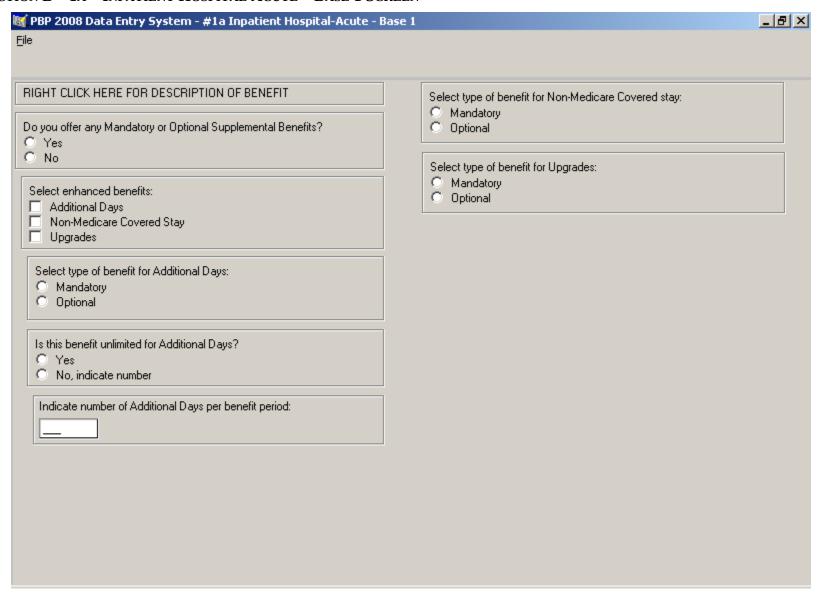
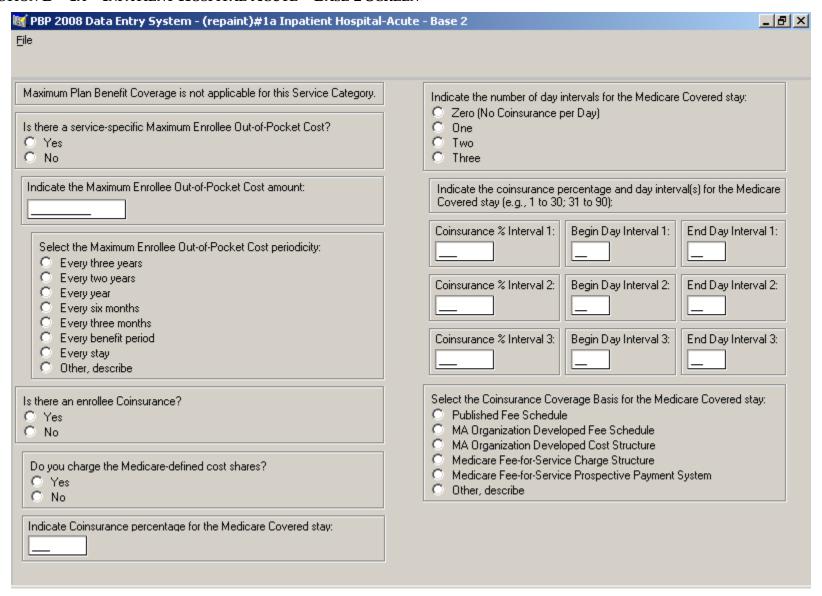
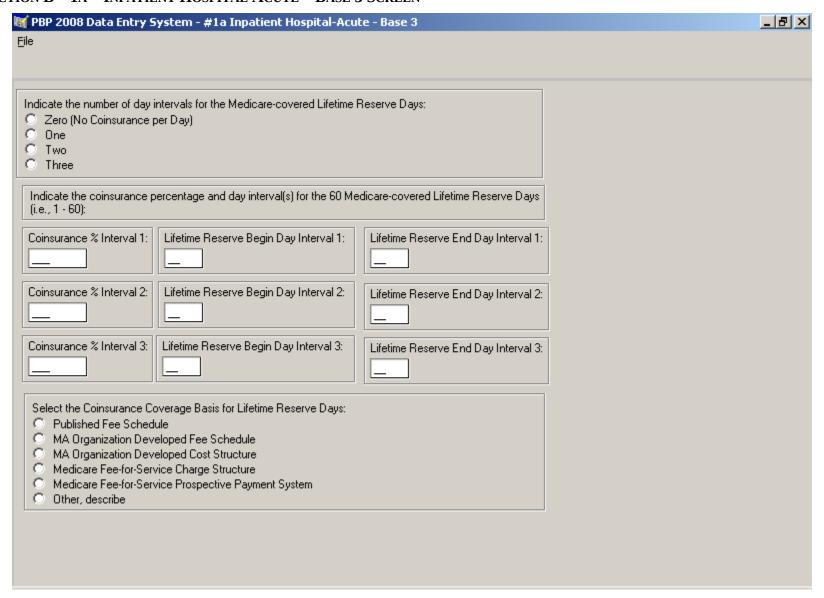
## SECTION B – 1A – INPATIENT HOSPITAL ACUTE – BASE 1 SCREEN



