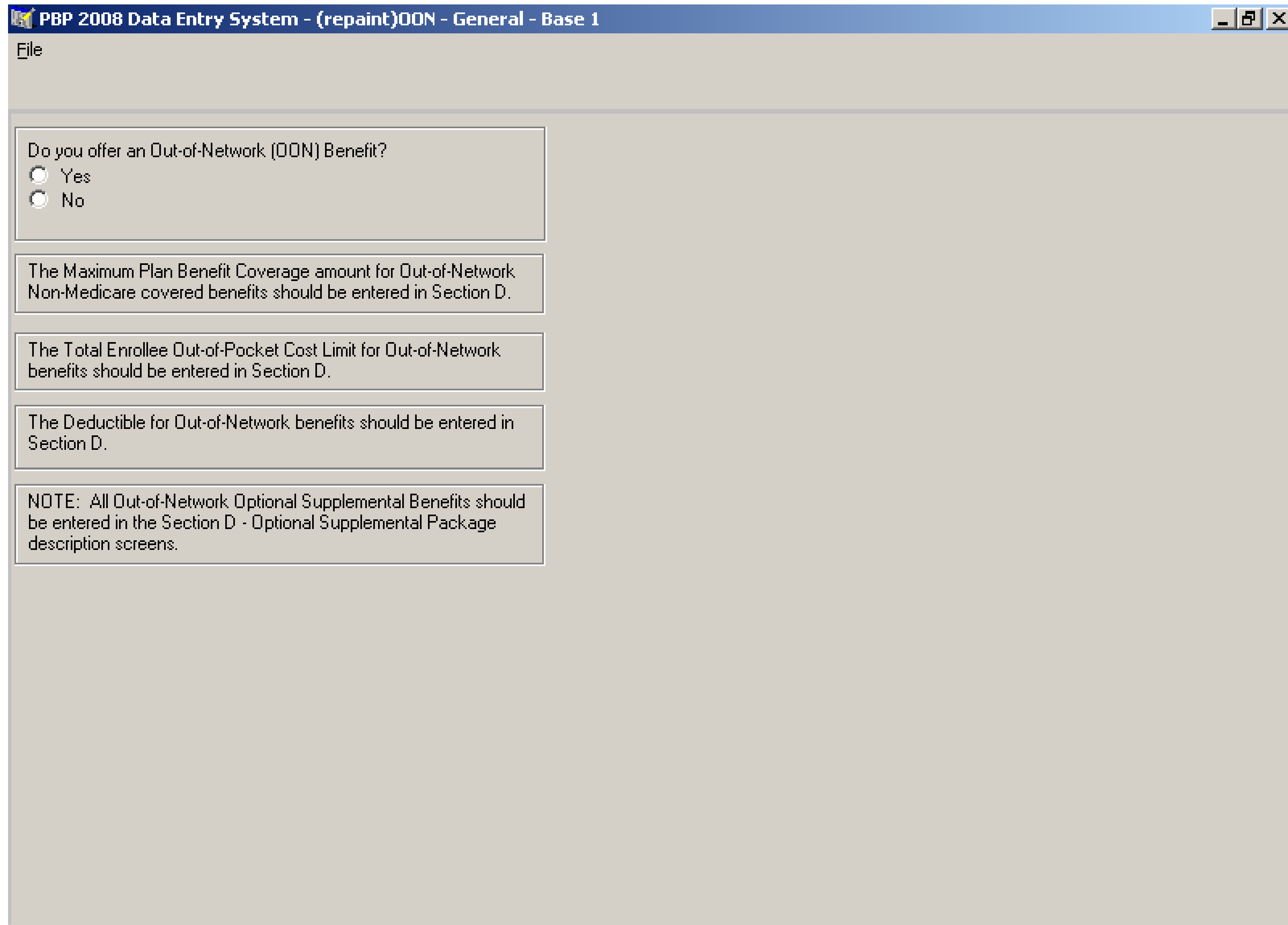
