

SECTION B – 9A – OUTPATIENT HOSPITAL – 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 Minimum Coinsurance percentage for Medicare Covered Benefits:

Indicate Maximum 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
 Other, describe

SECTION B – 9A – OUTPATIENT HOSPITAL – BASE 2 SCREEN

PBP 2008 Data Entry System - #9a Outpatient Hospital - Base 2

File

Is there an enrollee Deductible?
 Yes
 No

Indicate Deductible Amount:

Is there an enrollee Copayment?
 Yes
 No

Indicate Minimum Copayment amount per visit for Medicare Covered Benefits:

Indicate Maximum Copayment amount per visit for Medicare Covered Benefits:

Is there a separate cost share for the facility in which the service is received?
 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

Is a referral required for Outpatient Hospital Services?
 Yes
 No

SECTION B – 9A – OUTPATIENT HOSPITAL – BASE 3 SCREEN

The screenshot shows a software window titled "PBP 2008 Data Entry System - #9a Outpatient Hospital - Base 3". 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 label "Outpatient Hospital Services 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 – 9B – AMBULATORY SURGICAL CENTER SERVICES – BASE 1 SCREEN

PBP 2008 Data Entry System - #9b ASC Services - Base 1

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

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

Covered under Outpatient Hospital Services Category 9a
 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:

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 – 9B – AMBULATORY SURGICAL CENTER SERVICES – BASE 2 SCREEN

PBP 2008 Data Entry System - #9b ASC Services - Base 2

File

| | |
|--|---|
| Is there an enrollee Deductible? <input type="radio"/> Yes <input type="radio"/> No | Is there a separate cost share for the facility in which the service is received? <input type="radio"/> Yes <input type="radio"/> No |
| Indicate Deductible Amount: <input type="text"/> | Enrollee must receive Authorization from one or more of the following: <input type="checkbox"/> None <input type="checkbox"/> Primary Care Physician (Internist/Family Practice, General Practice) <input type="checkbox"/> Physician Specialist <input type="checkbox"/> Organization Medical Director/Utilization Management/Utilization Review <input type="checkbox"/> Other, describe |
| Is there an enrollee Copayment? <input type="radio"/> Yes <input type="radio"/> No | Is a referral required for Ambulatory Surgical Center Services? <input type="radio"/> Yes <input type="radio"/> No |
| Indicate Minimum Copayment amount per visit for Medicare Covered Benefits: <input type="text"/> | |
| Indicate Maximum Copayment amount per visit for Medicare Covered Benefits: <input type="text"/> | |

SECTION B – 9B – AMBULATORY SURGICAL CENTER SERVICES – BASE 3 SCREEN

The screenshot shows a software window titled "PBP 2008 Data Entry System - #9b ASC Services - Base 3". 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 "File" option. The main content area is divided into sections. At the top, there is a label "ASC Services Notes" above a large, empty text input field. Below this, there is a label "Notes (Optional):" followed by another large, empty text input field. In the bottom right corner of the main content area, there is a button labeled "Import Text".

SECTION B – 9C – OUTPATIENT SUBSTANCE ABUSE SERVICES – BASE 1 SCREEN

PBP 2008 Data Entry System - #9c Outpatient Sub Abuse - Base 1

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

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

Covered under Outpatient Hospital Services Category 9a

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

SECTION B – 9C – OUTPATIENT SUBSTANCE ABUSE SERVICES – BASE 2 SCREEN

PBP 2008 Data Entry System - #9c Outpatient Sub Abuse - Base 2

File

Is there an enrollee Coinsurance?
 Yes
 No

Indicate the number of session intervals for an Individual Session for the Medicare Covered Benefits:
 One
 Two
 Three

Indicate the coinsurance percentage and session interval(s) for an Individual Session for Medicare Covered Benefits (always enter "999" as the last interval number; e.g., 1 to 10; 11 to 20; 21 to 999):

| | | |
|---|---|---|
| Coinsurance % Interval 1: <input type="text"/> | Begin Session Interval 1: <input type="text"/> | End Session Interval 1: <input type="text"/> |
| Coinsurance % Interval 2: <input type="text"/> | Begin Session Interval 2: <input type="text"/> | End Session Interval 2: <input type="text"/> |
| Coinsurance % Interval 3: <input type="text"/> | Begin Session Interval 3: <input type="text"/> | End Session Interval 3: <input type="text"/> |

