

SECTION C – COST SHARE REDUCTION – GENERAL – BASE 1 SCREEN

File

RIGHT CLICK HERE FOR DESCRIPTION OF BENEFIT

Do you offer reduced cost sharing for members that voluntarily pre-notify or voluntarily obtain prior authorization for services out-of-network? (PPOs only)

Yes

No

Select all of the service categories for which reduced cost-sharing is available when members voluntarily obtain pre-authorization:

- 1a: Inpatient Hospital Services Including Acute
- 1b: Inpatient Hospital Psychiatric Services
- 2: Skilled Nursing Facility (SNF)
- 3: Comprehensive Outpatient Rehabilitation Facility (CORF)
- 5: Partial Hospitalization
- 6: Home Health Services
- 7a: Primary Care Physician Services
- 7b: Chiropractic Services
- 7c: Occupational Therapy Services
- 7d: Physician Specialist Services
- 7e: Mental Health Specialty Services - Non-Psychiatric
- 7f: Podiatry Services
- 7g: Other Health Care Professional Services
- 7h: Psychiatric Services
- 7i: Physical Therapy and Speech-Language Pathology Services
- 8a: Diagnostic Procedures/Test/Lab Benefits
- 8b1: Diagnostic Radiological Services
- 8b2: Therapeutic Radiological Services
- 9a: Outpatient Hospital Services
- 9b: Ambulatory Surgical Center (ASC) Services
- 9c: Outpatient Substance Abuse Services
- 9d: Cardiac Rehabilitation Services

SECTION C – COST SHARE REDUCTION – GENERAL –NOTES SCREEN

The screenshot shows a software window titled "PBP 2008 Data Entry System - Cost Share Reduction - General - Notes". 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 a light gray color. On the left side, there is a rectangular box containing the text "Notes (Optional):" at the top. Below this text is a large, empty white rectangular area, which is a text input field. At the bottom right corner of this input field, there is a small button labeled "Import Text".

SECTION C – COST SHARE REDUCTION – INPATIENT – BASE 1 SCREEN

PBP 2008 Data Entry System - Cost Share Reduction - Inpatient - Base 1

File

Is there a reduced Coinsurance for Inpatient Hospital Services when enrollees voluntarily pre-authorize?

Yes
 No

Select the type of Inpatient Hospital Services Benefit with Coinsurance when enrollees voluntarily pre-authorize:

(1a) Inpatient Hospital - Acute
 (1b) Inpatient Psychiatric Hospital

Indicate Coinsurance percentage for Inpatient Acute when members voluntarily pre-authorize:

Indicate the number of day intervals for Inpatient Hospital when members voluntarily pre-authorize. (Acute stay)

Zero (No Coinsurance per Day)
 One
 Two
 Three

Indicate the coinsurance percentage and day interval(s) for Inpatient Hospital - Acute stay when members voluntarily pre-authorize (enter '999' if unlimited days)

Coinsurance % Interval 1: <input type="text"/>	Begin Day Interval 1: <input type="text"/>	End Day Interval 1: <input type="text"/>
Coinsurance % Interval 2: <input type="text"/>	Begin Day Interval 2: <input type="text"/>	End Day Interval 2: <input type="text"/>
Coinsurance % Interval 3: <input type="text"/>	Begin Day Interval 3: <input type="text"/>	End Day Interval 3: <input type="text"/>

SECTION C – COST SHARE REDUCTION – INPATIENT – BASE 2 SCREEN

PBP 2008 Data Entry System - Cost Share Reduction - Inpatient - Base 2

File

Indicate the Coinsurance percentage for Inpatient Psychiatric Hospital stay when members voluntarily pre-authorize:

Indicate the number of day intervals for the Inpatient Psychiatric Hospital stay when members voluntarily pre-authorize:

Zero (No Coinsurance per Day)
 One
 Two
 Three

Indicate the coinsurance percentage and day interval(s) for Inpatient Psychiatric Hospital stay when members voluntarily pre-authorize (enter '999' if unlimited days)

Coinsurance % Interval 1: <input type="text"/>	Begin Day Interval 1: <input type="text"/>	End Day Interval 1: <input type="text"/>
Coinsurance % Interval 2: <input type="text"/>	Begin Day Interval 2: <input type="text"/>	End Day Interval 2: <input type="text"/>
Coinsurance % Interval 3: <input type="text"/>	Begin Day Interval 3: <input type="text"/>	End Day Interval 3: <input type="text"/>

SECTION C – COST SHARE REDUCTION – INPATIENT – BASE 3 SCREEN

PBP 2008 Data Entry System - Cost Share Reduction - Inpatient - Base 3

File

Is there a reduced Copayment for Inpatient Hospital Services when the enrollees voluntarily pre-authorize?

