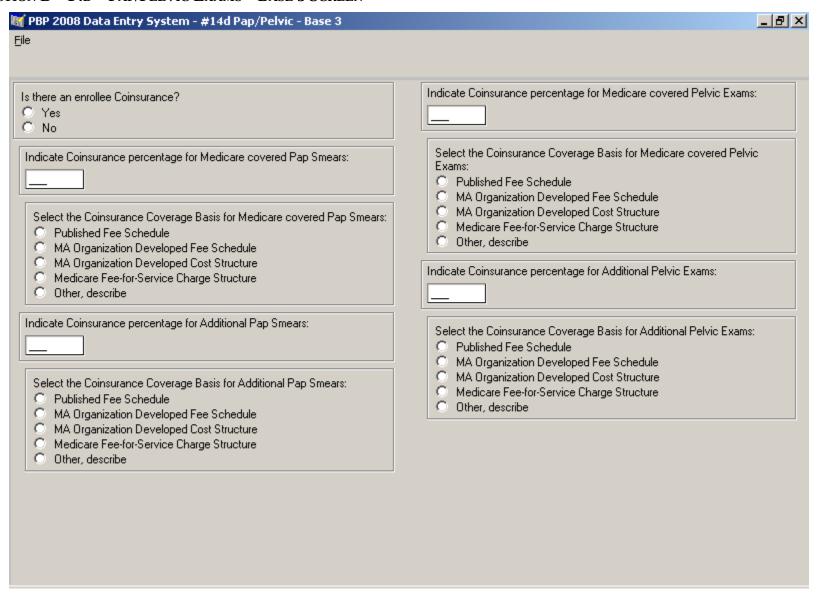
SECTION B - 14D - PAP/PELVIC EXAMS - BASE 1 SCREEN



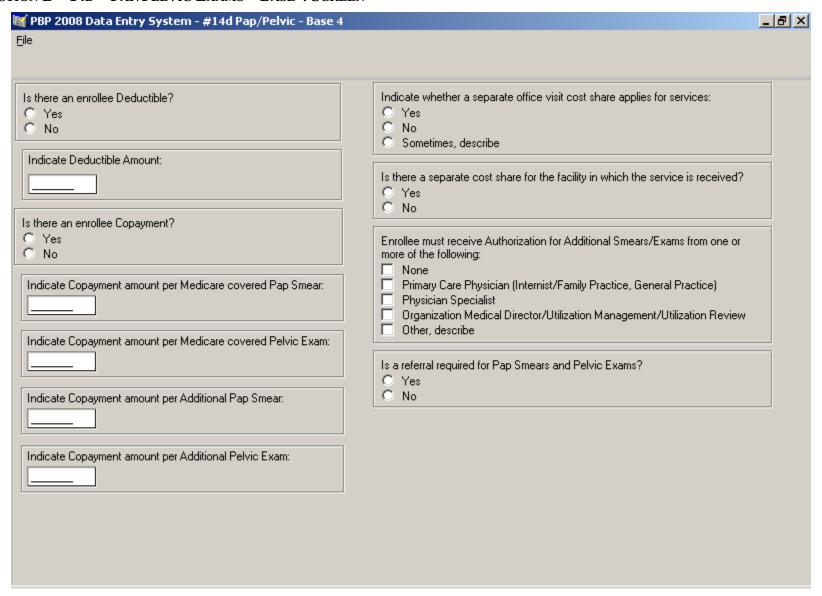
SECTION B – 14D – PAP/PELVIC EXAMS – BASE 2 SCREEN



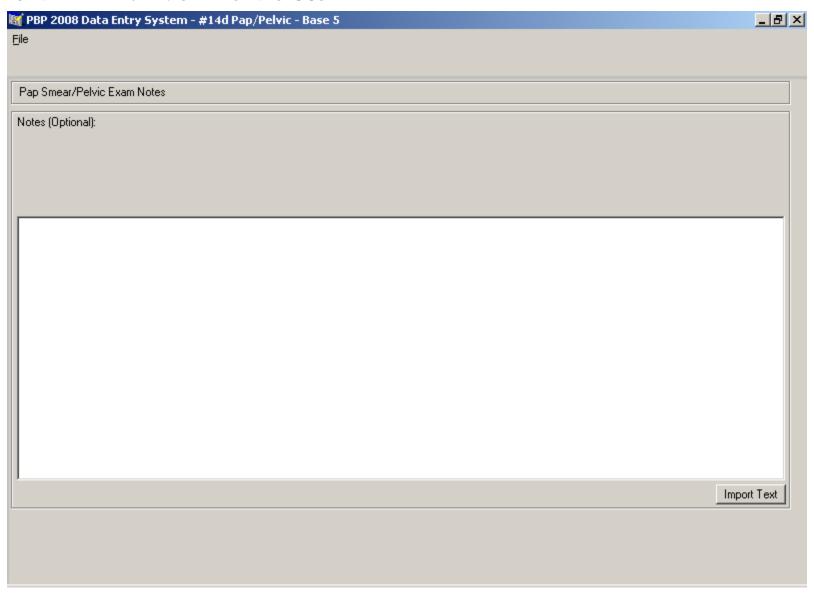
SECTION B - 14D - PAP/PELVIC EXAMS - BASE 3 SCREEN



