

SECTION B – 18A – HEARING EXAMS – BASE 1 SCREEN

PBP 2008 Data Entry System - #18a Hearing Exams - Base 1

File

RIGHT CLICK HERE FOR DESCRIPTION OF BENEFIT

Do you offer any Mandatory or Optional Supplemental Benefits?

Yes  
 No

Select enhanced benefits:

Routine Hearing Tests  
 Fitting/Evaluation for Hearing Aid

Select type of benefit for Routine Hearing Tests:

Mandatory  
 Optional

Is this benefit unlimited for Routine Hearing Tests?

Yes  
 No, indicate number

Indicate number for Routine Hearing Tests:

Select Routine Hearing Tests periodicity:

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

Select type of benefit for Fitting/Evaluation for Hearing Aid:

Mandatory  
 Optional

Is this benefit unlimited for Fitting/Evaluation for Hearing Aid?

Yes  
 No, indicate number

Indicate number for Fitting/Evaluation for Hearing Aid:

Select Fitting/Evaluation for Hearing Aid periodicity:

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

SECTION B – 18A – HEARING EXAMS – BASE 2 SCREEN

PBP 2008 Data Entry System - #18a Hearing 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>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> <input type="text"/>	<p>Indicate Maximum Enrollee Out-of-Pocket Cost amount:</p> <input type="text"/>	<p>Indicate the Minimum Coinsurance percentage for Medicare Covered Benefits:</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 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 the Maximum Coinsurance percentage for Medicare Covered Benefits:</p> <input type="text"/>
<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>		<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>

SECTION B – 18A – HEARING EXAMS – BASE 3 SCREEN

PBP 2008 Data Entry System - #18a Hearing Exams - Base 3

File

Indicate Minimum Coinsurance percentage for Routine Hearing Tests: <input type="text"/>	Indicate Minimum Coinsurance percentage for Fitting/Evaluation for Hearing Aid: <input type="text"/>	Is there an enrollee Deductible? <input type="radio"/> Yes <input type="radio"/> No
Indicate Maximum Coinsurance percentage for Routine Hearing Tests: <input type="text"/>	Indicate Maximum Coinsurance percentage for Fitting/Evaluation for Hearing Aid: <input type="text"/>	Indicate Deductible Amount: <input type="text"/>
Select the Coinsurance Coverage Basis for Routine Hearing Tests: <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	Select the Coinsurance Coverage Basis for Fitting/Evaluation for Hearing Aid: <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	

SECTION B – 18A – HEARING EXAMS – BASE 4 SCREEN

PBP 2008 Data Entry System - #18a Hearing Exams - Base 4

File

Is there an enrollee Copayment? <input type="radio"/> Yes <input type="radio"/> No	Indicate Minimum Copayment amount for Fitting/Evaluation for Hearing Aid: <input type="text"/>
Indicate Minimum Copayment amount for Medicare Covered Benefits: <input type="text"/>	Indicate Maximum Copayment amount for Fitting/Evaluation for Hearing Aid: <input type="text"/>
Indicate Maximum Copayment amount for Medicare Covered Benefits: <input type="text"/>	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 Routine Hearing Tests: <input type="text"/>	Is a referral required for Hearing Exams? <input type="radio"/> Yes <input type="radio"/> No
Indicate Maximum Copayment amount for Routine Hearing Tests: <input type="text"/>	

**SECTION B – 18A – HEARING EXAMS – BASE 5 SCREEN**

The screenshot shows a software window titled "PBP 2008 Data Entry System - #18a Hearing Exams - 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 "Hearing Exams Notes" label above a thin horizontal input field; a "Notes (Optional):" label above a large, empty rectangular text area; and an "Import Text" button located in the bottom right corner of the main content area. The overall background is a light gray color.

SECTION B – 18B – HEARING AIDS – BASE 1 SCREEN

PBP 2008 Data Entry System - #18b Hearing Aids - Base 1

File

RIGHT CLICK HERE FOR DESCRIPTION OF BENEFIT

Do you offer any Mandatory or Optional Supplemental Benefits?

Yes  
 No

Select enhanced benefits:

Hearing Aids (all types)  
 Hearing Aids - Inner Ear  
 Hearing Aids - Outer Ear  
 Hearing Aids - Over the Ear

Select type of benefit for Hearing Aids (all types):

Mandatory  
 Optional

Is this benefit unlimited for Hearing Aids (all types)?

Yes  
 No, indicate number

Indicate quantity for Hearing Aids (all types):

\_\_\_\_\_

Select Hearing Aids (all types) periodicity:

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

Select type of benefit for Hearing Aids - Inner Ear:

Mandatory  
 Optional

Is this benefit unlimited for Hearing Aids - Inner Ear?

