

SECTION B – 5 – PARTIAL HOSPITALIZATION – BASE 1 SCREEN

File

RIGHT CLICK HERE FOR DESCRIPTION OF BENEFIT

Enhanced Benefits are not applicable for this Service Category.

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 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 Coinsurance percentage for Medicare Covered Benefits:

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
 Medicare Fee-for-Service Prospective Payment System
 Other, describe

Is there an enrollee Deductible?

Yes
 No

Indicate Deductible Amount:

SECTION B – 5 – PARTIAL HOSPITALIZATION – BASE 2 SCREEN

PBP 2008 Data Entry System - #5 Partial Hosp - Base 2

File

Is there an enrollee Copayment?
 Yes
 No

Indicate Copayment amount for Medicare Covered Benefits per day:

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 Partial Hospitalization?
 Yes
 No

Notes (Optional):

Import Text