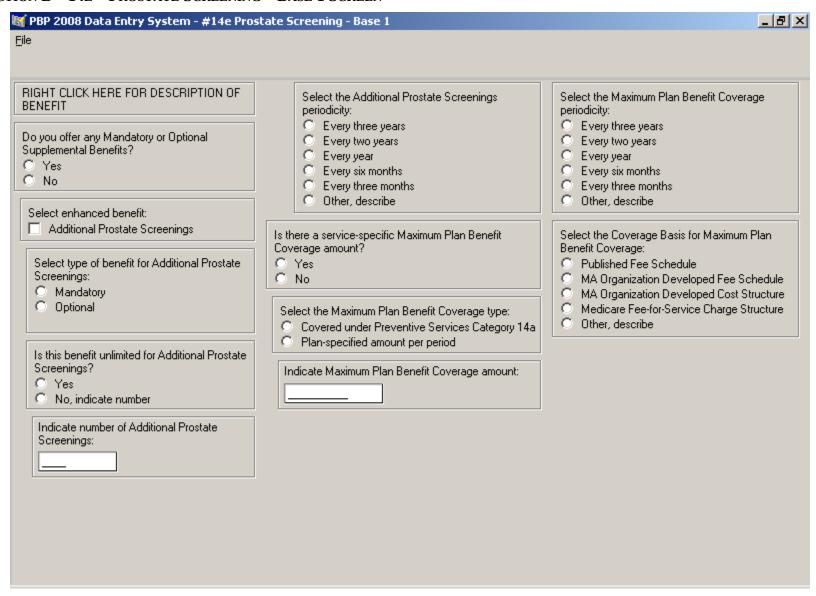
SECTION B - 14D - PAP/PELVIC EXAMS - BASE 4 SCREEN



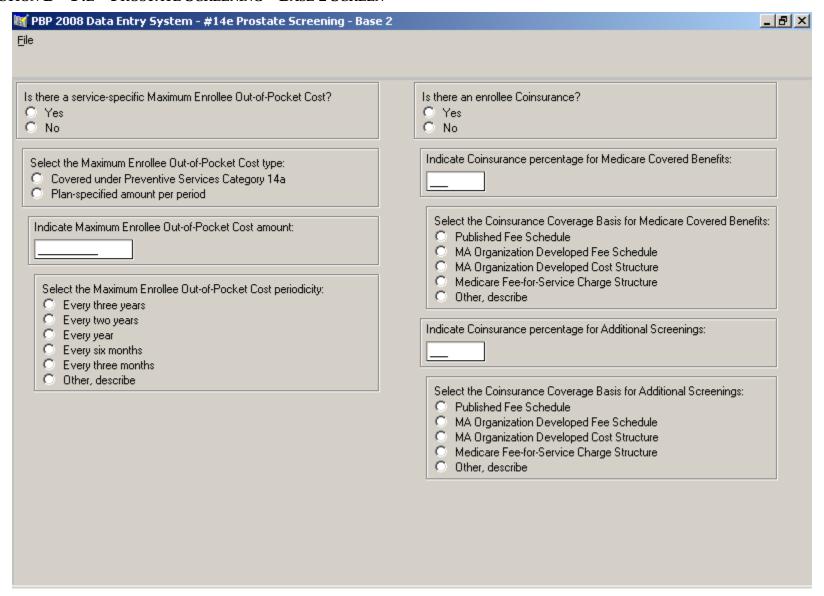
SECTION B - 14D - PAP/PELVIC EXAMS - BASE 5 SCREEN



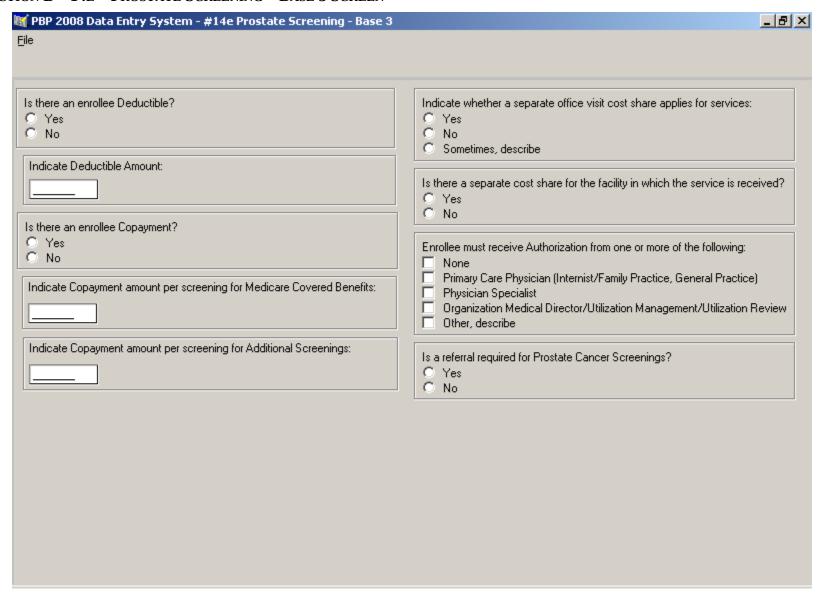
SECTION B - 14E - PROSTATE SCREENING - BASE 1 SCREEN



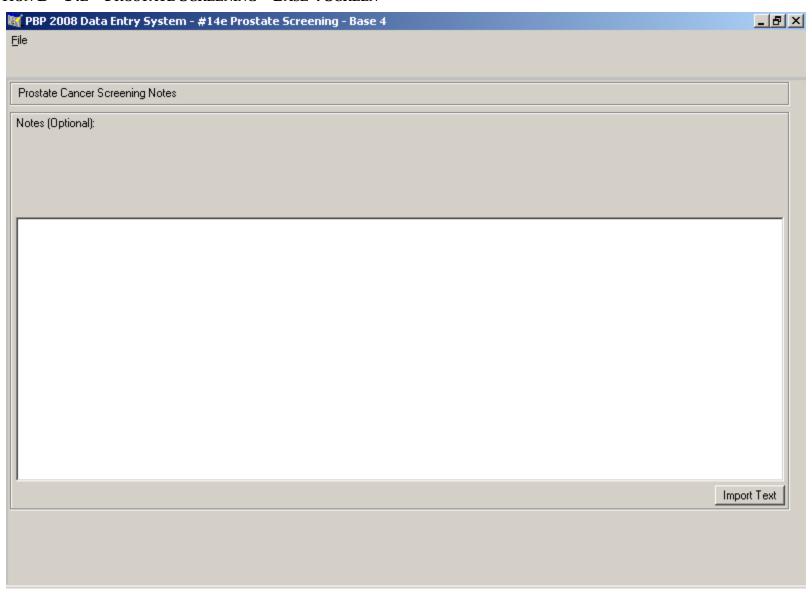
SECTION B – 14E – PROSTATE SCREENING – BASE 2 SCREEN



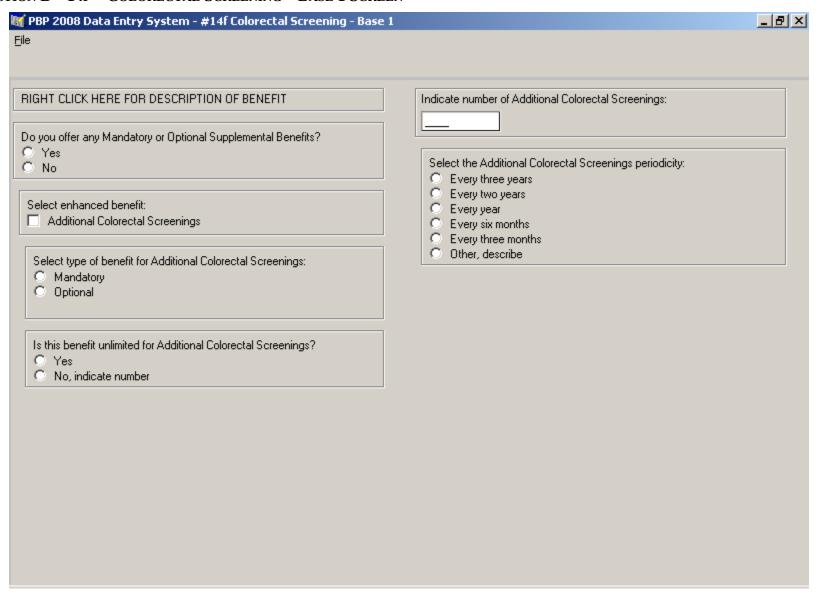
SECTION B - 14E - PROSTATE SCREENING - BASE 3 SCREEN



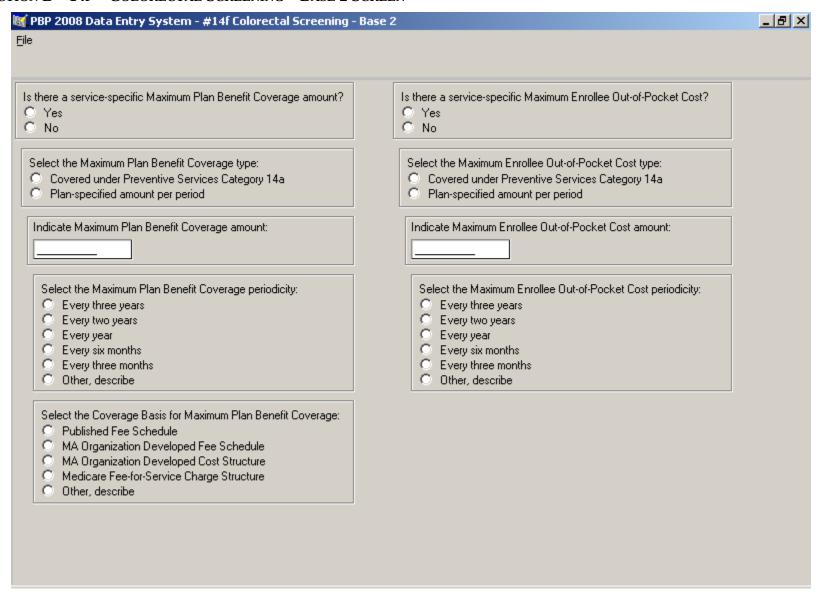
SECTION B – 14E – PROSTATE SCREENING – BASE 4 SCREEN



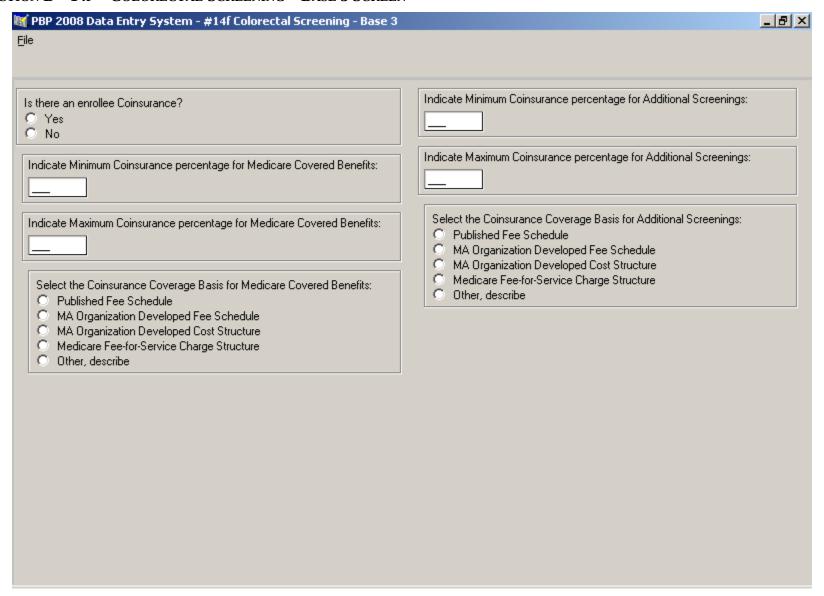
SECTION B – 14F – COLORECTAL SCREENING – BASE 1 SCREEN



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



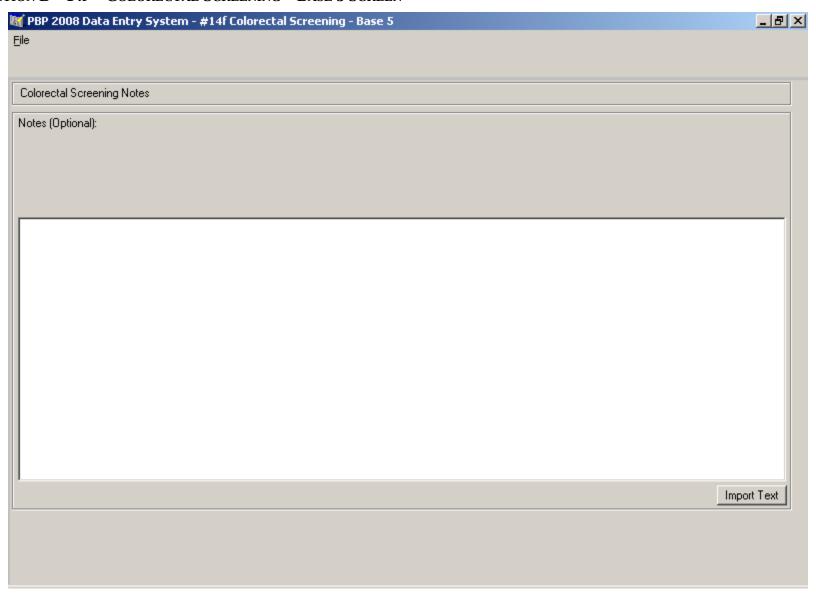
SECTION B – 14F – COLORECTAL SCREENING – BASE 3 SCREEN



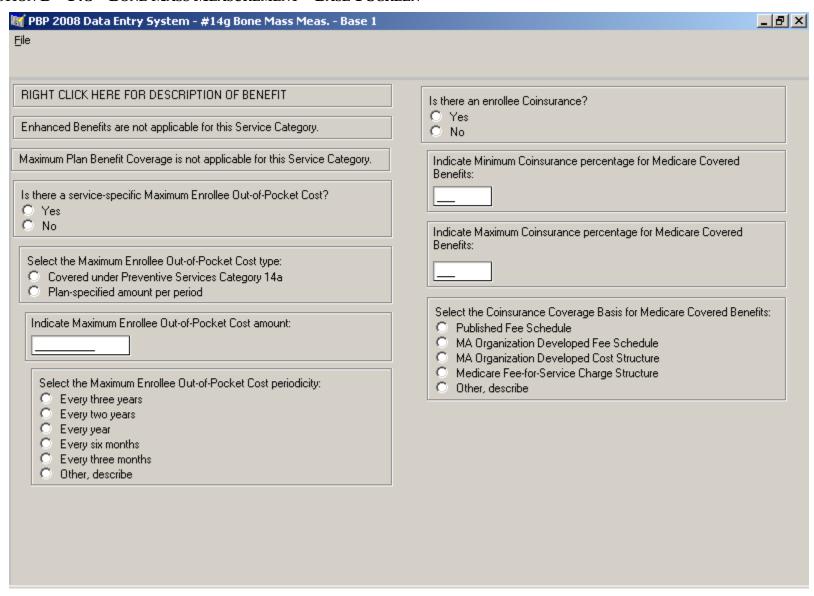
SECTION B – 14F – COLORECTAL SCREENING – BASE 4 SCREEN

🌃 PBP 2008 Data Entry System - #14f Colorectal Screening - Ba	ase 4	_ B ×
<u>F</u> ile		
Is there an enrollee Deductible?	Indicate whether a separate office visit cost share applies for services:	
○ Yes	O Yes	
C No	C No C Sometimes, describe	
Indicate Deductible Amount:	S Jointaines, describe	
	Is there a separate cost share for the facility in which the service is receive	ed?
	C Yes	
Is there an enrollee Copayment?	○ No	
C Yes	Enrollee must receive Authorization from one or more of the following:	
© No	None	
	Primary Care Physician (Internist/Family Practice, General Practice)	
Indicate Minimum Copayment amount for Medicare Covered Benefits:	Physician Specialist	
	☐ Organization Medical Director/Utilization Management/Utilization Rev☐ Other, describe	iew
Lafa-ta-Marina Community Marina Community		
Indicate Maximum Copayment amount for Medicare Covered Benefits:	Is a referral required for Colorectal Screenings?	
	C Yes	
Indicate Minimum Comment and out for Additional Commission	○ No	
Indicate Minimum Copayment amount for Additional Screenings:		
Indicate Maximum Copayment amount for Additional Screenings:		
mulcale Maximum copayment amount for Additional Screenings.		

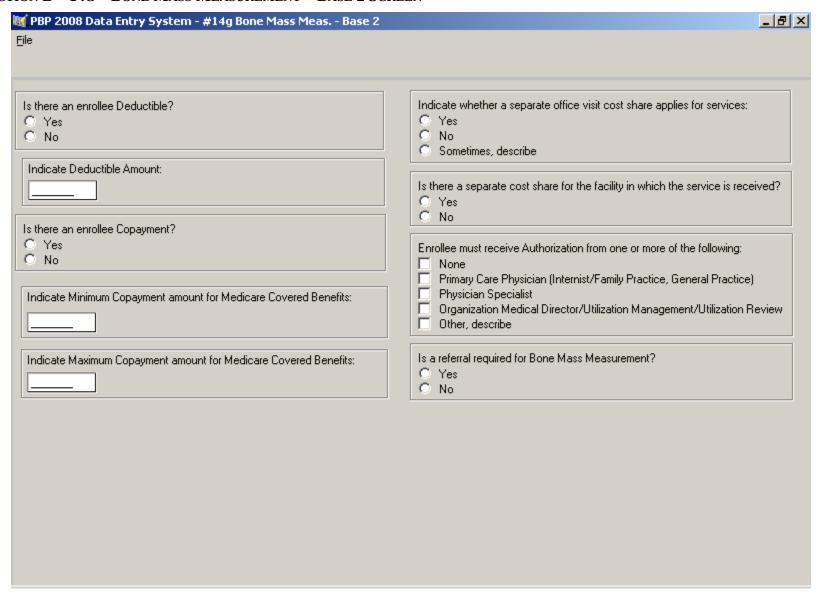
SECTION B - 14F - COLORECTAL SCREENING - BASE 5 SCREEN



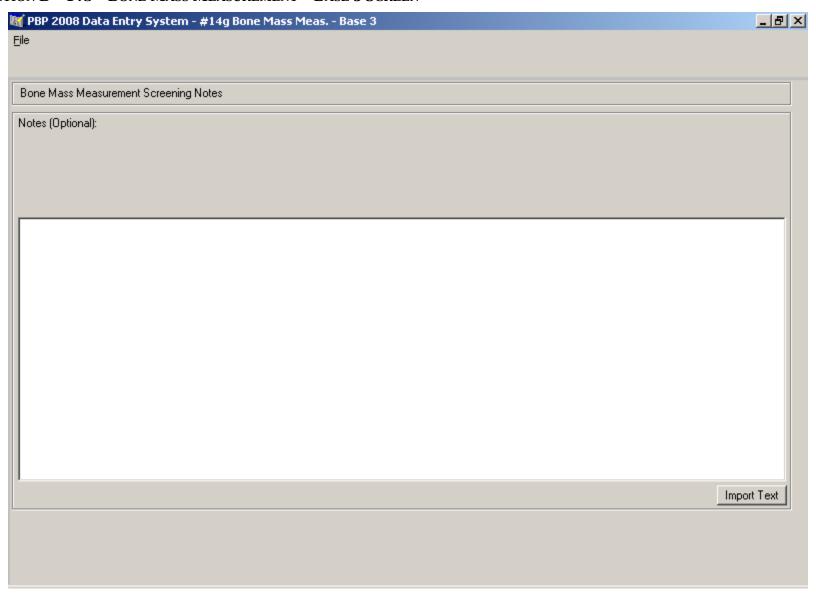
SECTION B – 14G – BONE MASS MEASUREMENT – BASE 1 SCREEN



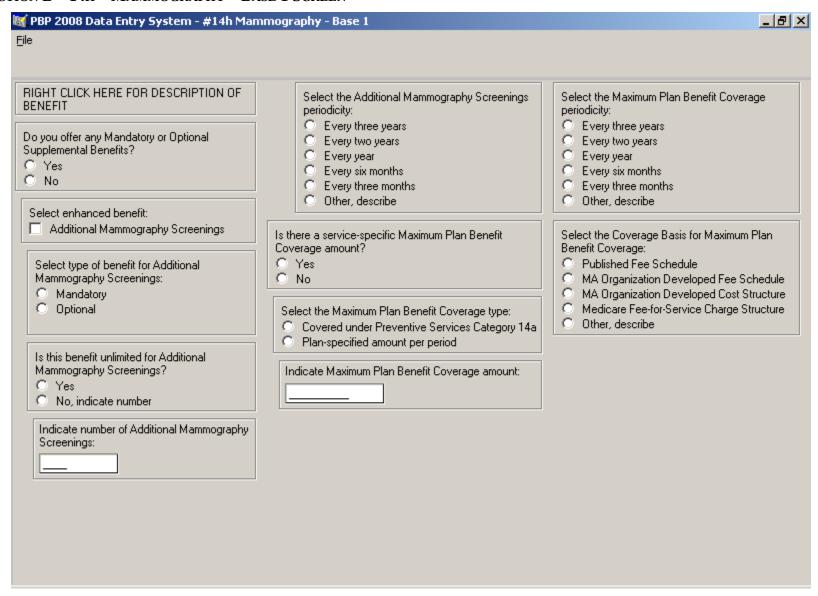
SECTION B – 14G – BONE MASS MEASUREMENT – BASE 2 SCREEN



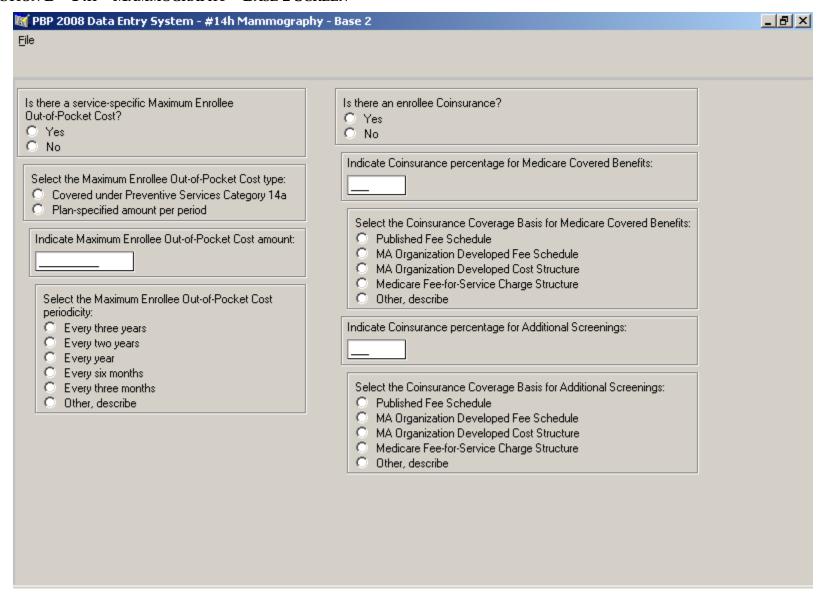
SECTION B – 14G – BONE MASS MEASUREMENT – BASE 3 SCREEN



SECTION B – 14H – MAMMOGRAPHY – BASE 1 SCREEN



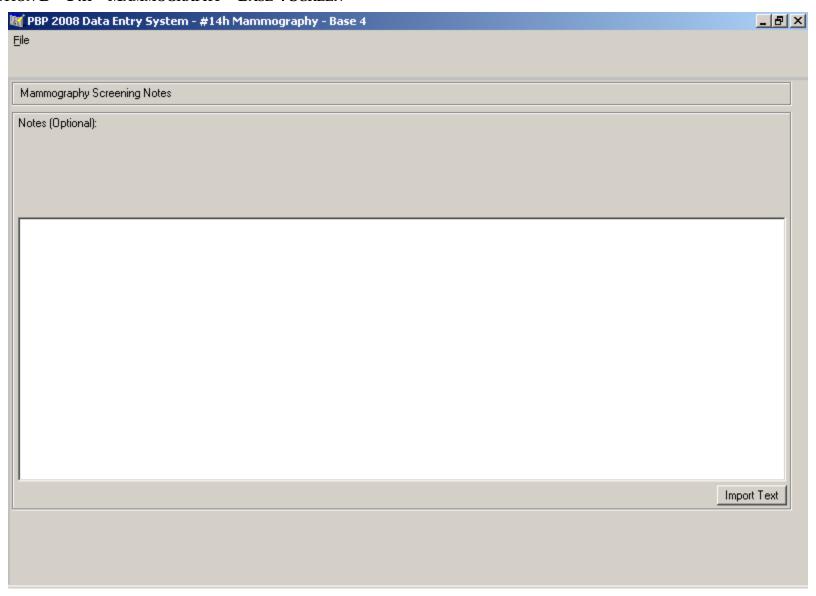
SECTION B – 14H – MAMMOGRAPHY – BASE 2 SCREEN



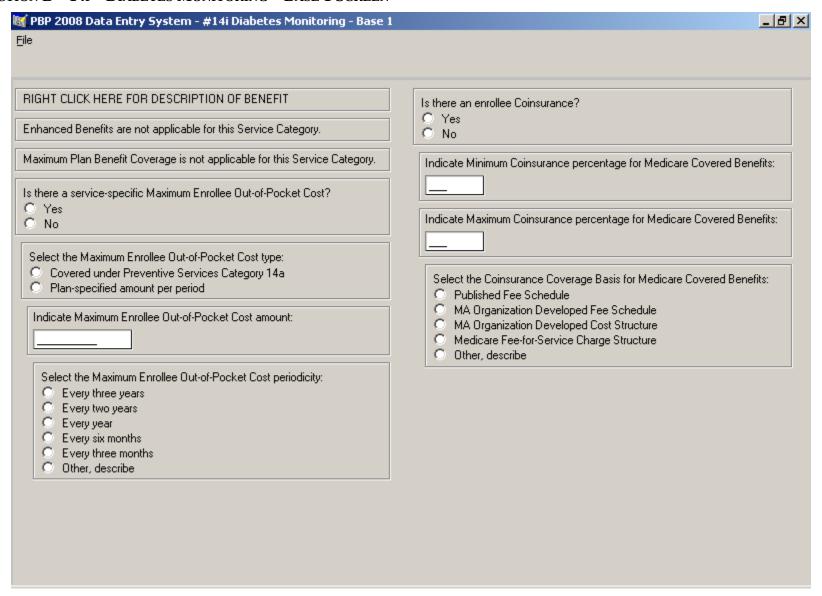
SECTION B – 14H – MAMMOGRAPHY – BASE 3 SCREEN

M PBP 2008 Data Entry System - #14h Mammography - Base 3	_6_>
<u>File</u>	
Is there an enrollee Deductible? C Yes C No	Indicate whether a separate office visit cost share applies for services: Yes No Sometimes, describe
Indicate Deductible Amount: Is there an enrollee Copayment?	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
O Yes O No	
Indicate Minimum Copayment amount for Medicare Covered Benefits:	☐ Primary Care Physician (Internist/Family Practice, General Practice) ☐ Physician Specialist ☐ Organization Medical Director/Utilization Management/Utilization Review ☐ Other, describe
Indicate Copayment amount per screening for Additional Screenings:	Is a referral required for Additional Screening Mammographies? C Yes C No
malcate copayment amount per screening for Additional Screenings.	

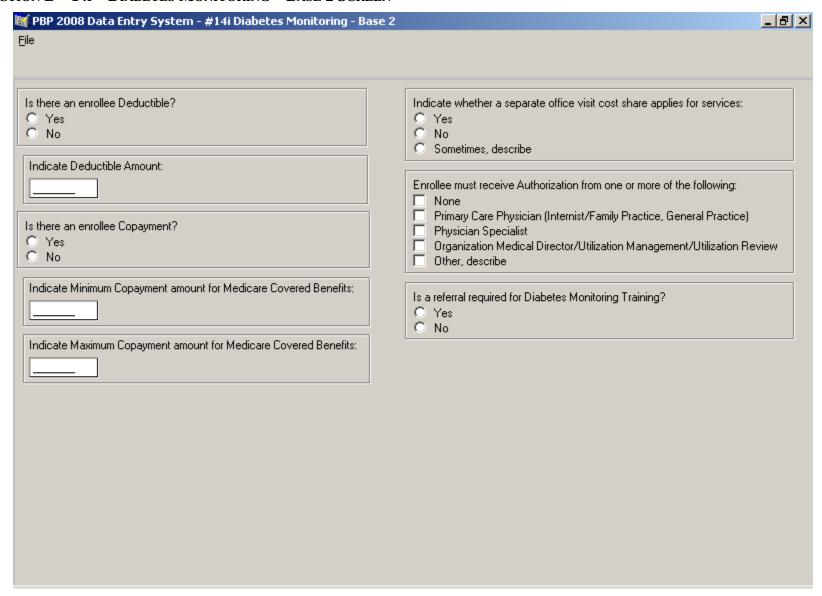
SECTION B - 14H - MAMMOGRAPHY - BASE 4 SCREEN



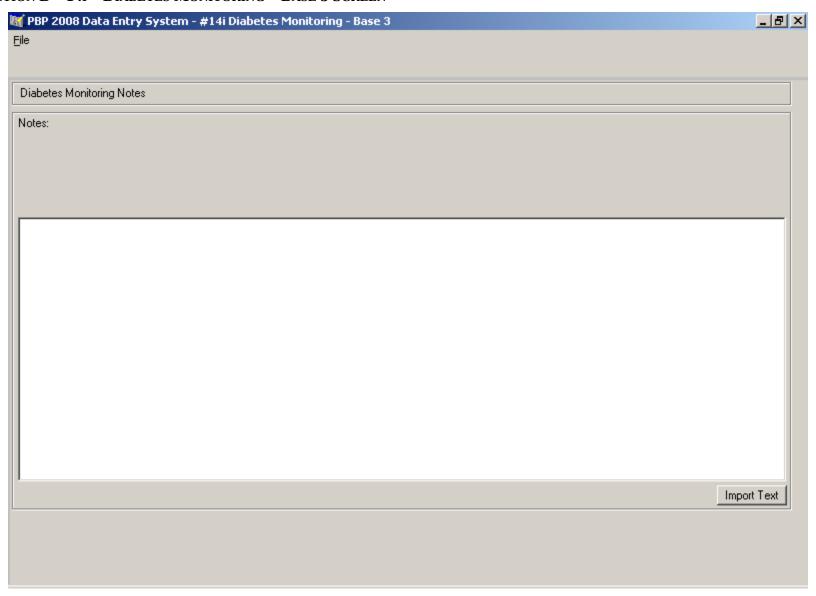
SECTION B - 14I - DIABETES MONITORING - BASE 1 SCREEN



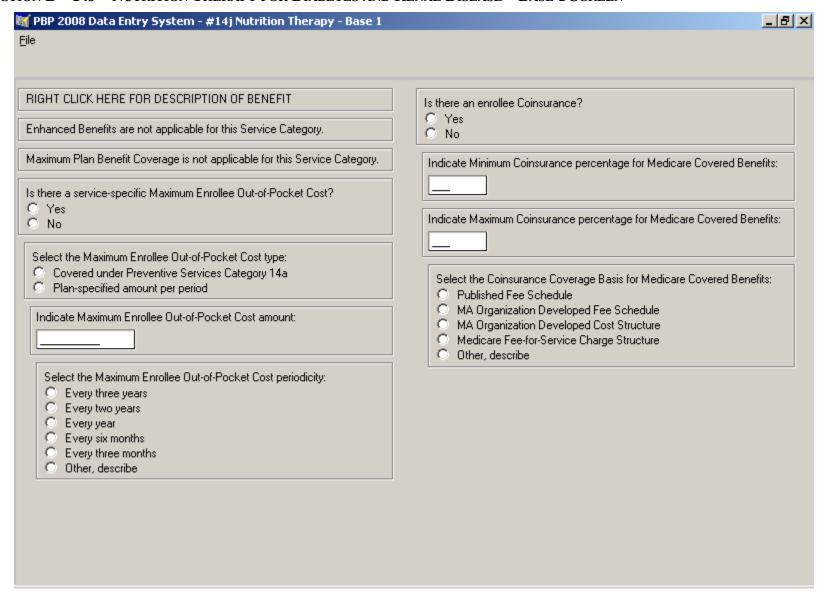
SECTION B – 14I – DIABETES MONITORING – BASE 2 SCREEN



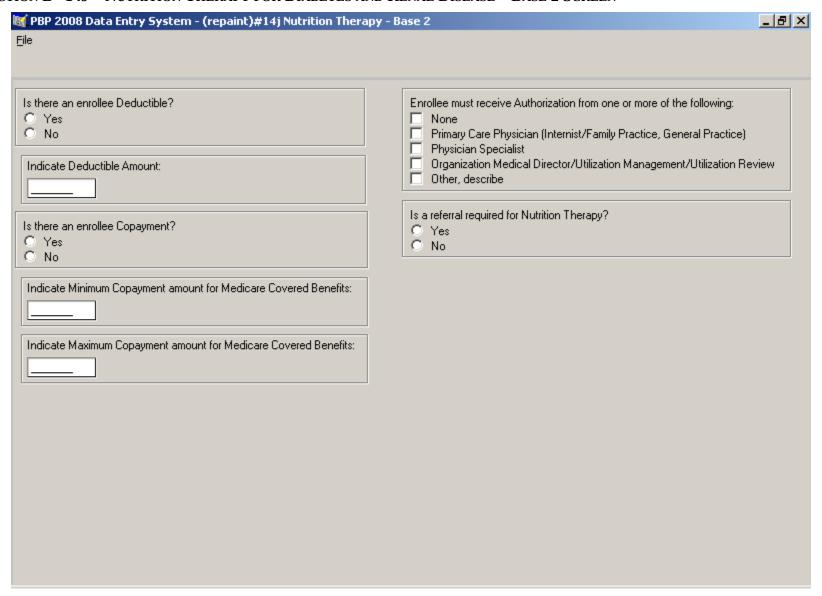
SECTION B - 14I - DIABETES MONITORING - BASE 3 SCREEN



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



SECTION B-14J - NUTRITION THERAPY FOR DIABETES AND RENAL DISEASE - BASE 2 SCREEN



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