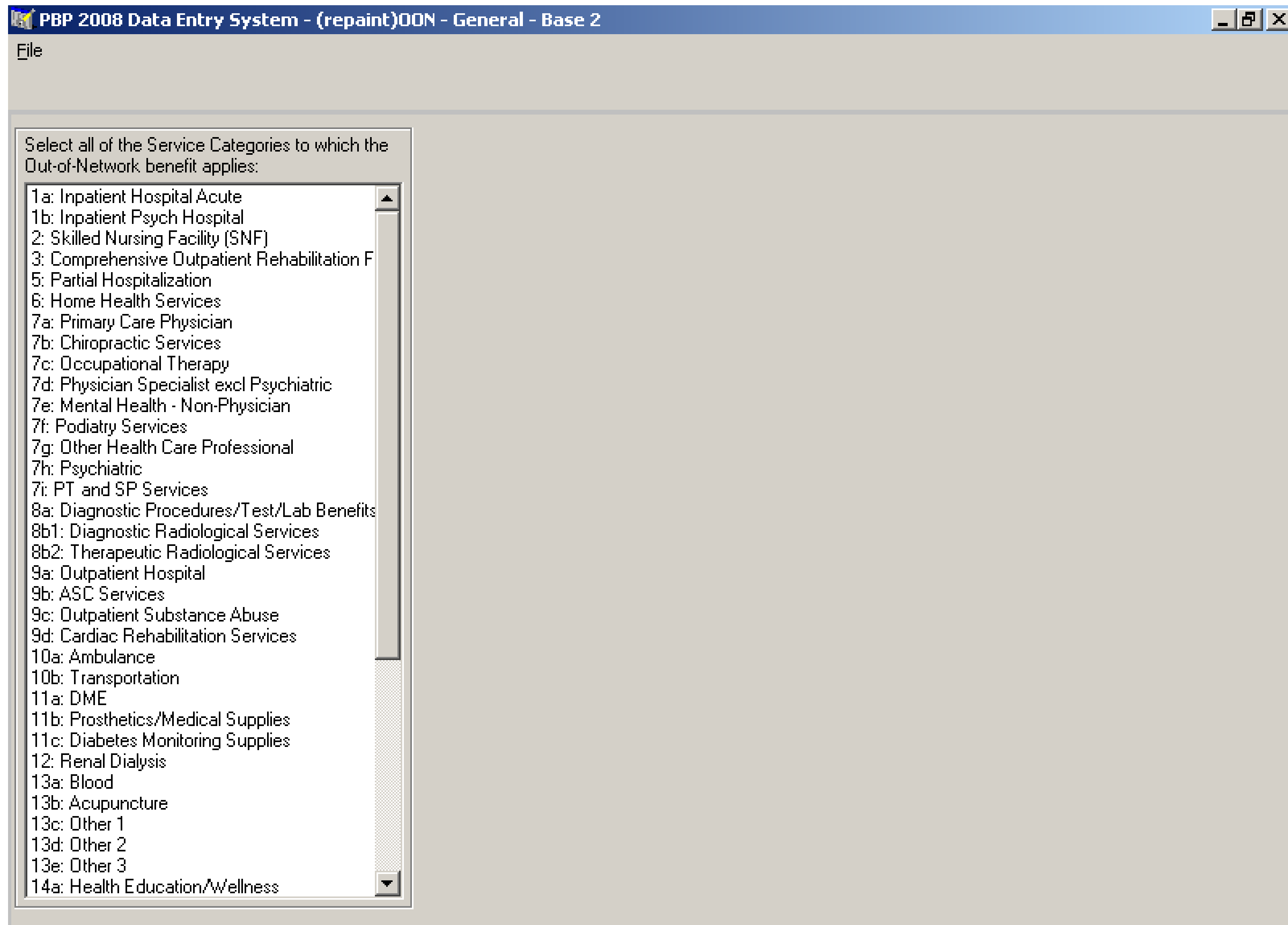
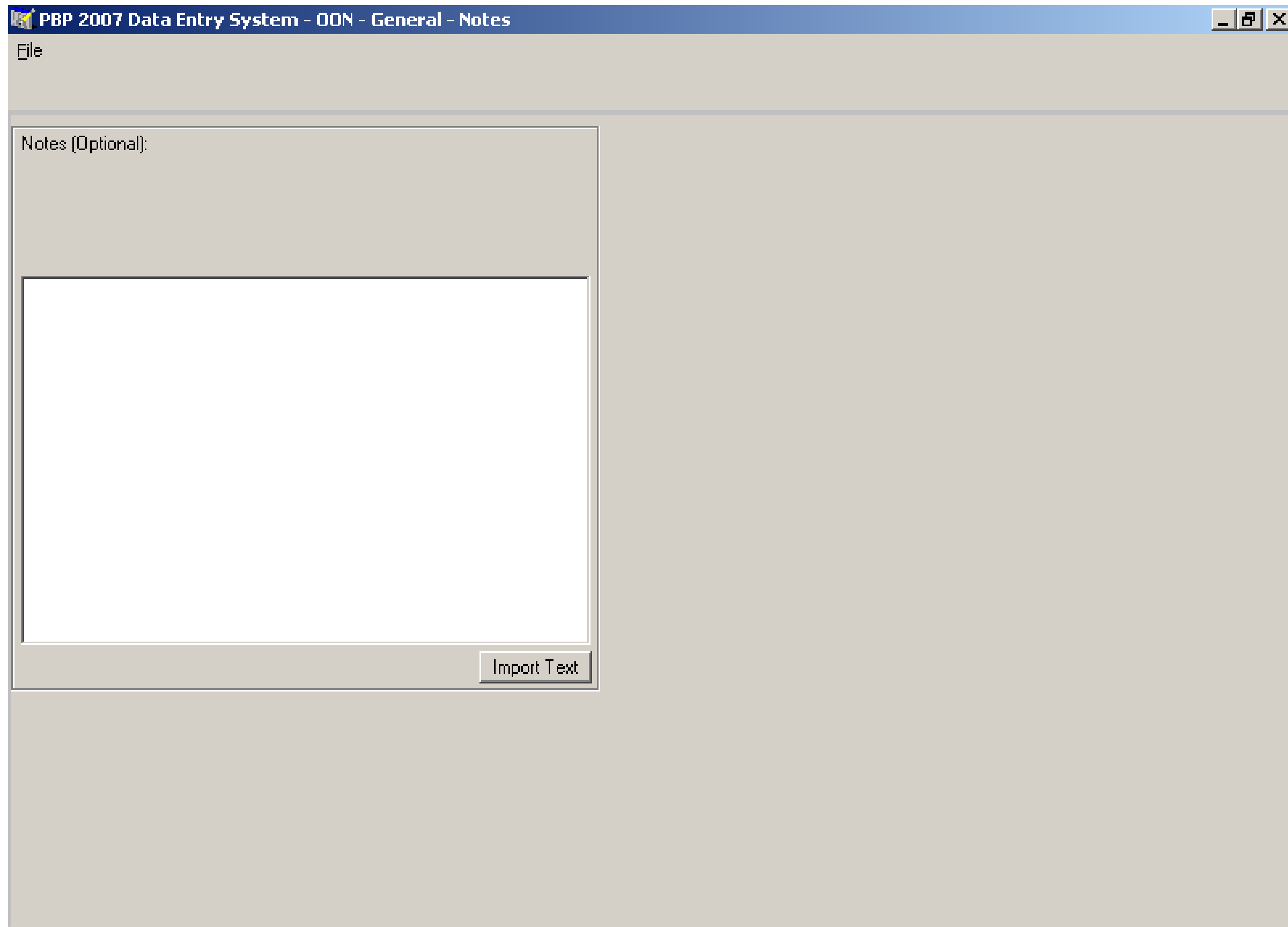
SECTION C – OON – GENERAL – BASE 1 SCREEN



SECTION C – OON – GENERAL – BASE 2 SCREEN



SECTION C – OON – GENERAL – NOTES SCREEN



SECTION C – OON – INPATIENT – BASE 1 SCREEN

PBP 2007 Data Entry System - OON - Inpatient - Base 1

File

Is there an enrollee Coinsurance for OON Inpatient Hospital Services?
- Yes
- No

Select the type of OON Inpatient Hospital Services Benefit with Coinsurance:
- (1a) Inpatient Hospital - Acute
- (1b) Inpatient Psychiatric Hospital

Indicate Coinsurance percentage for OON Inpatient Hospital - Acute stay:

Indicate the number of day intervals for the OON Inpatient Hospital - Acute stay:
- Zero (No Coinsurance per Day)
- One
- Two
- Three

Indicate the coinsurance percentage and day interval(s) for OON Inpatient Hospital - Acute stay (enter '999' if unlimited days are offered; e.g., 1 to 999):

Coinsurance % Interval 1:	Begin Day Interval 1:	End Day Interval 1:
Coinsurance % Interval 2:	Begin Day Interval 2:	End Day Interval 2:
Coinsurance % Interval 3:	Begin Day Interval 3:	End Day Interval 3:

Select the Coinsurance Coverage Basis for OON Inpatient Hospital - Acute stay:
- Published Fee Schedule
- MA Organization Developed Fee Schedule
- MA Organization Developed Cost Structure
- Other, describe

SECTION C – OON – INPATIENT – BASE 2 SCREEN

PBP 2007 Data Entry System - OON - Inpatient - Base 2

File

Indicate Coinsurance percentage for OON Inpatient Psychiatric Hospital stay:

___

Indicate the number of day intervals for the OON Inpatient Psychiatric Hospital stay:

- Zero (No Coinsurance per Day)
- One
- Two
- Three

Indicate the coinsurance percentage and day interval(s) for OON Inpatient Psychiatric Hospital stay (enter '999' if unlimited days are offered; e.g., 1 to 999):

Coinsurance % Interval 1: ___	Begin Day Interval 1: ___	End Day Interval 1: ___
Coinsurance % Interval 2: ___	Begin Day Interval 2: ___	End Day Interval 2: ___
Coinsurance % Interval 3: ___	Begin Day Interval 3: ___	End Day Interval 3: ___

Select the Coinsurance Coverage Basis for OON Inpatient Psychiatric Hospital stay:

- Published Fee Schedule
- MA Organization Developed Fee Schedule
- MA Organization Developed Cost Structure
- Other, describe

SECTION C – OON – INPATIENT – BASE 3 SCREEN

PBP 2007 Data Entry System - OON - Inpatient - Base 3

File

Is there an enrollee Copayment for OON Inpatient Hospital Services?
- Yes
- No

Select the type of OON Inpatient Hospital Services Benefit with Copayment:
- (1a) Inpatient Hospital - Acute
- (1b) Inpatient Psychiatric Hospital

Indicate Copayment amount per stay for OON Inpatient Hospital - Acute stay:

Indicate the number of day intervals for the OON Inpatient Hospital - Acute stay:
- Zero (No Copayment per Day)
- One
- Two
- Three

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

Copayment Amt Interval 1:	Begin Day Interval 1:	End Day Interval 1:
Copayment Amt Interval 2:	Begin Day Interval 2:	End Day Interval 2:
Copayment Amt Interval 3:	Begin Day Interval 3:	End Day Interval 3:

SECTION C – OON – INPATIENT – BASE 4 SCREEN

PBP 2007 Data Entry System - OON - Inpatient - Base 4

File

Indicate Copayment amount per stay for OON Inpatient Psychiatric Hospital:

______

Indicate the number of day intervals for the OON Inpatient Psychiatric Hospital stay:

- Zero (No Copayment per Day)
- One
- Two
- Three

Indicate the copayment amount and day interval(s) for OON Inpatient Psychiatric Hospital stay (enter '999' if unlimited days are offered; e.g., 1 to 999):

Copayment Amt Interval 1:	Begin Day Interval 1:	End Day Interval 1:
Copayment Amt Interval 2:	Begin Day Interval 2:	End Day Interval 2:
Copayment Amt Interval 3:	Begin Day Interval 3:	End Day Interval 3:

Is there an OON Deductible for Inpatient Hospital Services?

- Yes
- No

Select the type of OON Inpatient Hospital Services benefit with a Deductible:

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

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:

______

SECTION C – OON – GROUPS – GROUP SCREEN

PBP 2007 Data Entry System - OON - Number of Groups

File

Indicate the number of Out-of-Network groupings offered (excluding Inpatient Hospital Services) (Optional):

SECTION C – OON – GROUPS – BASE 1 SCREEN

PBP 2007 Data Entry System - (repaint)OON - Groups - Base 1

File

Enter Label for this Group (Optional):

Select the service categories included in the OON option 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
8a1: Clinical/Diagnostic Lab Services
8a2: Radiation Therapy Services
8b: Outpatient X-Rays
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
13d: Other2

Is there an OON Coinsurance for this Group?
- 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 an OON Copayment for this Group?
- Yes
- No

Enter Minimum Copayment Amount for this Group:

Enter Maximum Copayment Amount for this Group:

SECTION C – OON – GROUPS – BASE 2 SCREEN

PBP 2007 Data Entry System - OON - Groups - Base 2

File

Is there an OON Deductible for this group?

- Yes
- No

Enter Deductible Amount for this group: