

SECTION C – POS – GENERAL – BASE 1 SCREEN

PBP 2008 Data Entry System - POS - General - Base 1

File

RIGHT CLICK HERE FOR DESCRIPTION OF BENEFIT

Do you offer a Point-of-Service (POS) option?
 Yes
 No

Select type of benefit for the POS option:
 Mandatory
 Optional

Select all of the Sub-service Categories that describe the POS option:

- 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
- 8b: Diagnostic/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

Is there a Maximum Plan Benefit Coverage amount for POS?
 Yes
 No

Select all of the Sub-service Categories that apply to the POS Maximum Plan Benefit Coverage:

- 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

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
 Other, describe

SECTION C – POS – GENERAL – BASE 2 SCREEN

File

Is there a POS Maximum Enrollee Out-of-Pocket Cost amount?

Yes

No

Indicate POS Maximum Enrollee Out-of-Pocket Cost:

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 a POS Deductible?

Yes

No

Enter Deductible Amount:

SECTION C – POS – GENERAL – BASE 3 SCREEN

PBP 2008 Data Entry System - POS - General - Base 3

File

Is Authorization required for POS?
 Yes
 No

Is a referral required for POS?
 Yes
 No

Select all of the Sub-service Categories that require Authorization for POS:

- 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
- 8b: Diagnostic/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

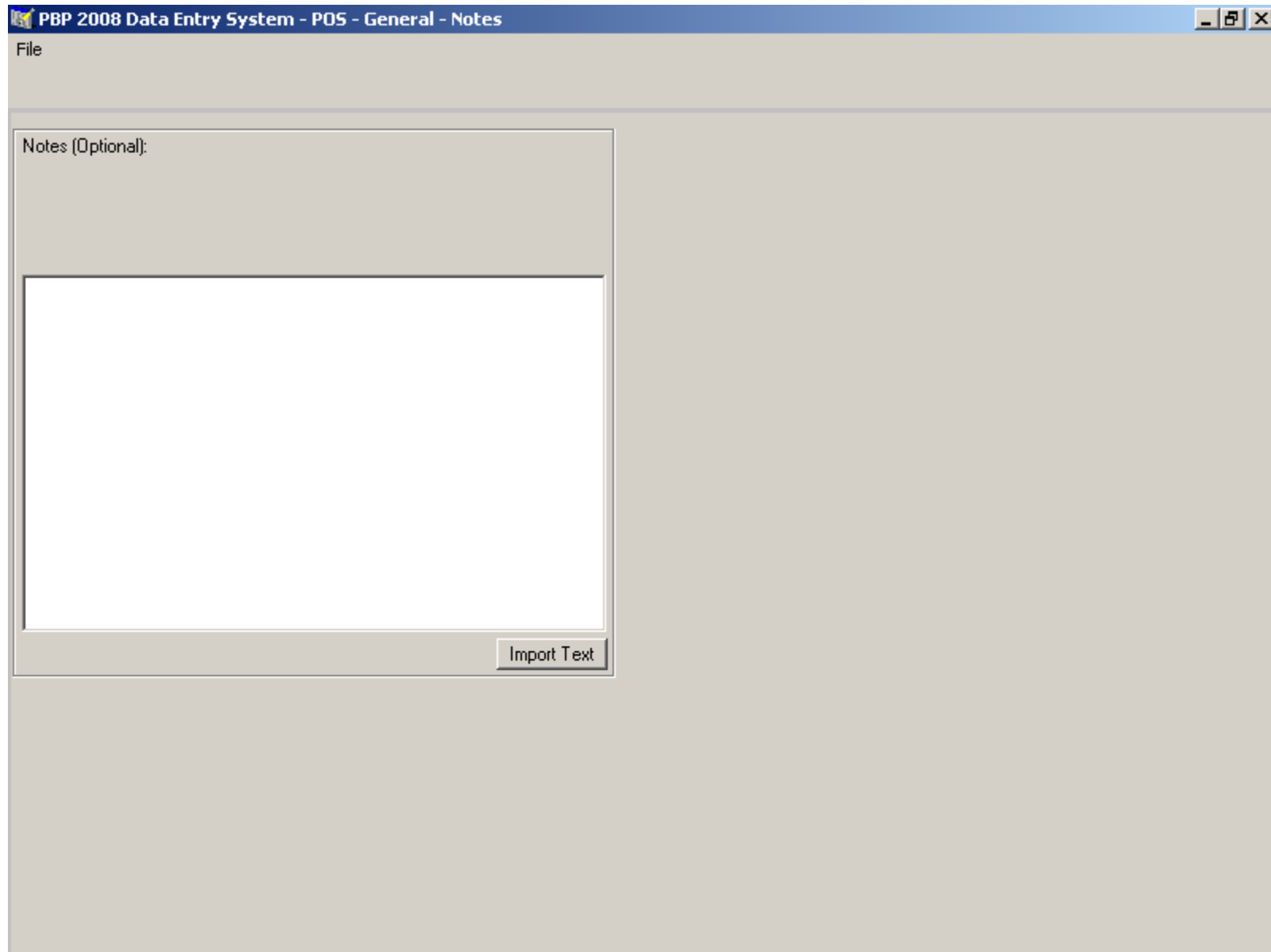
Select all of the Sub-service Categories that require a Referral for POS:

- 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
- 8b: Diagnostic/Therapeutic Radiological Services
- 9a: Outpatient Hospital Services
- 9b: Ambulatory Surgical Center (ASC) Services
- 9c: Outpatient Substance Abuse Services
- 9d: Cardiac Rehabilitation Services

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

SECTION C – POS – GENERAL – NOTES SCREEN



SECTION C – POS – INPATIENT – BASE 1 SCREEN

PBP 2008 Data Entry System - (repaint)POS - Inpatient- Base 1

File

Is there a POS Maximum Plan Benefit Coverage for Inpatient Hospital Services?

Yes
 No

Select the type of POS Inpatient Hospital Services benefit with a Maximum Plan Benefit Coverage:

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

Enter Maximum Plan Benefit Coverage amount for Inpatient Hospital-Acute:

Enter Maximum Plan Benefit Coverage amount for Inpatient Psychiatric Hospital:

Enter Maximum Plan Benefit Coverage amount for combined Inpatient Hospital Acute and Inpatient Psychiatric Hospital:

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 C – POS – INPATIENT – BASE 2 SCREEN

PBP 2008 Data Entry System - POS - Inpatient - Base 2

File

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

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

Indicate Coinsurance percentage for POS Inpatient Hospital - Acute stay:

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

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

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"/>

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

SECTION C – POS – INPATIENT – BASE 3 SCREEN

PBP 2008 Data Entry System - POS - Inpatient - Base 3

File

Indicate Coinsurance percentage for POS Inpatient Psychiatric Hospital stay:

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

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

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"/>

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

SECTION C – POS – INPATIENT – BASE 4 SCREEN

PBP 2008 Data Entry System - POS - Inpatient - Base 4

File

Is there an enrollee Copayment for POS Inpatient Hospital Services?

Yes
 No

Select the type of POS Inpatient Hospital Services Benefit with Copayment:

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

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

Indicate the number of day intervals for the POS Inpatient Hospital - Acute stay:

Zero (No Copayment per Day)
 One
 Two
 Three

Indicate the copayment amount and day interval(s) for POS Inpatient Hospital - Acute stay (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 – POS – INPATIENT – BASE 5 SCREEN

PBP 2008 Data Entry System - (repaint)POS - Inpatient - Base 5

File

Indicate Copayment amount per stay for POS Inpatient Psychiatric Hospital:

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

Indicate the copayment amount and day interval(s) for POS Inpatient Psychiatric Hospital stay (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"/>

Is there a POS Deductible for Inpatient Hospital Services?
 Yes
 No

Select the type of POS 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 – POS – GROUPS – GROUP SCREEN

PBP 2008 Data Entry System - POS - Number of Groups

File

Indicate the number of Point of Service groupings offered (excluding Inpatient Hospital Services) (Optional):

SECTION C – POS – GROUPS – BASE 1 SCREEN

File

Enter Label for this Group (Optional):

Select the service categories included in the POS 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
- 8a: Diagnostic Procedures/Test/Lab Benefits
- 8b: Diagnostic/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
- 13a: Outpatient Blood
- 13b: Acupuncture
- 13c: Other1
- 13d: Other2
- 13e: Other3
- 14a: Health Wellness Programs

Is there a POS 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 a POS Copayment for this Group?
 Yes
 No

Enter Minimum Copayment Amount for this Group:

Enter Maximum Copayment Amount for this Group:

SECTION C – POS – GROUPS – BASE 2 SCREEN

PBP 2008 Data Entry System - POS - Groups - Base 2

File

Is there a POS Maximum Plan Benefit Coverage amount for this group?

Yes
 No

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
 Other, describe

Is there a POS Deductible for this group?

Yes
 No

Indicate Deductible amount for POS services: