

SECTION B – 1A – INPATIENT HOSPITAL ACUTE – BASE 1 SCREEN

PBP 2008 Data Entry System - #1a Inpatient Hospital-Acute - Base 1

File

RIGHT CLICK HERE FOR DESCRIPTION OF BENEFIT

Do you offer any Mandatory or Optional Supplemental Benefits?

Yes  
 No

Select enhanced benefits:

Additional Days  
 Non-Medicare Covered Stay  
 Upgrades

Select type of benefit for Additional Days:

Mandatory  
 Optional

Is this benefit unlimited for Additional Days?

Yes  
 No, indicate number

Indicate number of Additional Days per benefit period:

Select type of benefit for Non-Medicare Covered stay:

Mandatory  
 Optional

Select type of benefit for Upgrades:

Mandatory  
 Optional

SECTION B – 1A – INPATIENT HOSPITAL ACUTE – BASE 2 SCREEN

PBP 2008 Data Entry System - (repaint)#1a Inpatient Hospital-Acute - Base 2

File

Maximum Plan Benefit Coverage is not applicable for this Service Category.

Is there a service-specific Maximum Enrollee Out-of-Pocket Cost?

Yes  
 No

Indicate the Maximum Enrollee Out-of-Pocket Cost amount:

Select the Maximum Enrollee Out-of-Pocket Cost periodicity:

Every three years  
 Every two years  
 Every year  
 Every six months  
 Every three months  
 Every benefit period  
 Every stay  
 Other, describe

Is there an enrollee Coinsurance?

Yes  
 No

Do you charge the Medicare-defined cost shares?

Yes  
 No

Indicate Coinsurance percentage for the Medicare Covered stay:

Indicate the number of day intervals for the Medicare Covered stay:

Zero (No Coinsurance per Day)  
 One  
 Two  
 Three

Indicate the coinsurance percentage and day interval(s) for the Medicare Covered stay (e.g., 1 to 30; 31 to 90):

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 the Medicare Covered stay:

Published Fee Schedule  
 MA Organization Developed Fee Schedule  
 MA Organization Developed Cost Structure  
 Medicare Fee-for-Service Charge Structure  
 Medicare Fee-for-Service Prospective Payment System  
 Other, describe

SECTION B – 1A – INPATIENT HOSPITAL ACUTE – BASE 3 SCREEN

PBP 2008 Data Entry System - #1a Inpatient Hospital-Acute - Base 3

File

Indicate the number of day intervals for the Medicare-covered Lifetime Reserve Days:

Zero (No Coinsurance per Day)  
 One  
 Two  
 Three

Indicate the coinsurance percentage and day interval(s) for the 60 Medicare-covered Lifetime Reserve Days (i.e., 1 - 60):

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

Select the Coinsurance Coverage Basis for Lifetime Reserve Days:

Published Fee Schedule  
 MA Organization Developed Fee Schedule  
 MA Organization Developed Cost Structure  
 Medicare Fee-for-Service Charge Structure  
 Medicare Fee-for-Service Prospective Payment System  
 Other, describe

SECTION B – 1A – INPATIENT HOSPITAL ACUTE – BASE 4 SCREEN

PBP 2008 Data Entry System - #1a Inpatient Hospital-Acute - Base 4

File

Indicate the number of day intervals for Additional Days:

Zero (No Coinsurance per Day)  
 One  
 Two  
 Three

Indicate the coinsurance percentage and day interval(s) for Additional Days (enter "999" if unlimited days are offered; e.g., 91 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 Additional Days:

Published Fee Schedule  
 MA Organization Developed Fee Schedule  
 MA Organization Developed Cost Structure  
 Medicare Fee-for-Service Charge Structure  
 Medicare Fee-for-Service Prospective Payment System  
 Other, describe

SECTION B – 1A – INPATIENT HOSPITAL ACUTE – BASE 5 SCREEN

**PBP 2008 Data Entry System - #1a Inpatient Hospital-Acute - Base 5**

File

Is the Coinsurance structure for the Non-Medicare Covered stay the same as the Coinsurance structure for the Medicare Covered stay?  
 Yes  
 No

Indicate Coinsurance percentage for the Non-Medicare Covered stay:

Indicate the number of day intervals for the Non-Medicare Covered stay:  
 Zero (No Coinsurance per Day)  
 One  
 Two  
 Three

Indicate the coinsurance percentage and day interval(s) for the Non-Medicare Covered 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 the Non-Medicare Covered stay:  
 Published Fee Schedule  
 MA Organization Developed Fee Schedule  
 MA Organization Developed Cost Structure  
 Medicare Fee-for-Service Charge Structure  
 Medicare Fee-for-Service Prospective Payment System  
 Other, describe

Indicate Coinsurance percentage for Upgrades:

Select the Coinsurance Coverage Basis for Upgrades:  
 Published Fee Schedule  
 MA Organization Developed Fee Schedule  
 MA Organization Developed Cost Structure  
 Medicare Fee-for-Service Charge Structure  
 Medicare Fee-for-Service Prospective Payment System  
 Other, describe

Is there an enrollee Deductible?  
 Yes  
 No

Indicate Deductible Amount:

SECTION B – 1A – INPATIENT HOSPITAL ACUTE – BASE 6 SCREEN

PBP 2008 Data Entry System - (repaint)#1a Inpatient Hospital-Acute - Base 6

File

Is there an enrollee Copayment?  
 Yes  
 No

Do you charge the Medicare-defined cost shares?  
 Yes  
 No

Indicate Copayment amount for the Medicare Covered stay:

Indicate the number of day intervals for the Medicare Covered stay:  
 Zero (No Copayment per Day)  
 One  
 Two  
 Three

Indicate the copayment amount and day interval(s) for the Medicare Covered stay (e.g., 1 to 30; 31 to 90):

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 B – 1A – INPATIENT HOSPITAL ACUTE – BASE 7 SCREEN

PBP 2008 Data Entry System - #1a Inpatient Hospital-Acute - Base 7

File

Indicate the number of day intervals for the Medicare-covered Lifetime Reserve Days:

Zero (No Copayment per Day)  
 One  
 Two  
 Three

Indicate the copayment amount and day interval(s) for the 60 Medicare-covered Lifetime Reserve Days (i.e., 1 - 60):

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

**SECTION B – 1A – INPATIENT HOSPITAL ACUTE – BASE 8 SCREEN**

PBP 2008 Data Entry System - #1a Inpatient Hospital-Acute - Base 8

File

Indicate the number of day intervals for Additional Days:

Zero (No Copayment per Day)

One

Two

Three

Indicate the copayment amount and day interval(s) for Additional Days (enter '999' if unlimited days are offered; e.g., 91 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 B – 1A – INPATIENT HOSPITAL ACUTE – BASE 9 SCREEN

**PBP 2008 Data Entry System - (repaint)#1a Inpatient Hospital-Acute - Base 9**

File

Is the Copayment structure for the Non-Medicare Covered stay the same as the Copayment structure for the Medicare Covered stay?  
 Yes  
 No

Indicate Copayment amount for the Non-Medicare Covered stay:

Indicate the number of day intervals for the Non-Medicare Covered stay:  
 Zero (No Copayment per Day)  
 One  
 Two  
 Three

Indicate the copayment amount and day interval(s) for the Non-Medicare Covered 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"/>

Indicate Copayment amount for Upgrades per stay:

Indicate Copayment amount for Upgrades per day:

Does cost sharing vary based on the hospital network?  
 Yes  
 No

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

PFFS and ESRD I Plans Only (Optional): If the beneficiary does not notify the plan of a planned inpatient admission, indicate the additional copayment amount per day:

PFFS and ESRD I Plans Only (Optional): If the beneficiary does not notify the plan of a planned inpatient admission, indicate the maximum enrollee out-of-pocket cost amount per admission:

**SECTION B – 1A – INPATIENT HOSPITAL ACUTE – BASE 10 SCREEN**

PBP 2008 Data Entry System - #1a Inpatient Hospital-Acute - Base 10

File

Is a referral required for Inpatient Hospital - Acute Services?

Yes

No

Inpatient Hospital - Acute Notes

Notes (Optional):

Import Text

SECTION B – 1A – INPATIENT HOSPITAL ACUTE (B ONLY) – BASE 1 SCREEN

PBP 2008 Data Entry System - #1a Inpatient Hospital-Acute (B Only) - Base 1

File

<p>Do you offer Inpatient Hospital - Acute Services as a benefit?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p>Is there a service-specific Maximum Plan Benefit Coverage amount?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>Select type of benefit for Inpatient Hospital - Acute Services:</p> <p><input type="radio"/> Mandatory</p> <p><input type="radio"/> Optional</p>	<p>Indicate Maximum Plan Benefit Coverage amount:</p> <p><input type="text"/></p>
<p>Does this benefit have unlimited days?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No, indicate number</p>	<p>Select Maximum Plan Benefit Coverage periodicity:</p> <p><input type="radio"/> Every three years</p> <p><input type="radio"/> Every two years</p> <p><input type="radio"/> Every year</p> <p><input type="radio"/> Every six months</p> <p><input type="radio"/> Every three months</p> <p><input type="radio"/> Every benefit period</p> <p><input type="radio"/> Every stay</p> <p><input type="radio"/> Other, describe</p>
<p>Indicate number of days per period:</p> <p><input type="text"/></p>	<p>Select the Coverage Basis for Maximum Plan Benefit Coverage:</p> <p><input type="radio"/> Published Fee Schedule</p> <p><input type="radio"/> MA Organization Developed Fee Schedule</p> <p><input type="radio"/> MA Organization Developed Cost Structure</p> <p><input type="radio"/> Medicare Fee for Service Charge Structure</p> <p><input type="radio"/> Medicare Fee for Service Prospective Payment System</p> <p><input type="radio"/> Other, describe</p>
<p>Select the days periodicity:</p> <p><input type="radio"/> Every three years</p> <p><input type="radio"/> Every two years</p> <p><input type="radio"/> Every year</p> <p><input type="radio"/> Every six months</p> <p><input type="radio"/> Every three months</p> <p><input type="radio"/> Every benefit period</p> <p><input type="radio"/> Every stay</p> <p><input type="radio"/> Other, describe</p>	

SECTION B – 1A – INPATIENT HOSPITAL ACUTE (B ONLY) – BASE 2 SCREEN

PBP 2008 Data Entry System - #1a Inpatient Hospital-Acute (B Only) - Base 2

File

Is there a service-specific Maximum Enrollee Out-of-Pocket Cost?  
 Yes  
 No

Indicate the Maximum Enrollee Out-of-Pocket Cost amount:

Select the Maximum Enrollee Out-of-Pocket Cost periodicity:  
 Every three years  
 Every two years  
 Every year  
 Every six months  
 Every three months  
 Every benefit period  
 Every stay  
 Other, describe

Is there an enrollee Coinsurance?  
 Yes  
 No

Indicate Coinsurance percentage per stay:

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

Indicate the coinsurance percentage and day interval(s) for the 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 the stay:  
 Published Fee Schedule  
 MA Organization Developed Fee Schedule  
 MA Organization Developed Cost Structure  
 Medicare Fee-for-Service Charge Structure  
 Medicare Fee-for-Service Prospective Payment System  
 Other, describe

SECTION B – 1A – INPATIENT HOSPITAL ACUTE (B ONLY) – BASE 3 SCREEN

PBP 2008 Data Entry System - #1a Inpatient Hospital-Acute (B Only) - Base 3

File

Is there an enrollee Deductible?  
 Yes  
 No

Indicate Deductible Amount:

Is there an enrollee Copayment?  
 Yes  
 No

Indicate Copayment amount per stay:

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

Indicate the copayment amount and day interval(s) for the 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"/>

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

Is a referral required for Inpatient Hospital - Acute Services?  
 Yes  
 No

**SECTION B – 1A – INPATIENT HOSPITAL ACUTE (B ONLY) – BASE 4 SCREEN**

The screenshot shows a software window titled "PBP 2008 Data Entry System - #1a Inpatient Hospital-Acute (B Only) - Base 4". The window has a menu bar with "File" and a toolbar with standard window controls (minimize, maximize, close). Below the menu bar is a label "Inpatient Hospital - Acute Notes". Underneath is a text area labeled "Notes (Optional):" which is currently empty. At the bottom right of the text area is a button labeled "Import Text".