Yes
 No

Select the type of Inpatient Hospital Services Benefit with Copayment when enrollees voluntarily pre-authorize:

(1a) Inpatient Hospital - Acute
 (1b) Inpatient Psychiatric Hospital

Indicate the Copayment per stay for Inpatient Hospital Acute when members voluntarily pre-authorize:

Indicate the number of day intervals for the Inpatient Hospital Acute stay when members voluntarily pre-authorize:

Zero (No Copayment per Day)
 One
 Two
 Three

Indicate the copayment amount and day interval(s) for Inpatient Hospital Acute when members voluntarily pre-authorize (enter '999' if unlimited days are offered; e.g., 1 to 999):

Copayment Amt Interval 1: <input type="text"/>	Begin Day Interval 1: <input type="text"/>	End Day Interval 1: <input type="text"/>
Copayment Amt Interval 2: <input type="text"/>	Begin Day Interval 2: <input type="text"/>	End Day Interval 2: <input type="text"/>
Copayment Amt Interval 3: <input type="text"/>	Begin Day Interval 3: <input type="text"/>	End Day Interval 3: <input type="text"/>

SECTION C – COST SHARE REDUCTION – INPATIENT – BASE 4 SCREEN

PBP 2008 Data Entry System - Cost Share Reduction - Inpatient - Base 4

File

Indicate Copayment amount per stay for Inpatient Psychiatric Hospital stay when members voluntarily pre-authorize:

Is there a Deductible for Inpatient Hospital Services when members voluntarily pre-authorize?

Yes
 No

Indicate the number of day intervals for the Inpatient Psychiatric Hospital stay when members voluntarily pre-authorize:

Zero (No Copayment per Day)
 One
 Two
 Three

Select the type of Inpatient Hospital Services benefit with a Deductible when members voluntarily pre-authorize:

Inpatient Hospital- Acute
 Inpatient Psychiatric Hospital
 Combined for both Inpatient Hospital Acute and Inpatient Psychiatric Hospital

Indicate the Copayment amount and day interval(s) for Inpatient Psychiatric Hospital stay when members voluntarily pre-authorize (enter '999' if unlimited days are offered; e.g., 1 to 999):

Enter Deductible amount for Inpatient Hospital- Acute:

Enter Deductible amount for Inpatient Psychiatric Hospital:

Enter Deductible amount for combined Inpatient Hospital Acute and Inpatient Psychiatric Hospital:

Copayment Amt Interval 1: <input type="text"/>	Begin Day Interval 1: <input type="text"/>	End Day Interval 1: <input type="text"/>
Copayment Amt Interval 2: <input type="text"/>	Begin Day Interval 2: <input type="text"/>	End Day Interval 2: <input type="text"/>
Copayment Amt Interval 3: <input type="text"/>	Begin Day Interval 3: <input type="text"/>	End Day Interval 3: <input type="text"/>

SECTION C – COST SHARE REDUCTION – GROUPS – GROUP SCREEN

PBP 2008 Data Entry System - Cost Share Reduction - Number of Groups

File

Indicate whether you offer reduced cost sharing within any groups when members voluntarily pre-authorize. (excluding Inpatient Hospital Services) (Optional):

SECTION C – COST SHARE REDUCTION – GROUPS – BASE 1 SCREEN

File

Enter Label for this Group (Optional):

Select the service categories included when members voluntarily pre-authorize for this Group:

- 2: Skilled Nursing Facility (SNF)
- 3: CORF
- 5: Partial Hospitalization
- 6: Home Health Services
- 7a: Primary Care Physician Services
- 7b: Chiropractic Services
- 7c: Occupational Therapy Services
- 7d: Physician Specialist Services
- 7e: Mental Health Specialty Services - Non-Psychiatric
- 7f: Podiatrist Services
- 7g: Other Health Care Professional Services
- 7h: Psychiatric Services
- 7i: Physical Therapy and Speech/Language Pathology Services
- 8a: Diagnostic Procedures/Test/Lab Benefits
- 8b1: Diagnostic Radiological Services
- 8b2: Therapeutic Radiological Services
- 9a: Outpatient Hospital Services
- 9b: Ambulatory Surgical Center (ASC) Services
- 9c: Outpatient Substance Abuse Services
- 9d: Cardiac Rehabilitation Services
- 10a: Ambulance Services
- 10b: Transportation Services
- 11a: DME
- 11b: Prosthetics/Medical Supplies
- 11c: Diabetes Monitoring Supplies
- 12: Renal Dialysis
- 13a: Outpatient Blood
- 13b: Acupuncture
- 13c: Other1

Is there reduced coinsurance when members voluntarily pre-authorize?
 Yes
 No

Enter Minimum Coinsurance Percentage for this Group:

Enter Maximum Coinsurance Percentage for this Group:

Select the Coinsurance Coverage Basis:
 Published Fee Schedule
 MA Organization Developed Fee Schedule
 MA Organization Developed Cost Structure
 Other, describe

Is there reduced copayment when members voluntarily pre-authorize?
 Yes
 No

Enter Minimum Copayment Amount for this Group:

Enter Maximum Copayment Amount for this Group:

SECTION C – COST SHARE REDUCTION – GROUPS – BASE 2 SCREEN

PBP 2008 Data Entry System - Cost Share Reduction - Groups - Base 2

File

Is there a Deductible for this group when members voluntarily pre-authorize?

Yes

No

Enter Deductible Amount for this group: