

**SECTION D – OPTIONAL SUPPLEMENTAL PACKAGE MANAGEMENT SCREEN**

**PBP 2008 Data Entry System - Section D - Optional Supplemental Package Management**

	Package ID	Description	Premium
*			

Note: To add an optional supplemental package, click on the Add Package button. To delete an optional supplemental package, Highlight the existing package and then click on the Delete Package button.

Add Package      Delete Package

SECTION D – OPTIONAL SUPPLEMENTAL – LABEL AND PREMIUM SCREEN

File

Optional Supplemental Benefits ID:

Optional Supplemental Package Description:

Indicate Optional Supplemental Premium Amount:

Is there a Maximum Plan Benefit Coverage Amount for this package?  
 Yes  
 No

Indicate Maximum Plan Benefit Coverage Amount for this package:

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 D – OPTIONAL SUPPLEMENTAL – SERVICE CATEGORIES SCREEN

**File**

Select the service categories included in this package that have optional supplemental benefits declared in Section B and/or Section C - POS and/or Section C - V/T:

- #1a Inpatient Hospital Acute
- #1b Inpatient Psych Hospital
- #2 Skilled Nursing Facility (SNF)
- #3 Comprehensive Outpatient Rehabilitation Facility (C
- #4a Emergency Care
- #4b Urgently Needed Care
- #5 Partial Hospitalization
- #6 Home Health Services
- #7a Primary Care Physician
- #7b Chiropractic Services
- #7c Occupational Therapy
- #7d Physician Specialist excl Psychiatric
- #7e Mental Health - Non-Physician
- #7f Podiatry Services
- #7g Other Health Care Professional
- #7h Psychiatric
- #7i PT and SP Services
- #8a Outpatient Clin/Diag/Ther Rad Lab
- #8b Outpatient X-Rays
- #9a Outpatient Hospital
- #9b ASC Services
- #9c Outpatient Substance Abuse
- #9d Cardiac Rehabilitation Services
- #10a Ambulance
- #10b Transportation
- #11a DME
- #11b Prosthetics/Medical Supplies
- #11c Diabetes Monitoring Supplies
- #12 Renal Dialysis

Select the other service categories included in this package (i.e., that are NOT declared in Section B and/or Section C - POS and/or Section C - V/T):

- #1a Inpatient Hospital Acute
- #1b Inpatient Psych Hospital
- #2 Skilled Nursing Facility (SNF)
- #3 Comprehensive Outpatient Rehabilitation Facility
- #4a Emergency Care
- #4b Urgently Needed Care
- #5 Partial Hospitalization
- #6 Home Health Services
- #7a Primary Care Physician
- #7b Chiropractic Services\*
- #7c Occupational Therapy
- #7d Physician Specialist excl Psychiatric
- #7e Mental Health - Non-Physician
- #7f Podiatry Services\*
- #7g Other Health Care Professional
- #7h Psychiatric
- #7i PT and SP Services
- #8a Outpatient Clin/Diag/Ther Rad Lab
- #8b Outpatient X-Rays
- #9a Outpatient Hospital
- #9b ASC Services
- #9c Outpatient Substance Abuse
- #9d Cardiac Rehabilitation Services
- #10a Ambulance
- #10b Transportation\*
- #11a DME
- #11b Prosthetics/Medical Supplies
- #11c Diabetes Monitoring Supplies
- #12 Renal Dialysis

The 'other service categories picklist' is intended to capture any step-up benefits and/or non-standard optional benefits that are not available in Section B.

Service categories with an asterisk (\*) in the list have additional step-up data entry screens. After highlighting the category, click on either the dropdown box or the right arrow button above to navigate to these screens.

Service categories can be removed from the Optional Supplemental Package by deselecting them from the list. If service categories with an asterisk (\*) are deselected, then the associated step-up data entry screens will also be removed.