

SECTION C – V/T – GENERAL –BASE 1 SCREEN

PBP 2008 Data Entry System - V/T - General - Base 1

File

RIGHT CLICK HERE FOR DESCRIPTION OF BENEFIT

Do you offer a Visitor/Travel Program?

Yes

No

Select type of benefit for the Visitor/Travel program:

Mandatory

Optional

SECTION C – V/T – GENERAL –U.S. – BASE 1 SCREEN

**PBP 2008 Data Entry System - V/T - General - US - Base 1**

File

Do you offer a US Visitor/Travel Program?

Yes  
 No

Select all of the Sub-service Categories that describe the Visitor/Travel - US Program:

- 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: Outpatient Clinical/Diagnostic/Therapeutic Radiological Lab 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

Is there a Maximum Plan Benefit Coverage amount for the Visitor/Travel - US Program?

Yes  
 No

Select all of the Sub-service Categories that apply to the Visitor/Travel - US 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
- 7c: Occupational Therapy Services
- 7d: Physician Specialist Services
- 7e: Mental Health Specialty Services - Non-Psychiatric
- 7f: Podiatry 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 – V/T – GENERAL –U.S. – BASE 2 SCREEN

**PBP 2008 Data Entry System - V/T - General - US - Base 2**

File

Is Authorization required for the Visitor/Travel - US program?  
 Yes  
 No

Is a referral required for the Visitor/Travel - US program?  
 Yes  
 No

Select all of the Sub-service Categories that require Authorization for V/T - US:

- 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: Outpatient Clinical/Diagnostic/Therapeutic Radiological Lab Services
- 8b: Outpatient X-Rays
- 9a: Outpatient Hospital Services
- 9b: Ambulatory Surgical Center (ASC) Services
- 9c: Outpatient Substance Abuse Services

Select all of the Sub-service Categories that require a Referral for V/T - US:

- 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: Outpatient Clinical/Diagnostic/Therapeutic Radiological Lab Service
- 8b: Outpatient X-Rays
- 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 – V/T – GENERAL –U.S. – NOTES SCREEN

The screenshot shows a software window titled "PBP 2008 Data Entry System - V/T - General - US - 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 the word "File". The main content area is a large, empty text box with a light gray background and a thin border. The text "Notes (Optional):" is positioned at the top left of this area. At the bottom right of the text box, there is a button labeled "Import Text".

SECTION C – V/T – INPATIENT – U.S. – BASE 1 SCREEN

PBP 2008 Data Entry System - V/T - Inpatient - US - Base 1

File

Is there an enrollee Coinsurance for V/T - US Inpatient Hospital Services?

Yes  
 No

Select the type of V/T - US Inpatient Hospital Services Benefit with Coinsurance:

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

Indicate Coinsurance percentage for V/T - US Inpatient Hospital - Acute stay:

Indicate the number of day intervals for the V/T - US Inpatient Hospital - Acute stay:

Zero (No Coinsurance per Day)  
 One  
 Two  
 Three

Indicate the coinsurance percentage and day interval(s) for V/T - US 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 V/T - US Inpatient Hospital - Acute stay:

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

SECTION C – V/T – INPATIENT – U.S. – BASE 2 SCREEN

PBP 2008 Data Entry System - V/T - Inpatient - US - Base 2

File

Indicate Coinsurance percentage for V/T - US Inpatient Psychiatric Hospital stay:

Indicate the number of day intervals for the V/T - US Inpatient Psychiatric Hospital stay:  
 Zero (No Coinsurance per Day)  
 One  
 Two  
 Three

Indicate the coinsurance percentage and day interval(s) for V/T - US 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 V/T - US Inpatient Psychiatric Hospital stay:  
 Published Fee Schedule  
 MA Organization Developed Fee Schedule  
 MA Organization Developed Cost Structure  
 Other, describe

SECTION C – V/T – INPATIENT – U.S. – BASE 3 SCREEN

PBP 2008 Data Entry System - V/T - Inpatient - US - Base 3

File

Is there an enrollee Copayment for V/T - US Inpatient Hospital Services?

Yes  
 No

Select the type of V/T - US Inpatient Hospital Services Benefit with Copayment:

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

Indicate Copayment amount per stay for V/T - US Inpatient Hospital - Acute

Indicate the number of day intervals for the V/T - US Inpatient Hospital - Acute stay:

Zero (No Copayment per Day)  
 One  
 Two  
 Three

Indicate the copayment amount and day interval(s) for V/T - US 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 – V/T – INPATIENT – U.S. – BASE 4 SCREEN

PBP 2008 Data Entry System - V/T - Inpatient - US - Base 4

File

Indicate Copayment amount per stay for V/T - US Inpatient Psychiatric Hospital:

  

Indicate the number of day intervals for the V/T - US Inpatient Psychiatric Hospital stay:

Zero (No Copayment per Day)  
 One  
 Two  
 Three

Indicate the coinsurance percentage and day interval(s) for V/T - US 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"/>



SECTION C – V/T – U.S. –NUMBER OF GROUPS SCREEN

PBP 2008 Data Entry System - V/T - Number of Groups - US

File

Indicate the number of Visitor/Travel - US groupings offered (excluding Inpatient Hospital Services) (Optional):

SECTION C – V/T – U.S. – GROUPS – BASE 1 SCREEN

File

Enter Label for this Group (Optional):  
\_\_\_\_\_

Select the service categories included 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: Outpatient Clinical/Diagnostic/Therapeutic Radiological Lab 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
- 13e: Other3
- 14a: Health Wellness Programs

Is there a V/T 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 V/T Copayment for this Group?  
 Yes  
 No

Enter Minimum Copayment Amount for this Group:  
\_\_\_\_\_

Enter Maximum Copayment Amount for this Group:  
\_\_\_\_\_