SECTION B – 1B – INPATIENT PSYCHIATRIC HOSPITAL – BASE 1 SCREEN

PBP 2008 Data Entry System - #1b Inpatient Psychiatric Hosp - Base 1

File

RIGHT CLICK HERE FOR DESCRIPTION OF BENEFIT

Maximum Plan Benefit Coverage is not applicable for this Service Category.

Do you offer any Mandatory or Optional Supplemental Benefits?

Yes  
 No

Select enhanced benefit:

Additional Days  
 Non-Medicare Covered Stay

Select type of benefit for Additional Days:

Mandatory  
 Optional

Is this benefit unlimited for Additional Days?

Yes  
 No, indicate number

Indicate number of Additional Days per benefit period:

Select type of benefit for Non-Medicare Covered stay:

Mandatory  
 Optional

Is there a service-specific Maximum Enrollee Out-of-Pocket Cost?

Yes  
 No

Select the Maximum Enrollee Out-of-Pocket Cost type:

Covered under Inpatient Hospital Services Category 1a  
 Plan-specified amount per period

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

Select the Maximum Enrollee Out-of-Pocket Cost periodicity:

Every three years  
 Every two years  
 Every year  
 Every six months  
 Every three months  
 Every benefit period  
 Every stay  
 Other, describe

SECTION B – 1B – INPATIENT PSYCHIATRIC HOSPITAL – BASE 2 SCREEN

PBP 2008 Data Entry System - (repaint)#1b Inpatient Psychiatric Hosp - Base 2

File

Is there an enrollee Coinsurance?  
 Yes  
 No

Do you charge the Medicare-defined cost shares?  
 Yes  
 No

Indicate Coinsurance percentage for the Medicare Covered stay:

Indicate the number of day intervals for the Medicare Covered stay:  
 Zero (No Coinsurance per Day)  
 One  
 Two  
 Three

Indicate the coinsurance percentage and day interval(s) for the Medicare Covered stay (e.g., 1 to 30; 31 to 90):

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 the Medicare Covered stay:  
 Published Fee Schedule  
 MA Organization Developed Fee Schedule  
 MA Organization Developed Cost Structure  
 Medicare Fee-for-Service Charge Structure  
 Medicare Fee-for-Service Prospective Payment System  
 Other, describe



SECTION B – 1B – INPATIENT PSYCHIATRIC HOSPITAL – BASE 3 SCREEN

PBP 2008 Data Entry System - #1b Inpatient Psychiatric Hosp - Base 3

File

Indicate the number of day intervals for the Medicare-covered Lifetime Reserve Days:

Zero (No Coinsurance per Day)  
 One  
 Two  
 Three

Indicate the coinsurance percentage and day interval(s) for the 60 Medicare-covered Lifetime Reserve Days (i.e., 1 - 60):

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

Select the Coinsurance Coverage Basis for Lifetime Reserve Days:

Published Fee Schedule  
 MA Organization Developed Fee Schedule  
 MA Organization Developed Cost Structure  
 Medicare Fee-for-Service Charge Structure  
 Medicare Fee-for-Service Prospective Payment System  
 Other, describe

SECTION B – 1B – INPATIENT PSYCHIATRIC HOSPITAL – BASE 4 SCREEN

PBP 2008 Data Entry System - #1b Inpatient Psychiatric Hosp - Base 4

File

Indicate the number of day intervals for Additional Days:

Zero (No Coinsurance per Day)  
 One  
 Two  
 Three

Indicate the coinsurance percentage and day interval(s) for Additional Days (enter "999" if unlimited days are offered; e.g., 91 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 Additional Days:

Published Fee Schedule  
 MA Organization Developed Fee Schedule  
 MA Organization Developed Cost Structure  
 Medicare Fee-for-Service Charge Structure  
 Medicare Fee-for-Service Prospective Payment System  
 Other, describe

SECTION B – 1B – INPATIENT PSYCHIATRIC HOSPITAL – BASE 5 SCREEN

**PBP 2008 Data Entry System - #1b Inpatient Psychiatric Hosp - Base 5**

File

Is the Coinsurance structure for the Non-Medicare Covered stay the same as the Coinsurance structure for the Medicare Covered stay?

Yes  
 No

Indicate Coinsurance percentage for the Non-Medicare Covered stay:

Select the Coinsurance Coverage Basis for the Non-Medicare Covered stay:

Published Fee Schedule  
 MA Organization Developed Fee Schedule  
 MA Organization Developed Cost Structure  
 Medicare Fee-for-Service Charge Structure  
 Medicare Fee-for-Service Prospective Payment System  
 Other, describe

Indicate the number of day intervals for the Non-Medicare Covered stay:

Zero (No Coinsurance per Day)  
 One  
 Two  
 Three

Indicate the coinsurance percentage and day interval(s) for the Non-Medicare Covered 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"/>

Is there an enrollee Deductible?

Yes  
 No

Indicate Deductible Amount:

SECTION B – 1B – INPATIENT PSYCHIATRIC HOSPITAL – BASE 6 SCREEN

PBP 2008 Data Entry System - (repaint)#1b Inpatient Psychiatric Hosp - Base 6

File

Is there an enrollee Copayment?  
 Yes  
 No

Do you charge the Medicare-defined cost shares?  
 Yes  
 No

Indicate Copayment amount for the Medicare Covered stay:

Indicate the number of day intervals for the Medicare Covered stay:  
 Zero (No Copayment per Day)  
 One  
 Two  
 Three

Indicate the copayment amount and day interval(s) for the Medicare Covered stay (e.g., 1 to 30; 31 to 90):

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 B – 1B – INPATIENT PSYCHIATRIC HOSPITAL – BASE 7 SCREEN

PBP 2008 Data Entry System - #1b Inpatient Psychiatric Hosp - Base 7

File

Indicate the number of day intervals for the Medicare-covered Lifetime Reserve Days:

Zero (No Copayment per Day)  
 One  
 Two  
 Three

Indicate the copayment amount and day interval(s) for the 60 Medicare-covered Lifetime Reserve Days (i.e., 1 - 60):

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

SECTION B – 1B – INPATIENT PSYCHIATRIC HOSPITAL – BASE 8 SCREEN

PBP 2008 Data Entry System - #1b Inpatient Psychiatric Hosp - Base 8

File

Indicate the number of day intervals for Additional Days:

Zero (No Copayment per Day)

One

Two

Three

Indicate the copayment amount and day interval(s) for Additional Days (enter "999" if unlimited days are offered; e.g., 91 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 B – 1B – INPATIENT PSYCHIATRIC HOSPITAL – BASE 9 SCREEN

**PBP 2008 Data Entry System - (repaint)#1b Inpatient Psychiatric Hosp - Base 9**

File

Is the Copayment structure for the Non-Medicare Covered stay the same as the Copayment structure for the Medicare Covered stay?

Yes  
 No

Does cost sharing vary based on the hospital network?

Yes  
 No

Indicate Copayment amount for the Non-Medicare Covered stay:

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

Indicate the number of day intervals for the Non-Medicare Covered stay:

Zero (No Copayment per Day)  
 One  
 Two  
 Three

PFFS and ESRD I Plans Only (Optional): If the beneficiary does not notify the plan of a planned inpatient admission, indicate the additional copayment amount per

PFFS and ESRD I Plans Only (Optional): If the beneficiary does not notify the plan of a planned inpatient admission, indicate the maximum enrollee out-of-pocket cost amount per

Indicate the copayment amount and day interval(s) for the Non-Medicare Covered 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 a referral required for Inpatient Psychiatric Hospital Services?