Yes  
 No, indicate number

Indicate quantity for Hearing Aids - Inner Ear:

\_\_\_\_\_

Select Hearing Aids - Inner Ear periodicity:

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

Select type of benefit for Hearing Aids - Outer Ear:

Mandatory  
 Optional

Is this benefit unlimited for Hearing Aids - Outer Ear?

Yes  
 No, indicate number

Indicate quantity for Hearing Aids - Outer Ear:

\_\_\_\_\_

Select Hearing Aids - Outer Ear periodicity:

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

SECTION B – 18B – HEARING AIDS – BASE 2 SCREEN

PBP 2008 Data Entry System - #18b Hearing Aids - Base 2

File

Select type of benefit for Hearing Aids - Over the Ear:

Mandatory

Optional

Select the Maximum Plan Benefit Coverage type:

Covered under Hearing Exams Category - 18a

Plan-specified amount per period

Indicate percentage Discount of Published Retail Price for Maximum Plan Benefit Coverage:

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 Hearing Aids - Over the Ear periodicity:

Every three years

Every two years

Every year

Every six months

Every three months

Other, describe

Indicate quantity for Hearing Aids - Over the Ear:

Is this benefit unlimited for Hearing Aids - Over the Ear?

Yes

No, indicate number

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

Yes

No

Select the Coverage Basis for Maximum Plan Benefit Coverage:

Discount ( \_\_ %) of Published Retail Price

Published Retail Price

Published Wholesale Price

Published National Average Wholesale Price

Published Fee Schedule

MA Organization Developed Fee Schedule

MA Organization Developed Cost Structure

Other, describe

SECTION B – 18B – HEARING AIDS – BASE 3 SCREEN

**PBP 2008 Data Entry System - #18b Hearing Aids - Base 3**

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>Indicate Coinsurance percentage for Hearing Aids (all types):</p> <p><input type="text"/></p>	<p>Indicate Coinsurance percentage for Hearing Aids - Outer Ear:</p> <p><input type="text"/></p>
<p>Select the Maximum Enrollee Out-of-Pocket Cost type:</p> <p><input type="radio"/> Covered under Hearing Exams Category - 18a</p> <p><input type="radio"/> Plan-specified amount per period</p>	<p>Select the Coinsurance Coverage Basis for Hearing Aids (all types):</p> <p><input type="radio"/> Published Retail Price</p> <p><input type="radio"/> Published Wholesale Price</p> <p><input type="radio"/> Published National Average 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 the Coinsurance Coverage Basis for Hearing Aids - Outer Ear:</p> <p><input type="radio"/> Published Retail Price</p> <p><input type="radio"/> Published Wholesale Price</p> <p><input type="radio"/> Published National Average 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 Maximum Enrollee Out-of-Pocket Cost amount:</p> <p><input type="text"/></p>	<p>Indicate Coinsurance percentage for Hearing Aids - Inner Ear:</p> <p><input type="text"/></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 Hearing Aids - Inner Ear:</p> <p><input type="radio"/> Published Retail Price</p> <p><input type="radio"/> Published Wholesale Price</p> <p><input type="radio"/> Published National Average 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>Is there an enrollee Coinsurance?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>		



SECTION B – 18B – HEARING AIDS – BASE 4 SCREEN

PBP 2008 Data Entry System - #18b Hearing Aids - Base 4

File

Indicate Coinsurance percentage for Hearing Aids - Over the Ear: <input type="text"/>	Is there an enrollee Copayment? <input type="radio"/> Yes <input type="radio"/> No	Indicate Copayment amount per Hearing Aid - Outer Ear: <input type="text"/>
Select the Coinsurance Coverage Basis for Hearing Aids - Over the Ear: <input type="radio"/> Published Retail Price <input type="radio"/> Published Wholesale Price <input type="radio"/> Published National Average 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 Minimum Copayment amount per Hearing Aid (all types): <input type="text"/>	Indicate Copayment amount per two Hearing Aids - Outer Ear: <input type="text"/>
Is there an enrollee Deductible? <input type="radio"/> Yes <input type="radio"/> No	Indicate Maximum Copayment amount per Hearing Aid (all types): <input type="text"/>	Indicate Copayment amount per Hearing Aid - Over the Ear: <input type="text"/>
Indicate Deductible Amount: <input type="text"/>	Indicate Copayment amount per Hearing Aid - Inner Ear: <input type="text"/>	Indicate Copayment amount per two Hearing Aids - Over the Ear: <input type="text"/>
	Indicate Copayment amount per two Hearing Aids - Inner Ear: <input type="text"/>	

**SECTION B – 18B – HEARING AIDS – BASE 5 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 Hearing Aids?

Yes

No

Notes (Optional):

Import Text