Select the Coinsurance Coverage Basis for an Individual Session 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 – 9C – OUTPATIENT SUBSTANCE ABUSE SERVICES – BASE 3 SCREEN

PBP 2008 Data Entry System - #9c Outpatient Sub Abuse - Base 3

File

Indicate the number of session intervals for a Group Session for the Medicare Covered Benefits:

One
 Two
 Three

Indicate the coinsurance percentage and session interval(s) for a Group Session for Medicare Covered Benefits (always enter "999" as the last interval number; e.g., 1 to 10; 11 to 20; 21 to 999):

| | | |
|---|---|---|
| Coinsurance % Interval 1: <input type="text"/> | Begin Session Interval 1: <input type="text"/> | End Session Interval 1: <input type="text"/> |
| Coinsurance % Interval 2: <input type="text"/> | Begin Session Interval 2: <input type="text"/> | End Session Interval 2: <input type="text"/> |
| Coinsurance % Interval 3: <input type="text"/> | Begin Session Interval 3: <input type="text"/> | End Session Interval 3: <input type="text"/> |

Select the Coinsurance Coverage Basis for a Group Session 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

Is there an enrollee Deductible?
 Yes
 No

Indicate Deductible Amount:

SECTION B – 9C – OUTPATIENT SUBSTANCE ABUSE SERVICES – BASE 4 SCREEN

PBP 2008 Data Entry System - #9c Outpatient Sub Abuse - Base 4

File

Is there an enrollee Copayment?
 Yes
 No

Indicate the number of session intervals for an Individual Session for the Medicare Covered Benefits:
 One
 Two
 Three

Indicate the copayment amount and session interval(s) for an Individual Session for Medicare Covered Benefits (always enter "999" as the last interval number; e.g., 1 to 10; 11 to 20; 21 to 999):

| | | |
|------------------------------------|------------------------------------|----------------------------------|
| Copayment Amt Interval 1: _____ | Begin Session Interval 1: _____ | End Session Interval 1: _____ |
| Copayment Amt Interval 2: _____ | Begin Session Interval 2: _____ | End Session Interval 2: _____ |
| Copayment Amt Interval 3: _____ | Begin Session Interval 3: _____ | End Session Interval 3: _____ |

Indicate the number of session intervals for a Group Session for the Medicare Covered Benefits:
 One
 Two
 Three

Indicate the copayment amount and session interval(s) for a Group Session for Medicare Covered Benefits (always enter "999" as the last interval number; e.g., 1 to 10; 11 to 20; 21 to 999):

| | | |
|------------------------------------|------------------------------------|----------------------------------|
| Copayment Amt Interval 1: _____ | Begin Session Interval 1: _____ | End Session Interval 1: _____ |
| Copayment Amt Interval 2: _____ | Begin Session Interval 2: _____ | End Session Interval 2: _____ |
| Copayment Amt Interval 3: _____ | Begin Session Interval 3: _____ | End Session Interval 3: _____ |

SECTION B – 9C – OUTPATIENT SUBSTANCE ABUSE SERVICES – BASE 5 SCREEN

File

Is there a separate cost share for the facility in which the service is received?

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

Is a referral required for Outpatient Substance Abuse Services?

Yes
 No

Notes (Optional):

Import Text

SECTION B – 9D – CARDIAC REHAB SERVICES – BASE 1 SCREEN

PBP 2008 Data Entry System - #9d Cardiac Rehab Svcs - Base 1

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

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

Covered under Outpatient Hospital Services Category 9a
 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:

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 – 9D – CARDIAC REHAB SERVICES – BASE 2 SCREEN

PBP 2008 Data Entry System - #9d Cardiac Rehab Svcs - Base 2

File

Is there an enrollee Deductible?
 Yes
 No

Indicate Deductible Amount:

Is there an enrollee Copayment?
 Yes
 No

Indicate Minimum Copayment amount per visit for Medicare Covered Benefits:

Indicate Maximum Copayment amount per visit for Medicare Covered Benefits:

Is there a separate cost share for the facility in which the service is received?
 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

SECTION B – 9D – CARDIAC REHAB SERVICES – BASE 3 SCREEN

The screenshot shows a software window titled "PBP 2008 Data Entry System - #9d Cardiac Rehab Svcs - Base 3". 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 two sections. The top section is a rectangular box labeled "Cardiac Rehabilitation Services Notes". Below this is a larger area labeled "Notes (Optional):" which contains a large, empty white rectangular text input field. At the bottom right of this text input field is a button labeled "Import Text".