Yes  
 No

**SECTION B – 1B – INPATIENT PSYCHIATRIC HOSPITAL – BASE 10 SCREEN**

The screenshot shows a software window titled "PBP 2008 Data Entry System - #1b Inpatient Psychiatric Hosp - Base 10". 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 option "File". The main content area is divided into sections. At the top, there is a label "Inpatient Psychiatric Hospital Notes". Below this is a large, empty text area labeled "Notes (Optional):". At the bottom right of the text area, there is a button labeled "Import Text".



SECTION B – 1B – INPATIENT PSYCHIATRIC HOSPITAL (B ONLY) – BASE 1 SCREEN

PBP 2008 Data Entry System - #1b Inpatient Psychiatric Hosp (B Only) - Base 1

File

Do you offer Inpatient Psychiatric Hospital Services as a benefit?  
 Yes  
 No

Select type of benefit for Inpatient Psychiatric Hospital Services:  
 Mandatory  
 Optional

Does this benefit have unlimited days?  
 Yes  
 No, indicate number

Indicate number of days per period:

Select the days periodicity:  
 Every three years  
 Every two years  
 Every year  
 Every six months  
 Every three months  
 Every benefit period  
 Every stay  
 Other, describe

Select Maximum Plan Benefit Coverage periodicity:  
 Every three years  
 Every two years  
 Every year  
 Every six months  
 Every three months  
 Every benefit period  
 Every stay  
 Other, describe

Is there a service-specific Maximum Plan Benefit Coverage amount?  
 Yes  
 No

Select the Maximum Plan Benefit Coverage type:  
 Covered under Inpatient Hospital Services Category 1a  
 Plan-specified amount per period

Indicate Maximum Plan Benefit Coverage amount:

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  
 Medicare Fee for Service Prospective Payment System  
 Other, describe

**SECTION B – 1B – INPATIENT PSYCHIATRIC HOSPITAL (B ONLY) – BASE 2 SCREEN**

File

Is there a service-specific Maximum Enrollee Out-of-Pocket Cost?

Yes

No

Select the Maximum Enrollee Out-of-Pocket Cost type:

Covered under the Inpatient Hospital Services Category 1a

Plan-specified amount per period

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

Select the Maximum Enrollee Out-of-Pocket Cost periodicity:

Every three years

Every two years

Every year

Every six months

Every three months

Every benefit period

Every stay

Other, describe

SECTION B – 1B – INPATIENT PSYCHIATRIC HOSPITAL (B ONLY) – BASE 3 SCREEN

PBP 2008 Data Entry System - #1b Inpatient Psychiatric Hosp (B Only) - Base 3

File

Is there an enrollee Coinsurance?  
 Yes  
 No

Indicate Coinsurance percentage per stay:

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

Indicate the coinsurance percentage and day interval(s) for the 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 the stay:  
 Published Fee Schedule  
 MA Organization Developed Fee Schedule  
 MA Organization Developed Cost Structure  
 Medicare Fee-for-Service Charge Structure  
 Medicare Fee-for-Service Prospective Payment System  
 Other, describe

SECTION B – 1B – INPATIENT PSYCHIATRIC HOSPITAL (B ONLY) – BASE 4 SCREEN

PBP 2008 Data Entry System - #1b Inpatient Psychiatric Hosp (B Only) - Base 4

File

Is there an enrollee Deductible?  
 Yes  
 No

Indicate Deductible Amount:

Is there an enrollee Copayment?  
 Yes  
 No

Indicate Copayment amount per stay:

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

Indicate the copayment amount and day interval(s) for the 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"/>

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

Is a referral required for Inpatient Psychiatric Hospital Services?  
 Yes  
 No

**SECTION B – 1B – INPATIENT PSYCHIATRIC HOSPITAL (B ONLY) – BASE 5 SCREEN**

The screenshot shows a software window titled "PBP 2008 Data Entry System - #1b Inpatient Psychiatric Hosp (B Only) - Base 5". 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 option "File". The main content area is divided into sections. At the top, there is a header box labeled "Inpatient Psychiatric Hospital Notes". Below this is a large text area labeled "Notes (Optional):" which is currently empty. At the bottom right of the text area, there is a button labeled "Import Text".