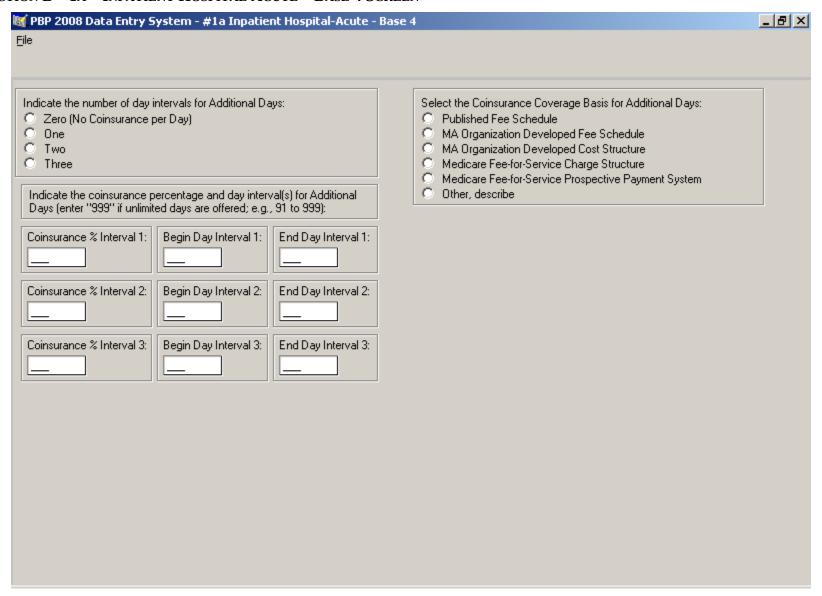
#### SECTION B – 1A – INPATIENT HOSPITAL ACUTE – BASE 2 SCREEN



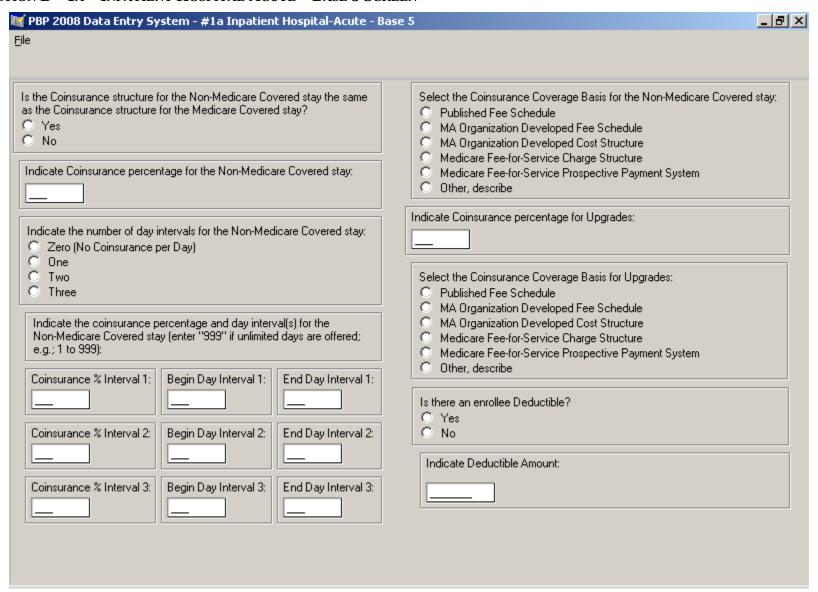
## SECTION B – 1A – INPATIENT HOSPITAL ACUTE – BASE 3 SCREEN



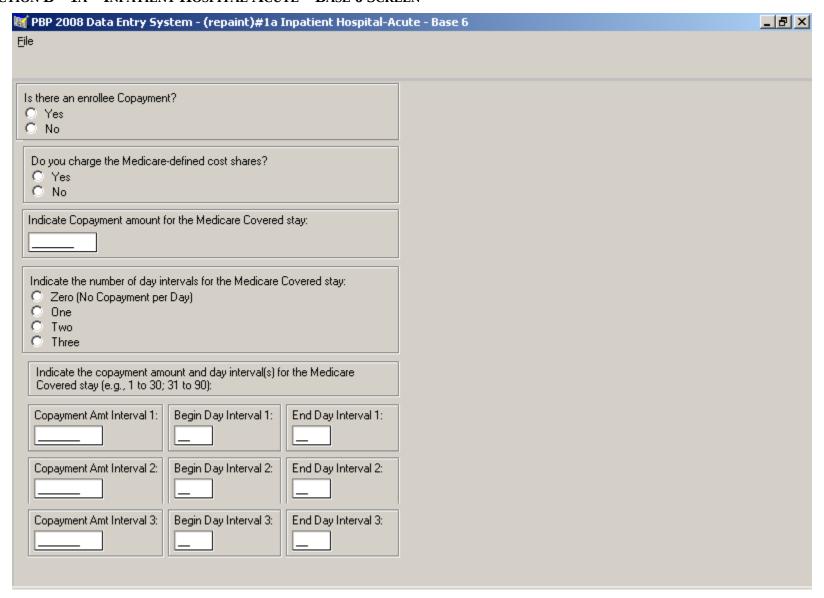
## SECTION B – 1A – INPATIENT HOSPITAL ACUTE – BASE 4 SCREEN



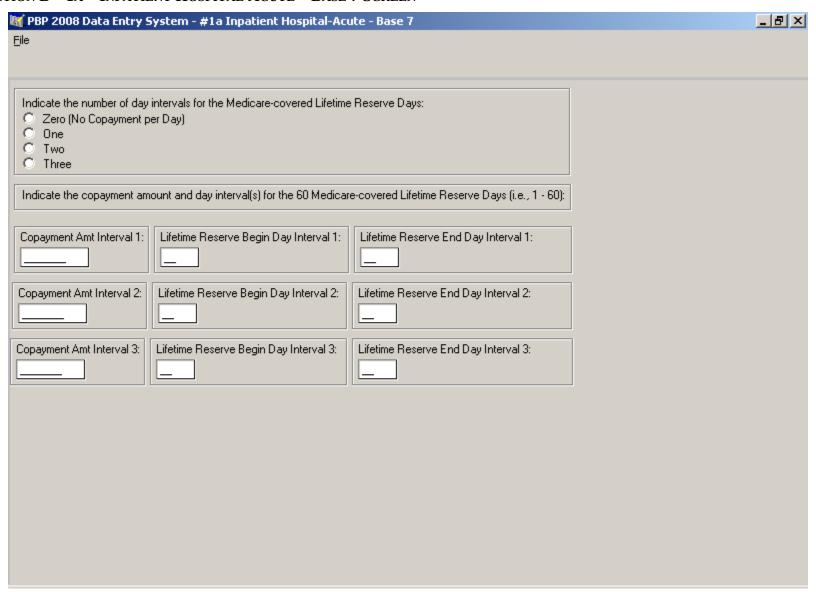
#### SECTION B – 1A – INPATIENT HOSPITAL ACUTE – BASE 5 SCREEN



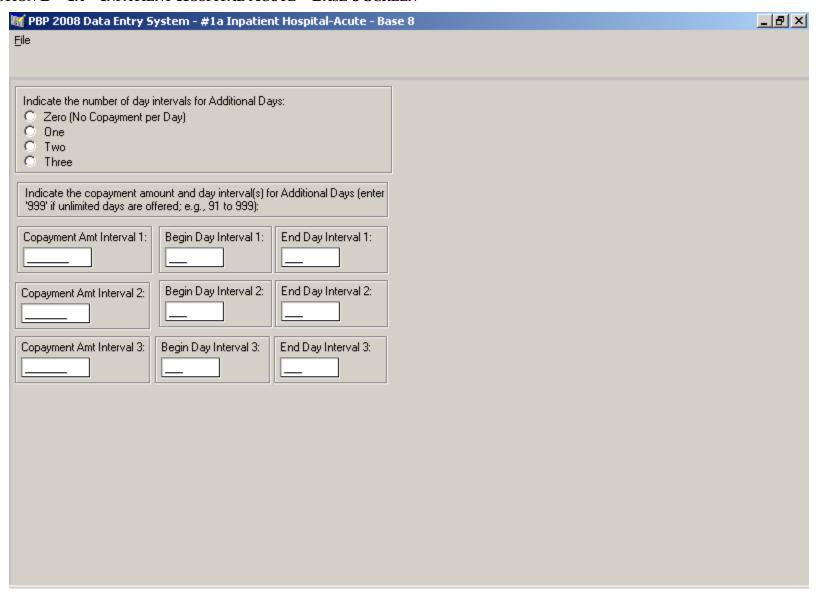
## SECTION B – 1A – INPATIENT HOSPITAL ACUTE – BASE 6 SCREEN



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



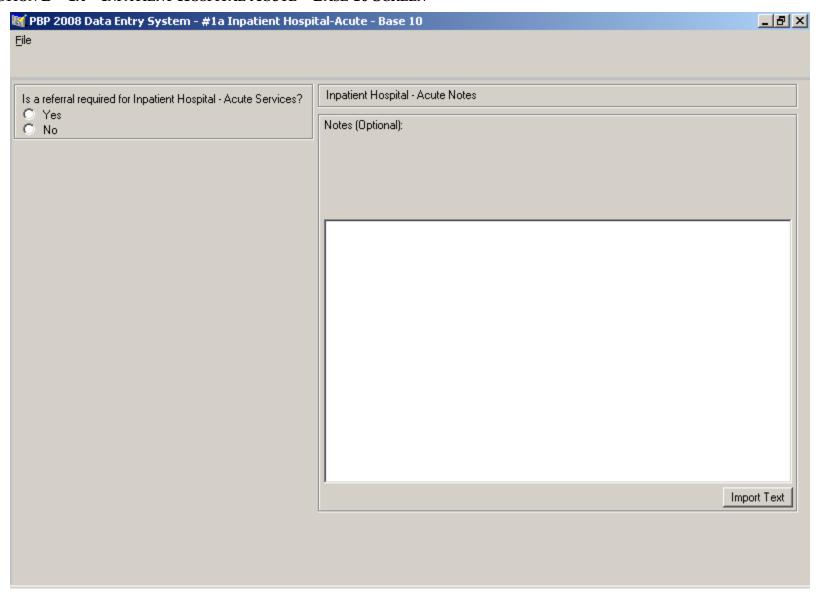
# SECTION B - 1A - INPATIENT HOSPITAL ACUTE - BASE 8 SCREEN



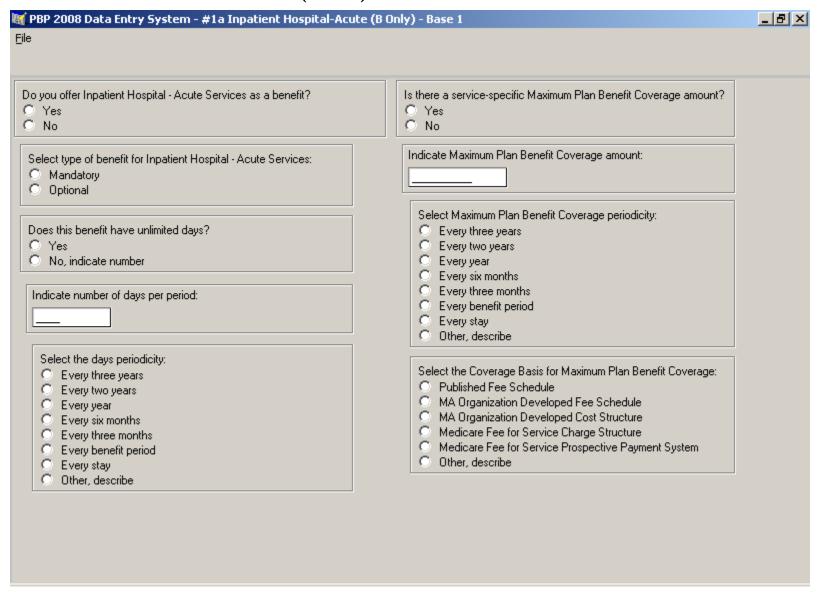
# SECTION B – 1A – INPATIENT HOSPITAL ACUTE – BASE 9 SCREEN

🍇 PBP 2008 Data Entry System - (repaint)#1a Inpatient Hospital-Acc	ute - Base 9	_ B ×
<u>F</u> ile		
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 Upgrad	
Indicate Copayment amount for the Non-Medicare Covered stay:	Does cost sharing vary based on the h	
Indicate the number of day intervals for the Non-Medicare Covered stay:  C Zero (No Copayment per Day)  C One  C Two  C 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):	<ul> <li>○ Yes</li> <li>○ No</li> <li>Enrollee must receive Authorization from</li> <li>□ None</li> <li>□ Primary Care Physician (Internist/F</li> <li>□ Physician Specialist</li> </ul>	m one or more of the following:
Copayment Amt Interval 1: Begin Day Interval 1: End Day Interval 1: End Day Interval 1: End Day Interval 2: End Day Interval 2: End Day Interval 2: End Day Interval 2: End Day Interval 3: End Day Interval 3	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:

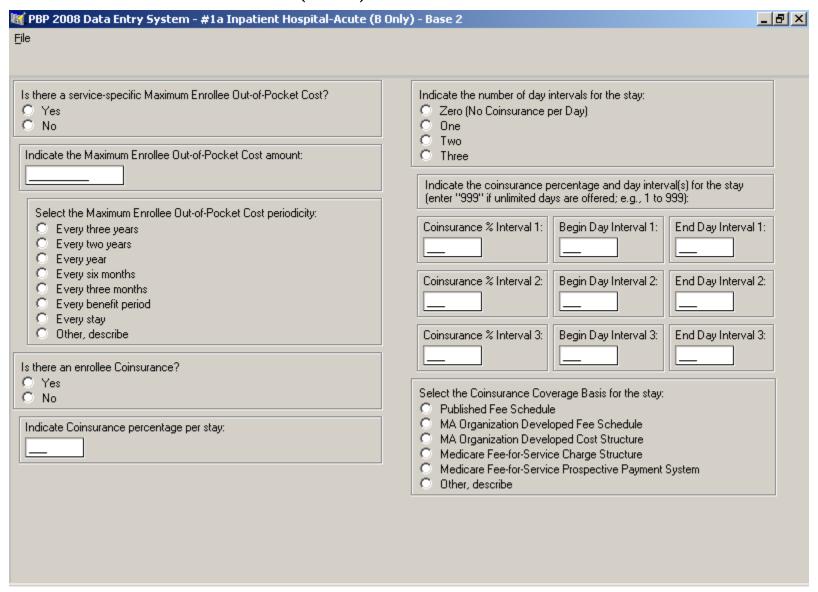
# SECTION B - 1A - INPATIENT HOSPITAL ACUTE - BASE 10 SCREEN



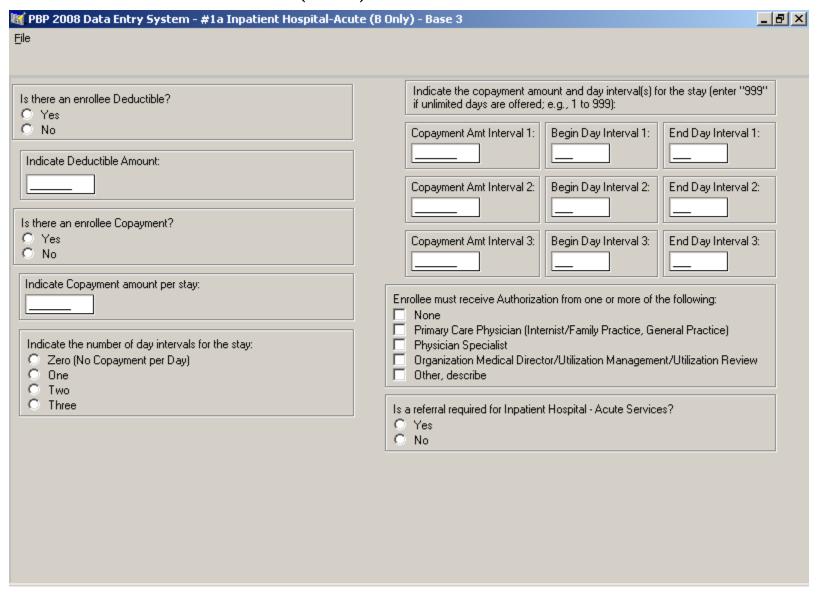
# SECTION B – 1A – INPATIENT HOSPITAL ACUTE (B ONLY) – BASE 1 SCREEN



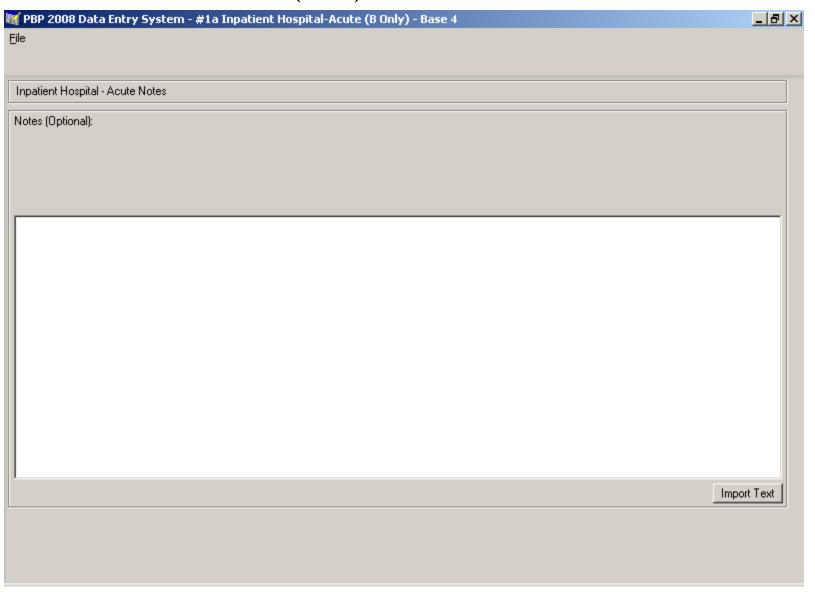
# SECTION B – 1A – INPATIENT HOSPITAL ACUTE (B ONLY) – BASE 2 SCREEN



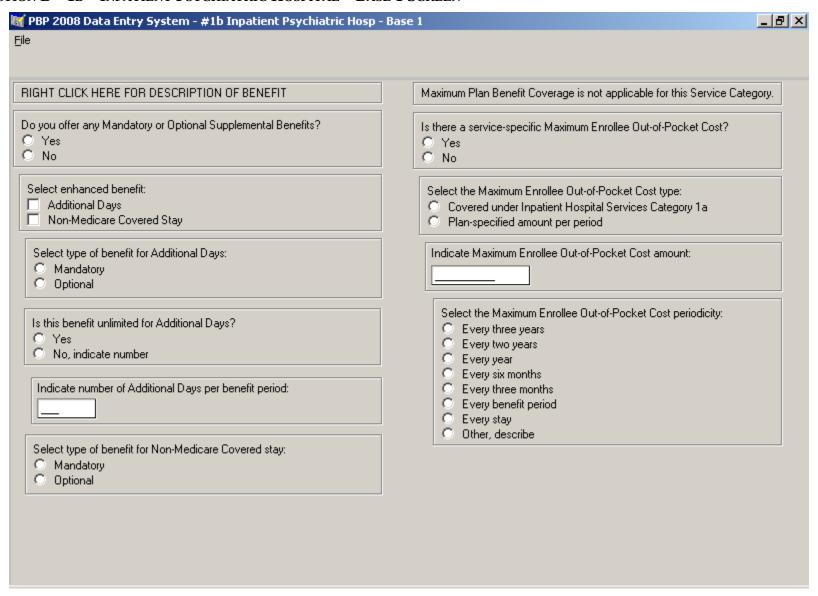
# SECTION B – 1A – INPATIENT HOSPITAL ACUTE (B ONLY) – BASE 3 SCREEN



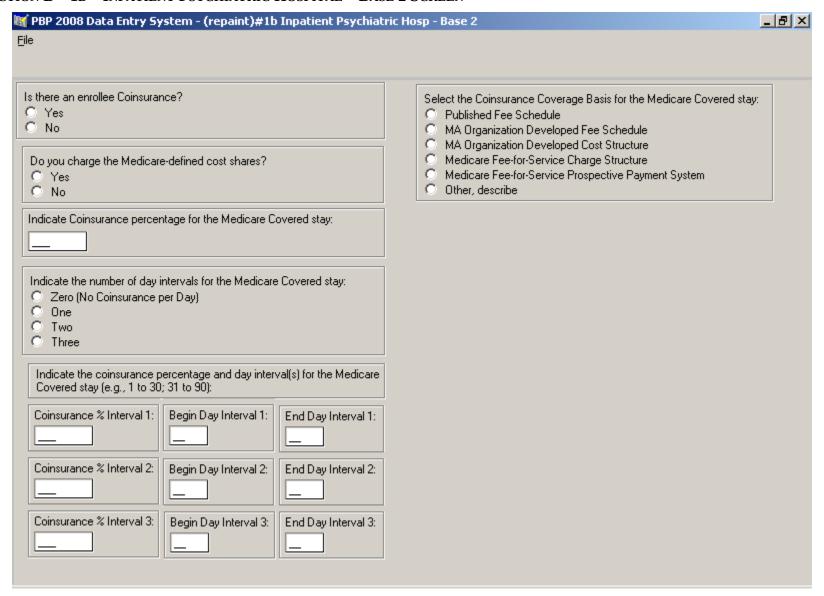
# Section B-1a – Inpatient Hospital Acute (B Only) – Base 4 Screen



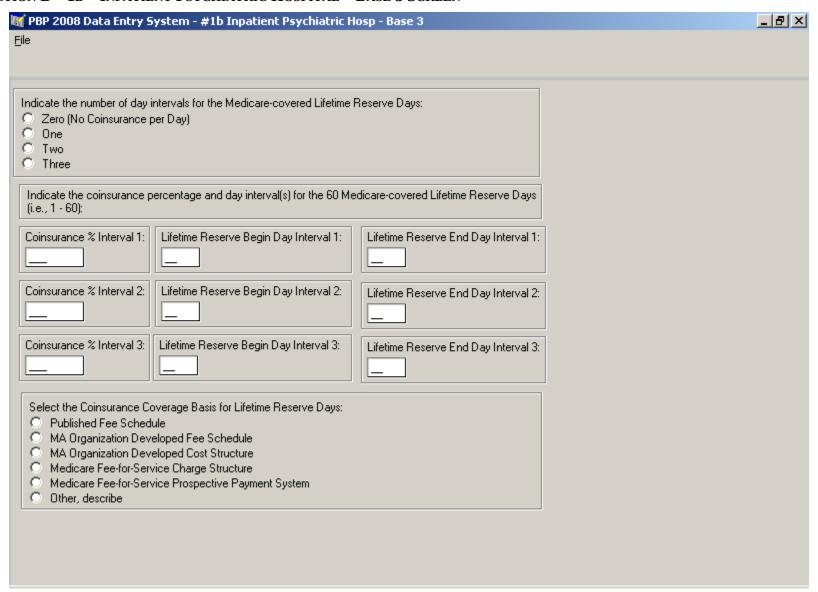
#### SECTION B – 1B – INPATIENT PSYCHIATRIC HOSPITAL – BASE 1 SCREEN



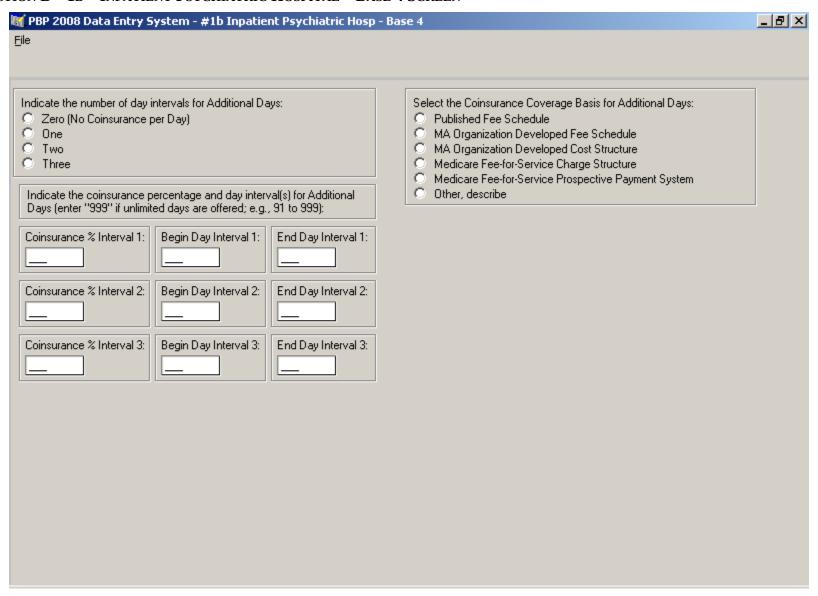
#### SECTION B - 1B - INPATIENT PSYCHIATRIC HOSPITAL - BASE 2 SCREEN



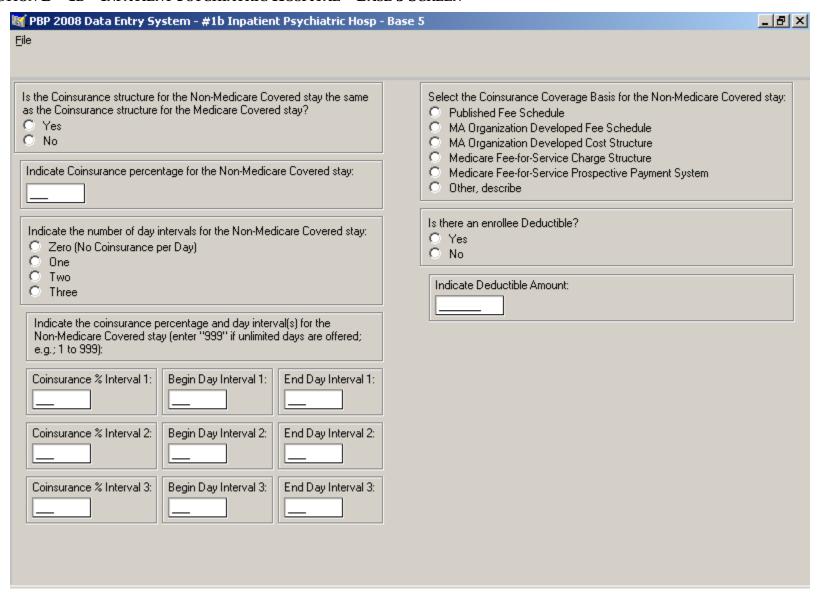
#### SECTION B – 1B – INPATIENT PSYCHIATRIC HOSPITAL – BASE 3 SCREEN



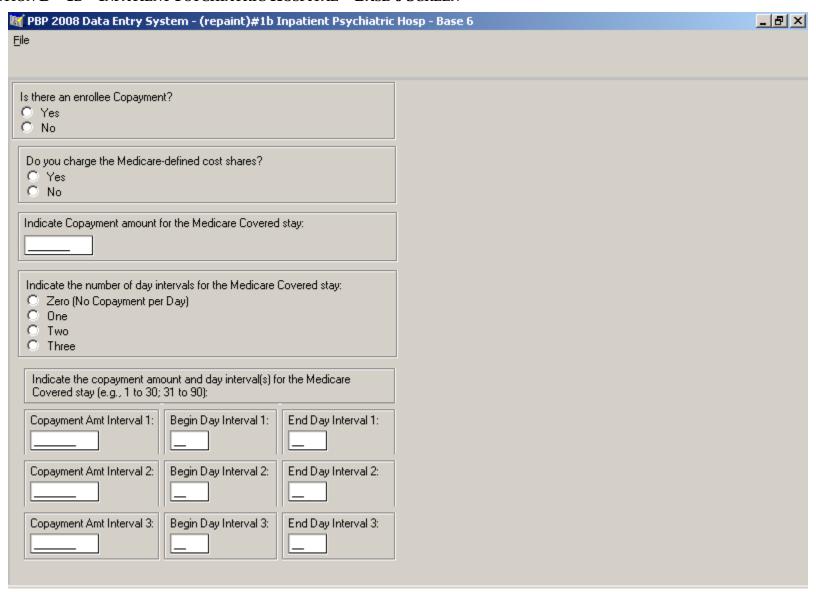
## SECTION B – 1B – INPATIENT PSYCHIATRIC HOSPITAL – BASE 4 SCREEN



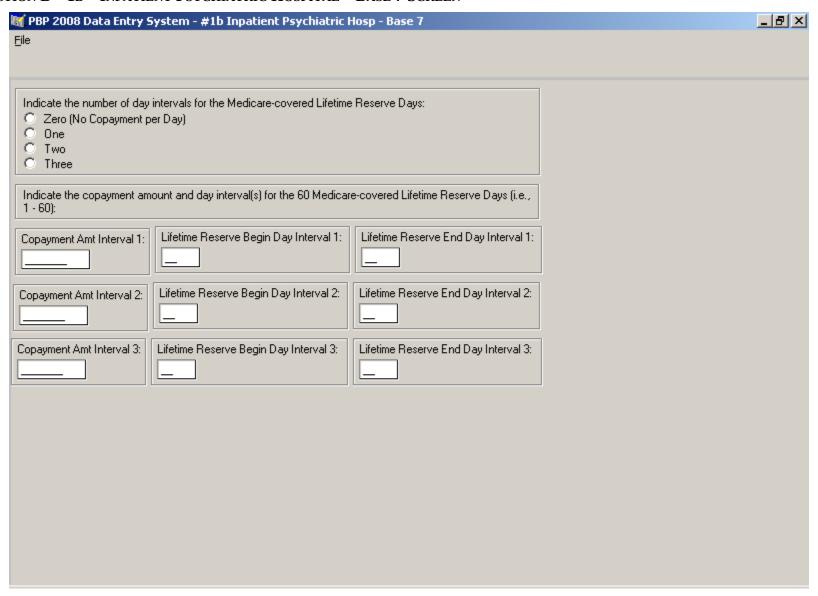
#### SECTION B – 1B – INPATIENT PSYCHIATRIC HOSPITAL – BASE 5 SCREEN



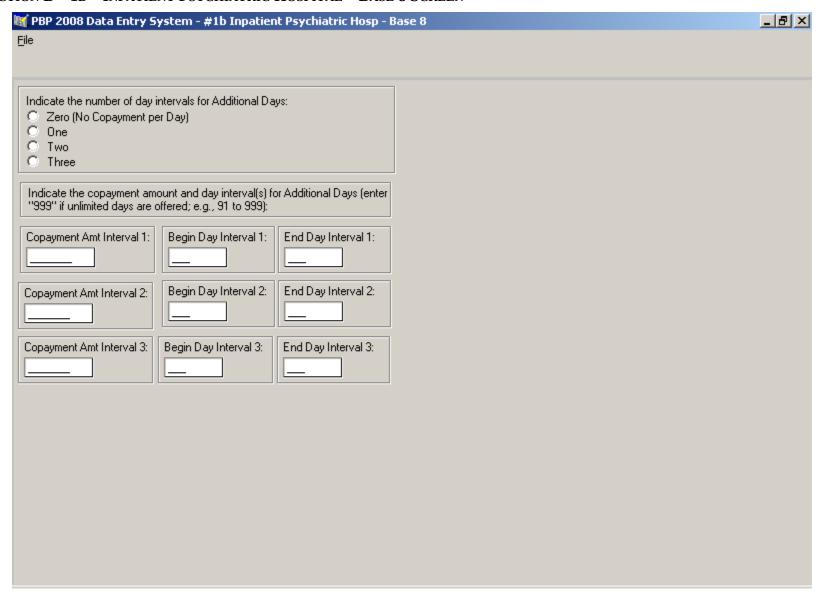
## SECTION B – 1B – INPATIENT PSYCHIATRIC HOSPITAL – BASE 6 SCREEN



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



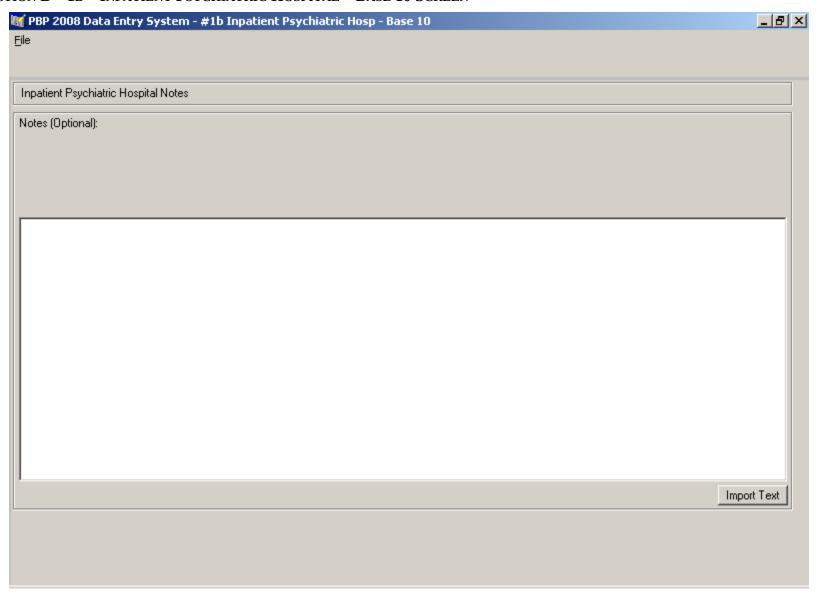
# SECTION B - 1B - INPATIENT PSYCHIATRIC HOSPITAL - BASE 8 SCREEN



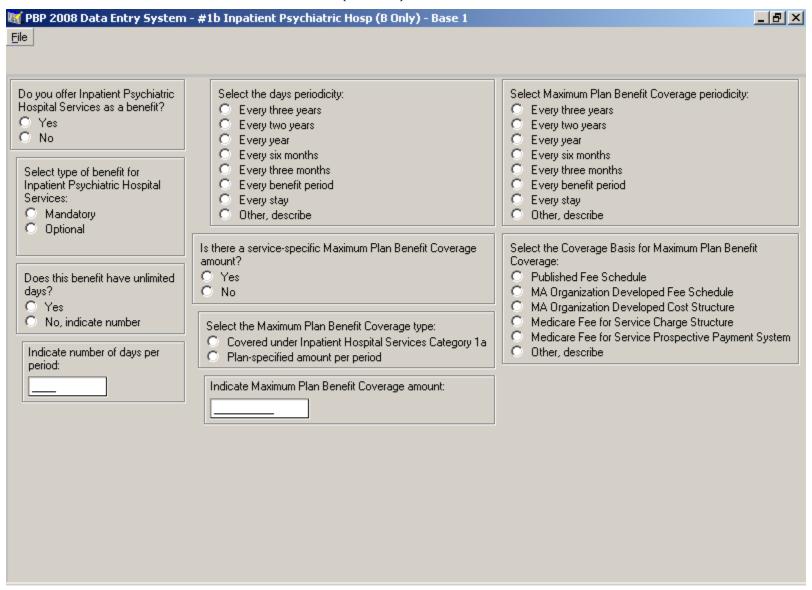
# SECTION B – 1B – INPATIENT PSYCHIATRIC HOSPITAL – BASE 9 SCREEN

🌃 PBP 2008 Data Entry System - (repaint)#1b Inpatient Psychiatric I	Hosp - Base 9
<u>F</u> ile	
Is the Copayment structure for the Non-Medicare Covered stay the same as the Copayment structure for the Medicare Covered stay?  O Yes  No	Does cost sharing vary based on the hospital network?  Yes No
Indicate Copayment amount for the Non-Medicare Covered stay:  Indicate the number of day intervals 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
C Zero (No Copayment per Day) C One C Two C 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):	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
Copayment Amt Interval 1: Begin Day Interval 1: End Day Interval 1:	Is a referral required for Inpatient Psychiatric Hospital Services?  C Yes C No
Copayment Amt Interval 2: Begin Day Interval 2: End Day Interval 2:	
Copayment Amt Interval 3: Begin Day Interval 3: End Day Interval 3:	

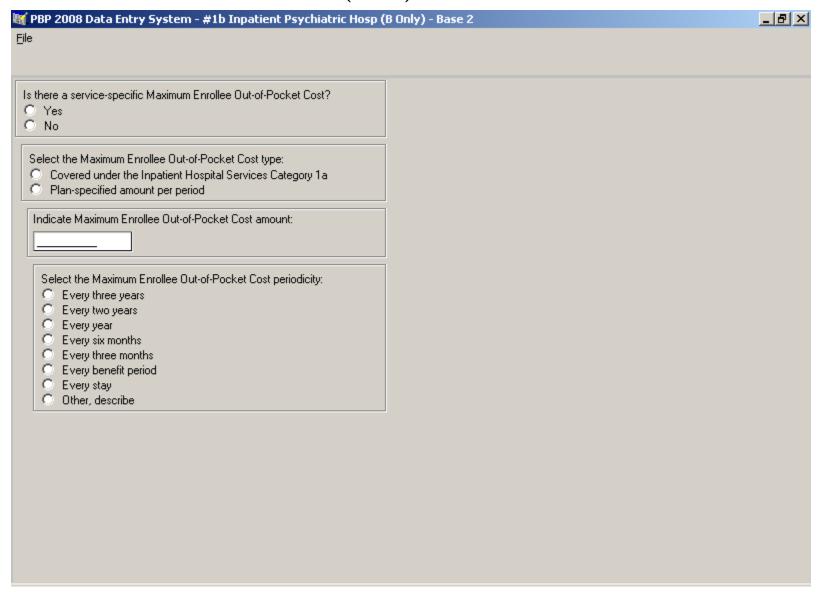
# SECTION B – 1B – INPATIENT PSYCHIATRIC HOSPITAL – BASE 10 SCREEN



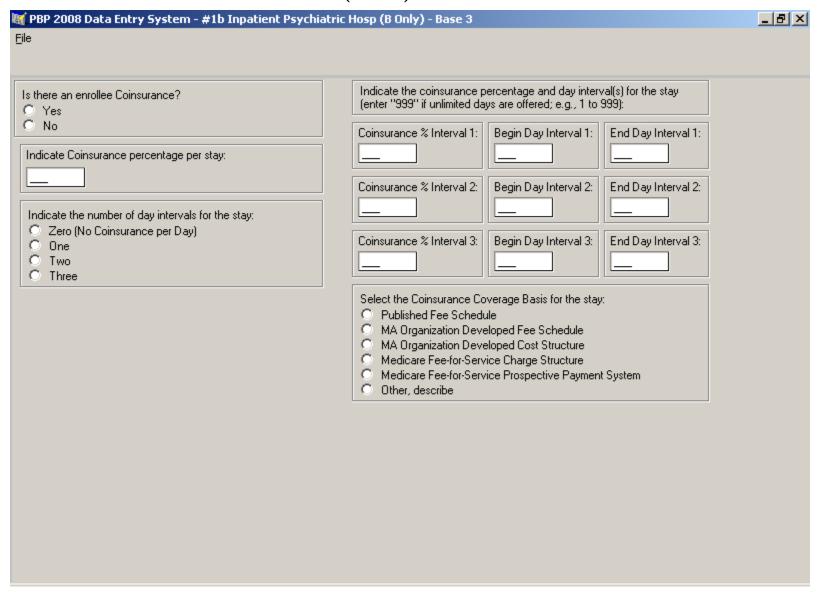
# SECTION B – 1B – INPATIENT PSYCHIATRIC HOSPITAL (B ONLY) – BASE 1 SCREEN



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



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



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

PBP 2008 Data Entry System - #1b Inpatient Psychi	iatric Hosp (B Only) - Base 4	_ 8
le		
s there an enrollee Deductible? Di Yes	Indicate the copayment amount and day interval(s) for the stay (enter "999" if unlimited days are offered; e.g., 1 to 999):	
O No	Copayment Amt Interval 1: Begin Day Interval 1: End Day Interval 1:	
Indicate Deductible Amount:	Copayment Amt Interval 2: Begin Day Interval 2: End Day Interval 2:	
s there an enrollee Copayment?		
C Yes C No	Copayment Amt Interval 3: Begin Day Interval 3: End Day Interval 3:	
Indicate Copayment amount per stay:	Enrollee must receive Authorization from one or more of the following:  None Primary Care Physician (Internist/Family Practice, General Practice)	
Indicate the number of day intervals for the stay:  C Zero (No Copayment per Day)  C One  C Two	<ul> <li>□ Primary Care Physician (Internist/Family Practice, General Practice)</li> <li>□ Physician Specialist</li> <li>□ Organization Medical Director/Utilization Management/Utilization Review</li> <li>□ Other, describe</li> </ul>	
C Three	Is a referral required for Inpatient Psychiatric Hospital Services?  Yes No	

# Section B-1B – Inpatient Psychiatric Hospital (B Only) – Base 5 Screen

