

SECTION B – 2 – SNF – BASE 1 SCREEN

PBP 2008 Data Entry System - #2 SNF - 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 beyond Medicare Covered
 Non-Medicare Covered stay

Select type of benefit for Additional Days beyond Medicare Covered:

Mandatory
 Optional

Is this benefit unlimited for Additional Days?

Yes
 No, indicate number

Indicate the number of Additional Days beyond Medicare Covered per benefit period:

Select type of benefit for the Non-Medicare Covered stay:

Mandatory
 Optional

Do you allow less than 3 day hospital stay prior to SNF admission?

Yes
 No

Indicate the Number of Hospital Days Required Prior to SNF Admission (0-2):

Zero
 One
 Two

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

SECTION B – 2 – SNF – BASE 2 SCREEN

PBP 2008 Data Entry System - (repaint)#2 SNF - Base 2

File

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

Yes
 No

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 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 Medicare Covered stay (e.g.: 1 to 20; 21 to 100):

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 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 – 2 – SNF – BASE 3 SCREEN

PBP 2008 Data Entry System - #2 SNF - Base 3

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., 101 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 – 2 – SNF – BASE 4 SCREEN

PBP 2008 Data Entry System - #2 SNF - Base 4

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

Is there an enrollee Deductible?

Yes
 No

Indicate Deductible Amount:

SECTION B – 2 – SNF – BASE 5 SCREEN

PBP 2008 Data Entry System - (repaint)#2 SNF - Base 5

File

Is there an enrollee Copayment?
 Yes
 No

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

Indicate Copayment amount for 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 Medicare Covered stay (e.g.; 1 to 20; 21 to 100):

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 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., 101 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 – 2 – SNF – BASE 6 SCREEN

PBP 2008 Data Entry System - (repaint)#2 SNF - Base 6

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 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"/>

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:

Is a referral required for SNF Services?

Yes
 No

SECTION B – 2 – SNF – BASE 7 SCREEN

The screenshot shows a software window titled "PBP 2008 Data Entry System - #2 SNF - Base 7". 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 divided into sections. At the top, there is a section labeled "SNF Notes". Below that is a label "Notes (Optional):" followed by a large, empty rectangular text input area. In the bottom right corner of the main content area, there is a button labeled "Import Text".

SECTION B – 2 – SNF (B ONLY) – BASE 1 SCREEN

PBP 2008 Data Entry System - #2 SNF (B Only) - Base 1

File

<p>Do you offer SNF Care as a benefit?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p>Is a hospital stay required before admission to a SNF?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</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 type of benefit for SNF Care:</p> <p><input type="radio"/> Mandatory</p> <p><input type="radio"/> Optional</p>	<p>Indicate number of days required for hospital stay:</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>Is there a service-specific Maximum Plan Benefit Coverage amount?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	
<p>Indicate number of days per period:</p> <p><input type="text"/></p>	<p>Indicate Maximum Plan Benefit Coverage amount:</p> <p><input type="text"/></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 stay</p> <p><input type="radio"/> Other, describe</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 stay</p> <p><input type="radio"/> Other, describe</p>	

SECTION B – 2 – SNF (B ONLY) – BASE 2 SCREEN

PBP 2008 Data Entry System - #2 SNF (B Only) - Base 2

File

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

Indicate amount for 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
 Every stay
 Other, describe

Is there an enrollee Coinsurance?
 Yes
 No

Indicate Coinsurance percentage:

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 – 2 – SNF (B ONLY) – BASE 3 SCREEN

PBP 2008 Data Entry System - #2 SNF (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"/>

SECTION B – 2 – SNF (B ONLY) – BASE 4 SCREEN

File

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 SNF Services?

Yes

No

Notes (Optional):

Import Text