

SECTION B – 4A – EMERGENCY CARE – BASE 1 SCREEN

PBP 2008 Data Entry System - #4a Emergency Care - Base 1

File

RIGHT CLICK HERE FOR DESCRIPTION OF BENEFIT

Do you offer any Mandatory or Optional Supplemental Benefits?

Yes
 No

Select enhanced benefit:

Worldwide Coverage

Select type of benefit for Worldwide Coverage:

Mandatory
 Optional

Is there a Maximum Plan Benefit Coverage amount for Worldwide Coverage?

Yes
 No

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
 Medicare Fee-for-Service Charge Structure
 Other, describe

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

Yes
 No

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

Select Maximum Enrollee Out-of-Pocket Cost periodicity:

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, describe

SECTION B – 4A – EMERGENCY CARE – BASE 2 SCREEN

PBP 2008 Data Entry System - (repaint)#4a Emergency Care - Base 2

File

<p>Is there an enrollee Coinsurance?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p>Select the Coinsurance Coverage Basis for Medicare Covered Benefits:</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"/> Other, describe</p>	<p>Is there an enrollee Deductible?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>Indicate Minimum Coinsurance percentage for Medicare Covered Benefits:</p> <p><input type="text"/></p>		<p>Indicate Deductible Amount:</p> <p><input type="text"/></p>
<p>Indicate Maximum Coinsurance percentage for Medicare Covered Benefits:</p> <p><input type="text"/></p>	<p>Indicate Coinsurance percentage for Worldwide Coverage:</p> <p><input type="text"/></p>	
<p>Is the Coinsurance for Medicare Covered Benefits waived if admitted to hospital?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p>Select the Coinsurance Coverage Basis for Worldwide 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"/> Other, describe</p>	
<p>Select either Days or Hours within which admission must occur for waiver:</p> <p><input type="radio"/> Days</p> <p><input type="radio"/> Hours</p>	<p>Is this Coinsurance waived for Worldwide Coverage if admitted to hospital?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	
<p>Enter number of Days or Hours:</p> <p><input type="text"/></p>		

SECTION B – 4A – EMERGENCY CARE – BASE 3 SCREEN

PBP 2008 Data Entry System - (repaint)#4a Emergency Care - Base 3

File

Is there an enrollee Copayment? <input type="radio"/> Yes <input type="radio"/> No	Indicate Copayment amount for Worldwide Coverage: <input type="text"/>
Indicate Minimum Copayment amount for Medicare Covered Benefits: <input type="text"/>	Is this Copayment for Worldwide Coverage waived if admitted to hospital? <input type="radio"/> Yes <input type="radio"/> No
Indicate Maximum Copayment amount for Medicare Covered Benefits: <input type="text"/>	Does ER cost sharing count towards any plan-level deductibles? <input type="radio"/> Yes <input type="radio"/> No
Is the Copayment for Medicare Covered Benefits waived if admitted to hospital? <input type="radio"/> Yes <input type="radio"/> No	Indicate the plan-level deductibles where ER cost sharing counts: <input type="checkbox"/> In-Network only <input type="checkbox"/> Out-of-Network only <input type="checkbox"/> Combined (In-Network and Out-of-Network)
Select either Days or Hours within which admission must occur for waiver: <input type="radio"/> Days <input type="radio"/> Hours	
Enter number of Days or Hours: <input type="text"/>	

SECTION B – 4A – EMERGENCY CARE – BASE 4 SCREEN

File

Authorization is not applicable for this Service Category.

Referral is not applicable for this Service Category.

Notes (Optional):

Import Text

SECTION B – 4B –URGENTLY NEEDED SERVICES – BASE 1 SCREEN

PBP 2008 Data Entry System - #4b Urgently Needed Services - Base 1

File

RIGHT CLICK HERE FOR DESCRIPTION OF BENEFIT

Urgently needed services means covered services that are not emergency services provided when an enrollee is temporarily absent from the MA plan's service (or, if applicable, continuation) area (or, under unusual and extraordinary circumstances, provided

when the enrollee is in the service or continuation area but the organization's provider network is temporarily unavailable or inaccessible) when the services are medically necessary and immediately required as a result of an unforeseen illness, injury

or condition; and it was not reasonable given the circumstance to obtain the services through the organization offering the MA plan (CFR 422.113(b)(1)(iii).

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

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

Yes
 No

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

Covered under Emergency Care Service Category 4a
 Plan-specified amount per period

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

Select Maximum Enrollee Out-of-Pocket Cost periodicity:

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, describe

Is there an enrollee Coinsurance?

Yes
 No

Indicate Minimum Coinsurance percentage for Medicare Covered Benefits:

Indicate Maximum Coinsurance percentage for Medicare Covered Benefits:

Is the Coinsurance for Medicare Covered Benefits waived if admitted to hospital?

Yes
 No

Select either Days or Hours within which admission must occur for waiver:

Days
 Hours

Enter number of Days or Hours:

Select the Coinsurance Coverage Basis for Medicare Covered Benefits:

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

SECTION B – 4B – URGENTLY NEEDED SERVICES – BASE 2 SCREEN

PBP 2008 Data Entry System - #4b Urgently Needed Services - Base 2

File

Is there an enrollee Deductible? <input type="radio"/> Yes <input type="radio"/> No	Is the Copayment for Medicare Covered Benefits waived if admitted to hospital? <input type="radio"/> Yes <input type="radio"/> No
Indicate Deductible Amount: <input type="text"/>	Select either Days or Hours within which admission must occur for waiver: <input type="radio"/> Days <input type="radio"/> Hours
Is there an enrollee Copayment? <input type="radio"/> Yes <input type="radio"/> No	Enter number of Days or Hours: <input type="text"/>
Indicate Minimum Copayment amount for Medicare Covered Benefits: <input type="text"/>	
Indicate Maximum Copayment amount for Medicare Covered Benefits: <input type="text"/>	

SECTION B – 4B – URGENTLY NEEDED SERVICES – BASE 3 SCREEN

PBP 2008 Data Entry System - #4b Urgently Needed Services - Base 3

File

Authorization is not applicable for this Service Category.

Referral is not applicable for this Service Category.

Notes (Optional):

Import Text